

Trust Board Meeting in Public

Minutes of the Trust Board Meeting in Public held on **Wednesday 13 January 2021** via Microsoft Teams

Present:

Name	Initials	Job Role
Prof Sir Jonathan Montgomery	JM	Trust Chair, [Chair]
Dr Bruno Holthof	BH	Chief Executive Officer
Mr Jason Dorsett	JD	Chief Finance Officer
Ms Claire Flint	CF	Non-Executive Director
Ms Sam Foster	SF	Chief Nursing Officer [arrived at 09:30]
Ms Paula Hay-Plumb	PHP	Non-Executive Director
Ms Sarah Hordern	SH	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 Tony Schapira	AS	Non-Executive Director
Prof Gavin Screatton	GS	Non-Executive Director
Ms Anne Tutt	AT	Vice Chair and Non-Executive Director
Mr David Walliker	DW	Chief Digital and Partnership Officer
Ms Eileen Walsh	EW	Chief Assurance Officer

In Attendance:

Kathryn White	KW	Corporate Governance Manager, [Minutes]
Dr Neil Scotchmer	NS	Head of Corporate Governance
Dr Simon Brewster	SB	Governor [Observer]
Dr Art Boylston	AB	Governor [Observer]
Dr Cecilia Gould	CG	Governor [Observer]
Dr Shad Khan	SK	Governor [Observer]

Apologies: none

TB21/01/01 Welcome, Apologies and Declarations of Interest

1. Apologies for absence were received as recorded above.

2. The meeting was declared as quorate.
3. AT noted her interest as a Trustee of the Oxford Hospitals Charity. KK noted her role as a non-executive director of The Pensions Regulator. This new declaration of interest would be recorded in the register.
4. Governors, Cecilia Gould, Art Boylston, Shad Khan and Simon Brewster, who were in attendance as observers, were welcomed to the meeting.

TB21/01/02 Minutes of the Meeting Held on 11 November 2020

5. The minutes of the meeting held on 11 November 2020 were approved as a true and accurate record.

TB21/01/03 Matters Arising and Review of the Action Log

6. The status of items on the Action Log was noted with items proposed 'to close', closed as indicated. The action log would be updated as appropriate.
7. Action TB20/11/8 (Integrated Performance Report – Digital) would also be closed. This was on the basis that this matter would be managed through the routine review of the Integrated Performance Report.
8. There were now no actions currently open on the Action Log.

TB21/01/04 Chair's Business

9. JM updated the Board on the current approach to governance and Board and Committee arrangements during the pandemic. The business that could sensibly be deferred would be and efforts would be made to avoid duplication across the Board and Committees. The aim was that this meeting would be shorter than it would usually be to allow time to focus on pressing operational priorities.
10. The Trust was proud to announce the launch of the Covid-19 vaccination programme. The launch of the AstraZeneca Oxford Vaccine had received national and international press coverage. All were thanked for their efficiency and focus during this challenging time.
11. The Board was advised that a presentation on staff wellbeing was being given at the Council of Governors.
12. The Council of Governors would be receiving recommendations regarding the appointment of two new non-executive directors from the Council's Remuneration, Nomination and Appointments Committee at the afternoon meeting. The Trust Board was advised that there had been a very strong pool of candidates that had backgrounds, skills and experience, including non-medical clinical and integrated systems working, which aligned well to the brief. The specialist recruitment firm, Odgers Berndtson, were thanked for their support to the process. There would be a

public announcement about these appointments when due diligence checks were complete and the appointment process had been finalised.

TB21/01/05 Chief Executive's Report

13. Verbal update provided on the COVID-19 Response and Recovery at item 7.

TB21/01/05 Patient Perspective

14. SF gave a brief overview of the paper that gave the patient perspective of five people who received their first dose of the Pfizer/BioNTech COVID-19 vaccine at the Churchill Hospital in December 2020.
15. The Chair commented that some individuals had concerns about the vaccine and questioned whether there were risks that needed to be understood in relation to such concerns and the impact on the programme. The Executive reinforced the importance of the right communication at a system and local level. There was national prioritisation and capacity building to ensure successful implementation.
16. Significant effort and a strong team approach had been essential in getting to the launch of the vaccination programme and balancing the various challenges.

TB21/01/06 Update on COVID-19 Response and Recovery

17. BH gave a verbal update on COVID-19 response and recovery.
18. Infection rates had been increasing quickly. Within the region there were 300 patients with COVID-19 that was double the peak of the first wave. The Trust was focusing on assuring sufficient capacity for the different levels of oxygen requirement. Thanks to advances in treatment there were now fewer patients needing level 3 care.
19. The vaccination programme was being rolled out. Approximately 6000 staff members had been vaccinated to date.
20. The Trust was going well recruiting into key trials such as the RECOVERY trial which has identified a number of key treatments (1 in 5 patients were enrolled into this trial at OUH which was above the national target).
21. BH noted that he was very proud of the standard of care provided to COVID-19 patients and the response to work to prevent a third wave post vaccination. The executive team had been under particular pressure and were thanked. JM advised that the Board needed to keep track of its own resilience and how it takes stock. Efforts were being made to encourage all to take their annual leave. TR would be discussing approaches to health and wellbeing in more detail with governors. A number of interventions were being put in place, including psychological support for staff. The wellbeing of staff would remain high on the agenda and would be highlighted at each staff briefing. The continued resilience of people was essential.

22. KK observed that the responsiveness of staff to queries from non-executive directors had been exemplary.

TB21/01/07 Integrated Performance Report M8

23. The Board received the regular reporting based on key metrics in relation to operational performance, quality, workforce, finance and digital. The report was taken as read and comments and questions were requested.
24. AT asked if there had been progress following discussions at last meeting about NHS 111. SR advised the Board that this was progressing well. Whilst still at early stages, a significant breach reduction had been seen as well as reductions in attendances. There would be ongoing monitoring. The Board was pleased to see the beneficial effect and was keen to see data in future reports about the proportion of people using the service.
25. KK noted that the service desk backlog issue was now closed. DW commented on HIMMS level 6 that this is a standard that is awarded nationally and provides an indication of digital maturity. DW was proud that level 6 had been achieved at the NOC and there were ambitions to move to level 6 across the Trust. There would then be opportunities to aim for level 7 in the future.
26. SH praised the quality of the paper and commended the use of the statistical control charts in the people performance section of the report. TR noted the work of the executive to continue to develop the whole report to ensure the information was relevant and cohesive.
27. It was acknowledged that the report included November 2020 data and that the current position had moved on significantly. SR updated on the current situation, noting that the emergency pathway was improving, despite some deterioration in December 2020, as seen across the BOB ICS and South East region, that was causing pressure at the emergency departments. This was linked to the number of COVID-19 patients at the front door. Some services had been moved and wards amalgamated to allow greater response and to support redeployment of staff. There was focus on support to staff and patients.
28. MP advised that the metric changes in relation to *C. diff* that now also included community diagnosis, where recently discharged.
29. TS questioned whether that had been an impact on other services, including trauma, neuro and transplant, due to the impact on ICU. MP gave assurance that the potential impact was being managed.
30. JM highlighted that national decisions as part of the incident command and control response might create pressures that the Trust was not in direct control of, e.g. patients out of area being treated at the Trust. However there was regional coordination to monitor this. SR referenced the exceptional work that was taking place and expressed gratitude to partners, both nationally and colleagues within BOB ICS.

TB21/01/07 OUH Constitution Review

31. Trust Board received a paper that presented the outcome of the 1st phase review of the constitution. The paper was taken as read and there were no comments or questions.
32. The Board was advised that the Council of Governors would be asked at their meeting in the afternoon to make a decision as to whether or not to accept the recommended amendments.
33. **Trust Board agreed the recommended amendments to:**
 - **Composition of the Council of Governors**
 - **Governors' Tenure**
 - **Eligibility to be a Governor**

TB21/01/07 Ockenden Report on Maternity Services

34. SF advised the Board that the Ockenden Report into Maternity Services at the Shrewsbury and Telford Hospital NHS Trust had been recently published. The report presented findings and recommendations from an independent review of the maternity services.
35. An assessment of the compliance with the specific requirements of each of the essential actions was currently being undertaken and the Board would be updated on this work in due course.
36. **The Trust Board received and noted the Ockenden Report on Maternity Services.**

TB21/01/08 Maternity Incentive Scheme

37. SF provided an update on the current status of OUH compliance with the NHS Resolution (NHSR) Maternity Incentive Scheme (MIS) Year 3. It was noted that the external deadline had been extended to July 2021 and the Trust was awaiting revised guidance.
38. Attention was drawn to two safety actions that were at a high risk of non-compliance. These actions related to Transitional Care Services and the demonstration of an effective system of clinical workforce planning to the required standard. Full details were set out in the report. SF referred to the evidence that would demonstrate compliance that was being reviewed by the Assurance Team.
39. AT asked for further detail of the financial implications referenced under Safety Actions 3 & 4. SF noted that there were a number of business cases currently in progress regarding staffing. JD noted that there shouldn't be a need to put constraints on the costs of safe care, but that proposals would be reviewed through business planning, or an appropriate forum, to consider them in relation to other priorities. A stocktake of all requests in relation to the Maternity Incentive Scheme and the Ockenden Report was

being completed. AT was reassured by response, noting the low risk appetite for risks of this nature.

40. The Chair reminded the Board that this report focused on OUH compliance with the NHS Resolution Maternity Incentive Scheme and therefore provided a sightline on only part of maternity services and there was a need to understand the full challenge. A Trust Board seminar on neonatal services was planned for February.
41. **The Trust Board noted the update on the Maternity Incentive Scheme.**

TB21/01/09 Regular Reporting Items

Update on Integrated Quality Improvement Plan

42. SR presented a brief summary on the programme level update for each of the programmes within the Integrated Quality Improvement Plan. Progressive improvement was being seen and there was strong engagement across teams.

Learning from Deaths Q2

43. The Trust Board received the report that outlined the key learning identified in the mortality reviews for quarter 2.

Integrated Assurance Committee Report

44. The Trust Board received the regular report from the Integrated Assurance Committee that highlighted key activity and risks.

Trust Management Executive Report

45. The Trust Board received the regular report from the Trust Management Executive that highlighted key activity and risks. BH noted that TME supported the planning for ongoing recruitment of international nurses for a further 2 years from April 2021. There had been excellent team work in getting to this point. Also, TME's new Risk Committee had now been convened and would be discussing a range of risks, including oxygen supply.

TB21/01/10 Consultant Appointments and Signing of Documents

46. Trust Board received this regular report that informed the Board of Medical Consultant appointments made by the Advisory Appointments Committees.
47. The Trust seal has not been applied since the last report to the Trust Board.

TB21/01/11 Any Other Business

48. None.

TB21/01/12 Date of Next Meeting

49. A meeting of the Trust Board was to take place on **Wednesday 10 March 2021**.