

Trust Board Meeting in Public

Minutes of the Trust Board Meeting in Public held on **Wednesday 10 March 2021** via Video Conference

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
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	TS	Non-Executive Director
Prof Gavin Screaton	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:

Dr Neil Scotchmer	NS	Head of Corporate Governance, [Minutes]
Mr David Tanhamira	DT	Corporate Governance Manager
Mr Matt Akid	MA	Director of Communications & Engagement
Ms Ali Cuthbertson	AC	Director of Midwifery [Item 10]
Dr Catherine Greenwood	CG	Clinical Director for Maternity [Items 6 and 10]
Ms Janet Knowles	JK	Public Governor, South Oxfordshire
Ms Susan Polywka	SP	Corporate Governance Consultant [Item 8]
Dr Claire Pulford	CP	Director of Medical Education [Item 11]
Mr Jonathan Wyatt	JW	Public Governor, Rest of England and Wales

Apologies: None

TB21/03/01 Welcome, Apologies and Declarations of Interest

1. In opening the meeting the Chair paid tribute to Dame Fiona Caldicott who had died in February. He recognised the great debt owed to her both by the Trust as an organisation and by many individuals working within it. He emphasised that the Trust would not be where it was without her contribution.
2. Jonathan Wyatt and Janet Knowles were welcomed to the meeting as observers on behalf of the Council of Governors.
3. Anne Tutt declared an interest as a trustee of Oxford Hospitals Charity.
4. The Chair noted that Susan Polywka would be present to respond to any queries in relation to Item 8 and that Claire Pulford would be in attendance for Item 11.

TB21/03/02 Minutes of the Meeting Held on 13 January 2021 [TB2021.13]

5. The minutes were accepted as a true and accurate record of the meeting.

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

6. There were no matters arising not on the agenda and no open actions on the action log for discussion.

TB21/03/04 Chair's Business

7. The Chair informed the Board that the Council of Governors had accepted the recommendation of its Appointment Panel in relation to the appointment of two new non-executive directors. He explained that final employment checks were underway and that it was hoped that it would be possible finalise these appointments and announce start dates shortly.
8. The Board also heard that a financial governance review was underway and that findings would be reported to the Board in due course.

TB21/03/05 Chief Executive's Report [TB2021.14]

9. The Chief Executive noted that his report encompassed the update on the COVID-19 response and recovery. He explained that the Trust had been hit harder by the second wave of the pandemic than the first with twice as many patients at the peak and three times as many patients overall.
10. Dr Holthof explained that the pressures were very significant for those staff working in COVID-19 areas and that the Trust had accepted patients from across the country. He explained that the NHS England team had publicly thanked the Trust for its support to

colleagues elsewhere in the NHS. The Chief Executive emphasised that the Trust should be proud of what it had achieved.

11. Dr Holthof also noted that in spite of the pandemic the Trust had been improving its estate and that a larger Emergency Department space had been completed to provide a better environment for staff and patients. The Trust would also be opening a series of new single rooms with frequent air changes on Level 5 that would assist with this and any future pandemics. A new Critical Care building had been funded to be built on the John Radcliffe site whilst a new Renal Ward was being built at the Churchill Hospital and a new Haemophilia Unit at the Nuffield Orthopaedic Centre with investment also made in the Paediatric Emergency Department at the Horton General Hospital.
12. The Chief executive stressed that despite the pandemic the Trust had continued to maintain a large range of other services and that, whilst COVID-19 had been disruptive, the Trust hoped to emerge stronger. The report highlighted the contributions of the Trust and University of Oxford on vaccine development, testing programmes and the development of new treatments. A large number of people had been vaccinated at the Trust with vaccinations offered to all staff by the end of January. This was noted to be a considerable achievement in the context of the Trust having admitted its first COVID-19 patient in February 2020.
13. Dr Holthof explained that the Trust had been considering how best staff could be supported in recovering from this period. A range of support was being made available with investments in the working environment being one element of this.
14. Ms Kapernaros noted the appointment of the new BAME Health and Wellbeing Lead which she noted as being a very positive development. The Board also heard that a new BAME leadership forum was about to be launched.
15. Ms Flint asked if the Trust had experienced any problems with vaccine hesitancy amongst its staff. The Chief People Officer explained that the Trust had identified all staff who hadn't yet had the vaccine and that individual discussions were taking place to understand the reasons for this and to provide additional information in support as appropriate. The Board noted that it would continue to monitor this as a significant issue of staff and patient welfare.
16. The Board heard that the Trust was slowly opening up capacity in those services where the pandemic had forced reductions due to staff redeployment and other constraints. Discussions were taking place with the ICS and regional team regarding requirements for recovery including use of the independent sector.
17. It was agreed that the COVID recovery would no longer be a regular standing item on the agenda but that a full report on this would be brought at an appropriate stage. Particular issues would otherwise be addressed in the Chief Executive's Report.
18. The Chair noted that the Board's agendas were now returning to their format prior to the pandemic and that the Council of Governors and its committees were also

resuming their regular cycle, recognising that the Board and Council should take the opportunity to reflect on those changes that had been positive.

TB21/03/06 Patient Perspective [TB2021.15]

19. *CG joined for this item.*
20. The Chair clarified that this video showing the work of the Lotus team in supporting mothers with complex needs was not formally a “patient” perspective.
21. The Board heard that this service had commenced during the previous year with six midwives and that, as well as improving the experience of the service, it had demonstrated evidence of an impact on outcomes. The strong user-centred nature of the process was recognised.
22. It was clarified that the Lotus team focussed on supporting socially vulnerable mothers whereas the separate Rainbow team was for mothers who had lost babies during earlier pregnancies.
23. Prof Schapira was thanked for the support that he had provided as the Non-Executive Safety Champion for Maternity and Neonates.
24. The Chief Nursing Officer outlined some of the tangible outcomes of the service in improving maternal and infant health and in reductions in children going into care. She explained that the service helped increase confidence levels for women to care for their babies. The Board noted that, although the Lotus team had not existed for long enough to demonstrate a statistical impact, continuity of care was recognised to be strongly associated with improvements in outcomes.
25. The Board discussed the accessibility of the service and noted that it was intended to strengthen it particularly at the Horton General Hospital which was easily accessed by the population of Bicester and Banbury and where there had not previously been a specific high risk care service.
26. The Chief Nursing Officer noted that a year-end evaluation would be undertaken and that future development of the service would build on these findings.
27. The Board noted the report and commended the work of the Lotus team.

TB21/03/07 Update on COVID-19 Response and Recovery

28. This update was included within the Chief Executive’s Report to the Board.

TB21/03/08 Integrated Performance Report M10 [TB2021.16]

29. 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.

30. The Chief Operating Officer highlighted a correction to the report, explaining that the reduction in Emergency Department [ED] attendances on p48 should be by 33% and not 29%.
31. The Chair sought to understand why an investment had been made in the ED and attendances were reduced whilst performance continued to fluctuate significantly.
32. The Chief Operating Officer explained that respiratory patients had been cared for in the assessment area during January and that some ward areas had been re-designated for COVID patients. These changes were appropriate during the pandemic but had significantly impacted on patient flow. Ms Randall explained that the EAU had returned to normal use in February and that this had had a significant impact.
33. Ms Randall explained that the Trust was working to further improve ED performance through the Emergency Improvement Group as wards were restored to their pre-COVID positions and believe that improvement could be sustained.
34. The Chief Medical Officer was asked what lessons should be taken away from the breakdown of SIRIs during December and January that was provided in the report. Prof Pandit explained that of the 30 SIRIs 15 related to nosocomial COVID-19 infections and that the national team had now advised that these should be investigated as a single SIRI on which basis the number of SIRIs would be at a more normal level.
35. The Chief Medical Officer also drew the Board's attention to the analysis of how patients with COVID had been affected by incidents such as pressure ulcers and falls. Overall there was no significant variance from the wider patient population. The incidence of pressure ulcers was slightly raised which was regarded as being expected on the basis that the majority of critical care patients spent 16 hours prone.
36. Prof Schapira noted that the level of falls and ulcers overall remained fairly consistent whereas ideally learning and new interventions would lead to a gradual decline. He suggested that consideration be given to how to assess whether measures in place were effective.
37. The Chief Nursing Officer explained that the Trust was looking to implement divisional trajectories for these metrics, noting that they could be difficult to benchmark due to different reporting thresholds in different trusts. She suggested that more work could be done in medical device related damage.
38. Prof Pandit provided a brief summary of the two Never Events reported, noting that pressures on staff and conditions during the pandemic were contributory factors in both cases. One related to a wrong side biopsy to which both environmental and human factors had contributed. The other related to a wrong drug dose in intensive care where full PPE had an impact on communication. The Board noted that neither patient had experienced any direct harm.
39. It was noted that levels of clostridium difficile were above trajectory which was believed to be a result of the use of single dose antibiotics to prevent admissions during the pandemic. Numbers of MRSA cases were believed to have been affected by changes

in the care environment to increase capacity. The Infection Prevention and Control Team had circulated a seven point plan on infection control to address and mitigate the issues identified.

40. Ms Hordern suggested that applying SPC charts to show statistically significant changes would be helpful. Prof Pandit explained that it was intended to reintroduce this, explaining that it had been paused as a result of the change in casemix.
41. The Chair noted the impact of COVID on the ability to undertake harm reviews and the prioritisation process that was now in place for waiting lists. He asked how the Board was able to be assured that this prioritisation was being reflected in the treatment of patients.
42. The Chief Digital and Partnership Officer explained that work was underway to improve the way in which the prioritisation was implemented digitally so that it could be updated on a dynamic basis. The Board agreed that further assurance in relation to this process would be sought through the Integrated Assurance Committee.

TB21/03/09 Proposed Changes to Constitution [TB2021.17]

43. The Board noted that this paper contained significant detail on proposed changes to the Constitution following extensive work led by a working group of the Governors' Patient Experience, Membership and Quality Committee.
44. This was the first time that the Constitution had been reviewed since OUH's authorisation as a foundation trust. The Board noted that, if approved, these changes would then go to the Council of Governors for them to approve also before being formally adopted.
45. Thanks were also expressed to Susan Polywka for the significant work that she had undertaken to support the review process and the quality of the work was commended.
46. The Board approved the recommended amendments to the OUH Constitution.

TB21/03/10 Maternity Items

Ockenden Report on Maternity Services [TB2021.18]

47. *CG and AC attended for this item.*
48. The Chief Nursing Officer presented this paper which provided the Board with an overview of the position of the Trust in relation to the recommendations from the immediate and essential actions from the Ockenden report published in December 2020.
49. The Board noted that this represented initial recommendations pending a final report which was expected later in 2021. It was noted that the Board had undertaken seminar sessions to discuss key issues in both Maternity and Neonatal services with members

of the relevant teams. It had also separately received the initial recommendations of the Ockenden Report.

50. The Trust had made an initial declaration by the Chief Executive Officer against 12 specific urgent clinical priorities and this had been submitted in December as required. It had also undertaken a risk assessment against the seven immediate and essential actions of the report which had identified that the Trust was compliant with all but one relating to risk assessment throughout pregnancy with which it was partially compliant.
51. Action plans had been developed where work was required for full compliance. The Board heard that the current NICE schedule of antenatal care was in place as required. To enable full compliance the Trust needed to have the ability to demonstrate regular audit mechanisms to assess Personalised Care and Support Plan (PCSP) compliance. The Board heard that a plan was in place which would be enabled by a digital solution.
52. Full compliance was expected to be achieved within 12 months with procurement of the IT solution regarded as the key bottleneck.
53. The Chief Assurance Officer confirmed that the assessment had been stress-tested by the Assurance team and that the Maternity team were to be commended on this work whilst recognising that room remained for further improvement.
54. The Chair noted that the Board could take assurance from the transparent and multidisciplinary nature of the process undertaken. In addition he noted that the Board had heard evidence that openness in sharing information and reflective scrutiny ensured visibility when things went wrong.
55. It was agreed that further monitoring of progress would be via the Integrated Assurance Committee. The Chief Finance Officer and Chief Nursing Officer noted that they would be meeting with the Maternity team to undertake a comprehensive assessment of current and likely future compliance requirements.

Maternity Safe Staffing Biannual Report [TB2021.19]

56. This report was presented by the Chief Nursing Officer and provided assurance to the Trust Board that there was an effective system of midwifery workforce planning and monitoring of safe staffing levels from October to December 2020.
57. Ms Foster noted that the report indicated significant progress and the commitment to ongoing safety huddles was noted.
58. The Board noted the report.

Maternity Incentive Scheme (MIS) [TB2021.20]

59. The Chief Nursing Officer presented this regular report to the Board providing an update on the Trust's state of compliance with the NHSR MIS Year Three.
60. The Board noted that trainee feedback was a new inclusion in the report and highlighted some concerns in relation to educational or training opportunities being lost due to gaps in the rota.

61. The Chief Medical Officer noted that this issue had not been raised via other routes and would need to be picked up through the Divisional Educational Lead and Director of Medical Education. It was agreed that the issue would be picked up through the Guardian of Safe Working's next report to the Board or sooner to the Integrated Assurance Committee if there were significant concerns.

TB21/03/11 Medical Education Annual Report [TB2021.21]

62. *CP joined the meeting for this item.*
63. The Chief Medical Officer introduced the report, noting that it had been an exceptional year for junior doctors with extensive redeployment of trainees during both waves of the pandemic.
64. The Board also noted that the duration of training for trainees would need to be extended in many cases and that this would need to be managed. Professor Pandit highlighted that virtual induction had been introduced but that it was hoped that a mixed approach could be used that provided some interaction with new starters.
65. Dr Pulford highlighted that enhanced monitoring for neurosurgery had ceased and that the Trust was now in a positive position where it had no red-rated risks with HEE.
66. Claire Flint asked how data about departments was correlated and how challenging cultural issues were managed.
67. Dr Pulford commented that COVID had forced the use of different and more agile ways of working. She noted that historically the GMC survey had formed the backbone of the report but that this related to the 18/19 year and that more collaborative local intelligence was being used to supplement this.
68. The Board heard that the intention was to hear about issues early and react quickly whilst building an improved relationship with learners.
69. The Chief Medical Officer highlighted that a range of indicators were looked at as it was recognised that in the most clinically busy environments trainees needed more support.
70. The Chief People Officer also highlighted the Workforce Committee as a forum to look at this data aligned with other relevant information.
71. The Chair highlighted that Clinical Oncology indicators appeared to be deteriorating and asked if this should be a cause for concern. Prof Pandit explained that this related to a very specific issue regarding rotas which had been addressed and was not expected to be a problem in the future.
72. The Board suggested that it might be helpful to consider whether reporting on undergraduate medical education and nursing education could also be of value, recognising that the purpose would need to be defined.

TB21/03/12 Regular ReportingIntegrated Assurance Committee Report [TB2021.22]

73. The Chair presented this report from the Integrated Assurance Committee, noting that the majority of issues had been covered earlier on the agenda.
74. He highlighted in particular the mutual aid to other parts of the NHS during the pandemic of which the Committee had been informed.

Audit Committee Report [TB2021.23]

75. Paula Hay-Plumb presented her report as Chair of the Audit Committee. She noted that the Committee would be increasingly focussed on the preparation of year end reporting. Ms Hay-Plumb also highlighted that regular reporting had continued to be received during the pandemic and that this should provide assurance to the Board.

Trust Management Executive Report [TB2021.24]

76. Dr Holthof presented his report as Chair of the Trust Management Executive. He noted that the West Wing ventilation project had been successfully completed and thanked all who had been involved in this significant effort.
77. Minor revisions to TME's terms of reference were approved.

Consultant Appointments and Signing of Documents [TB2021.25]

78. The Board received its regular report on Medical Consultant appointments made by Advisory Appointments Committees and recent signing and sealing of documents.

TB21/03/12 Any Other Business

79. There was no other business on this occasion.

TB21/03/12 Date of Next Meeting

80. A meeting of the Trust Board was to take place on **Wednesday 12 May 2021**.