

Trust Board Meeting in Public

Minutes of the Trust Board Meeting in Public held on **Wednesday 10 November 2021** via videoconference

Present:

Name	Job Role
Prof Sir Jonathan Montgomery	Trust Chair, [Chair]
Dr Bruno Holthof	Chief Executive Officer
Mr Jason Dorsett	Chief Finance Officer
Ms Claire Flint	Non-Executive Director
Ms Sam Foster	Chief Nursing Officer
Ms Sarah Hordern	Non-Executive Director
Ms Katie Kapernaros	Non-Executive Director
Prof Meghana Pandit	Chief Medical Officer
Ms Sara Randall	Chief Operating Officer
Mr Terry Roberts	Chief People Officer
Prof Tony Schapira	Non-Executive Director
Prof Gavin Screatton	Non-Executive Director
Prof Ash Soni	Non-Executive Director
Ms Anne Tutt	Vice Chair and Non-Executive Director
Mr David Walliker	Chief Digital and Partnership Officer
Ms Eileen Walsh	Chief Assurance Officer

In Attendance:

Dr Neil Scotchmer	Head of Corporate Governance, [Minutes]
Dr Laura Lauer	Deputy Head of Corporate Governance
Ms Susan Polywka	Corporate Governance Consultant [Item 8]
Dr Taffy Makaya	Acting Freedom to Speak Up Guardian [Item 8]
Dr Clare Pulford	Director of Postgraduate Medical Education [Item 9]
Prof Keith Channon	Director of Research and Development [Item 12]
Mr Matt Akid	Director of Communications and Engagement
Mr Mike Gotch	Public Governor, Oxford City

Apologies:

Ms Paula Hay-Plumb	Non-Executive Director
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Ms Joy Warmington	Non-Executive Director
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TB21/11/01 Welcome, Apologies and Declarations of Interest

1. Mike Gotch was welcomed to the meeting as an observer of behalf of the Council of Governors. Apologies were provided as outlined above. It was noted that individuals would be attending to assist in presenting specific items as indicated above.
2. Ms Tutt declared her interest as a trustee of the Oxford Hospitals Charity.

TB21/11/02 Minutes of the Meeting Held on 8 September 2021

3. The minutes of the meeting held on 8 September were approved as an accurate record.

TB21/11/03 Matters Arising and Review of the Action Log [TB2021.83]

Medicines Reconciliation

4. The Board noted that a split of weekday and weekend performance was now incorporated into the Integrated Performance Report and that an update on this subject had been provided to the Integrated Assurance Committee. On this basis it was agreed that actions TB21-005 and TB21-006 could be closed.
5. The Board also noted that a review of the pharmacy function was being undertaken by the Clinical Support Services Division and that the Integrated Assurance Committee would be kept updated in relation to this.

Financial Risk Dashboard

6. The Chief Finance Officer explained that this dashboard was being developed as an element of the outcomes of the financial governance review and that it was intended that this would be incorporated as part of the IPR in December.

Pre-COVID-19 Benchmarking

7. The Board heard that the introduction of this benchmarking was being progressed where appropriate and would begin to be incorporated into the IPR. It was agreed that the action would remain open for the position to be reviewed in January 2022.

TB21/11/04 Chair's Business

8. The Chair noted that Javid Khan had now been appointed as the new Chair of the BOB ICS and that the Trust had made contact with him with a view to arranging a meeting in due course. The Board noted that an announcement regarding the ICS Chief Executive was yet to be made. The Chair also highlighted that the Council of Governors had had the opportunity to consider key issues emerging from the new NHS legislation at a recent seminar and that the Board would be discussing the issues further.

9. It was also noted that the Oxfordshire leadership community was continuing to meet regularly to support the effectiveness of the local system.

Risk and Assurance Strategies

10. The Assurance and Risk Strategies had been subject to an annual review. They had been due to be considered at this meeting but, as no changes had been identified by this review, it was agreed that they both remained valid until their formal three year refresh in 2023.

TB21/11/05 Chief Executive's Report [TB2021.84]

11. The Chief Executive informed the Board that the Trust was dealing with a significant fourth wave of COVID-19 linked to a significant number of admissions and some resulting deaths. He explained that it was believed that the peak of this wave had passed but noted that pressures remained significant and that a further wave was anticipated. The Board noted that the challenges had been increased by high levels of Emergency Department attendances and delays in getting patients home.
12. Dr Holthof commented that clinical teams were working very effectively to increase productivity and diagnose and treat as many patients as possible. He noted that in the context of relentless pressure it was important to focus on the welfare of staff and to ensure that they were supported and enabled to speak up about concerns.
13. The Board also noted that effective relationships with GPs, social care and other providers had been strengthened during the pandemic and were supporting work to manage these pressures.
14. The Board discussed reactions to the announcement of mandatory vaccinations for front line NHS staff and it was noted that these had been mixed. The Chief Executive noted the intention to work with unions and staff to ensure that this initiative was implemented in a supportive way. He highlighted the need to understand staff reasons for not being vaccinated in order to encourage them to choose to do so on a voluntary basis. The Board recognised that the initial vaccination had succeeded by emphasising its importance in keeping staff and patients safe and by having expert opinion available in responding to questions and concerns.
15. It was noted that redeployment away from the front line might be required if staff continued to refuse vaccination with further guidance on how this was to operate expected.
16. The need to understand the proportion of unvaccinated staff and how they were distributed between services was recognised and the Chief People Officer confirmed that this work was underway. A project group had been established to identify issues and explore how these could be resolved and Mr Roberts confirmed that Board members would be kept informed and that an update would come to the next meeting.

ACTION: Chief People Officer to update the Board following analysis of the impact of the implementation of mandatory vaccinations for front line staff.

TB21/11/06 Patient Perspective: Making the Transition from Children's to Adult Services [TB2021.85]

17. The Chief Nursing Officer introduced this item, recognising that the transition from children's to adult services was complex but emphasising that there was a desire to ensure that it was seamless across the organisation.
18. The Board noted that there were examples of excellent practice within the Trust but that there was significant variation. Further work in this area was one of the Trust's agreed quality priorities with a quality summit planned on the topic.
19. The Chief Nursing Officer explained that work was underway to better understand the numbers of children due to transition to adult services within different areas.
20. It was noted that much of this work currently sat with the safeguarding team and suggested that consideration be given to this being led by clinical services as a quality improvement project for clinical pathways.
21. The importance of maintaining a strong voice for young people in this work through the Young People's Executive was emphasised. It was also noted that this work required collaboration with primary care, social services and CAMHS, as well as between divisions.
22. The Board noted that reporting on progress would be through assurance on the delivery of quality priorities. It was suggested that the approach be discussed at the quality priority planning day in January so as to provide a clear focus on what changes were to be delivered.

TB21/11/07 Integrated Performance Report M6 [TB2021.86]

23. The Board received its regular report based on key metrics in relation to operational performance, quality, workforce, finance and digital.
24. The positive progress that was being made in relation to standards relating to the treatment of sepsis was noted with 91% of admissions receiving antibiotics in under an hour in September against a target of 90%.
25. The increased number of complaints in relation to the Emergency Department was noted. It was agreed that an update on the initiatives being undertaken to improve patient experience in the Department would be provided through the Integrated Assurance Committee.

ACTION: Chief Nursing Officer to update IAC on initiatives being undertaken to improve patient experience in the Emergency Department.

26. The Board noted that the IPR now included RIDDOR reporting to the Health and Safety Executive. It was agreed that consideration should be given to the information to be provided to the Board regarding escalation and corrective action.
27. **ACTION:** Chief Nursing Officer to review the information to be included in the IPR in relation to RIDDOR reporting to provide assurance to the Board regarding escalation and corrective action.
28. The Board noted that there was a mismatch in the categories of spend that could be defined as COVID costs and the total spend in relation to COVID and that the figure quoted in the IPR represented the spend under the nationally mandated definitions. It also heard that COVID funding was reduced during the second half of the year and that the approach during 2022/23 remained uncertain.
29. The Chief Finance Officer clarified the cost pressure resulting from a shift in the pattern of deployment of junior doctors. Some areas had more trainees than usual creating an unfunded cost pressure. Others had fewer trainees than previously which also created a cost pressure as backfill was required, in particular to ensure compliant rotas. The Board noted that deployment had been skewed by the areas in which trainees had received experience during the pandemic and that decisions were made by Health Education England and were outside of the Trust's control.
30. The Chief Nursing Officer highlighted additional information on pressure ulcer trajectories which was being provided to Board members outside of the meeting and which would form part of the IPR in the future. This showed a significant reduction in category 2-3 pressure ulcers from early 2021 with no category 4 ulcers year to date.
31. The Chief Operating Officer highlighted a national request to align elective care data reporting to include patients due to go on the waiting list from specified routes in the total figures. The Board noted that this would result in an increase in the size of the waiting list.
32. The Board noted that both the to week wait and two week wait breast symptomatic cancer standards had improved between July and August. Ms Randall explained that September had seen a further improvement in the latter standard. The Board was reminded that the Trust had chosen to continue to operate a one-stop approach with improvements achieved by providing additional capacity.
33. The Chief Medical Officer briefed Board members on two Never Events related to the inadvertent administration of medical air. An alert had recommended that all medical air was capped off and this had been implemented in all but specified exception areas. Following the September event in recovery an audit had been performed in all areas with the event in October taking place just before the relevant clinical area was due to be audited. Following this the provision for exception areas had been removed with nebuliser kits provided on wards where required. It was noted that both patients involved in these incidents had been unharmed.

34. The Board welcomed the fact that a temporary solution had been identified to identifying a suitable location for Friday prayers with a wider review of resources for the pastoral, spiritual and religious care of patients, families and staff underway.
35. The Board took assurance from the evidence provided regarding the system-level response to urgent care challenges and the part that the Trust was playing in this. The governance arrangements for decision-making were noted with daily system calls in place with colleagues from social, voluntary and ambulance services from which issues could be escalated where necessary. The Chief Nursing Officer also chaired a fortnightly system urgent care meeting and a monthly A&E delivery board.
36. The Board also noted that a system dashboard was in development and were supportive of the Board receiving this as a regular item once the content was agreed.
37. A Board-to-Board meeting with Oxford Health Foundation Trust had been scheduled. The Chief Executive noted that recent collaboration between the trusts had been successful and that there was a desire to build upon this further.
38. It was recognised that the urgent care system was under significant pressure and that, in the absence of a defined single point of access, patients would choose to access the healthcare system via the Emergency Department.
39. The Board noted that the triggers and actions related to the OPEL 3 escalation level were being reviewed to ensure that these were being undertaken appropriately as it was recognised that the Trust was operating at this level for extended periods.
40. The need to ensure that the Emergency Department remained safe for patients and staff was emphasised with efforts continuing to ensure that staff had access to appropriate wellbeing support.
41. It was noted that Board members would welcome some briefing outside of the meeting on the new Urgent Care Standards Dashboard.
42. **ACTION:** Chief Operating Officer to brief Board members on new clinical standards for urgent care.
43. The Board welcomed the granularity of the data provided on long waiting patients. The Chief Operating Officer explained that this provided a snapshot of the position at the end of September and that the forecast position at the end of March remained volatile. Divisional teams were working to develop plans at specialty level. It was agreed that numbers would be provided at specialty level to provide a better understanding of where specific challenges lay.
44. **ACTION:** Chief Operating Officer to provide an analysis of 104 week waits at specialty level.
45. In relation to staffing indicators on turnover and absence, the Chief People Officer explained that the implementation of the staff wellbeing strategy was mitigating the position. He indicated that an increase in turnover as the impact of the pandemic

reduced was to be expected. The Board noted that absences due to COVID-19 had been increasing but were now levelling off.

TB21/11/08 Freedom to Speak Up Review 2021 [TB2021.87]

46. The Chief Assurance Officer presented the results of this review to the Board. Ms Polywka and Dr Makaya were in attendance and were thanked for their contributions to this work.
47. The Board were reminded of the commitment that they had made to Freedom to Speak Up and were thanked for their support for engagement and listening events which had been appreciated by staff.
48. The importance of training for leaders was emphasised as they create the environment that encourages people to speak up. The importance of a diversity of champions was also noted. The Chief People Officer explained that Freedom to Speak Up training was available on My Learning Hub and that more holistic leadership training was also being developed.
49. The Board recognised that, while it was important to try to create an environment where people felt able to speak up, it was also necessary to ensure that the Freedom to Speak Up team were appropriately signposted as a safety net and separately resourced. It was suggested that there needed to be clarity for staff about how issues should be raised with Freedom to Speak Up as one component of this.
50. The importance of both supporting those raising concerns and considering the impact on individuals about whom a complaint had been raised was recognised with an emphasis on identifying where action could have been taken more promptly through regular management processes.
51. It was suggested that consideration be given to providing case studies as the confidential nature of many of the processes involved meant that staff were often unaware of the actions taken when a complaint was raised. Dr Makaya explained that during Freedom to Speak Up month in October volunteers who had used the service had made videos to explain their experience. During the month work had also been undertaken to recruit more champions to enhance their diversity.
52. The Board noted that there was still a need to understand how Freedom to Speak Up was to be resourced and that it was important that the plans developed as a result of the review met the expectations that it had raised. It was recognised that more work needed to be undertaken on the operating model before it was possible to identify the capability and capacity that needed to be in place.
53. It was agreed that the Board would be updated when further work on the operating model had been undertaken and that the Chair and Claire Flint, the Non-Executive Freedom to Speak Up Lead, would be kept informed of progress.

TB21/11/08 Postgraduate Medical Education Strategy [TB2021.88]

54. Dr Pulford was welcomed to the meeting to present this strategy which had been delayed due to the pandemic. She explained that the strategy covered both teachers and learners and was underpinned by the Trust's values, supporting the delivery of its strategy.
55. Dr Pulford explained that the intention was to use the following five years to scope what excellence meant for the organisation and how this could be delivered and these high aspirations were welcomed.
56. The Board heard that strengths had been identified in the Trust's people, location and brand recognition. There was a GMC requirement for trainers and educators to be accredited and the Trust had seen a 60% increase in accredited trainers who were a valuable resource for the organisation. Risks for the Trust were pressures on its workforce and its wellbeing.
57. The Board heard that GMC survey results had improved year on year but noted that this data had a large lag time and that the Trust were looking to develop something to provide more immediate feedback. The value of capturing the perspectives of this group on the Trust's services was recognised.
58. The Chief Finance Officer welcomed the emphasis on financial transparency whilst recognising that this would be a major piece of work.
59. The Board noted that accommodation was a key issue for this staff group, particularly for those rotating between hospitals or who were assigned roles at a late stage.
60. The Board confirmed its support for the strategy.

TB21/11/08 Winter Preparedness Plan [TB2021.89]

61. The Board noted that this represented an internal plan but that it was linked closely to planning across the whole system. These issues had also been explored in detail at the meeting of the Integrated Assurance Committee in October.
62. Internal focus was on the Emergency Department and flow through the Trust's hospitals. There was a need to ensure that staff resilience by ensuring that leave could be taken. The Trust was working to balance the need to maintain cancer and urgent treatments whilst also treating the longest-waiting patients.
63. The Trust's same day emergency plan had been reviewed by ECIST and was regarded as a national exemplar.
64. The Board noted the assurance that it was able to take on urgent care planning following detailed discussion at the Integrated Assurance Committee. It noted that consideration would need to be given to how the Board was to be kept updated as the situation escalated which might include a regular call and tactical monitoring for the non-executive directors.

TB21/11/08 SIRIs and Never Events Annual Report [TB2021.90]

65. The Board heard that there had been 56 Serious Incidents Requiring Investigation (SIRIs) in the 2020/21 which represented a reduction that was probably linked to the drop in activity. Numbers were heard to be increasing with robust action plans in place for the top three themes.
66. The Board noted that the appendix demonstrated that the Duty of Candour had been fulfilled in all cases.
67. The Chair noted that the cultural change in this area had been significant and that it was important that this was maintained.

TB21/11/08 Research and Development Governance and Performance Report 2020/21 [TB2021.91]

68. Prof Channon was in attendance to present this item.
69. The Chief Medical Officer explained that there had been significant challenges in stepping down and stepping up studies as a result of the pandemic. Prof Channon was thanked for his leadership over a large agenda.
70. Prof Channon outlined key features of the report, noting in particular the research into Covid that had taken place in Oxford and in which the Trust had played a pivotal role. This had included vaccine studies, the RECOVERY trial and a large range of other work.
71. The Board heard that the Trust's people, partnerships and infrastructure had put it in a position to pivot to these new priorities and that co-location with patient facilities had been critical.
72. At the start of the pandemic all non-Covid research had been paused and there was a then a large task to recommence these in a way that was commensurate with capacity and capability. A streamlined approval process had been introduced with 1600 studies started and the Joint Research Office recognised as a national exemplar. Prof Channon noted the need for research to be appropriately prioritised so that a lean portfolio of research was developed.
73. The Board noted that a bid had been submitted for a new Clinical Research Facility on the Churchill site and that a strong bid had also been presented for the renewal of the Biomedical Research Centre. Work was also underway to strengthen approaches to the use of clinical data to underpin research.
74. The Board noted that further development of the estate in partnership with the University would enable further opportunities to be secured in the future.
75. The importance of engaging at a regional level was also emphasised with the potential
76. The Board noted that excellence in research and teaching was a key reputational attraction that enabled the Trust to attract excellent clinical professionals.

77. The Board also heard that there was increasing commercial success for Oxford life sciences companies in translating science into larger scale benefits for patients but that this meant that work would need to be undertaken to ensure that any resulting institutional conflicts of interest were appropriately managed.
78. The Chief Nursing Officer noted that there was a strong emphasis on supporting multiprofessional research with a new Director of Nursing and Midwifery Research appointed and discussions regarding joint appointments underway with Oxford Brookes University. Seed funding was also being made available to ensure that there were wider opportunities for staff to engage in research.
79. The strong picture and significant achievements outlined in the report were commended by the Board which noted that the platform of infrastructure in place provided the flexibility for strong research.

TB21/11/08 Maternity Incentive Scheme Reporting [TB2021.92]

80. The Board received this regular report on the Maternity Incentive Scheme.
81. The Chief Nursing Officer explained that changes had been made to the ten national safety actions. Work was underway to understand the gaps with risks identified around the procurement of an electronic patient record, continuity of care and some elements of training. The Board noted this update and recognised that achievement of all requirements would not be straightforward.

TB21/11/08 Integrated Quality Improvement Programme 2020-21 Update [TB2021.93]

82. The Board noted this regular report which had been considered by the Trust Management Executive. The issue of updating clinic builds in order to better capture virtual activity had been highlighted.
83. The Board heard that a new Head of Quality Improvement had been appointed.

TB21/11/08 Guardian of Safe Working Q2 Report [TB2021.94]

84. The Board noted this regular report and the measures being taken.

TB21/11/08 Learning from Deaths Report Q1 [TB2021.95]

85. The Trust Board received this regular report and noted the learning identified from mortality reviews.
86. The Chief Medical Officer highlighted that the medical examiner system had a statutory duty to review all hospital and community deaths. It was noted that the aim was for all Level 1 mortality reviews to be completed by a consultant independent of the case. However with current capacity constraints this was not possible in all cases. To mitigate

this 25% of Level 1 reviews were selected at random for a Level 2 review and all (100%) of deaths underwent scrutiny from the Medical Examiner.

87. The Board noted that the SHMI mortality indicator was below expected and the HSMR indicator was as expected. Work was underway to look at one diagnostic group at a time and the paper included an analysis of pneumonia.
88. The Board noted that the figures on the percentage of episode of care resulting in death against deprivation were counterintuitive. It heard that further analysis was underway but noted that the deprivation metric could be misleading in some cases.

TB21/11/08 Trust Management Executive Report [TB2021.96]

89. The Board received and noted the Trust Management Executive's regular report to the Board.

TB21/11/09 Integrated Assurance Committee Report [TB2021.97]

90. The Board received the Integrated Assurance Committee's Report following its October meeting, noting in particular the Committee's view that it was receiving a better and more granular understanding based on reporting from performance reviews that increased its level of assurance.

TB21/11/10 Audit Committee Report [TB2021.98]

91. The Board received and noted the Audit Committee's Report to the Board following its October meeting.

TB21/11/11 Consultant Appointments and Signing of Documents [TB2021.99]

92. The Board received its regular report on Medical Consultant appointments made by Advisory Appointments Committees and recent signing and sealing of documents.

TB21/11/12 Any Other Business

93. There was no further business on this occasion.

TB21/11/13 Date of Next Meeting

94. A meeting of the Trust Board was to take place on **Wednesday 19 January 2022**.