Trust Board

Minutes of the Trust Board meeting in public held on **Wednesday 13 May 2020 via Videoconference.**

Present:	Professor 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
	Ms Sam Foster	SF	Chief Nursing Officer
	Ms Paula Hay-Plumb	PHP	Non-Executive Director
	Ms Sarah Hordern	SH	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 Anthony Schapira	AS	Non-Executive Director
	Prof Gavin Screaton	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
In Attendance:	Mr Matt Akid	MA	Director of Communications & Engagement
	Dr Neil Scotchmer	NS	Head of Corporate Governance [*Minutes*]
	Dr Robert Stuart	RS	Guardian of Safe Working Hours [*Item 12*]
	Ms Katy Whife	KW	Corporate Governance Manager
Apologies:	Ms Katie Kapernaros	KK	Non-Executive Director

TB20/05/01 Welcome, Apologies and Declarations of Interest

The Trust Chair opened the meeting by expressing the Board's thanks to all staff across the Trust for their work under difficult circumstances during the COVID-19 response. He noted the common purpose and mutual support that had been demonstrated and commented that the flexibility and agility that had been shown was very pleasing.

Professor Montgomery recognised that the loss of colleagues had been felt acutely by staff. He noted that the staff briefing scheduled for the following day was being stood down to allow staff who wished to do so to participate in the live-streamed funeral of one staff member.

It was recognised that this meeting was being held in unusual circumstances and that the Trust aimed to fulfil the public element of the meeting by publishing papers on its website and through video reports. The section of the meeting including the Chief Executive's Report was to be recorded for publication on the website and the

Chair was to record a video outlining the business conducted by the Board later in the day. The Director of Communications and Engagement would also be preparing a blog outlining the key business conducted. It was hoped that these actions would make the key items of business accessible but the Chair noted that the Trust would reflect on whether the approach had been effective.

Apologies were received from Katie Kapernaros.

Ms Tutt declared an interest as a trustee of the Oxford Hospitals Charity.

TB20/05/02 Minutes of the Meeting Held on 11 March 2020

Ms Randall noted that on p8 the reference in paragraph 7 to an assurance meeting on Friday should be corrected to Thursday.

The minutes were otherwise approved as a true and accurate record of the meeting.

TB20/05/03 Matters Arising and Review of the Action Log

There were no matters arising not on the agenda.

Maternity Dashboard HGH Data Subset

Board members noted that a disaggregation of the data for the JR and HGH sites had been separately circulated. Ms Foster highlighted that any exception reporting would always be required at Trust rather than site level.

It was noted that a report was also provided to the CCG regarding the number of transfers from the Horton General Hospital to the John Radcliffe during labour second stage and it was agreed that this would be added to the dashboard in the future for Board assurance.

Professor Pandit confirmed that no incidents of major or moderate harm in relation to such transfers had been reported for investigation.

It was agreed that this action could be closed.

Link between HR and Medical Rota Systems

Mr Roberts informed the Board that further work on this issue was required but that work was underway with the Chief Medical Officer's team to develop a solution.

It was agreed that the action would remain open and a realistic timescale confirmed to bring this back to the Board.

TB20/05/04 Chair's Business

The Chair highlighted that the International Day of the Midwife had been celebrated the previous week and that that week saw the 200th anniversary of Florence Nightingale. He emphasised that the fact that the fact that full celebration of these events was not currently possible should not prevent the work of midwives and nurses from being recognised.

Professor Montgomery also highlighted that he had taken Chair's action to approve the Trust's new Home Working Policy and Agile Working Policy which were required as part of the Covid-19 response. The Board confirmed ratification of these policies.

Mr Roberts highlighted that the Death in Service Policy was also being revised. He commented that a streamlined approach to the approval of such updates was being considered and noted that Ms Flint had provided support to their development.

TB20/05/05 Chief Executive's Report

The Chief Executive noted that his last report to the Board had been two months previously and that a great deal had changed in that time including the fact that this meeting was now taking place in the form of a teleconference.

He noted that this had been an emotional period with moments of sadness though also those of pride and hope. Dr Holthof paid tribute to the staff members who had lost their lives during the pandemic and said that the thoughts of himself and the Board were with their families, friends and colleagues who could count on the full support of the Trust.

He stated that he had pride in what OUH had achieved as one team, noting that the stories of patients who had survived Covid-19 had showed that staff had made patients feel safe and cared for despite the challenges of a changed working environment and the use of PPE.

Overall Dr Holthof commented that an amazing service had been provided through these challenging times. He commended the support of the Hospital Charity and an army of volunteers and expressed thanks for the donations of PPE, flowers, food and drinks that the Trust had received and which had been greatly appreciated.

The Chief Executive praised the shared purpose and commitment but explained that the way in which patients had been cared for had changed. He informed the Board that the Trust was now in the top ten nationally for the use of video conferencing to see patients and had also rolled out the use of tablets to enable patients to remain in touch with friend and family while visiting was restricted.

The Board heard that a peak plan had been developed that had fortunately not been needed with only 25% of maximum capacity being needed. However Dr Holthof recognised that the Trust was now entering a more extended period of managing Covid-19 and that much of this capacity was therefore being kept available. He emphasised that capacity for other key services such as maternity had also been maintained during this period.

The Chief Executive commented that the sense of common purpose had been shared with the Medical Sciences Division of the University who had devoted significant resources to research on Covid-19. As a result the Oxford vaccine was one of the first to commence clinical trials with support from the Estates Team to establish a clinical trial unit on John Warin Ward. The University had also supported testing capability for both the virus and antibodies. Dr Holthof was proud to inform

the Board that the Trust had tested 8000 staff members including a large proportion who were asymptomatic and that the Board would be updated with the results of this testing. The Board also heard that the Trust was also participating in trials to find a drug to manage the disease, noting that currently patients could only be supported with oxygen in the hope that their own immune systems would fight the disease.

Thanks were given to staff across the Trust as well as the University, Charity, volunteers and wider system for the massive response that had been mounted.

The Chair asked Dr Holthof to comment on the position in relation to PPE. The Chief Executive explained that supplies were holding up thanks to the work of the Procurement Team, both linking with the national team and through donations and local sourcing. He explained that to date the Trust had always had sufficient PPE and that with patient numbers with Covid-19 now reducing he remained confident that supplies would be sufficient.

Ms Flint asked if the Trust was looking at the effectiveness of video consultations versus face-to-face and the Chief Medical Officer explained that this had not yet been undertaken but that the development of a tool to examine both clinical effectiveness and patient experience would be considered.

The Board noted this update on the Trust's Covid-19 response.

TB20/05/06 Update on COVID-19 (Coronavirus)

Dr Holthof followed his report on the past two months with an update on planning for recovery. He explained that a meeting was to take place with clinical leaders about increasing capacity for non-Covid activity.

To date such activity had focussed on the most urgent work such as cancer treatment but it was now intended that this would be further extended based on clinical priorities. He explained that this would require the Trust to identify more theatre and bed capacity for non-Covid work with a plan being developed. It was likely that some services would retain their new locations with Covid-19 capacity being maintained though at a lower level than in the peak plan.

The Trust would continue to build on the changes made through digital technology with remote consultations to be increased further. The Chief Executive explained that so far these had been used mainly to check up on patients rather than to determine diagnostic and treatment pathways and further consideration was being given to those patients for whom the latter might be appropriate. It was noted that many vulnerable patients were currently shielding and that the Trust wanted to roll out home monitoring equipment to keep them safe and reduce Emergency Department visits.

Dr Holthof explained that the Trust would be working with its partners to try to make discharge home the default pathway for patients.

The Board noted this update on the Trust's Covid-19 recovery planning.

TB20/05/07 Update on Annual Business Plan Process and Timescales

The Chief Finance Officer explained that this was a relatively basic paper as the intention was to estimate the volumes of work that would be undertaken through the revised clinical pathways that were being planned. He explained that there was at that stage no information about when a normal planning process might be recommenced by national bodies and what the requirements were likely to be.

Trust Chair noted the need to ensure that there was a clear link between these plans and the requirements for workforce, estates etc.

Prof Screaton highlighted the opportunity to embrace new ways of working which could generate efficiencies whilst also being better for patients. The need to evaluate and assess these changes was noted. The Chief Executive agreed that there was a unique opportunity to adopt new approaches and suggested that the Trust might be able to work with the BRC for support in evaluation.

Ms Hay-Plumb asked what plans were being developed in relation to transport and parking. Mr Dorsett explained that this would in part be dependent on completing the modelling of patient numbers across the Trust's sites. However, he explained that the Trust was planning for a gradual reduction in home working and the reintroduction of visiting at some stage. It was noted that capacity in car parks had begun to reduce and so controls might need to be resumed. Mr Dorset confirmed that a virtual group was looking at changes to bus services and noted that cycling from Park and Ride sites was regarded as a viable option for many staff.

Ms Hordern asked what plans were in place to manage patients in hospital to avoid hospital transmission of the Covid-19 virus. Dr Holthof explained that advice will be provided on physical distancing and that measures such as fewer chairs, screens and testing prior to attendance were planned. The Board heard that the large scale staff testing programme that had been undertaken was being followed up with testing and tracing to better understand the risks around nosocomial transmission.

The Board noted this update on progress to date with annual business planning and the next steps for the planning process.

TB20/05/08 Summary of Quality Impact Assessments as part of COVID-19 Response

The Chief Nursing Officer explained that this was a brief assurance paper to outline the process that was being followed to undertake these assessments. She explained that the Trust tool being used encompassed quality, safety and patient experience elements. Ten QIAs had been approved as part of the Covid-19 response and the impact of these changes was being monitored.

The Trust Chair noted that a wide range of the QIAs undertaken had been shared with Board members for information. The Chief Medical Officer highlighted that some proposals had been rejected with a request that additional information be provided. She explained that the process included assurance from the infection control and

estates teams. The Trust Chair noted this assurance that robust scrutiny was taking place.

The Board noted that QIAs were used to inform all decisions made by the Covid Response Steering Group relating to changes to clinical services and took assurance from the documented list of QIAs provided in the paper.

The Board also noted that QIAs would continue to be developed as appropriate and that existing QIAs would be reviewed at set intervals. In addition, it was noted that QIAs would be aligned as part of the business planning function.

TB20/05/09 Integrated Performance Report M12

The Chair noted that this report included a new format for presenting key data at the front of the report. This included summaries signed off by relevant executive directors and incorporated an update on metrics relate to Covid-19. Board members were asked to feed back any comments on the updated format.

The Chief Operating Officer highlighted to the Board that an error had been made in the submission of March Referral to Treatment data and that this would be amended with NHS Digital through the Audit Committee.

Ms Randall informed the Board that the waiting list size had been significantly reduced by the end of March. There had been only 25 breaches of 52 weeks and, had theatres not been closed down, all but one of these would have been treated. However it was now forecast that, as a result of the Covid-19 cessation of services, there would be 3000 patients waiting over 52 weeks by August. The Chief Operating Officer explained that work was underway across the Integrated Care System to assess how these patients could be treated, noting that services were being recommenced based on clinical priority.

A 10,000 patient backlog in diagnostics was also highlighted with a review being undertaken to assess which tests were still required.

Ms Randall explained that 62 day cancer standard performance had increased in March and that increased numbers of patients had been being treated at that stage.

It was noted that efforts had been made to maintain cancer services during the Covid-19 pandemic and Ms Randall was asked to comment on the impact on these patients. She explained that a clinical priorities panel for surgery was being chaired by the Trust Cancer Lead and Clinical Director for the Surgery, Oncology and Women's Division. It was noted that there were patients on whom it would not have been appropriate to operate in the context of Covid-19 due to the nature of their disease and that clear communication had taken place with those patients. The Chief Operating Officer explained that the Trust was working closely with the Thames Valley Alliance to look at capacity in a coordinated way. The Chair noted that the Board could take assurance from the fact that services were being managed intelligently on the basis of clinical priorities.

Ms Hordern suggested that where patients were experiencing delays good psychological support should be recognised as an important part of the Trust response. Ms Randall explained that each Multidisciplinary Team had dedicated psychological support for patients available.

The Chair highlighted that performance against the four hour wait standard had declined despite fewer patients being seen with increased capacity and asked how this was understood. The Chief Nursing Officer explained that a key factor was the loss of the Assessment Unit to allow Covid pathway streaming to operate. She noted that the Trust was now working to return the Assessment Unit to its usual function. Work was underway to increase sideroom capacity and to effectively deploy workforce to meet demand.

Ms Foster explained that admissions were now exceeding discharges again with occupancy therefore increasing. It was felt that the number of patients with a 21 day or greater length of stay had been sustainably reduced and work continued with system colleagues to maintain this emerging from the peak of Covid based on a discharge to assess model. The Board noted that it was intended that the urgent care programme would be refreshed.

The Chief Medical Officer highlighted that the Trust had succeeded in sustaining compliance with the safe surgical checklist.

Prof Pandit explained that seven Never Events had occurred in year with the root cause analysis in each case presented to the Chief Executive. Meta analysis of key learning was to be undertaken and OMI were developing a video to support training, showing the effect of events on patients, staff and the organisation.

Ms Tutt noted that the reduction in Never Events was extremely welcome. The Chief Medical Officer explained that this had represented a huge effort by clinical teams and that safe surgical checklist compliance had improved. She emphasised the importance of assimilating learning to continue the improvement. The Chair highlighted that this represented a key indication of progress with the Trust's safety culture.

The Chief Medical Officer informed the Board that there had been 72 SIRIs (Serious Incident Requiring Investigation) during 2019/20 compared with 109 in the previous year. Divisional teams had achieved a good report completion rate. A drop in incident reporting had been noted but this had affected primarily low and no harm incidents. Messages were being communicated to teams to emphasise the need for reporting and to ensure that safety huddles were taking place. The Chief Medical Officer confirmed that huddles did not have to use the recommended format.

The Board heard that the upward trajectory in timely sepsis treatment had not been maintained with the streaming of patients based on Covid-19 diagnosis complicating the process and nurses trained in the administration of antibiotics having been redeployed, reducing capacity. It was anticipated that it would now be possible to improve performance again.

Prof Pandit informed the Board that the Trust had ended the year below the cumulative threshold for *clostridium difficile* infections with the threshold having been reduced from the previous year. It was noted that there had been no MRSA cases during March but that one post 48 hour case had been identified in May.

The Trust Chair commented that the Board could take significant assurance from the range of quality indicators provided and congratulated the Chief Medical Officer and Chief Nursing Officer on this work.

The Chief Nursing Officer noted that having no visitors had represented a very significant change and that many initiatives had been put in place to ensure good communication with relatives. The Chief Digital and Partnership Officer's team was thanked for their support with video connections.

The Chief People Officer summarised workforce indicators. Sickness absence had been 3.5% at the end of March including absences due to Covid-19. The figure for absences related to Covid-19 had peaked at 7.1% but had reduced rapidly and had returned to 4% at that stage.

Mr Roberts explained that this level of absence was the second lowest of the Shelford trusts group while the Trust was in the middle of the table for non-Covid absence. He outlined initiatives to support staff to return including a wellbeing package including daily calls. Occupational Health triage to assess any need for psychological support was in place. The Chief People Officer explained that additional wellbeing leads were being trained with the aim that each team should have one, the default being that this was the manager.

Vacancies were noted to have reduced to 5.8%. However there were concerns that, following considerable efforts on international recruitment, Covid-19 would mean that nurses would not be able to come to the UK whilst others who had arrived would be unable to take their OSCE (Objective Structured Clinical Examination) to commence work. The Trust was aiming to maintain contact with the nurses recruited abroad to bring them to the Trust as soon as possible.

The Board noted that turnover had reduced and that this was likely to be Covid-19 related. A dip in appraisal rates was also likely to be linked to the pandemic. Staff who had been redeployed or were home working were being encouraged to take advantage of any opportunities to undertake appraisals or mandatory training. Bank and agency rates remained higher than the Trust would wish and work was underway to further develop controls.

The Chief Nursing Officer highlighted that the Trust would need to consider revised approaches to staffing with PPE and the nursing workforce being two major constraints on increasing activity. The Trust would not be in a position to staff wards and departments as it had done previously. Ms Foster explained that the majority of staff were comfortable with the steps that the Trust had taken but that this might be at odds with the guidance of professional bodies. The Board heard that Ms Foster and Mr Roberts would be discussing these issues with the unions. The Chief Nursing

Officer explained that workforce models for phase 1 of the recovery were currently being reviewed by the divisions. The Board recognised the need for a flexible approach that appropriately maintained safety for staff and patients.

Ms Tutt noted that she had attended a Freedom to Speak Up event at the Nuffield Orthopaedic Centre. She asked what steps had been taken to ensure that staff were aware of wellbeing initiatives, particularly those who did not regularly review emails. The Chief People Officer explained that key messages were being shared through huddles. He noted, however, that there had been some inconsistency in the cascade to the front line, especially in relation to subcontractors. Discussions had taken place with subcontractors to address this. Other communication routes such as staff phones and the Health and Wellbeing Portal were being explores but Mr Roberts recognised that there was likely to be no single answer.

Ms Flint asked if the reasons for an increase in substantive staff without a linked reduction in bank and agency use were understood. Mr Roberts recognised that this was a complex issue which still needed more exploration with some of the required work delayed by Covid-19. He explained that there was a need to ensure that controls were sufficient to allow bank and agency to be used only where there was an issue of staff safety. The Chief Nursing Officer explained that the divisions were reviewing spend in a granular way to support discussions at TME.

Ms Hay-Plumb asked how great a challenge PPE supplies were expected to be during recovery. The Chief Finance Officer explained that the Trust was in a good position currently but that the problem increased significantly as activity levels increase. He explained that the Trust was trying to establish what level of activity would be possible unconstrained by PPE supplies but taking account of issues such as the need for social distancing. Mr Dorsett also noted that the Trust had only 24-48 hours visibility on national supplies and so had been sourcing PPE via other routes as far as this was permitted. Prof Montgomery noted that this was a significant issue and the Board would wish to consider how it could continue to be updated.

The Chief Finance Officer recognised that the financial results were disappointing both in absolute terms and in comparison with the forecast. He noted that the Trust's substantive headcount had increased above forecast rates but that bank and agency use had grown too. Non-pay costs had also been higher than forecast; these were mainly drug costs and related to activity.

The Board also noted specific issues in relation to IT and Estates. The IT Department was recognised to have had historical issues in relation to controls on committing expenditure and plans were being developed to address this. The Estates Department had improved the level of maintenance being undertaken. This was positive from a compliance perspective but had created a cost pressure.

The Chief Finance Officer highlighted that financial trends had been distorted by the late impact of Covid-19 and the decision to account for pension changes locally. The

national decision not to fund annual leave that had been accrued but not taken had also had an effect on the position.

In relation to the Trust's commercial programme Mr Dorsett explained that the Trust had aimed to increase the contribution made but had ultimately delivered in line with the original plan.

Mr Dorsett suggested that the impact of Covid-19 presented an opportunity to take stock and reset trends, recognising that the Trust had ended the previous financial year with an unsustainable run rate. The Covid-19 financial regime was recognised to remove the immediate pressure and provide an opportunity to reset the organisation's approach.

Ms Hordern suggested that cash was an issue that would need additional focus. Mr Dorsett commented that the cash management process had been updated a few years previously with rigorous cash management in place. He suggested that reporting could be increased to make this more visible to the Board. It was recognised however that, with the financial regime after August unclear, there were likely to be challenging issues in relation to cash to resolve. It was agreed that the additional reporting that might assist the Board would be considered.

Ms Hay-Plumb suggested that the Finance section of the report might be improved by incorporating waterfall charts to show the position against plan and against the latest forecast.

The Board noted that the format of the report was significantly improved. The initial summary was regarded as extremely helpful in highlighting key issues and indicating the reason for trends and variances. The Covid-19 context was also seen as very useful. Thanks were expressed to the Director of Performance and Accountability in developing this report.

TB20/05/10 Maternity Dashboard

The Chief Nursing Officer explained that this report provided assurance to the Board via exception reporting. She confirmed that there was nothing specific to highlight and that the Board should be aware that an assurance loop with in place to respond to any issues. Ms Foster noted that the quarterly data on transfers did not include any exceptions that needed to be reported to the CCG.

The Board noted this paper and the assurance provided.

TB20/05/11 Learning from Deaths Q3

The Chief Medical Officer explained that this report highlighted mortality indicators and learning from deaths. The paper outlined the number of mortality reviews and structured judgement reviews that had been undertaken.

She noted that the paper did indicated some delay in reporting, particularly in the Medicine, Rehabilitation and Cardiac Division and related to winter pressures and

Covid-19. The need to ensure that this reporting was completed in a timely fashion had been discussed with the Division.

Prof Pandit informed the Board that the roll out of Medical Examiner roles had been suspended but that this was now being recommenced. It was proposed that one individual look specifically at staff deaths where Covid-19 was an underlying cause.

In relation to Covid-19 the Board heard that mortality was higher for men and that diabetes was a common comorbidity.

The Chief Medical Officer informed the Board that the SHMI and HSMR mortality indicators were both within expected limits. She commented, however, that some shift in the numbers was anticipated as a result of reduced activity.

The Board received this report and noted the learning points identified through mortality reviews.

TB20/05/12 Guardian of Safe Working Hours

Dr Robert Stuart, Guardian of Safe Working Hours, joined the meeting for this item.

Dr Stuart explained that his role was to address issues in relation to safe working hours for junior doctors. He noted that this was his thirteenth quarterly report and the first that he had presented in person.

He explained that the data presented was comparable with that for other organisations but noted that it was not entirely reliable as a result of the way the process was defined nationally. Dr Stuart noted that there were no major concerns in relation to differences from other trusts and that where issues were highlighted he was satisfied that these were addressed in a robust manner.

Dr Stuart explained that the contract for junior doctors had been revised the previous year and that this had removed the accountability for exception reporting on breaches from educational supervisors. It had been felt that this route had slowed reporting due to the expectation that the anonymity of reporting trainees be preserved. Reporting could now be undertaken by whoever was best placed to do so. Dr Stuart explained that it was proposed that data be collected by directorates and divisions and then reported up. His view was that this would ensure appropriate oversight and that issues were managed correctly.

Prof Montgomery noted that there were examples of this process going well and also of it not functioning as intended. He supported the recommendation but highlighted the risk that there was no single point of oversight. He suggested that there should be clarity about responsibilities at each level and assurance that this provided the independent Guardian with sufficient sightlines and influence. The Chief Medical Officer explained that she supported the recommendations and would work with the Guardian and divisions to ensure that the appropriate mechanisms were in place.

The Board supported the recommendation that Divisional Directors, supported by the Guardian of Safe Working Hours, the Chief People Officer and the Chief

Medical Officer, identified how they could contribute to the collective organisational responsibility to address issues of compliance with Safe Working Hours.

Dr Stuart left the meeting.

TB20/05/13 Integrated Assurance Committee Report (including Committee Annual Report)

The Chair presented the report from the Integrated Assurance Committee (IAC), noting that its membership included all Board members and that the majority of the issues raised were being further considered by the Board at its meetings that day.

The Board noted the regular report from the Integrated Assurance Committee.

The Committee's Annual Report and Review of Effectiveness was also presented to the Board. This focussed primarily on a light touch review of the predecessor committees. The Chair explained that it was too early to review the effectiveness of the IAC but that it had been agreed that an interim review would be undertaken after six months.

The Board approved the Annual Report of the Integrated Assurance Committee.

TB20/05/14 Trust Management Executive Report (including Committee Annual Report)

The Board noted, reviewed and approved this regular report on the business of the Trust Management Executive, key items of which had already been considered earlier in the meeting.

TB20/05/15 Trust Governance

Governance Arrangements during COVID-19

This paper placed in the public domain the provisions that were approved by the Trust Board at its meeting in private on 1 April.

Arrangements to Defer Governor Elections

The Board approved the recommendation that the governor elections due to take place during the summer of 2020 should be deferred and noted that interim arrangements would be developed to allow the Council of Governors to continue to function until elections could be held.

Update to Committees in Reservation and Delegation of Powers and Standing Financial Instructions

The Board approved the proposed changes to the Scheme of Delegation and Standing Financial Instructions.

It also noted that further changes to the governance arrangements were likely to come forward once the review, currently underway, was complete.

TB20/05/16 Consultant Appointments and Signing of Documents

The Board noted this regular report.

Prof Montgomery highlighted the importance of these appointments and sought the support of the Board for the continued use of Values Based Interviews (VBIs) in making them. Ms Tutt supported this but noted the need to ensure that those undertaking the interviews were appropriately trained. Ms Hay-Plumb explained that where VBIs hadn't been undertaken it had sometimes been necessary to make a decision subject to this being undertaken with a satisfactory outcome. Ms Flint noted that this represented an important signal of the Trust's commitment to its values.

The Board confirmed its commitment to undertaking high-quality VBIs as part of the consultant appointment process. The Trust Chair emphasised that the aim should always be that the panel had the benefit of this information in making its decision wherever possible.

TB20/05/17 Any Other Business

There was no additional business on this occasion.

TB20/05/18 Date of next meeting

A meeting of the Board to be held in public will take place on **Wednesday 8 July 2020**.

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).