

**TRUST BOARD MEETING  
MINUTES**

**OPEN SESSION  
28 July 2022**

<b>PRESENT</b>	Dami Adedayo Jane Dale David Fluck Andy Field Chris Kane Chris Ketley Andrea Lewis John Machin Louise McKenzie Tom Smerdon Julie Smith Arun Thiyagarajan James A Thomas Marcine Waterman	Non-Executive Director Non-Executive Director/Maternity Safety Champion Medical Director Chairman Non-Executive Director Non-Executive Director Chief Nurse Non-Executive Director Designate Director of Workforce Transformation Director of Strategy and Sustainability Chief Executive Non-Executive Director Chief Operating Officer Deputy Chairman
<b>APOLOGIES:</b>	Simon Marshall	Director of Finance and Information
<b>SECRETARIAT:</b>	Liz Davies	Corporate Affairs Manager/Board Secretary
<b>IN ATTENDANCE</b>	Paul Doyle Sal Maughan Lord Andrew Mawson Gemma Puckett Rachael Westerman	Director of Operational Finance Associate Director of Corporate Affairs and Governance Special Advisor to the Board Head of Midwifery Head of Facilities ( <i>patient story</i> )

**Minute**

**Action**

The Chairman opened the meeting and welcomed D who had joined the meeting virtually to tell her story and was accompanied by her husband. Paul Doyle, Director of Operational Finance deputising for Director of Finance and Information and Gemma Puckett, Head of Midwifery were also welcomed to the meeting together with our Governors and members of the public.

**O-74/2022 Patient Story**

The Board heard that D had a diverse career experience; including working in prison and immigration detention custodial environments and had significant insight into negotiation during challenging situations as a senior officer supervising use of force by a team.

In January 2020 she experienced burn out and mental health deterioration including complex PTSD and despite having a supportive family network had attended St Peter's on a number of occasions for suicide attempts and overdoses. D shared that she had significantly self-harmed which had caused hip/leg injuries and had been admitted as an inpatient.

During her time in hospital she had experienced a lack of care and had not been treated as a 'whole person' and whilst in crisis mode it had been unclear who the medical personnel were and what their intention/plan was for treatment. It was noted that some derogatory comments had also been heard from some members of staff.

The Board also learned that the use of physical restraint by Security had occurred in a public part of the hospital whilst D was experiencing dissociation and crisis. The loss of dignity and self-worth which had resulted from this incident had impacted her existing PTSD.

The Head of Facilities was invited to comment and stated that the team had taken on board the feedback; it was noted that a robust action plan with clear actions, owners, and objectives had been produced in response to this incident. D and her husband were reassured that her experience had been taken seriously and had welcomed the opportunity to input into this plan to identify the root causes and alternative practices to improve treatment and protect staff and patients.

The Chairman thanked D for her openness and honesty, reflecting that it was important that we hear from real experience; it had not been an easy listen and applauded her for relating this difficult experience.

The Director of Workforce Transformation asked the Head of Facilities on how this had been reflected with the security team. The Head of Facilities said that the case was now included in the MAYBO training provided by our supplier and all security guards were now trained on how to better manage a similar situation. The security action plan had been discussed with D and her husband and they had been happy with what had been achieved so far. It was noted that a collaborative approach across all staff groups was required to support the patient care plan and for security staff to be furnished with information about a patient before any potential interaction.

Dami Adedayo, Non-Executive Director said she had been saddened to hear of the poor care but pleased to hear the positive feedback. As a GP she recognised the benefits of a holistic approach; the story had raised the issue of strengthening the training around mental illness for all staff groups.

The Chief Executive thanked D for sharing her story and reflected on the clinical response and behaviours; this was hard to hear as a compassionate team; and it was good to hear of the positive working with Charlotte and the prospective sharing of the story with the clinical team. D reflected that investment in the patient story would save time and stress. The Chief nurse reiterated that the security staff had an improvement programme; and would be encouraged to take a holistic view of patients in mental health crisis and suffering a physical condition.

The Chairman said we should share this story with our colleagues at SABP and wished to record an apology on behalf of the Board. He added that he had been encouraged to hear the positive feedback.

It had been agreed that D's experience could be written into a HealthCare Play to be shared as a learning event for staff.

Other points noted by members of the Board:

- Review the treatment gap between mental/physical health;
- Encourage simple courtesy and care;
- Joined up behaviours, encourage mixing of staff at all levels; for example there was no hierarchy on the rounders' pitch, a regular event involving all staff groups.

The Chief Executive said we would be working collaboratively with SABP; the action plan and play had executive support, and progress would be monitored through the Quality of Care Committee.

**O-75/2022 Minutes**

**O-75/2022 Declarations of Interests**

There were no declarations of additional interests.

**O-76/2022 Apologies**

Apologies were recorded as above.

**O-77/2022 Minutes**

The minutes dated 12 May 2022 were AGREED as a correct record.

**O-78/2022 Matters Arising and Action Log**

The Trust Board reviewed all of the actions contained within the minutes of the previous meeting. Nominated leads confirmed that all the respective actions had been completed, appeared as agenda items for the meeting or were on track within agreed timescales.

**REPORTS**

**O-79/2022 Chairman's Report**

The Chairman took the report as read and noted the key matters:

- The implementation of the Surrey Safe Care system across our Trust and the Royal Surrey. A big thank you was expressed to all the teams involved led by the Director of Finance and Information and Chief Operating Officer; all staff had displayed patience and professionalism during this period and the project and operations staff across both Trusts were commended for their close working and excellent collaboration;
- Our Chief Executive was settling into her new role and had spent a lot of time meeting people and listening both within the Trust and the wider system and this had been very well received;
- The ICS sought to agree its financial plan for FY22/23 with NHS England and had been a challenging process for all organisations. Multiple pieces of work were underway within the Trust and at Place to ensure that patients were being cared for in the most suitable environments and that all parts of the system were working collaboratively;
- The Eternal Garden was providing a calm and beautiful environment for our palliative care patients and their families and was being well used;
- We had also opened the Ashford Well Being Hub providing a peaceful space for staff to relax; work was also underway to improve the catering options available at Ashford;
- The Chairman had taken part in an enjoyable wellbeing activity with members of the Executive team. They had distributed 'goodies' to staff across the Trust in celebration of the Queens Platinum Jubilee, and many

thanks were expressed to the Communications team for all their hard work in making this happen.

The Chairman's Report was RECEIVED by the Board.

## **O-80/2022 Chief Executive's Report**

This was the Chief Executive's first report since arriving in May 2022 and a big thank you was recorded for Dr David Fluck for his excellent leadership as interim Chief Executive; this work would continue and build on the progress made during his tenure.

The Chief Executive reflected that the significant initiatives presented should represent the key strategic objectives and her ability to provide assurance on the key priorities and that this was detailed in the first section of the report.

The implementation of Surrey Safe Care , our electronic patient record system, was one of the most significant and essential transformation projects the Trust had embarked upon; the Chief Executive echoed the Chairman's sentiment recorded above and thanked everyone involved for all their hard work in making such good progress.

The Board heard that the aim of the report was to provide some insight into the new work streams put in place to address the backlogs in elective care which had been exacerbated by the pandemic, and the work being undertaken to support our teams to continue the delivery of safe and high-quality care. This aligned with the work of the Main Effort to ensure that our acute care was available to those patients who need it and that we use our capacity in the most efficient way.

In tandem with the Main Effort programme of work, we were currently reviewing the opportunity for wider use of hospice services for our patients and were working alongside our partners to develop a detailed plan to help our patients receive the best end of life care in the appropriate setting. Reference was also made to the NHS England report <https://www.england.nhs.uk/publication/next-steps-for-integrating-primary-care-fuller-stocktake-report/> which made clear that the functions of primary and secondary care were interlinked with a focus on creating neighbourhood health teams to offer support to those with complex health needs. This would help improve the health inequalities which had been exacerbated by the pandemic.

At the last Board we had outlined the organisation's cultural transformation programme and more recently at our Board Away day had considered how best we develop our leaders as part of our response to the Messenger report which had been published on 8 June 2022. It was noted that this report had been reviewed in our People sub board committee and aligned with our initiatives around development and identification of talent within the organisation.

The Chief Executive drew attention to the second part of the report which traditionally covered the diary of events and recognised there was some duplication with the Chairman's activities. For future reports it was noted that the Chief Executive's main area of focus would be on how she was leading the organisation with the key strategic items.

Reference was made to the Board Assurance Framework (BAF) and the seventeen risks that sat across our sub board committees where they were scrutinised and challenged. The BAF had been uncoupled from the Chief Executive's report to allow colleagues to undertake a second review of the risks having heard the key issues discussed during the course of the meeting.

John Machin, Non-Executive Director reflected that the 'Medics Across Countries' was a great initiative and referenced the poster presentation project. The Medical Director said we had approximately twenty medics taking part in the programme and was extremely sought after with at least five hundred applications received each intake. The purpose of this programme was to have overseas doctors working towards obtaining a Certificate of Readiness to Enter Speciality Training and join training programmes to improve NHS staffing levels for the future.

The Chairman highlighted the reintroduction of Board walkabouts and that we would be inviting a Governor to join the Executive and Non-Executive and using a new template to collate feedback from discussion for review and learning.

### **Action**

Walkabout feedback to come back to Board.

It was noted to that the Audit & Risk Committee deep dives would also form part of the reporting to Board in future.

The Board RECEIVED the Chief Executive's Summative Report.

## **QUALITY AND SAFETY**

**O-81/2022**

### **Quality Report**

Jane Dale, Non-Executive Director and Chair of Quality of Care Committee (QCC) said that the report had been seen at last week's committee where aspects of quality and patient experience were regularly reviewed. The following key points were highlighted:

- Issues related to complaints performance; the main themes were on treatment and care, and communication;
- Challenges around Covid and an increase in numbers;
- Pressure damage and our improvement programme;
- The challenges and opportunities in regard to the implementation of the Surrey Safe Care (SSC) Programme.

The Committee had heard the key challenges in relation to SSC; the scheduling of appointments, outpatient processes, and follow up with patients. There was a mitigation programme around this with identifiable actions in place to reduce risk. It was noted that the SSC recovery programme and the eight work streams had a strong grip on the issues and the Quality of Care Committee would be receiving regular reports to provide assurance.

Chris Ketley, Non-Executive Director and co-Chair of the Joint Digital Committee reflected on moving from launch to the stabilisation and recovery stage; at their meeting on 26 July the risks and issues had been understood and quantified. We had engaged with a specialist independent partner company (MBI), who supported organisations post implementation of Electronic Patient Records and their expertise would help with data validation during this migration period.

We had a risk register in place and assurance was provided on the good oversight of clinical risk to keep patients safe; patient safety was an absolute priority for teams. It was anticipated that we would be moving to business as usual in six to nine months' time.

The Chairman noted that when the Chief Clinical Information Officer had visited from the national team, he had commented on the Trust's open and transparent

communication with staff on the issues. We had recognised the quality issues experienced in relation to our outpatient service which had raised a risk in relation to quality of care, however with MBI on board were now receiving the necessary support. The Chief Operating Officer said that staff in outpatients and our booking teams had worked really hard to assimilate this new system and way of working.

Dami Adedayo, Non-Executive Director and Chair of People Committee made the point that good communication with our local population was key and to consider the involvement of our governors who were an important link with our members.

The Chief Nurse summarised the key aspects from the Quality Report:

- *Patient experience* performance had dipped due to significant team sickness, SSC training and go live; an improvement trajectory to meet the performance target was in place and to improve communication;
- *Complaints* Appointment letters had been considered not fit for purpose, work was in train to improve communication; we had additional resource in the Complaints team
- *IPC COVID* numbers had declined in April/May 2022 but increased again in June 2022 and had coincided with an increase in regional and national prevalence;
- The Bacteraemias stretch target was a challenge to meet in the current environment and it had been discussed in Quality of Care Committee to move the 0% target;
- *Mortality* reference was made to the completion of Structured Judgement Reviews and backlog; work was underway to recover the position. We had appointed a new Chief of Patient Safety and two new deputies;
- The Friends and Family Test Trust response continued to improve reaching 8.7% and 7.2% in May and June respectively; it was anticipated to reach 20% by the end of March 2023;
- The Trust's Healing Arts programme was doing well.

The Board NOTED and obtained ASSURANCE from the Report.

## **O-82/2022 Maternity and Neonatal Update Report**

The Chair of Quality of Care Committee said the report had been received at Committee and would be taken as read.

We had received positive feedback following the Ockenden Insight external visit from the SE regional team earlier this month to assess progress with the recommendations. There had been honest conversation in relation to workforce challenges and estate issues and we had a clear plan on that in the Maternity department. The requisite reports had been placed in the Reading Room.

The Head of Midwifery took the report as read and reiterated that workforce continued to be reflected as a risk on the Corporate Risk Register; the action plan was being supported by the Deputy Chief Nurse and Maternity Safety Champion. We had a rolling recruitment programme as well as other measures in place to grow our own workforce. It was noted that nationally the NHS was developing a range of strategies to grow the number of domestically trained midwives, alongside increased international recruitment.

The Trust continued to work towards full compliance with the recommendations of the Ockenden Report; progress on the immediate essential actions had not changed significantly since the last update and Appendix provided a summary position. With reference to continuity of care plans a review had been undertaken

and submitted to the Quality of Care Committee. This involved the redeployment of staff and the development of a geographically based community team for the area of highest deprivation. The options appraisal paper had been placed in the reading room.

The plans for Abbey Wing redevelopment had not been as comprehensive as planned due to a national cap on capital spend rising costs. An Estates action plan had been agreed so that some of the initial estates issues could be addressed; a long-term solution for the larger and more complex Abbey Wing works was still in progress.

The Deputy Chairman raised a question on the medical workforce providing adequate cover across a 24/7 period. It was noted that an assurance review was being undertaken across all grades and rotas to ensure it meets the needs to provide adequate cover across a 24/7 period. It was noted that twice a day 7 day a week consultant led ward rounds had been implemented and the consultant would stay on stay based on the acuity of the work.

Chris Ketley, Non-Executive Director and Chair of the Integrated Digital Committee said that a matter for the Cerner prioritisation list would be to investigate the interface between the current digital systems in maternity. The Chief Executive said the team would be supported strategically and we would be raising awareness of the LMNS intra operability and take that issue forward.

The Report was RECEIVED by the Board.

#### **O-83/2022 Quality of Care Committee (May) Minutes**

The Committee Chair advised that the Minutes had been approved in Committee.

The MINUTES were RECEIVED by the Board.

#### **Learning from mortality review report Q4 2021-22**

**O-84/2022** The report provided details on mortality for the months of January-March 2022. Included within this was a review of the screening and Structured Judgement reviews (SJRs) of in-hospital deaths with analysis of the findings and phases of care. The report also provided detail of the learning and the plans for sharing of this learning throughout the organisation.

The Medical Director noted that we were taking steps to train Registrars to complete reviews in line with guidance from the Royal College of Physicians. It was noted that the rate of SJR completion had significantly increased and would be seen in the next report.

Reference was also made to medical examiner team working in the Community and was a good example of system working.

The Board NOTED and obtained ASSURANCE from the Report.

#### **O-85/2022 Patient Experience and Patient Survey Annual Report**

The report provided a high-level overview of patient experience at the Trust for 2021/2022, drawing on the highlights and achievements of the department and the areas where work continued to galvanise improvement for the patients the Trust serves.

The Chief Nurse highlighted the following from the report:

- Communication between families had been impacted whilst restricted visiting was in place and was reflected in the concerns raised. This had improved with the relaxing of IPC measures allowing families face-to-face updates with staff in ward areas;
- A new model of working had been instigated in Bereavement Services and the team would be working closely with the Mortality Improvement Lead;
- Healing Arts programme had gained momentum with a number of health and wellbeing initiatives; the Eternal Garden, artwork across our hospitals for example. Other projects were in train to enhance the hospital environment for both patients and visitors.

The Board NOTED and obtained ASSURANCE from the Report.

#### **O-86/2022 Health & Safety Annual Report**

This half-yearly summary had been prepared to provide assurance to the Trust Board that it was managing its Health and Safety risks and thereby complying with its statutory duties.

Chris Kane, Non-Executive Director and Chair of Strategic Change Committee drew attention to the number of near misses reported on Datix and it was noted that an action to promote near miss reporting was now included as part of incident report training and to think about prevention.

CCTV continued to be a key tool in investigating incidents alongside the continued roll out of body worn cameras, following an earlier pilot in key areas, and had been vital in the recording of incidents involving violence against staff; both for evidence and as a learning tool. The Director of Workforce Transformation reflected on initiating the pilot and planned a review of the data noting this would be a good learning opportunity.

The Board RECEIVED and obtained ASSURANCE the Annual Report.

#### **87/2022 Guardian of Safe Working 2021/22 Annual Report**

The report was a distillation of the four Quarterly reports that had been presented to the People Committee since April 2021.

The Chair of People of Committee highlighted the following from the report:

- A doubling of exception reporting which reflected the increased levels of activity with a non-COVID backlog coupled with a steady on-going flow of COVID cases, junior doctor absences due to annual leave, sickness and self-isolation;
- Unfilled rota gaps was also an important metric and resulted in a reduced medical workforce being required to deliver the same level of clinical care;
- It was important to recognise the majority of gaps were filled with "bank" temporary staff with 6,043 shifts requiring back fill through the year with junior doctors fulfilling these bank shifts;
- There was no evidence of persistent or sustained overworking amongst Junior Doctors or patient harm.

Members of the Board discussed the issue of junior doctor breaks; the report stated that there was an increased awareness of the importance of taking breaks



and was now a standing item at the monthly Forum of Trainee Safe Working meetings. It was noted that we provided excellent rest facilities for junior doctors.

The Board RECEIVED and obtained ASSURANCE from the Annual Report.

## **PERFORMANCE**

### **O-88/2022 Performance Report**

The Chief Operating Officer noted that the detail had been discussed in detail at both the Quality of Care and Modern Healthcare Committees and drew attention to the following key matters from the report:

Urgent Care performance was 71.7% for June; attendances had remained very high at an average 344 per day. We had also seen an increase in ambulance handover delays of 30-60 minutes, from 379 in May to 396 in June. The handover process continued to take longer than pre-Surrey Safe Care and remained under review.

With reference to other key performance metrics, it was noted that Surrey Safe Care (SSC) had introduced operational challenges across all services and would continue to affect performance for the coming months. The Chief Operating Officer provided assurance that the Trust had set up a formal stabilisation programme with eight recovery groups to focus on the challenges of the transition to SSC; with specific work streams identifying the key issues and prioritising areas that need to be addressed. We continued to prioritise cancer provision.

The Chairman noted that we had appointed Andrew Carne, as joint Clinical Chief Information Officer across both Trusts; this appointment would provide good continuity.

The Deputy Chairman drew attention to data quality issues and ED performance reporting. The Chief Operating Officer stated that Surrey Safe Care issues had affected ED and the way we were capturing the performance measures and was not accurate in some cases. It was harder to identify what time a patient left the department and there was an inability to undertake full performance validation due to data availability, reporting and management capacity.

The Chief Executive reflected that priority actions were underway to improve performance and were aligned to the Trust's 'Main Effort' to improve flow through the hospital; it was acknowledged that space was not being used as efficiently as possible to support the navigation of flows through the department.

The Chairman added that during a walkabout the Clinical Assessment Unit, the ward manager had said that Cerner was now working well for them.

The Board NOTED and obtained ASSURANCE from the Report.

### **O-89/2022 Modern Healthcare Committee (May/June 2022) Minutes**

The key points for noting had been reflected in Board discussion:

- The operational and workforce challenges faced in managing the emergency pressures and elective activity requirements;
- The operational impact of the Surrey Safe Care implementation;
- The plans for 2022/23 and the significant financial challenges that this would bring to the organisation and system.

The MINUTES were RECEIVED by the Board.

**O90/2022 Modern Healthcare Committee Annual Report**

The report summarised the key areas of activity over the year to 30 June 2022 in discharging the Committee's duties under the approved Terms of Reference.

The Committee continued to review the Trust's activity, workforce and financial position following the implementation of Surrey Safe Care and in the continuing Covid-19 and IPC climate, and the uncertainty regarding future funding arrangements, both revenue and capital.

The Board RECEIVED the Annual Report.

**PEOPLE**

**O-91/2022 People Committee (May) Minutes**

The Minutes had been approved at the last meeting and were here to receive.

The Minutes were RECEIVED by the Board.

**O-92/2022 People Committee Annual Report**

The report summarises the key areas of activities over the last year to May 2022 in discharging its duties under its approved Terms of Reference.

The Committee had received and discussed a wide range of reports reflecting the breadth of the people strategy, as well as regular items providing assurance on key metrics and workforce priorities, recovery from the Covid pandemic and resilience of the workforce as we entered the period of restoration.

The Board RECEIVED the Annual Report.

**DIGITAL**

**O-92/2022 Integrated Digital Committee Extraordinary June Minutes**

Chris Ketley, Non-Executive Director and Chair of the Committee noted the key points:

- The BAF Risks had been reviewed;
- Updates had been received from the Surrey Safe Care Programme, the wider Digital Services Programme of the Trust, and the Surrey Heartlands ICS Programme;
- The Internal Audit Data Quality Report had been received.

The MINUTES were RECEIVED by the Board.

**O-93/2022 STRATEGY and PLANNING**

**Trust Strategy**

The Director of Strategy & Sustainability advised that the process had been delayed due to wave 2 of the pandemic. The following points were noted:

- This was a three year Strategy, 2022–2025;
- A Clinical Strategy was already in development, alongside an Estates Strategy, which would produce a strong suite of supporting strategies alongside the existing Digital and People strategies;

- There was also a range of Quality strategies.

A wide ranging engagement process with members had been followed and fifteen individual events held overall from May to November 2021. Following the completion of the main engagement process, two further events were held in December to test our interpretation of the key findings. It had been agreed to wait until the new Chief Executive Officer was in post and final approval of the Strategy was delayed until now.

The Communications team had produced an outline launch plan

The Strategy and related strategies would underpin our engagement with the ICB and be used actively to inform the development of wider Surrey Heartlands strategies, including the SH Clinical Strategy and Acute Provider Collaborative strategy. We would be refreshing our approach to stakeholder engagement to raise awareness of and support for our strategic objectives amongst key stakeholders.

The Communications team had produced an outline launch plan.

The Chief Executive thanked the Director of Strategy & Sustainability for leading this big piece of work and would support our focus on the Clinical and Estates & Facilities strategies.

The Board APPROVED the Strategy and NOTED the launch plan.

#### **O-94/2022 Green Plan**

The Green Plan had been discussed at Trust Executive Committee in December 2021, Modern Healthcare Committees in January and July 2022, Closed Board in February 2022) and Strategic Change Committee May 2022. It had been approved for consideration by Board at Modern Healthcare Committee on 21 July 2022.

In summary, the Director of Strategy & Sustainability noted that the NHS was responsible for approximately 4% of England's carbon emissions and in October 2020 the government declared an ambition to make the NHS carbon net-zero by 2045. All NHS organisations had been required to produce a Board-approved Green Plan setting out how they would work towards carbon net-zero. The Plan aimed to set our priorities to provide sustainable care that not only reduced carbon emissions but helped reduce the gap created in health inequalities.

The plan was taken as read and presented to Board for approval. It was noted that further development of the Green Plan was anticipated as the wider system developed its plans.

The Board APPROVED the Green Plan subject to updating the action log.

#### **REGULATORY**

#### **O-95/2022 Board Assurance Framework**

The Board Assurance Framework (BAF) comprised seventeen strategic risks; the respective Board sub-committees had oversight and were reviewed at each meeting as a standing agenda item. The BAF was submitted to both the Audit and Risk Committee and Trust Board for assurance and oversight.

Board sub-committees had undertaken an annual review of each strategic risk and the risk appetite levels assigned to each. The updated risk appetite statement and the corollary of the annual reviews would be presented in detail to the next Audit and Risk Committee with an overview presented for assurance to the next Trust Board meeting both in September.

Following review and discussion at the Board sub-committees in June and July, there was one agreed change to risk scores:

**Quality of Care 1.1** *Inability to deliver against key Quality Improvement Priorities and thereby reduce the incidence of repeated and/or avoidable harm to patients from medication errors, episodes of poor care, and avoidable mortality, due to insufficient capacity and capability.*

The change had been agreed due to the requirement to reflect the risks associated with implementation of Surrey Safe Care (SSC) and the need for significant system stabilisation and reflected the discussions which had taken place today.

The review of KPIs across the sub board committees was planned and discussion on the mechanism for escalating risks and subsequent management of risk across the ICS.

The Board RECEIVED the Report.

#### **O-96/2022 Audit & Risk Committee Minutes**

The Chair of the Audit & Risk Committee drew attention to four key points discussed at the June meeting around internal controls:

- The increase in bad debts;
- Medical Devices management; good news story in that 22,303 devices had been found on the asset database;
- Improvement on managing internal audit within the Divisions;
- Payment of invoices within ninety days regarding Pharmacy.

The MINUTES were RECEIVED by the Board.

#### **O-97/2022 NHSE/I Self-Certifications**

As part of the Annual Plan Review process 2021/22, the Board must sign off on self-certification and publish on our website. This was the second of the self-certification, the Corporate Governance Statement. It was taken as read and demonstrated compliance.

An amendment was noted in reference to the attendance of Non-Executive Directors (NED) at the Quality of Care Committee which stated “three other NEDs” and should read “two other NEDs”.

The Board APPROVED the NHSI Self-Certification subject to the above amendment.

#### **O-98/2022 Use of the Trust Seal**

Under the Standing Orders the Board received a regular update on the use of the Seal. The seal was last used in March 2022.

- Seal Number 131 dated 28 June – Second Deed of Variation – West Site
- Seal Number 132 dated 28 June – Optivo and ASPH lease relating to six key worker units
- Seal Number 133 dated 28 June – ASPH and Operose Health (Group) UK – licence to occupy on a short term basis re Heart of Hounslow Centre for Health.

The Board RECEIVED the update.

**O-99/2022 ANY OTHER BUSINESS**

The Chairman stated that it had been necessary to hold this hybrid meeting due to the rise in Covid and acknowledged that the quality of sound had been poor for those dialing in.

The Chief Executive reflected that the meeting had been long and we would be looking at the streamlining of reports to Board.

The Chairman noted that he would be absent from the next Board meeting as he would be attending his daughter's much delayed wedding celebrations. The Deputy Chairman has agreed to Chair in his place.

**O-100/2022 QUESTIONS FROM THE PUBLIC**

There had been no questions received from the public.

**O-101/2022 REFLECTION**

The Special Advisor to the Board reflected on the opportunity for the hospital and the wider health system to think about the culture and quality of the environment and the messages as an organisation we give to the general public; building on the Strategy Refresh paper.

**DATE OF NEXT MEETING**

The next public meeting of the Trust Board was scheduled to take place on 29<sup>th</sup> September 2022.

**Signed:** .....

Chairman

**Date:** 28<sup>th</sup> July 2022