

Trust Board Meeting in Public

Minutes of the Trust Board Meeting in Public held on **Wednesday 19 January 2022** via video conference

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 Paula Hay-Plumb	Non-Executive Director
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
Elliott Dickenson	Interim Corporate Governance Project Manager
Matt Akid	Director of Communications and Engagement
Fatima Ali	Cancer Access and Performance Manager
Mark Currie	Director of Performance and Accountability [Item 6]
Clare Winch	Director of Regulatory Compliance and Assurance

Apologies:

Ms Joy Warmington	Non-Executive Director
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TB22/01/01 Welcome, Apologies and Declarations of Interest

1. In opening the meeting the Chair noted his regret at the announcement that Dr Holthof had announced that he would be stepping down as Chief Executive but also his gratitude for all that he had achieved in the role. He particularly commended Dr Holthof's leadership during the unprecedented challenges of the pandemic.
2. The Chair highlighted that, in the light of the streamlined Trust governance arrangements that are in place due operational pressures resulting from the omicron variant. the meeting had a reduced agenda that focussed on key current issues for the Trust.
3. The Board noted apologies given as shown above.
4. The Chair declared a new interest to be recorded on the Trust's Register of Interests as a member, Bayer Bioethics Council, which was an independent advisory body that acts to support and challenge Bayer in the development of positions on key bioethical questions. Prof Montgomery's appointment took effect from 13 December 2021 for two years and was not regarded as presenting any conflict with his role as Trust Chair.
5. Ms Tutt declared her interest as a trustee of the Oxford Hospitals Charity.

TB22/01/02 Minutes of the Meeting Held on 10 November 2021 [TB2022.01]

6. It was agreed that discussion under the Integrated Performance Report should reference work that was underway to address the 'stubborn indices' including falls and pressure ulcers.
7. It was noted that "to week wait" in paragraph 32 should read "two week wait".
8. It was agreed that clarification should be sought regarding paragraph 55 to confirm the timescale for the scoping process described.
9. Prof Schapira suggested that where possible the term "significant" should be reserved for statistical significance and that "substantial" should otherwise be employed.

TB22/01/03 Matters Arising and Review of the Action Log [TB2022.02]

10. Action log items were closed as indicated below:

Reference	Action/Issue	Reason for closure
TB21-003	Financial Risk Dashboard	Now incorporated into the IPR.
TB21-004	Pre-COVID Benchmarking	Benchmarking had been introduced into the IPR for those metrics where this was appropriate.
TB21-005	Medicines Reconciliation	Weekday / weekend split now included in IPR data.

TB21-006	Medicines Reconciliation	IAC has been briefed and will be updated in relation to the review of the Pharmacy function.
TB21-008	Mandatory Vaccinations	A paper providing an update on this subject was presented as Item 8 on the agenda.
TB21-010	RIDDOR Reporting	A proposed format for future reporting, including the escalation process, was circulated to Board members by the Chief Nursing Officer.
TB21-012	104-week Waits	IAC will provide ongoing monitoring.

11. The Board noted that Urgent Care Standards had not yet been published; the action would remain open pending publication.
12. It was clarified that the Board would receive its regular report on Freedom to Speak Up at its March meeting, following review of the report by IAC.

TB22/01/03 Chair's Business

13. The Chair noted that the appointment of a new Chief Executive Officer was the role of non-executive directors but required the approval of the Council of Governors. He noted that the views of a wide range of stakeholders would be sought to feed into a rigorous search and recruitment process.
14. Prof Montgomery also noted that Oxford University would be seeking a new Vice Chancellor and Oxford County Council a new Chief Executive in the same period.

TB22/01/03 Chief Executive's Report including Covid Operational Update [TB2022.03]

15. The Chief Executive presented his regular report to the Board.
16. He highlighted in particular the launch of 'Beyond Words... Images from the COVID-19 Pandemic'. Printed copies were being provided free of charge to every member of staff who had requested one. Dr Holthof explained that this book recorded the incredible journey that the Trust's staff had been on and a part of their lives that would not be forgotten.
17. In addition the Chief Executive drew attention to the new Oxford Community Diagnostic Centre which would allow patients to receive diagnostic tests more quickly and without needing to come onto one of the Trust's acute hospital sites.
18. The Board also noted the positive response to the Trust's Staff Recognition Awards and the work of the team organising these was commended.

19. The Chief Executive provided the Board with an update on the pressures caused by the omicron variant. He noted that while community infections had been rising it was hoped that the peak of hospital patient numbers had passed, this figure now having declined from 125 to 100. Staff absences due to self-isolation were also reducing.
20. The Board noted that the Trust's emergencies departments remained extremely busy with staff under substantial pressure.
21. The Chief Operating Officer noted that the Trust had recently reached the highest escalation level of OPEL 4 but that there had been only limited numbers of cancellations of treatment. The Board noted that the Trust had been successful in avoiding the widespread cancellations that had taken place in some organisations.
22. The Chief People Officer explained that sickness absence levels were at 4.8% compared with 3.9% in November and that the Trust continued to provide support through its staff wellbeing programme.

TB22/01/03 Integrated Performance Report M8 [TB2022.04]

23. The Board received its regular report based on operational performance, quality, workforce, finance and digital metrics.
24. Prof Schapira noted the work that was taking place to better understand the data relating to falls and pressure ulcers so as to establish whether current approaches to reducing these were effective or needed to be revised. The Board noted its wish to be updated on the outcome of the report on category 2 ulcers which was being completed.
25. The Chief Nursing Officer provided an additional update on work underway to develop a more systematic approach to quality improvement with reporting to be provided on a quarterly basis. This would be aligned to the quality surveillance approach used in Maternity to provide context and allow clustered reviews to strengthen assurance.
26. Prof Schapira noted that he felt assured by the approach described and that a focus on indicators of quality such as falls and pressure ulcers was likely to support wider improvements.
27. The Board noted that harm review meetings reviewed actions plans for instances of moderate harm and that ward level data was increasingly available to identify trends at an earlier stage.

ACTION: Chief Nursing Officer to provide Quarterly Quality Improvement Report to Integrated Assurance Committee in April.

28. The Chief Nursing Officer updated the Board on progress with length of stay, explaining that the Trust was targeting 12% of patients of fewer having a length of stay over 21 days and that the current figure was 14.8%. The Board noted that the number of patients medically optimized for discharge was not falling and that this had been escalated at system level.

29. In relation to RIDDOR reporting the Chief Nursing Officer explained that the near miss reported in NICU had been discussed at the Critical Care Board to assess any lessons that could be learned though the root cause in this case was human error.
30. Clarity was sought regarding the forecast overspend of £3.9m on capital. The Chief Finance Officer explained that this was driven primarily by an NHSEI request that the unfunded equipment required for this scheme be reported as an overspend and that discussions were underway to agree the use of underspends elsewhere to fund this.
31. The Chief Finance Officer indicated that he felt that a clawback of underspent Covid funding was a low risk, noting that the current arrangements led to a combination of under- and over-funding in different areas. He suggested that challenges were likely to be greater in the next financial year for which arrangements were not yet confirmed but which was expected to commence a three-year transition to more standard funding arrangements.
32. The Board heard that the trend on pay spend was fairly flat and that it was anticipated that it would remain relatively stable during the winter and that it would be possible to manage winter pressures and the impact of the omicron variant without the level of incentives that had been required in the previous year. It was noted that additional spend on administrative and clerical vacancies and had been supported as the current position was impairing the organisation's ability to book patients and make appropriate use of capacity.
33. The Chief Finance Officer also clarified that the bulk of the spend over plan on the 'other costs' category represented use of the independent sector for treatment and would be balanced by associated income. It was suggested that reporting be amended to clarify this.
34. In relation to cancer waiting times the Chief Operating Officer explained that various improvement programmes were in place related to specific tumour sites. Ms Randall noted that pressure on services for breast cancer had been further increased by absences due to Covid which had affected ward and theatre capacity and that staffing options across the Integrated Care System were being explored. The Board also noted that an increase in referrals for particular tumour types such as for skin cancers had been noted and that the root causes of these were being explored.
35. The Board also heard that a two-year replacement programme for the six linear accelerators on the Churchill Hospital site was underway and that some reduction in capacity would be associated with this with extra capacity being sought across the Thames Valley Cancer Alliance.
36. The Chief Operating Officer also updated the Board in relation to 104 week waits. A large programme of ocular plastics procedures had been overtaken over the festive period which had substantially reduced numbers waiting. In total it was projected that 67 patients would be waiting over 104 weeks at the end of March with work underway to date patients and further reduce this figure. It was noted that a small number would wait beyond March as a result of patient choice.

37. The Board noted that the Trust was both requesting mutual aid where pressures existed and also providing it for specialties where capacity existed to do so, for example in cardiac services.
38. The Board noted that the report showed an increase in incidents and the Chief Medical Officer explained that this related largely to a review of incident reporting in Maternity. It was noted that the approach to classification had been revised based on the impact and that this did not indicate a sudden change in the quality of care. Work was underway on benchmarking this data but the approach was recognised to be in line with that used elsewhere.
39. The Board noted its desire to see clarity in incident reporting regarding whether there had been any patient harm.
40. An increase in turnover rates for staff was noted and the Chief People Officer indicated that this was likely to represent a return to normal trends as the impact of the pandemic on behaviour subsided. He noted that there was no indication of an increase in retirements which had been a concern. Mr Roberts explained that additional work was underway to obtain better information through exit interviews.
41. The Board noted the Integrated Assurance Report and the assurance provided by the report and the additional information provided in discussion.

TB22/01/04 Building a Greener OUH: 2022-27 [TB2022.05]

42. Mr Walliker presented the proposed 'Building a Greener OUH' strategy to the Board, noting that Board members had also had the opportunity to review and comment on the document at a recent seminar.
43. The document set out the Trust's commitment to developing sustainable plans and brought together views from consultation with staff in which around 700 individuals had participated.
44. The Trust's goal to be net carbon neutral by 2040 was noted. It was recognised that this would be challenged and that realism and ambition needed to be balanced.
45. The Board noted that the document highlighted a number of excellent initiatives that were already underway such as the installation of LED lighting and the use of a pedal and post partnership for drug delivery.
46. The intention to use this strategy to support the development of a detailed roadmap was noted with the intention that sustainability was built into future business and service planning.
47. The Chief Nursing Officer noted that two new posts relating to Transport and Energy/Sustainability had been developed.
48. The Chief Finance Officer noted that the Trust had some old estate which would not be cost effective to develop into sustainable infrastructure and would need to be vacated. Some elements of the strategy were noted to overlap with other challenges such as the

need to change how people travelled to and from hospital and to address parking issues.

49. The Board approved the 'Building a Greener OUH Strategy 2022-2027'.

TB22/01/05 Vaccination as a Condition of Deployment [TB2022.06]

50. This paper provided an overview of Trust progress against the national mandate to ensure COVID-19 Vaccination as a Condition of Employment (VCOD). It was noted that the Board needed to be assured that the Trust was addressing this issue systematically whilst ensuring that individuals were not made identifiable and so some further discussion would be undertaken in confidential session.
51. The Chief People Officer explained that planning and implementation of the Trust's approach was being undertaken through a weekly steering group. Additional national guidance had now been received to clarify the approach.
52. Mr Roberts informed the Board that there had been a substantial increase in staff having their first dose of the vaccine since the new clinics were established. Advice was being provided to line managers regarding conversations about the vaccine and updated policies were in development. All staff were being updated through Trust bulletins and staff briefing sessions.
53. The Board noted that it was important that one-to-one discussions with staff commenced to address individual concerns and that expert consultants had volunteered to assist with this.
54. Potential hot spot for business continuity were being identified and mitigations put in place. It was noted that this might include a reduction in bed numbers.
55. It was noted that Health Care Assistants were a particular area of concern and that this was a group of staff who could readily easily seek alternative employment.
56. The Board also recognised that for roles that were in scope all new starters would need to provide evidence of vaccination.
57. The Board heard that for staff employed through PFI partners or the University evidence of vaccination would be needed and communication had taken place to confirm the requirement for this assurance. The scope also included students and volunteers.
58. The challenges of this process were recognised and it was understood that some staff were likely to lose their jobs and that there could be an impact on patient care. The Board commended the efforts that were being made by the Chief People Officer and his team and the comprehensive approach that was being taken and was able to take assurance from the actions that were outlined.

Post-meeting note: On 31 January 2022, the Government announced a consultation on vaccination as a condition of deployment (VCOD) for patient-facing NHS staff in England.

The Trust received clarification from NHS England & NHS Improvement (NHSE&I) that VCOD activity was to be placed on hold while the Government carried out its consultation.

TB22/01/06 Maternity Incentive Scheme [TB2022.07]

59. The Board noted that some national timescales had been revised.
60. Prof Schapira was thanked for taking on the role of chairing the Maternity Safety Champion meeting.

TB22/01/07 Next Section

Learning from Deaths Report Q2 [TB2022.08]

61. The Board noted the investigation into nosocomial Covid-19 deaths. The Chief Medical Officer confirmed that the Trust would be complying with the written duty of candour with relative and sharing the report with them.

BAF and CRR Mid-Year Review [TB2022.09]

62. The Chief Assurance Officer noted that this report was part of the Trust's normal reporting and presented a picture at a point in time. The Board recognised that further risks would emerge for consideration such as those related to vaccination as a condition of deployment.

Trust Management Executive Report [TB2022.10]

63. The Board noted this regular report on the business undertaken by the Trust Management Executive.

Integrated Assurance Report [TB2022.11]

64. The Board noted this regular report on the business undertaken by the Integrated Assurance Report.

Consultant Appointments and Signing of Documents [TB2022.12]

65. The Board noted this regular report.

TB22/01/08 Any Other Business

66. There was no other business on this occasion.

TB22/01/08 Date of Next Meeting

67. A meeting of the Trust Board was to take place on **Wednesday 9 March 2022.**