

Trust Board Meeting in Public

Minutes of the Trust Board Meeting in Public held on **Wednesday 14 July 2021** via Video Conference

Present:

Name	Initials	Job Role
Prof Sir Jonathan Montgomery	JM	Trust Chair, [Chair]
Dr Bruno Holthof	BH	Chief Executive Officer
Ms Ali Cornall	AC	Divisional Chief Nurse, SuWOn Division [deputising for Chief Nursing Officer]
Mr Jason Dorsett	JD	Chief Finance Officer
Ms Claire Flint	CF	Non-Executive Director
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 Tony Schapira	TS	Non-Executive Director
Prof Gavin Screaton	GS	Non-Executive Director
Prof Ash Soni	AS	Non-Executive Director
Ms Anne Tutt	AT	Vice Chair and Non-Executive Director
Mr David Walliker	DW	Chief Digital and Partnership Officer
Ms Eileen Walsh	EW	Chief Assurance Officer
Ms Joy Warmington	JW	Non-Executive Director

In Attendance:

Ms Marilyn Rackstraw	MR	Corporate Governance Manager [minutes]
Dr Neil Scotchmer	NS	Head of Corporate Governance
Mr Matt Akid	MA	Head of Communications and Engagement
Ms Ali Cuthbertson	AC	Director of Midwifery [Item 10]
Hamira Ghafoor	HG	BAME Network [Item 6]
Dr Taffy Makaya	TM	Interim Lead Guardian FtSU [Item 9]
Mrs Anita Higham OBE	AH	Public Governor, Cherwell
Mr Mike Gotch	MG	Public Governor, Oxford City

Ms Sally-Anne Watts	SAW	Public Governor, Buckinghamshire, Berkshire, Wiltshire and Gloucestershire
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Apologies:

Ms Sam Foster	SF	Chief Nursing Officer
Ms Katie Kapernaros	KK	Non-Executive Director

TB21/07/01 Welcome, Apologies and Declarations of Interest

1. Joy Warmington was welcomed to her first Board meeting since her term of office started on 1 June 2021.
2. Governors in attendance were welcomed.
3. Apologies had been received from Sam Foster and Katie Kapernaros.
4. Anne Tutt declared an interest as a trustee of Oxford Hospitals Charity.

TB21/07/02 Minutes of the Meeting Held on 12 May 2021 [TB2021.42]

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

TB21/07/02 Matters Arising and Review of the Action Log

6. There were no open actions on the action log for discussion.

TB21/07/03 Chair's BusinessCommittee Memberships

7. It was noted that following two new non-executive directors joining the Board, an opportunity would be taken to review the memberships of the Board's committees.

Board Visits

8. It was noted that Board members were beginning to be able to make hospital visits again, although this was still a long way from being normal business and there remained a need for caution.

Website Accessibility

9. Since September 2020, the Trust had been required to comply with legislation to ensure that as wide a range of people as possible can use online content without needing to adapt it. The Trust had been reviewing the arrangements that were put in place last year to ensure compliance with this legislation for papers of the Trust Board and Council of Governors that were published on the Trust's website.

10. The development and utilisation of the new paper template had largely been successful in ensuring the accessibility of the majority of documents presented to the Board and the Council of Governors. The Board noted that opportunities to further strengthen the approach employed for particular documents might be presented to the Board following further consideration.

TB21/07/03 Chief Executive's Report [TB2021.43]

11. BH presented his regular report to the Trust Board.
12. He offered his congratulations to JM following his election to an Academy of Medical Sciences Fellowship in May.
13. The report detailed many national and local awards recognising the achievements of Trust staff. Apologies were given for the omission of Derrick Crook from the list in paper as it was noted that he had made a significant contribution during the pandemic.
14. The Renal service at the Churchill had now moved to a newer building. This had been a long and complex project, and it was regarded as a very positive development that this service was now in a better environment for staff and patients.
15. In June the Trust had announced the creation of a Psychological Medicine Staff Support Service to support all staff working at OUH thanks to the support of NHS Charities Together. Oxford Hospitals Charity had been successful in bidding for £150,000 from NHS Charities Together to fund two clinical psychologist roles and one part time clinical psychiatrist who would proactively address the psychological needs of staff coming out of the COVID-19 pandemic.
16. BH gave a verbal update on Covid, noting that although the Trust had had a few Covid free weeks in May, infections had risen in community with Oxford being in the top ten for infection rates nationally. Translated into admissions, the numbers were less than the second wave, so this showed that the vaccination had had an impact. He noted that vaccination significantly reduced risk of Covid and especially severe infection, but that it did not eliminate the risks entirely.
17. The Trust was proposing to maintain all existing measures in this context to keep staff and patients safe, and it was noted that other providers within the BOB network were taking the same position.
18. GS noted that the data from Israel on double vaccinated infections suggested efficacy 64% or lower, which suggested that there could be staffing issues in the coming weeks, especially during the holiday season.

19. BH confirmed that this hadn't impacted the Trust to date but agreed that there was a risk. He explained that the organisation remained busy with non-Covid services.
20. CF asked about the projection of the peak and hospitalisation expectations at that stage.
21. BH responded that using national models, a third wave peak was expected in August. It was difficult to predict hospitalisation levels, but he added that the Trust now had additional capacity that wasn't available in the second wave, as there were well-ventilated single rooms at the JR on Level 5.
22. There was an escalation plan depending on the number of patients needing oxygen and ventilation. There was less concern about space due to a second wave but staffing pressures were likely to have an impact on elective services.
23. MP added that the profile of patients was different in terms of the need for oxygen, and that there was a need to maximise capacity for patients not needing IC or HDU, so the pressure was non-ITU capacity based on the patients admitted so far.

TB21/07/04 Staff Perspective [TB2021.44]

24. A paper was presented detailing a staff member's experience of racism and bullying in the Trust. The staff member agreed to their experience being published but wished to remain anonymous.
25. A review of the staff member's experience had been undertaken by the Assistant Director of Workforce for Employee Relations. The review's recommendations for support for the staff member and learning points for the Trust were presented, as well as details of actions already taken to prevent other employees having a similar experience.
26. AT noted the extreme seriousness of the story and acknowledged the actions that were being taken but added that the Trust had policies and processes for raising concerns, such as whistleblowing and Freedom to Speak Up. She asked what assurance could be taken around the effectiveness of these routes and how these policies could be strengthened.
27. TR responded that this paper was being presented in part to give people the confidence to raise things as this might not be the case currently. The aim was to co-create solutions with the BAME network to make it easier for staff to raise concerns if they needed to.
28. He emphasised the importance of making people aware that concerns would be taken seriously and that individuals would not be victimised for raising them.

29. CF asked what the Trust was doing to raise awareness of racism and the factors surrounding it and how to raise things when it was evident that something was not right.
30. TR noted that there was a need to build this awareness into the training of all managers and leaders and to develop a plan to have specialist training to ensure the understanding of nuances.
31. JW added that she appreciated the strengthening of policies and procedures but that there was also a need to be clear about the ways in which racism could manifest and about covert forms of discrimination. She noted that many individuals experience testimonial injustice which surfaced in a range of ways and that there was a need to think about how the Trust culture becomes one of zero tolerance.
32. JM noted the commitment from Board that this was a collective responsibility and that there was a need for more time in future to explore these issues.
33. JM asked that the Board be updated about the individual in confidence in due course. He asked that TR pass on personal thanks to the person involved and apologies that their experience of working at OUH had not been what the Board would want it to be.

TB21/07/05 Integrated Performance Report M2 [TB2021.45]

34. The Board received its regular report based on key metrics in relation to operational performance, quality, workforce, finance and digital. The report was taken as read and comments and questions were requested.
35. It was noted that the safeguarding team continued to be under pressure due to long-term sickness and vacancies, and the increased complexity of cases. The Board considered how the Trust could support staff with this complexity and ensure that the need to safeguard was not impacted by long term sickness.
36. JD confirmed that much work had been undertaken over the last year to increase capacity as it was recognised that the volume of cases was going up and that the size of team needed to be adjusted.
37. MP noted that reports from adult and children's teams were routinely presented to the Clinical Governance Committee on training and cases, and that complex cases were discussed with medical leads regularly.
38. CF congratulated the team on improvements against the sepsis target which she had raised several times previously and asked if this improvement was sustainable.
39. MP reported that the team had completed the actions required to improve performance and that an ongoing element of continuous improvement remained. This target had almost been met pre-Covid but was subsequently

affected by the change in pathways during the pandemic, so it was hoped that a further surge was not seen. If this was the case, then it was expected that this would not deteriorate.

40. CF also asked about the maternity Friends & Family feedback, the reduction in the number of people responding and the small number of dissatisfied individuals. She asked if this was a cause for concern.
41. Ali Cuthbertson indicated that the response numbers were very small and so the Trust was looking to capture information in more meaningful way.
42. Covid had caused significant issues due to limiting the time that partners could stay postnatally. Although this had been adjusted for all other appointments, this department had challenges with social distancing due to the number of mothers and new-borns. This was the main cause of dissatisfaction.
43. JM noted that the friends and family test had never been reliable in maternity due to numbers and asked if there were other routes to gaining feedback.
44. Ali Cuthbertson confirmed that the Trust had its own survey with a QR code. There was also a good relationship with Maternity Voices who provided feedback, as well as the national maternity survey, and feedback via the PALS team. For individual feedback there was also the birth reflection service.
45. CF referred to the problems with the new My Learning Hub system and asked if these problems were driving down appraisal and training completion or if this was just a data issue.
46. TR reported that he believed it was an issue that affected people competing appraisals. He explained that statutory and mandatory training was starting to improve but that completion was likely to be affected by a perception that the system was not working effectively. The Board heard that there was a timeframe of 5-6 weeks to resolve issues based on discussions with suppliers and a communications plan had been developed.
47. PHP referred to the bank and agency spend which showed an upward trend and noted that a number of areas were now reporting mental health as the top reason for absence.
48. TR reported that work in relation to mental health was being undertaken looking at supporting staff with PTSD and other underlying symptoms, working closely with the Psychological Medicine team.
49. Simon Pragnell had been running programmes for specific teams who might be suffering, and this work remained ongoing with feedback positive.
50. Further detail was sought regarding initiatives to reduce four-hour breaches and SR explained that actions were being taken to reduce breaches in EDs as the Trust had seen an increase in attendances to both EDs, particularly an exponential increase in June.

51. Support was being sought for out of hours periods. The Trust was looking to divert patients away from the ED front door and to enhance urgent care support at Witney and Abingdon.
52. JM noted an apparently significant drop in performance against the two-week breast symptomatic standard. He asked if there was any prospect for the numbers changing.
53. SR noted that she was meeting with breast consultants and radiologists every two weeks to go through actions to get this standard back on trajectory. Performance for May had returned to 73% and was improving. Unfortunately, the Trust had seen a significant increase in the number of referrals although there had been some stability in the recent weeks.
54. SR noted that the Trust needed 180 radiology slots per week, and currently only had around 150 so additional slots were being sought. There was wide support for maintaining the one stop shop approach. Extra mammography and MRI capacity was also being explored.
55. A business case had gone to the Business Planning Group for longer term solutions and messages to GP colleagues had been refreshed to ensure that they were aware of the position.

TB21/07/06 Approach to Annual Public Meeting [TB2021.46]

56. TR presented the paper which proposed holding the Trust's Annual Public Meeting virtually to reach a wider audience and in order to provide protection against the impact of Covid-19 on holding large scale in-person events.
57. A programme of presentations and video content, as well as a Question and Answer session, was proposed to make the event as interactive and engaging as possible.
58. The Board supported the approach and agreed that planning for the technical delivery of the virtual event be progressed by a Working Group.

TB21/07/07 Freedom to Speak Up Annual Report [TB2021.47]

59. EW presented the paper noting that this was an independent report from the Lead Guardian, which had been prepared by the previous Lead Guardian Jane Hervé before her departure. Dr Taffy Makaya had taken over as the Interim Lead Guardian and had also been joined by an experienced expert listener to support the team.
60. The report covered April 2020 to March 2021. During this 12-month period 164 members of OUH staff had contacted the FtSU team for advice and support. Depending on the concern and the individual's wishes, issues were escalated

to the relevant manager, Human Resources Business Partner, or member of Trust Board.

61. TM highlighted the current eight-week project to look at how the service could be strengthened through a number of focus groups and listening events. The team was seeking a perspective on what worked well and what could work better including hearing voices that were not often heard.
62. The OUH Guardians continued to work with peers across the region and thanks were given to the Board and FtSU team for their support with this work.
63. TR noted that he was pleased to see that the survey had gone out to the BAME network and encouraged members of the BAME network to become FtSU champions. He added that one new recruit was very active in the BAME network and so could provide a key link.
64. EW added that the disability and accessibility network provided another key link, together with the LGBT network.
65. PHP reported that the internal audit report on FtSU provided significant assurance which was pleasing to hear.
66. SR asked whether there was an opportunity to link to the apprentice network, noting that junior colleagues could perhaps find it harder to express to senior colleagues any challenges they might be facing.
67. AT noted that the biggest challenge remained staff feeling that they would suffer detriment from raising concerns and that there was a need to consider how to manage this in practice.
68. TM added that this was hard information to get as it could be subjective and so there was a need to actively pursue previous contacts for their feedback on the experience and to triangulate information from other areas to gather meaningful and robust information.
69. The Trust Board noted the report and thanked TM for picking up the role in the interim period.

TB21/07/08 Maternity Incentive Scheme including Maternity EPR Update [TB2021.48]

70. The paper was presented providing an update on the status of OUH compliance with the NHS Resolution (NHSR) Maternity Incentive Scheme (MIS) Year Three.
71. It also highlighted to the Board areas of risk to compliance, which facilitated discussion as to how the Trust Board could most effectively support the Maternity and Neonatal units with proposed mitigations.

72. In terms of Safety Action 2, Maternity Services Data Set (MSDS), It was reported that TME had discussed a digital solution and had approved a process and timelines for a Maternity EPR solution, recognising that the investment needed to cover implementation.
73. The Neonatal Unit Safe Staffing Establishments [TME2021.182] had been approved by TME, demonstrating compliance with Safety Action 4. The Board confirmed its support based on TME's recommendation.
74. The Board was asked to complete the Trust Board declaration form stating that their satisfaction that the evidence provided demonstrated achievement of the ten safety actions, which met the required standards as set out in the 'Ten maternity safety actions with technical guidance' document.
75. JM noted that the Board could not formally approve the template as the format had changed but noted that the content would remain aligned with the information presented to the Board with final sign off be delegated to him based on a recommendation from ACu and SF/MP.
76. JW noted that the Trust was reporting perinatal deaths but asked where the actions sat regarding disproportionate adverse incidents for black and minority ethnic women.
77. ACu responded that there was a whole workstream underway regarding the increased likelihood of adverse incidents in these groups, which underpinned other work but that this was currently not specifically included within the questions included within this return. She explained that this was reported through the BOB LMS scheme.
78. JM noted that there were a large number of external reports that the Trust was required to fill in and which could create industry that reacted to the agendas of others rather than the quality improvements on which the Trust wished to focus. He suggested a more holistic approach to this through the Integrated Assurance Committee, ideally through a single dashboard.
79. SF and MP had been asked to bring report on outcomes measures to IAC in Oct and it was agreed that this would include assurance about the experience of women from black and minority ethnic communities. ACu added that it was important to bring in economic poverty as part of the context for this.
80. The Trust Board agreed to delegate completion of the Trust Board Declaration form to JM.

TB21/07/09 CRN Thames Valley and South Midlands Annual Progress Report [TB2021.49]

81. A paper was presented providing an update to the Trust Board as host of the NIHR CRN Thames Valley and South Midlands (LCRN) on the progress of the

network. The report had been received by OUH Trust Management Executive which recommended approval of the recommendations.

82. During the year, the activities of the Network were dominated by the need to support the delivery of priority Urgent Public Health (UPH) Covid-19 studies, which had led to the development of new treatments and vaccines, and generated evidence that had underpinned the response to the pandemic. All trusts within the network had participated and recruited well to studies. The LCRN played an important role in the research delivery both locally and nationally and was the lead network on more UPH studies than any other part of the country reflecting Oxford University's central role in the fight against Covid-19. These included the RECOVERY and PRINCIPLE platform studies and the Oxford Vaccine Group trials.
83. Whilst research into other conditions continued, it was severely affected by a reduction in capacity and accompanying NHS services. As the pressures of the pandemic begin to ease and Covid-19 caseloads fall, activities to support the recovery of research into other conditions have increased and the LCRN is working closely with stakeholders across the region to support the managed recovery of the non-Covid-19 portfolio.
84. JM noted the considerable achievements during the Covid pandemic and asked if the Trust was setting its ambitions high enough. GS noted that the local network delivered very well nationally and had seen great success in national studies. He expressed the view that the leadership was good and demonstrated significant ambition.
85. MP added that the challenge at that stage was to increase recruitment through primary care and get back to the target for recruitment to commercial studies. The NIHR had described a plan for recruitment and research infrastructure.
86. JM noted that commercial studies were to allow drugs and treatments to be progressed and therefore were an essential part of a healthy research climate.
87. The Trust Board noted the CRN annual progress report.

TB21/07/10 Final Sign Off of Revised Constitution [TB2021.50]

88. The Chair presented the paper for final Board approval of the proposed changes.
89. Review of the OUH Constitution had commenced in September 2020. Upon completing the first phase of its deliberations, the governor-led Constitution Review Working Group recommended amendments which were approved by the Board and Council of Governors on 13 January 2021.

90. Further amendments, reflecting the outcome of deliberations of the Working Group in the second phase of the review, were approved by the Board and Council of Governors in March 2021.
91. KK suggested that to avoid doubt, it should be explicitly noted that the Senior Independent Director and Deputy Chair could be the same person.
92. JM thanked Susan Polywka for her considerable work on this document.
93. The Trust Board approved the fully revised OUH constitution.

TB21/07/11 Trust Management Executive Report [TB2021.51]

94. BH presented his regular report which detailed discussions at TME meetings held in May, June and July.
95. AT noted that she was pleased to see the welfare officer role contained within the disciplinary procedure, as she felt that this was important.
96. She further noted that timeliness could also be a concern in terms of disciplinary procedures as often they took long periods of time, which created issues both for the Trust and the individual.
97. TR noted that a timeframe was included within the procedure, but the difficulty remained ensuring that this was reasonable. He added that monthly meetings with SR and TR had been added to the diary for them to review and hold to account where procedures were not completed in a timely manner.
98. TR confirmed that the Board would receive assurance through the regular report to the confidential Board.
99. The Trust Board approved the updated disciplinary procedure based on TME's recommendation.

TB21/07/12 Public Engagement, Patient Experience, PALS and Complaints Annual Report 2020- 21 [TB2021.52]

100. A paper was presented providing the annual report of activity for the financial year 2020/21 in relation to patient experience, public engagement, PALS and complaints as well as the opportunities for learning and service change.
101. The Trust Board noted the contents of the report, and no comments or queries were raised.

TB21/07/12 End of Life Care Annual Report [TB2021.53]

102. The paper was presented reporting progress with regard to palliative and end of life care (PEoLC) across Oxford University Hospitals during 2020/21.

103. MP noted that funding for a 0.5 WTE medical lead role for 2 years had been secured with the option to extend for a further year. This funding was offered by Sobell House Hospice Charity.
104. The Trust Board noted the report.

TB21/07/13 Tissue Viability Annual Report [TB2021.54]

105. The paper was presented giving an overview of the work undertaken by the OUH FT, Tissue Viability Service (TVS) for the leadership in wound assessment and management at clinical level and the support provided to the Divisions to facilitate the reduction in the severity and number of Hospital Acquired Pressure Ulcers (HAPU).
106. Activity related to clinical referrals to the Tissue Viability Service from the clinical Divisions was presented with plans to continue to improve the service provided.
107. Hospital Acquired Pressure Ulcer audit data was provided with narrative on trends and thematic analysis identifying areas for further Trust-wide learning and professional growth.
108. Information was provided to demonstrate the financial clinical leadership of the Tissue Viability Service along with detail of associated efficiencies and improvements.
109. The Trust Board noted the report and approved the recommendations contained within it.

TB21/07/14 Emergency Preparedness Annual Report [TB2021.55]

110. The report was presented reporting on the Trust's preparedness for emergencies for 2020/21.
111. The report discussed the planning progress over the past year, looked at the training and exercising programme, and gave a summary of instances in which the Trust had to respond to extraordinary circumstances.
112. Divisional progress on developing and updating service continuity plans required ongoing focus. A programme to improve the plans was in place but this work stream had been interrupted due to the Covid-19 response.
113. JM noted that every emergency was different, and that assurance could be taken from the flexibility of the response and the learning from it.
114. The Trust Board endorsed the report and approved the revised EPRR policy and plans.

TB21/07/15 CQC Inspection Report: Infection Prevention and Control [TB2021.56]

115. The paper was presented providing a summary of the findings of Care Quality Commission (CQC) inspectors following their Infection Prevention and Control (IPC) themed visit to the John Radcliffe Hospital.
116. Results of this report were published on the CQC webpages on 9 July 2021. Key areas of good practice and opportunities for improvement were reported, which had informed an action plan.
117. AT noted the action around storage in ward areas and that this had been an issue for some time. EW confirmed that the plan would address residual issues that individual areas could not address themselves.
118. CF noted that the report contained many cultural things that the Trust should be proud of.
119. JM thanked the IPC team for achieving this in very difficult circumstances with continual review and complex external messaging. He asked about the route for assurance on delivery of the action plan.
120. EW noted that for the areas where there were concerns, escalation would be fed through to IAC.
121. The Trust Board noted and supported the implementation of the action plan.

TB21/07/16 Quality Account 2020/21 [TB2021.57]

122. The report was presented noting that it had been submitted following review at Integrated Assurance Committee and the Trust Management Executive and was being presented for the public record.
123. Colleagues were thanked for the detailed work that had gone into compiling the account.
124. The Trust Board confirmed their support for the Quality Account 2020/21 to be signed off by the CEO and the Chair.

TB21/07/17 BAF and CRR Six Monthly Board Update [TB2021.58]

125. EW presented the BAF and CRR for information, noting that these were looked at intensively at the Integrated Assurance Committee bimonthly.
126. The Trust Board noted the update.

TB21/07/18 Regular Reporting

Learning from Deaths Report Q4 [TB2021.59]

127. MP presented the report which provided data from Q4 of 2020/21.
128. The Summary Hospital-level Mortality Indicator (SHMI) for the data period January to December 2020 was 0.91 and remained rated 'as expected.' The Hospital Standardised Mortality Ratio (HSMR) was 92 for the data period March 2020 to February 2021 and remained rated 'lower than expected.'
129. The Medical Examiner role was continuing to expand with good feedback being received from families.
130. An analysis of Covid-19 deaths was included within the report.
131. The Trust Board received the Q4 Learning from Deaths report.

Integrated Assurance Committee Report [TB2021.60]

132. JM presented the report noting that the bulk of IAC work had been picked up in previous conversations at this meeting.
133. He reported that the Committee had looked at feedback from the Q4 Divisional Performance Reviews. He noted the challenge that data at an aggregated level could obscure difficulties but added that assurance was taken from the ability to discuss these in the IAC meetings with Divisional Directors present.
134. He reported that a deep dive on the Financial Governance Review had taken place, which would be reported in due course to the Board in public.
135. The Trust Board received the IAC report.

Audit Committee Report [TB2021.61]

136. PHP presented the Report noting that much of the Committee's work has been on the Annual Report and Accounts. Further comment would be provided on this once these were in the public domain.
137. The Committee had the opportunity to discuss in detail two limited assurance audits relating to digital issues. Particular concerns remained around training compliance, but the committee received assurance that this was being looked into.
138. A deep dive was undertaken to look at how the counter fraud team worked closely with HR and ensured that counter fraud operated effectively in the Trust, which provided the committee with assurance.
139. The Trust Board received the report.

Consultant Appointments and Signing of Documents [TB2021.62]

140. The Board received its regular report on Medical Consultant appointments made by Advisory Appointments Committees and recent signing and sealing of documents
141. BH noted that the report detailed the signing of the cladding works contract for the new Trauma building and reported that this work was progressing well.

TB21/05/19 Any Other Business

142. There was no additional business.

TB21/05/20 Date of Next Meeting

143. A meeting of the Trust Board was to take place on **Wednesday 8 September 2021**.