

Trust Board

Minutes of the Trust Board meeting in public held on **Wednesday 11 March 2020 in the Training Room, Horton General Hospital, Banbury.**

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
	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 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:	Dr Neil Scotchmer	NS	Head of Corporate Governance
	Ms Marilyn Rackstraw	MR	Corporate Governance Manager [Minutes]
Apologies:	Prof Anthony Schapira	AS	Non-Executive Director

TB20/03/01 Welcome, Apologies and Declarations of Interest

The Chair welcomed Governors and members of the public.

The Chair welcomed Terry Roberts, Chief People Officer to his first meeting of the Board.

Apologies were received from Anthony Schapira.

There were no declarations of interest

It was noted that Fiona Barr, Interim Director of Corporate Affairs was due to leave the Trust and she was thanked for her contribution. Charlie Helps' presence as Director of Corporate Affairs was noted.

TB20/03/02 Minutes of the Meeting Held on 15 January 2020

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

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

There were no matters arising not on the agenda.

All items proposed for closure were agreed.

All other items were updated with the narrative provided.

TB20/03/04 Chair's Business

The Chair reported that Covid-19 would now be a standing item on the Public Board agenda.

It was also reported that at a recent Board seminar an IOSH training session had been held. Individual commitments had been made as a result of this which included strengthening the Health and Safety information being presented to the Board which would be part of a large further body of work. SF and SH were thanked for their particular contributions.

TB20/03/05 Chief Executive's Report

BH presented his regular report to the Board.

He noted that the Oxfordshire Winter Plan had been implemented. This was a joined-up and holistic plan involving all health and care organisations in the county which built on the success of the 'one team' approach last winter.

The implementation of the frailty intervention team had also been successful. Age UK Oxfordshire staff based at the John Radcliffe Hospital and at the Horton General Hospital had supported older people to feel more confident on returning home from hospital and had helped them to access support in the community – the Age UK team had been funded by Oxfordshire County Council and Oxfordshire CCG.

These initiatives had all helped to manage the flow of patients through the hospitals, despite increasing demand.

The "Hello my name is..." campaign was currently in the process of being rolled out across the Trust, which was seen as a positive development.

The Oxford AHSC had submitted its application to become a National Institute for Health Research – NHS England and NHS Improvement (NIHR – NHSE/I) Academic Health Science Centre (AHSC) in December 2019.

The four partners in the application for the newly named Oxford Academic Health Partners are Oxford Brookes University, Oxford Health NHS Foundation Trust, Oxford University Hospitals NHS Foundation Trust and the University of Oxford. The outcome was expected to be announced during March. If successful, the designation would come into effect from 1 April 2020.

JM asked BH asked to update the Board on work underway across the Integrated Care System [ICS]. BH reported that the ICS was defined at the Buckinghamshire, Oxfordshire and Berkshire [BOB] level, though work at this level was on elective care rather than urgent pathways to better manage elective capacity. The footprint would also be used to allocate funding for commissioning and capital.

Time had been dedicated to developing a system control total at this level and common agreement was now close, with implications for the Trust to be assessed.

BH highlighted that it was important to note that OUH work was not just at the BOB level but across the Thames Valley (for cancer) and nationwide.

A Managing Director for the Cancer Alliance had been appointed and a Chief Executive for the ICS was to be appointed. A process for appointing a Managing Director for the ICP (for Oxfordshire) was also underway.

JM noted that an ICS Partnership Board would be established and that this might need to be a standing item in future.

JM gave thanks to all of those involved in these important developments.

TB20/03/06 Trust Strategy

Hannah Iqbal, Director of Strategy, was welcomed to present the Trust Strategy.

The strategy had been developed over 9 months and was based on the direction of travel within the NHS long term plan and system priorities as well as priorities from staff and partners. The strategy had been divided into objectives relating to people, patients and populations.

A high level vision had been developed collectively and this would be embedded into business planning. There remained a need to consider KPIs for progress. The document would form the basis from which to develop a clinical strategy and separate action plans for specific areas.

CF noted that it was positive that so many people had been involved in the development and that the strategy should remain the blueprint for all that the Trust did, but asked how the interaction was likely to work going forward.

HI responded that there was a need to agree collective ambitions with the Board for the next few years, and to agree a monitoring framework.

SR asked whether there was a timescale for the clinical strategy.

HI responded that clinical teams were currently articulating both 1 year and 3 year plans as part of their business planning. There was recognition that there was a need to set this strategy based on conversations across the system, not independently and that the Trust would need to consider this before setting timescales for work.

BH added that the need for a BOB ICS clinical strategy had been recognised. Further detail would be reported back to the Board as these discussions developed.

SF commended the level of engagement in developing this strategy and added that it was already being seen as an anchor for future developments.

MP echoed this and asked how the Trust could ensure that all staff understood the strategy. HI confirmed that she was currently creating an animation to be displayed

on screens across Trust display screens and would work further with the communications team regarding different routes for promotion.

PHP noted that she would like to understand the timescales around the digital strategy which should be seen as a key priority with milestones. DW confirmed that it was not intended that there should be a separate digital strategy, but that there would be a supporting digital plan and there was a need to consider how this could be linked to the Board cycle.

It was noted that there was an opportunity to make this strategy the golden thread throughout the organisation.

JM added that it was important to consider stopping doing things that were not aligned with the Strategy, to free up the time needed to deliver the current priorities.

The Trust Board approved the Strategy for 2020 – 2025.

TB20/03/07 Strengthening Trust Governance and Leadership Arrangements

The report set out a number of changes which had been made over the last year to strengthen the Trust's leadership, management and governance arrangements and to improve its internal engagement activities.

Actions put in place to deliver these changes were strongly aligned with recommendations from the independent review of leadership and governance arrangements which the Board commissioned from Deloitte as part of the Trust's agreed undertakings with NHS Improvement (NHSI). They were also in line with a number of 'must do' actions following a planned inspection by the Care Quality Commission (CQC) which gave the Trust a combined quality and resource rating of Requires Improvement in June 2019.

JM noted that this paper and the review of the Board, Executive Team and Senior Management restructuring paper provided a platform for delivering the strategy for the Trust.

The Board composition was now different with the appointment of five new NEDs and five new Executive Directors. This had greatly strengthened leadership capability. This work had gone beyond the Board and the appendices highlighted the differences below Board level with a number of new Directors. Divisional Directors were now involved in the operational forum, IAC and some Board meetings, which was proving useful.

Intensive work was being undertaken on culture and leadership to make the Trust a better place to work, and performance management processes had been adapted.

The appointment of a new Estates Director as well as two additional NEDs remained underway. A Board development programme was being developed which would include the Affina Programme.

The Trust Board noted the update provided and the priorities for the coming year.

TB20/03/08 Review of Board, Executive Team and Senior Management Restructuring

Discussion of this paper was included under the above item.

The Trust Board noted the review of the Board, Executive Team and Senior Management restructuring and the continued work to complete the final stages of the outstanding appointments, including three new Board posts.

The Board agreed to delegate to the Chief Executive the arrangements for reviewing and reporting back on the impact of the changes made.

TB20/03/09 Establishment of Integrated Assurance Committee, and Update on Committee Memberships

The Board had previously agreed to replace the Quality Committee and Finance & Performance Committee with a single Integrated Assurance Committee. This was intended to better facilitate the triangulation of different types of performance information (operational, quality, financial and workforce) in considering the extent to which it was able to be assured by the evidence provided.

An initial, transitional meeting of the Integrated Assurance Committee had been held on Wednesday 12 February and this paper outlined the proposed purpose, role and remit of the new committee.

Proposed Terms of Reference were presented for approval. These incorporated key elements of the roles of the predecessor Quality Committee and Finance & Performance Committee, noting that consideration would need to be given over time to whether some elements of this workload should be returned to the Board or migrated to other committees.

It was also reported that AT had been appointed as the Senior Independent Director [SID] and that CF had been appointed as the lead NED for Freedom to Speak Up.

CF would also now be taking on the chair of the Remuneration & Appointments Committee from PHP. It was noted that this committee had undertaken a huge amount of work in delivering the structural changes outlined above.

KK noted that this work was supported by a commitment to continue to develop and that many Board members were, for example, undertaking specific training.

CF agreed, and added that it was her view that the process had been thorough and represented good practice. However the new structure had added to costs and there was a need to ensure value for money and to consider how to assess effectiveness.

JM confirmed that the Chief Executive had been tasked with considering how to assess this. BH added that this needed to be owned by the TME. There was a need for this to be linked to key performance metrics and to be measurable and not just theoretical.

SR confirmed that she had held discussions with divisional directors about development and added that resilience and talent management were central to the success of these changes.

SH reported that she was impressed by the work to date but asked how to develop relationships with Governors and to hear about population needs. JM responded that some of this would be picked up at the Governors seminar on Monday and noted the alignment of CoG meetings and Board meetings in future.

The Trust Board approved the Terms of Reference for the IAC, and the new Chairs of the R&A Committee and the Audit Committee.

The Board also noted the proposed revised memberships for all Board committees.

TB20/03/10 Patient Perspective: End of Life Care

SF presented this paper which explored the experiences of relatives/friends of people who had died in Trust Hospitals and of the experiences of staff. It also outlined what the Trust was doing to ensure that it continued to deliver compassionate, high-quality End of Life Care.

JM commended the Sobell House team. He noted the feedback within the staff survey and asked for further details on end of life care training.

SF noted that the withdrawal of Liverpool Care Pathway had left a gap which the Trust had needed to address. Having the Sobell House hospice on site was very unusual but there was a need to improve end of life care for those not in a hospice and to ensure that all staff felt well equipped.

MP noted that there was an opportunity to improve the education delivered at nursing and medical induction and also the e-learning on End of Life Care. There was an aspiration that everyone be trained to have difficult conversations and to manage those approaching end of life.

SF highlighted the further need to consider system working elements such as supporting nursing homes and patients in their own homes

JM added that he was pleased to see the integration of staff, patient and carer perspectives.

The Trust Board noted the patient perspective.

TB20/03/11 Integrated Performance Report M10

Chief Medical Officer

At the end of January, the Trust was three cases above the cumulative limit for CDiff but remained within the total annual trajectory.

The Trust was currently reporting 98.5% against WHO documentation audit results (466/473) and the CSS Division was 100% compliant. WHO observational audit results (513/513) showed all Divisions 100% compliant.

25 LoCCSSIPs were currently in place with the aim to more widely disseminate and implement these.

In Jan 2019, 36/47 (77%) sepsis admissions received antibiotics in <1h (target >90%). There had been a change in process to allow nurses to administer antibiotics.

Never Events remained at seven for 2019/20. Six out of seven had so far been presented as an Root Cause Analysis to the Chief Executive with a focus on learning. The process was intended to be supportive and not based on blame.

Safety messages had now been in place for a year. Safety huddles were being implemented across the Trust and would include the discussion of safety messages.

There had been a reduction in the number of SIRIs. Mortality indicators were within expected limits: HSMR was at 87, below expected and SHMI was at 0.93, which was as expected.

JM noted that at the IAC, discussion had taken place around Never Events and the Board were assured that numbers were not out of line with those of comparative Trusts, whilst it was recognised that these should ideally not occur at all.

MP confirmed that Never Events should not happen as systems and policies should be in place to prevent them, and she noted that they could have huge reputational impact. It was emphasised that duty of candour had been applied in every case and relevant lessons learnt.

Chief Nursing Officer

SF reported that January had seen an increase in complaints, with the Trust recording 132 formal complaints received. This was a 46% increase in the number of complaints compared with December. Corporate response rates were an area of current focus.

The Oxfordshire Safeguarding Boards (OSAB and OSCB) annual self-assessment, submitted on 4 December 2019 had been peer reviewed on 27 February 2020. The Trust received green RAG rating from Oxfordshire Safeguarding peers.

The Child Protection-Information Sharing (CP-IS) system was now live and had been integrated within EPR.

Improvements had been seen within urgent care, with the current level of performance against the four hour standard at 81.2%, which was in the national upper quartile, although not at the 95% standard.

The majority of breaches had been seen in out of hours, but the Trust was increasing same day emergency care and looking at workforce and capital developments.

Focus on 'safer placement of patients' work continued, with a Trustwide policy now live. Well attended urgent care huddles were alternating between HGH and the JR to discuss what had gone well, and what could be improved.

National guidance was now focussed on ambulance handover, and the Trust would be working with South Central Ambulance Service to strengthen this.

Occupancy remained the biggest challenge for the Trust. There was strengthened focus on seven day length of stay trajectories and system work had looked at increased JR weekend discharges, with the aim of progressing this at HGH.

PHP noted that the information available meant a better understanding of current drivers, but it was recognised that constant effort was required.

She queried the success in compliance with OPEL at the JR, and asked what this meant in practice and what was planned for HGH. SF noted that OPEL was a national escalation with four levels which elicited specific responses to reduce risk. There was now a system level OPEL escalation in place which aimed to ensure better system alignment with appropriate responses to support acute Trusts.

Chief Operating Officer

There had been an increase in patients waiting over 52 weeks, which was recognised to be disappointing although this figure had reduced to 15 in Feb with the aim of having fewer than 10 such patients by the end of March.

Weekly meetings were being held for cancer and RTT by service, which was tracking individual patient pathways in detail. An assurance meeting with divisional teams was held every Friday to ensure that there was a cross divisional understanding of priorities.

The Trust was also working with the BOB ICS to look at possible support for capacity across the region. There was focus on utilisation and productivity especially with the likely impact of Covid-19.

The 62 day standard had significant improvement plans in place for the backlog, in particular for urology, but this measure was likely to see a short term reduction in performance.

Trajectories were being put in place for performance in relation to individual tumour sites with timescales for each element and monitoring at each stage.

AT noted that Urology performance was a long standing issue and asked whether the situation was improving. SR confirmed that she was ensuring that plans had ownership of the clinicians at every level to ensure that they remained sustainable. She noted that pathways continued to change with technology and that work therefore needed to be continually refreshed.

Discussions remained ongoing across the BOB ICS to standardise pathways to make the best use of skills and capacity, as there was a recognition that referrals were continuing to increase.

CF asked if there were common features across the pathways. SR confirmed that diagnostics and reporting were common factors, together with histopathology, with waiting times for tumour sites being reviewed.

AT asked about cancellations, and noted that in January, the level had increased to 74 with levels within orthopaedics especially high. SR responded that in January a number of elective patients had been cancelled following a clinical review due to high levels of non-elective activity.

Chief People Officer

TR reported that sickness absence was currently above the Trust's KPI but that this was still low when compared with benchmarks. The proportion of absences due to stress and anxiety had been noted and the team were looking at more holistic approaches to health and wellbeing.

Vacancies remained below target, largely due to the work undertaken by SF's team on international nursing recruitment.

Turnover within MRC was noted to be high, followed closely by SUWON. New starter surveys were being undertaken to try to ensure retention of new recruits.

Bank and agency spend had not reduced despite filling vacancies and so the team were looking to ensure that more effective controls were in place.

The appraisal level remained low for trust at 69.9% for non-medical appraisals but the system for recording appraisals that had taken place was noted to be one of the reasons for this.

Statutory & Mandatory training rates were increasing but they were not yet at the levels desired. The team were looking to see whether expectations for this were currently set correctly and investigating ways to improve the system.

SF noted that, from a nursing perspective, the aim had been to reduce turnover for band 5 staff, and that the downward trajectory continued for this group. Overseas recruitment approach had been successful and the team were now looking at targeting this to areas with particular pressures.

Professional development was noted to support recruitment. It was noted that instead of a collective pot for the Trust there was now a £1000 personal budget spread across three years. It was noted that this reduced flexibility to support higher cost training.

SH noted that estates was emerging as a theme and added that this was clearly an area of pressure, asking if there was a plan in place to address the issues. TR responded that a Corporate Business Partner had been recruited on an interim basis with the aim of recruiting substantively. They would be working closely with the Estates Director in looking at exit interviews and what information these provided. Work was currently still in the diagnostic phase and interventions would be put in place and reported back at an appropriate stage.

JD also noted that the Trust had been using some additional HR support to address the current gaps in the middle management structure which were creating workload pressures.

PHP noted that there was less progress on appraisals in corporate areas. TR responded that this was largely due to a lack of faith in the current electronic system; however procurement of a new system to address this was underway. The current system was being reviewed to see what improvements could be made in the interim period.

CF noted that the numbers in education and training were currently poor. TR agreed and added that when the system issues were removed, he would expect to be seeing achievement of over 90%.

Chief Finance Officer

JD reported that the financial situation was at present difficult. Currently elective care was below plan while urgent care was above, the latter being funded at a marginal rate. The Trust was £16m behind plan on specialised care income.

Since the Trust reforecast, income had outperformed plan but this additional income had come at greater cost than expected.

Substantive recruitment hadn't delivered increased activity or reduction in temporary staffing to the extent that had been anticipated.

In M10 overall, the Trust had fallen behind forecast, largely due to a varied financial position across the divisions. It was noted that the revised forecast was highly dependent on the delivery of commercial one-off transactions.

JD confirmed that he needed to better understand if M10 represented a trend for the last quarter or an anomalous month. Divisions discussions had indicated the latter but this needed to be verified.

Currently there was a wide range of possible year end outcomes based on the underlying position and outstanding one-offs, and this was recognised to be uncomfortable. Pay costs were the most significant issue and these would continue directly into the following year.

AT commented that the Trust was currently a long way from the forecast and was relying on a big recovery in March due to delivery of one-offs. She suggested that there was insufficient assurance on the ability to deliver the control total and no significant progress towards long term sustainability. JD agreed that there was a need to be clear about Trust objectives and to ensure capability was focussed on these.

SH asked whether there was opportunity to look at the KPIs that drive financial performance. JD confirmed that work was underway on the cost of lost theatre activity and improvements in length of stay. He noted that this work would be reported to the Board.

KK highlighted the need to find early warning flags for financial issues and to have plans in place to address these.

The Board noted the assurance provided by the Integrated Improvement Plan.

TB20/03/12 Update on Integrated Improvement Plan

SR presented this report which provided an overview of progress against the Integrated Improvement Plan. It was suggested that consideration be given to whether this report could be integrated into the IPR in the future.

MP noted the KPIs for theatre improvement programme (overruns, underruns and on day cancellations) and highlighted that there were trajectories in place for improvements by specialty.

SF added that significant support from third sector colleagues on MH pathways had been received.

The Board noted the update provided.

TB20/03/13 Staff Survey 2019

The national NHS Staff Survey results were published on Tuesday 18 February 2020. The report set out key results for OUH. The 2019 key findings included:

- OUH's highest response rate to date of 48.2% which was above the national average for all acute trusts of 47%.
- from the 37 Picker acute trusts, OUH had achieved the fourth most significant improvement in its overall positive score change in 2019 (when compared to 2018).
- 59 out of the 90 questions were significantly better than 2018; 30 questions were not significantly different; one was statistically worse concerning the people working additional paid hours over and above contracted hours.
- from the 11 NHS Staff Survey themes in 2019, out of a score of 10, 'safe environment – violence' was the Trust's highest (9.5 – consistent with 2018) and 'quality of appraisals' was its lowest (5.6 – up from 5.3 in 2018).
- the main three themes showing significant improvement were: i) safety culture, ii) health and wellbeing and iii) employee engagement which included an employee engagement score of 7.1 out of 10 (above average) and advocating the Trust as a place to both work and receive treatment.
- There was considerable variation in the results at directorate and clinical service unit level. This provided an opportunity to use engagement events to showcase what works well in areas with strong employee engagement and to share learning and good practice with teams where engagement could be enhanced.

TR noted that it was positive that the response rate had increased and was above the national average.

Some areas still showed issues which needed to be addressed. The report showed the bottom five scores compared with the average and the least improved. These included: appraisal, pay, hours worked, bullying and harassment.

'Listening into Action' events would be held to try to co-create solutions to these issues.

JM noted that it was positive that the results showed that the Trust was moving in the right direction.

Further discussion about the staff survey would take place with the Council of Governors at their next meeting.

The Trust Board noted the staff survey 2019 report.

TB20/03/14 Update on Board Assurance Framework [BAF] and Corporate Risk Register [CRR]

EW presented this paper which provided the Board with a brief summary of key activities in relation to risk management for the year to date, with a view to closing the current financial year's risk activities. It also set out the next steps for the development of the Corporate Risk Register and the Board Assurance Framework, using the new Trust strategy as the starting point, into 2020/2021.

The paper provided a summary of the most recent changes to the CRR over the past quarter (Quarter three to 31 December 2019) and included changes following the Committee meetings held during January and February.

New risks from the Audit Committee were shown, together with recommendations for escalation / de-escalation that had been considered by TME.

JM confirmed that he was assured to see that items related to the high risk issues were included for consideration on the Board agenda.

The Trust Board noted the update on the Board Assurance Framework [BAF] and Corporate Risk Register [CRR].

TB20/03/15 Update on Postgraduate Medical Education 2019-20

MP presented this report, noting that Claire Pulford, Director of Medical Education was in attendance for any queries.

The report provided a description of the current situation regarding the postgraduate medical education training programmes at OUH and an overview of their performance against the requirements of HEE and GMC. Overall there was robust evidence that OUH was improving the quality of its educational programmes year on year, and working with trainees themselves to identify and resolve concerns. Concerns remained in some programmes but action plans were in place.

The paper further demonstrated that OUH was taking positive steps to develop clinical leadership and a compassionate culture, to work collaboratively with learners

and educators to engage with issues to improve both the experience of staff and patient safety.

The Trust Board noted the contents of the report.

TB20/03/16 Update on Covid-19 (Coronavirus)

MP provided an update on Covid-19 and thanked teams for their work on this over the past 5 weeks.

The Trust was moving towards testing anyone with respiratory symptoms and working alongside national teams.

The Board was reminded that the Trust would continue to have patients in need of care with non-Covid complaints and that there was an aim to maintain business as usual for these patients as far as possible.

Staff were being kept informed, and daily briefings were taking place. The Trust was ensuring that staff were getting correct PPE training and escalation plans for managing positive patients were in place. It was emphasised that where possible this should be through isolation in home environments

DW was coordinating work to ramp up the Trust's capability for remote outpatient appointments.

KK asked if MP could comment on the advice regarding public gatherings for patient groups. MP confirmed that national guidance should be followed, but that there was no current guidance on cancelling gatherings. The most important messages were stressed to be to ensure frequent handwashing and not to touch the face.

JM asked if there had been further thinking around how to support and recognise the contribution of staff and it was noted that the Charity had indicated that they would wish to assist.

The Trust Board noted this update.

TB20/03/17 Integrated Assurance Committee Report

The Integrated Assurance Committee had held an initial transitional meeting on 12 February 2020.

This transitional meeting was intended to bring together core business from the previous Quality and Finance & Performance Committees and to consider the Committee's purpose, terms of reference and ways of working.

It was recognised that the functioning of this new committee would continue to evolve and should be formally reviewed after a suitable period. Overall this initial meeting was regarded as a positive step with the value of involving the whole Board and the divisional directors recognised.

The Trust Board noted the contents of the report.

TB20/03/18 Audit Committee Report

AT presented this report which provided an overview of the main issues raised and discussed at the meeting on 19 February 2020.

The Committee received an update on the timetable and process for the preparation of the Annual Report. This report gave the Committee assurance that there had been developments in the approach to publication in relation to the lessons learned from the 2018/19 production. The Committee agreed that the Chief People Officer would hold ownership of the production of the Annual Report at Trust Board level.

The Committee had continued to see good progress in the implementation of internal audit recommendations. There was one overdue recommendation outlined in the report that was confirmed to have been subsequently completed. KPMG had provided assurance that work to complete the plan was on track.

The external audit plan was presented and supported. The Committee had stressed that any emerging issues should be highlighted with management and the Committee at an early stage.

A Deep Dive on Cerner contract management had been undertaken by the Committee. The Committee endorsed a number of process improvement recommendations that would be put in place by IM&T (supported by specialist contract management support from Procurement and Corporate Finance). The Committee had requested a further update on the implementation of these process improvements.

AT was thanked for her contribution as Chair of the Committee.

The Trust Board noted the update provided.

TB20/03/19 Trust Management Executive Report

BH noted that all topics within the report had been covered within other items on the agenda.

TB20/03/20 Maternity and Neonatal Board Champion Update

The Maternity Dashboard was presented noting that there were no variances that were significant.

The Trust Board had been scheduled to receive a paper detailing the Trust's status in relation to the ten maternity safety actions included in the NHS Resolution Maternity Incentive Scheme Year 3 (published 23 December 2019, and then updated 6 February 2020). The paper would outline both the required standards for each of the ten safety actions along with the initial evaluation of the current status and level of risk for each standard. The Board was required to approve an action plan to deliver the ten standards. This paper has been prepared and was progressing via internal Trust governance processes. The Chair was asked to delegate authority to

receive and approve the action plan to the Integrated Assurance Committee in April 2020.

The Trust Board noted the Maternity Dashboard, and delegated authority to the Integrated Assurance Committee to approve the Maternity Safety Standards action plan in April 2020.

TB20/03/21 Freedom to Speak Up [FtSU] Implementation Plan

EW presented the paper which provided the Trust Board with an update on the progress of the Board Self Review tool and development of the Freedom to Speak Up [FtSU] strategy Implementation Plan.

As part of the development of the FtSU Strategy a stakeholder event took place on 12 December 2019. Feedback from this event was used to inform the development of the Strategy and the resulting Implementation Plan.

It was noted that an update would be presented to the Board on a six monthly basis.

JM highlighted that he held regular meetings with the FtSU lead, and noted that TR was also integrating this into work of his team.

The Trust Board noted the update provided.

TB20/03/22 Consultant Appointments and Signing of Documents

This regular report to the Board was noted.

TB20/01/23 Any Other Business

There was no other Business.

TB20/01/21 Date of next meeting

A meeting of the Board to be held in public will take place on **Wednesday 13 May 2020** in the Wing Tat Lee Seminar Room, Osler House, John Radcliffe site.

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).