

Trust Board Meeting in Public

Minutes of the Trust Board Meeting in Public held on **Wednesday 8 September 2021** via videoconference.

Present:

Name	Initials	Job Role
Prof Sir Jonathan Montgomery	JM	Trust Chair, [Chair]
Prof Meghana Pandit	MP	Chief Medical Officer [deputising for 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
Dr Elaine Hill	EH	Director of Medical Workforce [deputising for Chief Medical Officer]
Ms Sarah Hordern	SH	Non-Executive Director
Ms Katie Kapernaros	KK	Non-Executive Director
Ms Sara Randall	SR	Chief Operating Officer
Mr Terry Roberts	TR	Chief People Officer
Prof Ash Soni	AS	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
Ms Joy Warmington	JW	Non-Executive Director [to 11:25]

In Attendance:

Dr Laura Lauer	LL	Deputy Head of Corporate Governance, [Minutes]
Dr Neil Scotchmer	NS	Head of Corporate Governance
Ms Susan Polywka	SP	Corporate Governance Consultant
Gemma Davison	GD	Public Governor, Cherwell
Anita Higham	AH	Public Governor, Cherwell
Dr Katie Jeffrey	KJ	Director of Infection Prevention and Control

Apologies:

Dr Bruno Holthof	BH	Chief Executive Officer
Prof Tony Schapira	TS	Non-Executive Director
Prof Gavin Screatton	GS	Non-Executive Director

TB21/08/01 Welcome, Apologies and Declarations of Interest

1. Apologies were received and deputy arrangements noted as above.
2. The Chair welcomed members of the Council of Governors, observing as part of their statutory and constitutional responsibilities.
3. It was noted that meetings would continue virtually while Covid visiting restrictions remained; the situation would be kept under review.
4. The Chair declared that he had accepted a Visiting Professorship in Bioethics Governance at the University of Oxford.
5. The Vice-Chair declared an interest as a trustee of Oxford Hospitals Charity.

TB21/08/02 Minutes of the Meeting Held on 14 July 2021 [TB2021.63]

6. Subject to correction of a minor typographical error, the minutes were accepted as a true and accurate record of the meeting.

TB21/08/03 Matters Arising and Review of the Action LogStaff Perspective [TB21/07/04]

7. The Chair invited the Chief People Officer (CPO) to update the Board. Three areas of action were ongoing:
 - a. *Support for Staff member* The CPO and Chief Nursing Officer (CNO) had met with the individual; psychological support was being provided.
 - b. *Issues raised - casework* The staff member had indicated their preferred route for progressing their complaint.
 - c. *Issues raised – organisational actions* Further details were provided in the Combined Equality Standards Report (TB2021.69); anti-racism training was being considered and the intention was to embed Equality, Diversity and Inclusion in all Trust training.
8. The CPO reported positive interaction with the Trust's BAME network. Work was ongoing with the network to co-create solutions and to ensure issues were escalated through support systems.
9. It was noted that complaints might continue to increase and could be considered an indication of increasing confidence by staff in the process.

Action Log

10. There were no open items for discussion.

TB21/08/04 Chair's Business

11. The Chair thanked the Vice-Chair for her leadership while he was on leave.
12. An announcement on Integrated Care System (ICS) Chairs was expected; Board members would be notified. The appointment of Chairs was a significant step in formalising the role of ICSs.
13. The Board would discuss Freedom to Speak Up at its next meeting; the Chair drew attention to the level of candid comment received and thanked those involved in facilitating productive and helpful sessions with a wide range of staff. He also thanked Ms Polywka for coordinating this work.

TB21/08/05 Chief Executive's Report [TB2021.64]

14. The Chief Medical Officer (CMO) delivered the report in the absence of the Chief Executive Officer. She thanked non-clinical and clinical colleagues for their work and dedication during the ongoing pandemic.
15. The CMO updated the Board on the number of Covid patients in the John Radcliffe and Horton General Hospitals. There were no plans to change the Trust's policies on visitors, mask-wearing or social distancing on its sites; the only exceptions were for maternity and end-of-life cases.
16. The Trust had worked effectively with system partners to manage the current shortage of blood tubes.
17. The Board noted the contents of the Chief Executive Officer's written report.

TB21/08/06 Patient Perspective [TB2021.65]

18. The CNO presented the report which told the stories of two patients and two staff members. She explained that, as a nationally-recognised centre, the Oxford Fetal and Maternal Medicine Unit (FMMU) was subject to increased demand for its specialist multidisciplinary service.
19. The capacity issues raised in the report would be addressed by a review of maternity pathways and services in the Trust – Silver Star, LOTUS, Birth Afterthoughts – to develop appropriate plans.
20. The quality of the interaction between patient and clinician was an important factor in patient experience. In caring for women and babies with complex medical needs, FMMU staff showed compassion, empathy and a desire for continuous improvement – there was an active learning culture which translated into change for the benefit of

patients. This was recognised in the recent Care Quality Commission (CQC) inspection.

21. Socio-economic deprivation, ethnicity and age were all factors which affected risk. Board members wished to understand the local versus the national aspects of the service as headline reporting did not provide sufficient visibility. The Board requested that maternity reporting be reformulated to give a clear line of sight across the whole of the Trust's services.

ACTION: CNO to clarify the local/national breakdown of maternity service use.

CNO to develop maternity reporting template for future Board meetings.

22. Members of the Board recorded their thanks to the FMMU team for their excellent service and to the two mothers who shared their experiences.
23. The Board noted the report.

TB21/08/07 Integrated Performance Report M4 [TB2021.66]

24. Following review and discussion, Board members requested changes to the format of the Integrated Performance Report (IPR):
 - a. Inclusion of a dashboard, summarising key financial risks along with best- and worse-case scenarios and mitigations;
 - b. Addition of pre-Covid benchmarking data to enable the Board to assess progress toward the Trust's pre-Covid state;
 - c. Separation of weekday/weekend data for medicines reconciliation.

ACTION: Director of Assurance to liaise with IPR team to make these changes with the support of the Chief Medical Officer and Chief Finance Officer.

25. The figures in relation to medicines reconciliation were highlighted. It was clarified that compliance was not consistent between weekdays and weekends, primarily due to staffing issues. A business case had been drafted to address this.
26. While no moderate or greater harm had been reported, the Board expressed concern about the discrepancy and requested that the IAC focus on this area.

ACTION: CMO to brief IAC on figures for medicines reconciliation and plans to increase compliance.

27. It was recognised that the pandemic had brought increased pressures across the system. The data for safeguarding, training, waiting times and length of stay was highlighted.
28. The Board was assured that the figures in the IPR were not final and that safeguarding training compliance was at a higher level than presented in the report. Challenges remained due to lack of capacity in the system to support children and adults with mental health needs.

29. It was reported to the Board that the Trust's new training hub was fully operational; actions were being taken to ensure appraisals were appropriately recorded and to help staff use the training hub effectively.
30. Board members queried whether the actions being taken in relation to emergency department patient waiting times and length of stay were having an impact. The Board was updated on current actions being taken at divisional, Trust and system level.
31. The Board felt that IAC should be given the opportunity to conduct further analysis of the trends and the plans in place.
32. Uncertainties regarding the level of funding for the second half of the financial year remained, with a wide range of outcomes still possible. The CFO was attending a meeting later in the week which might provide some clarity.

ACTION: CFO to provide a briefing note to the Board following the meeting of NHS CFOs.

Post-meeting note: a note was circulated to the Board on 21 September 2021.

33. Board members sought further information on staff absence and staff recruitment.
34. The CPO updated the Board on the numbers of staff on long-term sick leave; the largest proportion of long-term absence was for mental health with relatively few staff suffering long Covid. Support needs of staff were being addressed through the Recover, Readjustment and Reintegration Programme (R3P) and the introduction of wellbeing conversations. Partnership working with Occupational Health to address barriers was ongoing.
35. The Board was updated on plans to recruit staff for the Critical Care Centre. The first tranche of recruitment had commenced. The Trust was taking care to recruit staff at clinical grades B6 and above in a way that did not destabilise the staff complement in Buckinghamshire, Oxfordshire and Berkshire West ICS.

TB21/08/08 Horton General Hospital Health Infrastructure Programme Expression of Interest [TB2021.67]

36. The Board remained committed to securing investment for the Horton General Hospital (HGH) site and to working on the development of services with the communities it served.
37. The Chair reminded members of the previous unsuccessful submission of an Expression of Interest (EoI) for Health Infrastructure Programme funding. A second round – for eight hospitals – was announced in mid-July 2021, with applications due in early September. This truncated timescale over the summer period affected the amount of stakeholder engagement that could be undertaken.
38. It was confirmed that the contents of the EoI did not differ materially from plans already discussed with stakeholders. The Health Overview and Scrutiny Committee had sent comments and confirmed their support for submission of the EoI.

39. Investment Committee had reviewed the EoI and expressed confidence in the budget and the build plan.
40. A decision on EoIs was expected in the autumn; if successful, a full bid would need to be submitted in spring 2022. During this period, the proposal would continue to be developed with stakeholders to create a compelling case for support.
41. Board members recognised the importance of this initiative and the work that had got the Trust to this point. It was an exciting proposal, but success was not guaranteed.
42. The Board approved the recommendation from Investment Committee to proceed with the submission of the Expression of Interest.

TB21/08/09 Financial Governance Review Report [TB2021.68]

43. The Board had approved the report at its July 2021 meeting. The Chair invited the Chief Finance Officer (CFO) to present the proposal regarding the approval, management and assurance in relation to the Trust's action plan.
44. The CFO informed the Board that the Report was publicly available, had been shared with the Council of Governors and discussed by their Performance, Workforce and Finance Committee. It will also be discussed by the Council of Governors at their next meeting.
45. The summary action plan presented did not yet incorporate feedback from the Integrated Assurance Committee (IAC).
46. Board members considered the Trust Management Executive (TME) to be the appropriate body to oversee the implementation of the action plan. They agreed that IAC should monitor the implementation and provide assurance to the Board.
47. The Board approved the proposal to delegate to IAC review and approval of the detailed action plan; that TME should oversee the implementation of the action plan; and TME should report progress to IAC which will obtain assurance on behalf of the Board.

TB21/08/10 Combined Equality Standards Report 2021 [TB2021.69]

JW left the meeting during discussion of this item.

48. The Board reiterated its commitment to improving the experience of Trust staff.
49. The CPO outlined system-related improvements – data analysis, clearer processes – and some cultural initiatives – leadership training – introduced to help identify and tackle discrimination. As an example, EDI elements had been incorporated into Clinical Director training.
50. Board members encouraged the Trust to be aspirational and innovative in its approach to this important cultural change. The CPO confirmed that a positive and supportive

environment was the goal but having trusted, robust and clear processes to enable appropriate escalation underpinned this.

51. Members noted that a central fund to support reasonable adjustments for staff with a disability was proposed but queried an apparent disconnect with figures in the report and the numbers of staff indicating a disability in the staff survey. It was observed that the report did not indicate numbers of staff who had become disabled while at work.
52. The CPO clarified that the report was prepared to conform with NHS Standard Contract and statutory requirements, but all protected characteristics were monitored for emerging issues.
53. The role of staff networks and the wellbeing support offered to staff network leads was discussed as these groups had an important role to play in building trust, signposting and supporting staff. As part of the Freedom to Speak Up (FtSU) work, staff network leads had been asked to identify barriers to reporting.
54. Executive sponsors of staff networks were also encouraged to work together to ensure staff networks had a consistent approach.
55. The role of the wellbeing lead was clarified. This was a fixed-term post, funded by the OUH Charity, to build capability and capacity in staff networks.
56. The Board also noted that a Medical Workforce Race Equality Standard had been introduced for the first time and had highlighted significant issues that would require consideration by the Trust.
57. The Board noted the report and actions.

TB21/08/11 CQC Maternity Report [TB2021.70]

58. The Chair reminded the Board that the inspection had been prompted by a whistleblowing concern. Had the inspection not taken place, there is strong evidence that the Trust would have surfaced concerns via FtSU and this was an encouraging development. The Trust Board's maternity lead, Professor Schapira, had been fully involved and kept up to date.
59. The Chief Assurance Officer presented the paper and noted the impact of the rating on staff, who prided themselves on delivering excellent care. Numbers of patients had not decreased during the pandemic but complexity had increased.
60. Members noted the examples of good practice contained in the report as well as the "must" and "should" do actions. Many of these actions were already being implemented and the team was focused on ensuring consistency.
61. The Board fully supported the actions being taken and agreed that it was appropriate for the action plan to be monitored via Trust Clinical Governance Committee and TME, with Board assurance from IAC.

TB21/08/12 Maternity Incentive Scheme [TB2021.71]

62. The CNO acknowledged the Board's desire for an integrated report; this will be developed when capacity allows.
63. The Board considered the evidence to demonstrate full compliance with the 10 Safety Actions. The Trust had met the requirements for Year 3 of the Scheme. There had been significant changes to the 10 Safety Actions for Year 4, including the introduction of a maternity information system to comply with reporting requirements.
64. The Board's attention was drawn to staffing levels. Due to unplanned absence, which would normally be accommodated within existing levels, the Chipping Norton and Wantage birth units were not open.
65. The Board noted the report and benchmarking data.

TB21/08/13 Declarations of Interests, Gifts, Hospitality and Sponsorship Policy [TB2021.72]

66. The Chief Assurance Officer described the development of the revised policy, which included assessment of sector practice.
67. In order to demonstrate compliance, TME had endorsed the plan to procure an electronic solution to submitting, updating and retaining declarations. Procurement would be subject to approval of a business case.
68. The Chair noted the importance of compliance.
69. The Board approved the revised Declarations of Interests, Gifts, Hospitality and Sponsorship Policy.

TB21/08/14 Handling Concerns Related to Conduct, Capability or Health of Medical and Dental Practitioners Procedure [TB2021.73]

70. The CPO confirmed that the proposed revisions had been made to align with national guidance, to modernise terminology, and to take practical circumstances into account in relation to communication.
71. The Board approved the Handling Concerns Related to Conduct, Capability or Health of Medical and Dental Practitioners Procedure.

TB21/08/15 Proposal to use on the day lateral flow testing (LFT) for patients undergoing local anaesthetic lower GI and ophthalmology day case procedures [TB2021.74]

72. The CMO outlined the adverse impact of polymerase chain reaction (PCR) testing on Trust day case procedures. The use of on the day lateral flow testing (LFT) was consistent with practice in other local Trusts.

73. The Board reviewed the scientific evidence. The Director of Infection Prevention and Control informed the Board that the NICE guidance was written July 2020, before vaccines and lateral flow tests had become widely available.
74. The CMO assured the Board that other relevant Trust infection prevention and control precautions would remain in place and that the Trust would be able to revert to PCR testing should there be changes in community incidence.
75. The Trust approved the derogation from existing national guidance to replace pre-procedural Covid-19 PCR with lateral flow testing for certain categories of patients.

TB21/08/16 Healthcare Worker Flu Vaccination Self-Assessment 2021-2022 [TB2021.75]

76. The CNO reported that delays in vaccine delivery were not anticipated. Guidance had not yet been received in relation to Covid boosters.
77. The Chair asked that Board members publicly endorse the programme by having a flu vaccination when invited by the Trust to do so.
78. The Board noted the Healthcare Worker Flu Vaccination Self-Assessment for 2021-22.

TB21/08/17 Annual Reports

Adults and Children's Safeguarding Report [TB2021.76]

79. The report outlined the Trust's work with partners to safeguard children and vulnerable adults.
80. The Board noted the increase in referrals and the capacity challenges within the mental health system, in particular for children and adolescents.
81. The Board noted the report.

Infection Prevention and Control Annual Report 2020/21 [TB2021.77]

82. The CMO recorded her thanks to Dr Katie Jeffery, Director of Infection Prevention and Control, and Lisa Butcher, Lead Nurse and Manager for Infection Prevention and Control. Their leadership over this period had allowed the Trust to be a step ahead of national guidance. As a result, the Trust had one of the lowest nosocomial (hospital-acquired) infection rates in the country.
83. The Director of Infection and Control offered thanks to the Trust Executive Team, the Infection Control Nursing Team, the Laboratory Team, the Staff Testing Team, the University of Oxford (OU) for providing laboratory space and OU medical students who served as testers.
84. She summarised the key learning from the first wave, which were effectively implemented, resulting in a statistically significant reduction between the first and second waves.

85. The Board noted the report and thanked Dr Jeffery and the teams involved.
Learning from Deaths Annual Report 2020/21 [TB2021.78]
86. The Director of Medical Workforce presented the paper which provided assurance to the Board on the Trust's approach to the review of deaths and the changes implemented from the mortality review process.
87. The Chair observed that the systematic approach to review of deaths and assurance from evidence that changes implemented as a result.
88. The Board noted the systematic approach outlined in the report, along with evidence of changes to processes, guidelines and communications.
Responsible Officer's Annual Medical Appraisal and Revalidation Report 2020/21 [TB2021.79]
89. The Director of Medical Workforce reported on the process. Though conducted entirely online and in the face of two lengthy suspensions due to the pandemic 96.87% compliance had been achieved.
90. The Board thanked the revalidation team for delivering this outcome.
91. The Board noted the report and appendices, which will be submitted to NHS England, following signature by the Chair and Chief Executive.

TB21/08/18 Regular Reporting Items

Trust Management Executive Report [TB2021.80]

92. The Board noted the report.
Integrated Assurance Committee Report [TB2021.81]
93. The Board noted the report and approved the budget for April – September 2021.
Consultant Appointments and Signing of Documents [TB2021.82]
94. The Board noted the report.

TB21/08/19 Any Other Business

95. None.

TB21/08/20 Date of Next Meeting

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