Trust Board

Minutes of the Trust Board meeting in public held on **Wednesday 8 July 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
	Ms Katie Kapernaros	KK	Non-Executive Director
	Prof Meghana Pandit	MP	Chief Medical Officer
	Ms Sara Randall	SR	Chief Operating Officer
	Ms Rachel Stanfield	RS	Director of Workforce
	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:	Matt Akid	MA	Director of Communications and Engagement
	Dr Neil Scotchmer	NS	Head of Corporate Governance [*Minutes*]
	Ms Katy Whife	KW	Corporate Governance Manager
Apologies:	Mr Terry Roberts	TR	Chief People Officer

TB20/07/01 Welcome, Apologies and Declarations of Interest

Apologies were received from the Chief People Officer for whom the Director of Workforce was deputising.

It was noted that both Prof Schapira and Mr Walliker would need to be absent for sections of the meeting as they were participating in national discussions.

The Chair highlighted that the meeting was being recorded for upload to the Trust website as it was not currently possible to hold meetings in public. Cecilia Gould, Lead Governor, was present on the call as an observer.

A number of additional declarations of interest by non-executive directors was noted. Ms Tutt informed the Board that she was now a co-opted lay member of the Council of Swansea University. Ms Hay-Plumb reiterated the declaration that she had made in a private session of the Board that she was now a non-executive director with Michelmersh Brick Holdings Plc. Finally Ms Flint informed the Board that she had now taken on the role of Senior Independent Director at the National Nuclear

Laboratory in addition to her existing role there. None of these declarations was regarded as representing a conflict of interest and congratulations were offered on these new roles.

Ms Tutt also noted her continuing interest as a Trustee of the Oxford Hospitals Charity.

TB20/07/02 Minutes of the Meeting Held on 13 May 2020

It was suggested that the sickness absence figures on p8 should be clarified.

It was noted that in the second paragraph of p9 “explores” should read “explored”.

In the fourth paragraph of p11 the Chief Medical Officer clarified that the SHMI figures was as expected while the HSMR figure was below expected.

The minutes were otherwise accepted as an accurate record.

TB20/07/03 Matters Arising and Review of the Action Log

It was noted that it had been agreed that the action related to Horton General Hospital maternity data could be closed at the previous meeting. Other items were closed as indicated with the exception of that relating to culture and leadership. Ms Tutt suggested that she did not wish this to get lost and it was agreed that it would remain open until a timeline was agreed for it to come back to the Board. Ms Stanfield agreed to pick this up with the Chief People Officer.

TB20/07/04 Chair’s Business

The Chair reinforced his thanks to all Trust staff for the exceptional focus that they had demonstrated during the response to the Covid-19 pandemic.

He informed the Board that he had now taken over the role of representing the Trust at the Health and Wellbeing Board. In addition he noted that a new Oxfordshire Senior Leaders Group had met for the first time the previous week. This included Leaders of the Council, Chairs of NHS Trusts and representatives from other emergency services. He suggested that a similar model was likely to emerge at the level of the Integrated Care System in due course.

TB20/07/05 Chief Executive’s Report

The Chief Executive noted that this report was extensive and that he would emphasise key highlights.

He firstly reiterated the Chairs thanks to staff for their response to the pandemic, noting the valuable role that had been played by medical students. He noted that his reported noted thanks due to those who had been less visible supporting front line workers including the linen team and clinical labs.

Dr Holthof informed that Board that many messages of thanks had been received from patients and that it was very pleasing to see the stories of those who had

successfully recovered from Covid-19, one of which would be seen in detail during the meeting.

The Chief Executive highlighted the Trust's comprehensive staff testing programme, noting that it was the first trust in the country to offer testing to all staff members for both the virus and antibodies. He explained that the results of this testing would be considered later on the agenda.

It was recognised that some staff members were at higher risk, including those working in acute medicine, BAME staff and porters and cleaners. The Trust had responded with additional infection prevention and control measures and had introduced individual risk assessments for BAME staff.

The report included an update on the widely publicised clinical trials that were underway including the development of a vaccine and the testing of existing drugs. The latter had led to a key breakthrough with the identification of a positive impact from one relatively inexpensive drug.

The Chief Executive also highlighted that the Emergency Department development was a major step forward in terms of capacity and how the department was able to operate. The response from patients and staff had been positive and the funding had been possible due to the Trust's financial performance in the preceding financial year.

Ms Kapernaros asked whether the ED extension would assist in delivering the four hour target. Dr Holthof explained that more space would help but was not sufficient in itself and that staffing levels remained a significant constraint.

During the Covid-19 response work had taken place across the Integrated Care System to identify capacity for critical care and ventilation and to support mutual aid on PPE supplies. Increasingly attention across the ICS was shifting to look at capacity for elective treatments and the importance of this approach for the future was emphasised.

The Board noted this report.

TB20/07/06 Patient Perspective: Impact of Covid-19 on Patient Experience

The Board viewed a video which outlined the experience of one patient successfully treated for Covid-19 at the Trust and explaining the approach to managing the care of Covid-19 patients that had supported this.

TB20/07/07 Update on Covid-19 Response and Recovery

The Chief Executive explained that recovery plans were grouped into three areas. The first related to resuming paused clinical activities and supporting staff in returning to work. The second was linked to those altered ways of working, such as telephone triage and telemedicine, that the Trust might wish to retain or even further expand. The third related to the broader reshaping of services to embrace new

diagnostic and therapeutic approaches. He explained that the paper presented to the Board on this occasion focussed on the first of these three strands.

The Board was reminded that even at the height of the pandemic emergency and urgent work had been maintained. Dr Holthof explained that other work was being recommenced based on clinical priorities. The Thames Valley Cancer Alliance (TVCA) had considered cancer priorities across the region based on a single waiting list and the Integrated Care System was now moving towards a similar approach for routine elective work. The Chief Executive explained that there were a limited number of specialties with very large numbers on waiting lists where the Trust was trying to identify solutions across the ICS including the use of the independent sector. However the majority of routine referrals were now being progressed as normal.

Ms Flint asked for clarity about the drivers for the decrease in performance against the 62-day wait standard for cancer. Dr Holthof indicated that this related to a number of different capacity bottlenecks in areas such as endoscopy, invasive diagnostics and surgery. He noted that there was also still a level of anxiety in the community and that some patients who had been invited for treatment were still reluctant to come to hospital. He also emphasised that there was a desire to prioritise the use of resources for patients who would benefit most across the TVCA and ICS.

The Chief Operating Officer informed the Board that 202 patients were currently waiting over 62 days with 84 waiting over 104 days. Clinical reviews by multidisciplinary teams had taken place in all cases. 31 patients in the second category were delayed as a result of patient choice due to their concerns about admission. Ms Randall confirmed that regular communications were taking place with patients and GPs to ensure that individuals were supported to make informed choices about their care. Waiting lists were reviewed with the relevant teams at a weekly assurance meeting.

The process outlined was noted to be a rational approach but the importance of maintaining communications with patients, both those with anxieties regarding admission and those who were willing to be treated but were still on waiting lists, was emphasised.

The Chair suggested that the Board also consider how effective the Trust was in communicating with the wider community and in responding to GP and primary care networks. The Chief Medical Officer explained the close liaison with the Clinical Commissioning Group was being maintained through the Commissioning Clinical Director and that a Webex with primary care clinicians was planned to set out the Trust's current status and plans. The Chief Operating Officer noted that GPs were also briefed regarding cancer services and that there were strong links with the TVCA.

Prof Schapira commented that the approach described appeared appropriate an consistent with that being applied elsewhere in the country, suggesting that the Board could take assurance from this. He noted that prioritisation and close management of the waiting list would be key to success and that he was reassured that priorities were being considered at system level.

Prof Screaton asked what actions the Trust was taking when patients did not attend for outpatient appointments. Ms Randall explained that this was followed up with patients but that the Trust was reviewing what additional actions might be required for specific vulnerable groups.

The Chair noted the Board's support for a clinically driven approach to prioritisation. He highlighted the challenge of ensuring appropriate governance processes to demonstrate accountability at system level.

TB20/07/08 Infection Prevention and Control Plan based on Asymptomatic Staff Testing Results

This item was introduced by the Chief Medical Officer. She explained that the Trust's proposal for staff testing was approved on 21 April and that the first clinic had then taken place on 23 April. Over 10,000 staff had been tested at least once up to the end of May. Testing incorporated a throat and nasal swab to test for the virus along with a blood assay for antibodies. The Trust continued to test 150-200 staff each day. Staff testing was being linked to the SIREN study.

Prof Pandit reported that 1100 staff had showed evidence of Covid-19 infection at some point with the highest rates being in Covid-19 facing areas and in Acute Medicine. Outbreaks in areas with fewer Covid-19 patients suggested some staff-to-staff transmission.

The Board heard that level 1 PPE had been maintained for all patient contacts unless level 2 was indicated. It was noted that the Trust currently had five patients known to be Covid-19 positive. The Chief Medical Officer explained that social distancing was taking place wherever feasible and that masks were being provided to all patients and visitors with no face covering. Clinical staff were being encouraged to take staggered breaks and additional areas were being made available for them to spread into. Prof Pandit confirmed that arrangements also applied to staff not directly employed by the Trust.

Ms Kapernaros asked about the process followed when asymptomatic staff were identified as Covid-19 positive and the extent to which this had resulted in enhanced case identification in staff. Prof Pandit explained that staff testing positive were asked to return home and self-isolate for seven days. Contacts were traced but this had not led to a significant further increase in identification of cases in staff. She noted that testing needed to be maintained with society opening up and potentially increased risks of community transmission.

The Chair asked how frequently staff were re-tested and the Chief Medical Officer explained that this was on a voluntary basis but could be up to every two weeks.

Prof Screaton noted that one issue with asymptomatic positives was that it was known that the virus could remain in the throat for several weeks without an individual being infectious though recognising that a cautious approach to self-isolation remained appropriate. Prof Pandit highlighted that Covid-19 positive staff could return to work after seven days if they remained asymptomatic.

The Chief Medical Officer emphasised that to continue this level of testing the Trust would need to maintain the relevant space and resource, noting that the medical students who had been supporting the programme were now returning to medical school. The Chief Finance Officer highlighted that in the coming months Covid-19 costs would be routed through the ICS and so the Trust might need to discuss its testing regime with them, especially if this was more extensive and expensive than in other trusts.

The Board noted this update on staff testing.

TB20/07/09 Integrated Performance Report M2

The Board received the regular Integrated Performance Report which focussed on key data from Month 2.

The Chief Medical Officer noted that incident reporting had now risen back to pre-pandemic levels. She noted that patient safety response teams had continued to operate though without physically visiting wards and departments. Prof Pandit highlighted to the Board an incident in May related to the mis-selection of a drug. This had provisionally been declared as a Never Event with a review underway to determine assess this categorisation based on the complete facts of the incident.

Prof Pandit recognised that the redeployment of sepsis nurses during the pandemic had impacted on performance against sepsis standards and teams were working hard to get this programme operating as previously. The Board heard that no trajectory had yet been set for *Clostridium Difficile* infections for the year but any occurring were being investigated. One MRSA infection had occurred but had not been found to be avoidable.

The Chief Nursing Officer expressed her thanks to the Director of Performance and Accountability for his support in continuing to shape this report, noting that it now incorporated the maternity dashboard.

Ms Foster reminded the Board that the Integrated Assurance Committee had agreed to undertake a deep dive into frailty with the scope to be agreed. Work on pressure ulcers was highlighted, noting that there was currently a focus on staff skin damage as a result of PPE and ulcers related to prolonged prone positions for Covid-19 patients.

The Chief Nursing Officer informed the Board that 200 nurses in India were waiting to join the Trust when this became possible. She noted that retention was currently improved and that the position on midwifery staffing was good.

The Board noted that the issue in the maternity report related to third and fourth degree tears was believed to be related to individual practice with addition support being provided to one or two individuals.

An increase in falls during the pandemic was highlighted, noting that this had occurred even though occupancy had been low. The Chief Nursing Officer explained that this was thought to be related to the restrictions on visitors but had not been linked with an increase in patient harm. The need to consider mitigations for any future wave of Covid-19 was recognised.

Ms Foster summarised work on flow across the system, highlighting collaboration with the ambulance service on triage prior to reaching the Emergency Department based on a pilot in Portsmouth. An Oxfordshire strategy that linked into the BOB was also highlighted. It was recognised that fragility of staffing remained a significant constraint.

Ms Hay-Plumb noted that it was pleasing to see the Trust's 4hr standard performance improving in both absolute and relative terms. She asked what milestones were planned to deliver increased evening staffing to match the peak in breaches. Ms Foster explained that it was recognised that all shifts would not be filled in the medium term and that an interim mitigation would be for the admission rights of ED clinicians to be exercised.

The Chief Operating Officer highlighted the reduction in the total size of the waiting list. However she recognised that one reason for this had been the lack of routine referrals during the pandemic and that the Trust was now in the process of reopening to these referrals. Waiting list validation had continued to take place during this period.

Ms Randall explained that 499 patients were now waiting over 52 weeks on the list. Harm reviews were now taking place at 40 weeks and any cases of moderate harm were considered by the patient safety response team. Work was underway to risk stratify the entire waiting list into four categories. The Board heard that the number of patients over 52 weeks could increase to 959 in June although this number was yet to be validated. Approaches to managing the waiting list were being explored across the ICS, including use of the independent sector.

The Chief Operating Officer informed the Board that cancer standard performance had improved in April but cautioned that there was a group of long waiting patients who would shortly be treated and that this would lead to a drop in reported performance. Ms Randall noted that the level of cancer referrals had returned to pre-pandemic levels which was regarded as encouraging.

The Chair highlighted that the management of ICS patients as a shared waiting list would require a graph that allowed this combined waiting list to be monitored.

Ms Hay-Plumb suggested that it would also be helpful to show the numbers being added to the waiting list against the numbers being removed so as to better understand the overall dynamics.

Prof Schapira asked to what extent the various metrics outline could be compared with the Trust's peer group. Prof Pandit explained that many clinical indicators could be benchmarked across the Shelford trusts but noted that consideration would need to be given to what information it was appropriate to report in public without the agreement of those trusts. Ms Randall explained that national data existed for performance metrics and that this could be provided.

The Director of Workforce explained that sickness absence was now at 3.8% and that this was reduced to 3.3% when the impact of Covid-19 was excluded. She highlighted that an increase in absence due to stress and anxiety had been noted.

Staff absent due to Covid-19 were continuing to be supported with daily wellbeing checks. The need to support those returning from shielding was also recognised as was the importance of clear communication as government guidance changed. The Trust was also maintaining links with the BAME network to ensure that this staff group was supported appropriately.

Vacancy rates were good overall with risks kept under close review, recognising that turnover was likely to have been suppressed by the pandemic. Attention was being paid to the overseas nursing pipeline and it was appreciated that support would be required for these staff when they came to the UK, possibly including through a period of quarantine.

The Board heard that the reduction in temporary staff had been limited although the impact of new measures might be yet to be felt. Levels of appraisal and of statutory and mandatory training were felt to have been affected by the disruption of the pandemic. However deep dives into other contributory factors such as the effectiveness of systems and recording were also being undertaken.

Ms Tutt questioned the apparently high number of corporate staff listed under bank and agency. It was suggested that this was likely to be a misallocation due to a coding issue and the Chief Finance Officer agreed to provide a note on this outside of the meeting to clarify the position.

Action: JD

The Chief Finance Officer reminded the Board that under the Covid-19 financial regime the Trust would be topped up to a breakeven position but noted that, based on current activity levels, it would be dependent on external financial support under normal financial arrangements. He informed the Board that Covid-19-related costs had been £16m for the year to date.

Mr Dorsett explained that the Trust was looking to further reduce the levels of temporary staffing which were still lower than the current reductions in activity. It was also reviewing non-pay spend in the light of a buffer of PPE stock that had been built

up. The Board heard that the executive team continued to be updated daily on PPE stock and noted that the use of wipes and hand gel were increasing as services opened back up and visiting recommenced.

The Chief Finance Officer also commented that IT capital spend was currently running above average and was being reviewed. Ms Tutt noted that this was an area where costs had been felt not to be well controlled in the past and should therefore be monitored closely. Mr Dorsett clarified that past issues had related to revenue rather than capital and that this was felt to be a different issue. Ms Kapernaros emphasised the need for a fuller analysis of IT operations and spend.

The Board noted that the Trust continued to prepare for the new financial regime with an announcement of these arrangements still awaited. A tougher regime was anticipated, based on a fixed envelope block contract. The need for additional headroom if Covid-19 costs were not fully funded nationally was highlighted. The Chair emphasised that the Board would need to be briefed rapidly on this new regime when details were confirmed.

Ms Tutt commented that she was keen to see the outcome of work on cash variance which was recognised to be an issue in relation to long-term sustainability.

Ms Hay-Plumb reiterated the need to monitor the link between pay costs and activity and, in particular, to assess the impact of new pay controls. Mr Dorsett highlighted that the controls had resulted in a fall in agency costs which were at half the level seen twelve months previously. He explained that recruitment controls placed no additional restrictions on junior front line recruitment but placed tighter restrictions on the recruitment of non-clinical and higher cost clinical staff. The fact that costs for redeployed staff were still assigned to their home area was recognised as a complicating factor in assessing the position by service but did not affect the trustwide picture. It was agreed that the best way to get a clear picture of the impact of controls over time would be considered outside of the meeting.

Action: JD

TB20/07/10 Learning from Deaths Q4

The Chief Medical Officer explained that 81 deaths had not been reviewed in line with the schedule as staff had been fully committed as part of the pandemic response. However the number of overdue reviews was now being reduced with the support of shielding staff.

Prof Pandit informed the Board that the Medical Examiner programme had now been restarted with three more individuals appointed.

The Chief Medical Officer highlighted to the Board a review of the care of a learning disability patient which had identified notable professional practice to be shared via the ‘Reporting Excellence’ programme.

The Board noted the systematic approach that was described in this report and expressed its interest in hearing how the Medical Examiner system operated following the Covid-19 hiatus.

TB20/07/11 Emergency Preparedness Annual Report 2019/20

The Chair noted that in considering this paper it was helpful for the Board to reflect on the extent to which the work that had been undertaken had prepared the Trust to respond to the Covid-19 pandemic and where there was a need to revise the approach.

The Board noted that the paper reflected the depth of preparedness that was in place, including desktop scenario exercises within the Trust and across the ICS. A hot debrief on the pandemic response was also included, noting that this would receive more detailed consideration by the system taskforce.

The Chair noted that the organisation had learnt a lot and that communications with the public about what to expect on admission to hospital had been strong. He suggested that this was something to capture to incorporate into business as usual. Prof Montgomery also requested clarification regarding whether devolved and flexible decision making was something that the Trust would wish to retain to ensure continued agility. The Chief Operating Officer confirmed that this was the intention in order to empower leaders.

In relation to the EPR downtime that the Trust had experienced and for which the supplier had been responsible Ms Kapernaros emphasised that that the Trust did not devolve risk when it outsourced services.

Ms Hordern asked whether plans were in place for terrorism as there was no specific section related to this. Ms Randall confirmed that this was the case and that preparedness training was undertaken and agreed to make this clearer.

The Chief Assurance Officer noted that this was a thorough report that showed how well-embedded these arrangements were compared with those 8-10 years ago. She emphasised that changes to the approach at short notice should not be seen as negative but reflected the need to be highly responsive to new information in a live situation.

The Trust Board received the report and approved the revised Emergency Preparedness, Resilience and Response Policy and Plans.

TB20/07/12 Public Sector Body Website Accessibility Regulation

This paper was presented by the Chief Assurance Officer. The need to balance the needs of accessibility for the public with the retention of necessary detail whilst making the content more intelligible was recognised.

Ms Walsh emphasised that the spirit of the legislation was to make information more accessible and not to create excessive bureaucracy for paper authors.

It was proposed that papers would be made accessible for the September Board meeting insofar as this was realistic but that the November Board would be targeted for full compliance. The Board agreed that this was a satisfactory approach.

TB20/07/13 Integrated Assurance Committee Report

The Board noted that work on risk appetite was now underway but not yet complete. The increasing value of quarterly reviews was recognised with the involvement of Divisional Directors in the Integrated Assurance Committee felt to be adding value to discussions. The Paterson Enquiry gap analysis was highlighted.

The Board noted the assurance provided by this regular report from the Integrated Assurance Committee.

TB20/07/14 Trust Management Executive Report

The Chief Executive presented this report of the work of the Trust Management Executive, key items largely having been discussed earlier on the Board agenda.

Dr Holthof noted that it had been agreed that the Trust Strategy would be updated based on learning from the pandemic and that these revisions would require formal approval by the Board. To prevent delay it was agreed that the updated strategy would be circulated to Board members for review and, if supported, would be approved by Chair's action.

Action: DW

TB20/07/15 National Inpatient Survey 2019

These survey results were presented by the Chief Nursing Officer who noted that they were very positive and would feed into the update patient experience delivery plan. The Board noted that these results represented good progress with the Trust either in the pack or ahead of it for most metrics.

The Chair asked whether specific work to look at the experience of minority groups should be considered. Ms Foster agreed with this suggestion, noting that whilst respondents were representative overall there would be value in a targeted review of harder to reach groups.

Action: SF

TB20/07/16 Adults and Children's Safeguarding Annual Report

The Chief Nursing Officer noted that there was a statutory requirement to bring this report to the Board but highlighted that regular updates on key metrics were provided through the IPR.

Ms Foster informed the Board that the adult and children's teams were being merged with investment in leadership through the reconfiguration of existing vacancies.

The Chair noted that much of the work described was undertaken in partnership and noted the Trust's thanks to partner organisations for their support.

Ms Hordern asked whether safeguarding should increasingly be considered at ICS level. The Chief Nursing Officer explained that the main partnerships for this work were at county level but that there might be benefit in capturing key elements of out of county working. It was agreed that Ms Foster would consider how this might best be achieved.

Action: SF

TB20/07/17 Patient Experience, PALS and Complaints Annual Report

The Chief Nursing Officer introduced this item, commenting that consideration was being given to the best approach to sharing patient stories in the coming year.

Ms Foster informed the Board that the Trust's approach to the reintroduction of visiting had been well received with no complaints from the public.

The Board noted this Annual Report and took assurance from this evidence that issues were triangulated and followed up appropriately.

TB20/07/18 Responsible Officers Annual Medical Appraisal and Revalidation Annual Report

The Chief Medical Officer presented this report, noting that the GMC had now suspended revalidation until March 2021. She highlighted that revalidation rates were currently good but that the high number of prescribed connections for the Trust presented a challenge, especially in the context of a reduction in the number of appraisers. Prof Pandit commented, however, that a very successful appraiser event had been held in February.

TB20/07/19 Consultant Appointments and Signing of Document

The Board noted this regular report.

TB20/07/20 Any Other Business

There was no further business on this occasion.

TB20/05/18 Date of next meeting

A meeting of the Board to be held in public was to take place on **Wednesday 9 September 2020**.

The Chair noted that the current expectation was that this was likely to be a virtual meeting and that there was a need to consider what types of meetings would benefit from being face-to-face where this was possible.

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).