

**Trust Board**

Minutes of the Trust Board meeting in public held on **Wednesday 11 November 2020 via Videoconference.**

<b>Present:</b>	Prof Sir Jonathan Montgomery	JM	Chair
	Dr Bruno Holthof	BH	Chief Executive
	Mr Jason Dorsett	JD	Chief Finance Officer
	Ms Claire Flint	CF	Non-Executive Director [from Item 9]
	Ms Sam Foster	SF	Chief Nursing Officer
	Ms Paula Hay-Plumb	PHP	Non-Executive Director
	Ms Katie Kapernaros	KK	Non-Executive Director
	Prof Meghana Pandit	MP	Chief Medical Officer
	Ms Sara Randall	SR	Chief Operating Officer
	Mr Terry Roberts	TR	Chief People Officer
	Prof Gavin Screatton	GS	Non-Executive Director
	Mrs Anne Tutt	AT	Vice-Chair and Non-Executive Director
	Mr David Walliker	DW	Chief Digital and Partnerships Officer
	Ms Eileen Walsh	EW	Chief Assurance Officer
<b>In Attendance:</b>	Mr Matt Akid	MA	Director of Communications and Engagement
	Prof Keith Channon	KC	Deputy Head of Medical Sciences Division (Research) / Director of Oxford Academic Health Partners [item 11]
	Dr Neil Scotchmer	NS	Head of Corporate Governance
	Ms Katy White	KW	Corporate Governance Manager [Minutes]
	Ms Jane Hervé	JH	Freedom to Speak Up Guardian [Item 18]
<b>Apologies:</b>	Ms Sarah Hordern	SH	Non-Executive Director
	Prof Anthony Schapira	AS	Non-Executive Director

**TB20/11/01 Welcome, Apologies and Declarations of Interest**

1. Apologies for absence were received as recorded above.
2. The meeting was declared as quorate.
3. JM advised the Board that a two minute silence would be observed at 11am.
4. AT noted her interest as a Trustee of the Oxford Hospitals Charity.
5. Governors Cecilia Gould, David Heyes and Ruth Barrow, who were in attendance as observers, were welcomed. The Board was looking at ways of further extending invitations to the Board meetings held in public whilst ensuring that the virtual meetings continued to be effective.

**TB20/09/02 Minutes of the Meeting Held on 9 September 2020**

6. The minutes of the meeting held on 9 September 2020 were approved as a true and accurate record. A minor typographical error on page 10 would be corrected prior to finalisation.

**TB20/11/03 Matters Arising and Review of the Action Log**

7. The status of items on the Action Log was noted with items closed as indicated. The action log would be updated as appropriate.
8. Action TB20/07/09 (Pay Controls) – Action to remain open until the Board have been assured that IAC have picked up the action.
9. Action TB20/07/16 (Safeguarding) – This action would be closed on the basis that the report would now include any relevant matters (by exception) arising through multi-agency and cross-county work.
10. Action TB20/09/08 – Action now closed. It was noted that this action was specifically related to the winter planning and the action should have been more specific.

**TB20/11/04 Chair's Business**

11. The Council of Governors had met on the 2 November. JM highlighted that there had been a strong presentation from the Young People's Executive. It had been recognised that the increased attendance of non-executive directors had increased governors' engagement with the work of the Board.
12. A recent area of focus of the Council had been a review of the Constitution. The Board would be updated on progress at the January 2021 meeting. Susan Polywka, who had previously worked as the Trust's Head of Governance, was thanked for her work in leading this review.
13. The recruitment of two new non-executive directors was now underway and was being overseen by the Governors' Remuneration, Nominations and Appointments Committee. Credit was given to a short film that had been produced in support of the recruitment process that had received national recognition and had prompted an increased interest in the roles.
14. The Trust was now out to tender for a provider for the financial governance review. The aim was to align the timeline with the budgeting process.

**TB20/11/05 Chief Executive's Report**

15. BH presented his regular Chief Executive's report, drawing out key items of interest.
16. The Trust's first 'virtual' Annual Public Meeting had been watched 800 times, reaching bigger audience than face-to-face meetings. Face-to-face interaction was still recognised to be important. Feedback from governors had been sought on the approach and the aim was to identify and maintain the best aspects of this successful 'virtual' meeting on an ongoing basis.

17. 'NHS 111 First' had now started within the Trust and nationally; this was an important new measure that would impact positively on winter planning.
18. There had been great achievements across the Trust that had been recognised through the new Oxford Scheme for Clinical Accreditation.
19. The Board were advised that the build of the new OUH Radiotherapy Centre on the Great Western Hospital site in Swindon was proceeding well.
20. The common theme was that there had been strong partnership work across the county and region during the pandemic in support of patients. The Board were grateful for the adaptability and innovation of staff during this period.

**The Board noted the Chief Executive's report.**

### **TB20/11/06 Patient Perspective**

21. SF presented the paper that presented the experience of three patients who attended the Churchill Hospital for dialysis in September 2020. The purpose of this paper was to learn from the experiences of these three patients during the pandemic. SF noted that this was a particularly vulnerable group of patients and there was a need to ensure that these patients felt safe and that there was assurance that this was the case.
22. The paper provided a good example of PPE compliance. MP noted that following the testing of the new approach, compliance was agreed to be generally very good and nosocomial transfer rates were low. NHSE had commended team on this low rate and would be visiting to discuss the good practice with the team.
23. The mutual aid and support to other Trusts, including Milton Keynes, was noted to be exemplary.
24. SF noted that the executive team had recently met with the CQC and were asked how the patient voice was coming through to Board so it was pertinent that the Board was spending time reviewing and learning from relevant patient stories.
25. PHP, the Chair of the Audit Committee, noted that the recent patient experience internal audit review had received the rating of 'significant assurance with minor improvement opportunities', which evidenced the good work in this area undertaken by SF and her team.
26. The renal team were thanked for their flexibility in the way they had provided the service. Colleagues were asked to suggest to SF other areas where the Trust might want to do proactive work in relation to learning from the patient perspective.

### **TB20/11/07 Update on Covid-19 Response and Recovery**

27. BH gave a verbal update on the Trust's Covid-19 response to the second wave of the pandemic. The recovery programme was having a positive impact. The momentum for further productivity improvements was strong and there was a

desire to maintain this. Projected activity levels had been outperformed, which was good news. Improvements had been seen through the increased productivity of theatres.

28. BH noted the need to ensure that pathways were maintained during a second wave where there would be complexities in relation to allocation of capacity. Prioritisation was through assessment of a range of factors, including clinical need, the length of time a patient had waiting and whether there was an emergency. The Trust was closely monitoring pressures on pathways.
29. BH was questioned on how the current infection rate compared to the April peak. It was said that the rate was lower. The improved data on infection rates was improving forecasting and management of admissions.
30. JM enquired about risks that were currently being managed.
31. BH outlined the importance of ensuring that staff resilience and morale was managed, through a period that was longer than initially anticipated. The new vaccine had been good news that would increase morale.
32. In relation to new data on risk stratification, TR advised that the Trust was working with Oxford Health and divisions to identify the clinically extremely vulnerable and was ensuring that these individuals were working from home. A clinical review panel had been set up to look at cases where relevant.
33. GS noted the extremely good news about the vaccine. The RECOVERY trial continued with a number of drugs to be investigated. Further detail was in the BRC report.
34. BH updated the Board on vaccine preparedness, noting that there was a national and regional task force. A number of logistical and workforce challenges were being reviewed and at this stage the local system working had been effective and there was confidence that there was appropriate decision-making in place. This matter would remain a regular item at the Board.

#### **TB20/11/08 Integrated Performance Report M6**

35. JM invited questions and observations on the regular Integrated Performance Report.
36. Attention was drawn to the section on the cancer waiting times standards and, in particular, the 2ww Breast Symptomatic waits. This standard was not met for the same reasons as those referred on the 2ww urgent breast pathway. Previous reports had indicated that waiting times would reduce due to capacity and level of referrals. SR outlined that a recovery plan was in place, which included a programme for additional capacity. Improvement was now being seen and further improvement was expected.
37. MP clarified that the hospital acquired thrombosis was correctly recorded as zero. A SIRI was being investigated by the CCG regarding a case in the community.

38. AT noted actions related to operational plans for phase 2. JD highlighted the drive for financially orientated improvements. MP and SR referenced the positive work of the Theatre Productivity Steering Group that was resulting in steady improvement.
39. KK noted that there was confidence that the IT calls backlog was in hand, but the data did not make this clear. The ambition and standards were high for IT and digital objective, so it was suggested that there should not be alarm in relation to amber/red HIMS targets. DW advised the Board that the DSP toolkit had been submitted and a plan was in place with NHS Digital in relation to standards that had not yet been met, that would be reported through the Audit Committee.
- 40. Action DW: IT service desk calls backlog figures to be incorporated into the report.**
41. The Board referred to the finance section and were advised that the Trust was awaiting full detail from NHSE/I on the financial regime. Financial planning guidance for Phase 3 had now been received and the Trust had submitted a financial plan for October 2020 to March 2021 as part of an ICS submission.
42. It was noted that an assumption had been made regarding partial recovery of R&D income; however this was proving difficult due to the scale of activity at the Trust. Activity that was scaled down during the pandemic was now being scaled up. OUH had the largest R&D income of any Trust and the issue was therefore uniquely significant to OUH with recovery of R&D income not being a significant priority for other Trusts or nationally. The Board asked if the Trust was being proactive in their challenge. MP advised that the Trust was acting in collaboration with partners in the system.
43. The Board were updated that 111 Urgent Care Appointments for ED was now live. There had been strong system working in relation to the establishment of 111. The Board noted the opportunity to capitalise on innovations and new models of working accelerated by BOB ICS Covid-19 responses, further developing virtual and physical collaborative platforms for: secure reliable ease of use of digital clinical operational tools; rapid improvements; and new impactful interoperable digital capability.
44. JM thanked the non-executives for having considered the paper in detail and the executive directors for providing assurance through their ability to respond to queries.

#### **TB20/11/09 Workforce Key Issues Update**

45. TR delivered a presentation that set out the key People issues and an overview of the main actions.
46. The key issues outlined in the presentation had been reported to the Board through the Integrated Assurance Report. Historic issues had been identified in relation to capacity and capability within the People function. This function was an

outlier in model hospital benchmarking for quality and performance, impacting on the ability to deliver Trust objectives. Other issues identified included: amount of investment, statutory and mandatory training compliance, value based appraisal compliance, level of sickness absence, employee relations, workforce planning and culture and leadership.

47. TR outlined some of the initiatives that were being put in place to support the resolution of these issues. An investment case was currently being discussed by the Executives to provide the resources required to develop the People function. A workforce planning expert was being brought in to the Trust who would also work across the BOB ICS. New establishment controls were also being put in place.
48. CF thanked TR for developing this presentation. Clarity was sought on whether the improvement proposals had been budgeted for and whether it was currently clear how much investment was required and what the timescale would be for seeing improvement. TR noted that investment case was in development. Whilst there was a current estimate of costs, this had not yet been finalised and would need to be budgeted. The case would be taken forward through relevant approval route and was likely to be taken through the Investment Committee in due course. Once the correct interventions were in place, efficiencies were likely to be seen in years 3 and 4.
49. CF suggested that there would need to be strong engagement and consequences for non-compliance in relation to appraisals. TR confirmed that there were consequences currently in place and once the Trust was 'getting the basics right' the team would be in a better place to hold people to account. It was noted that this was currently in place through performance reviews.
50. CF observed that the Trust appeared to be strongly policy led, suggested there would be further improvement if policy was 'taken as read' and the focus instead was on how this was implemented and the different language that may be required to do this well.
51. PHP supported a short timescale for concluding the business case. JD noted the need to be realistic, ensuring that there was review through the Trust Management Executive and Investment Committee. The Board would be updated alongside other business cases. There was broad validation of there being an underspend in relation to peers. JD noted the challenges of the NHS financial control regime.
52. SF noted that the Education Spend Review was in progress. Management and leadership training was a key part of this and an aim was to enable the Chief People Officer to commission Trustwide leadership training.
53. AT welcomed this review and was encouraged to understand that these issues were being addressed and was looking forward to the next stage.

54. In summary, JM noted that the Board had recognised the importance of doing the best for staff and assurance was taken from this presentation that the areas of focus aligned with Board's view on these issues, which the Board was encouraged to see consolidated. It was recognised that there had been previously small successes and the strategic view would help the Trust prioritise these issues. However changes would still need to go through the same scrutiny and governance as other proposals for investment.

#### **TB20/11/10 SRI and Never Events Annual Report**

55. The Board received this paper, presenting a review of the serious incidents requiring investigation (SIRIs) during the financial year April 2019 to March 2020.

56. The report considered the trends over time in incident reporting and the SRI process and themes that arose from review of all the investigations with descriptions of actions taken to prevent recurrence of adverse events and to support good practice.

57. The report showed a reduced number of incidents and at the same time an increase in incident reporting that was a positive achievement for the Trust, demonstrating transparency and a positive learning culture.

58. Consultants were now happy to report issues, e.g. returns to theatre – these patients were therefore eligible for duty of candour which applied 100% of time for eligible incidents. Safety huddles continued in all areas.

59. CF commented on the data within the report that indicated that SIRIs resulting in deaths of patients had increased since last year. MP suggested that this was not a cause for significant concern as it was important that SIRIs were being reported and that the relatively small numbers were subject to statistical fluctuation. Mortality structured judgement reviews were being undertaken and would determine if a death was a notifiable incident. The medical examiner system would also help identify any shortcomings in treatment for learning.

60. JM suggested that it would be helpful to make the reporting more thematic in the future, though overall was encouraged by the report.

#### **TB20/11/11 Research and Development Governance and Performance Report**

61. Prof Keith Channon (KC) joined the Board for this item.

62. MP introduced the paper which presented the OUH Research and Development Governance and Performance Report for 2019-2020. MP noted that the report demonstrated a significant amount of work, strengthened by the partnership with the University.

63. KC noted the overall effort, exemplified by the joint Covid-19 response. The partnership with the University had provided infrastructure, capability and a short notice, rapid and global impact. MP commented that this achievement required recognition and collaborative work with Oxford Brookes was also recognised.

64. Research activity was supporting 20 designated Covid-19 studies in the Trust. During the period of lockdown there had been a pause of non-Covid-19 research, but activity was now resuming with 650 studies re-commenced.

- 65.MP highlighted the increasing multi-professional involvement in research, including therapists and nurses
- 66.JM referenced the public engagement work that was making much of the research visible. In relation to the publication of results and making data available for reanalysis, KC highlighted a recent full day workshop about transparency in research that was a strong signal in recognition of the need to work harder to ensure that trials were registered and that there was transparency.
- 67.GS noted that the scale and breath of activity at OUH and Oxford was much greater than other institutions and the quality was very impressive. There was a need to continue to horizon scan.
- 68.KC noted his thanks to the Board, commenting that the achievements in this area were reflective of the commitment of the Board to support research.

#### **TB20/11/12 Guardian of Safe Working Hours Report (Q2)**

- 69.The Board were provided with information around contractually defined 'safe working hours' for OUH Doctors in Training: 2020-21 Quarter 2.

#### **TB20/11/13 Learning from Deaths Report (Q1)**

- 70.The Board received this paper which summarised the key learning identified in the mortality reviews completed for 2020/21.

#### **TB20/11/14 Update on Board Assurance Framework and Associated Strategies**

- 71.The Board received this paper which provided a summary of the work undertaken to date to review and develop the Board Assurance Framework and the subsequent work to review and refresh the Assurance Strategy and the Risk Management Strategy.
- 72.EW thanked AT for her work with CW to inform the mid-year review, which was linked to the performance and accountability framework that would be submitted to the Integrated Assurance Committee in due course.

**The Trust Board noted that the mid-year review of the BAF had been undertaken as part of the Board Seminar in October and further discussions with the IAC and the Audit Committee.**

**The Trust Board agreed to the extension of the current Assurance Strategy and Risk Management Strategy for a period of one year to enable the full review and update of both strategies.**

#### **TB20/11/15 Audit Committee Chair's Report**

- 73.PHP presented the regular report to the Board on the main issues raised and discussed at its meetings.
- 74.Through the internal audit progress report, the Committee had discussed three strong review reports that had received significant assurance with minor improvement opportunities.



75. There had been some areas where the case work had been affected due to Covid-19. Management was currently confirming how assurance could be provided for these areas.
76. The monitoring of overdue recommendations was now supplemented by a protocol which provided more transparency on changes.
77. A deep dive on digital innovation was planned.

#### **TB20/11/16 Integrated Assurance Committee Report**

78. JM drew out three key matters from the regular report from the Integrated Assurance Committee.
79. The Board was advised that the Committee had a useful discussion about the selection and intelligent use of appropriate benchmarking data. The Shelford group was a useful peer group to benchmark against, but there was also a discussion about using more sources of data from areas that were best in class.
80. There was a focus on the requirements of clinical effectiveness reports to add value to services and being more than just responsive to core requirements.
81. The Committee had undertaken an interim review of IAC effectiveness. A short survey had been conducted and, depending on the outcomes, recommendations would be brought forward. It was noted that the environment that this Committee was operating had not been what had been anticipated.

#### **The Committee Noted the Integrated Assurance Committee Report**

#### **TB20/11/17 Trust Management Executive Report**

82. The Board received this report from the Trust Management Executive (TME). BH noted that Board agenda encompassed many of the matters considered through TME. BH noted that the TME blog communicated key decisions to all staff, increasing transparency.
83. CF sought clarity on the discussion of insurance arrangements which had also been discussed at the Audit Committee. JD clarified that the Trust had comprehensive insurance from NHS Resolution. An analysis was being conducted to ensure that additional top-up insurance was appropriate and had been considering the benefits of using centralised brokerage to arrange this additional insurance.

#### **TB20/11/18 Freedom to Speak Up Report**

84. Ms Jane Herve (JH) joined the Board for this item. It was noted that the Freedom to Speak Up Programme had been discussed in detail at the last meeting.
85. JM commended the team for the quantity of activity undertaken during a challenging period. CF suggested that it would be valuable to understand the areas of concern. However it was recognised that confidentiality must not be breached.

86. EW noted that the original concept of Freedom to Speak Up had been to provide a route to raise concerns where other routes were blocked, but the desire now was to supplement this with broader listening events.

87. JH noted that the policy was due to be reviewed. New guidance from the national guardian was expected soon.

#### **TB20/11/19 Maternity Incentive Scheme Update Report**

88. SF briefly summarised this paper which gave an early brief update on the ten actions included in the NHS Resolution Maternity Scheme at year 3 and on the current status of the scheme. A focused Board seminar session was been planned for the end of the month. This session may be informed by the Maternity Voices Group.

#### **The Trust Board:**

- noted the contents of the report;
- noted that the Maternity Incentive Scheme (MIS) standard of 35% of women placed onto a CoC pathway for 2020/21 will be surpassed and progress towards the secondary target of 51% achieving Coc by March 2022; and
- supported the expansion of the Lotus service to meet the heightened need across the Country and to prioritise BAME and all vulnerable groups across Oxfordshire.

#### **TB20/11/20 Maternity Safe Staffing Annual Report**

89. The Board noted this report which provided assurance regarding the effectiveness of the system of midwifery workforce planning.

#### **TB20/11/21 Healthcare Worker Flu Vaccination Self-Assessment 2020-21**

90. MP noted that the Trust had been asked to complete a self-assessment against a best practice checklist which was based on five key components of developing an effective flu vaccination programme. There was a requirement to make this assessment available as a public Board paper at the start of the flu season and be submitted to NHSI/E. This paper had also been reviewed by the Integrated Assurance Committee.

91. MP noted that there had been a higher vaccination rate than at the same point in the previous year.

#### **TB20/11/22 Consultant Appointments and Signing of Document**

92. The Board noted the Medical Consultant appointments made by the Advisory Appointments Committee and noted the documents that has been signed and sealed since the last Board meeting.

#### **TB20/11/23 Any Other Business**

93. There was no other business.

**TB20/11/24 Date of next meeting**

94. A meeting of the Board to be held in public was to take place on Wednesday 13 January 2021.

The Trust Board approved the motion that representatives of the press and other members of the public be excluded from the remainder of the meeting, having regards to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1(2) of the Public Bodies (Admissions to Meetings) Act 1960).

DRAFT