

Trust Board Meeting in Public

Minutes of the Trust Board Meeting in Public held on **Wednesday 9 March 2022** via video conference

Present:

Name	Job Role
Prof Sir Jonathan Montgomery	Trust Chair, [Chair]
Dr Bruno Holthof	Chief Executive Officer
Dr Andrew Brent	Director of Clinical Improvement and Deputy Chief Medical Officer [representing Chief Medical 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
Ms Sara Randall	Chief Operating Officer
Mr Terry Roberts	Chief People Officer
Prof Tony Schapira	Non-Executive Director [to Minute TB/22/03/13]
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 Joy Warmington	Non-Executive Director
Ms Clare Winch	Director of Regulatory Compliance and Assurance [representing 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
Ms Sally-Jane Davidge	Public Governor, Buckinghamshire, Berkshire, Gloucestershire and Wiltshire
Dr Cecilia Gould	Public Governor, Oxford City [Lead Governor]
Ms Janet Knowles	Public Governor, South Oxfordshire [from minute TB22/03/05]
Matt Akid	Director of Communications and Engagement

Apologies:

Professor Meghana Pandit	Chief Medical Officer
Ms Eileen Walsh	Chief Assurance Officer

TB22/03/01 Welcome, Apologies and Declarations of Interest

1. The Board noted apologies given as shown above.
2. The Chair welcomed those attending, including Dr Brent and Ms Winch who were representing Executive members, and members of Council of Governors.
3. Ms Tutt declared her interest as a trustee of the Oxford Hospitals Charity.
4. Professor Soni declared that he had been appointed as a Non-Executive Director at the Sussex Integrated Care Board (ICB).

TB22/03/02 Minutes of the Meeting Held on 19 January 2022 [TB2022.13]

5. The governance route in relation to the resourcing case for Freedom to Speak Up was clarified.
6. The minutes were approved.

TB22/03/03 Matters Arising and Review of the Action Log [TB2022.14]

7. The Chief People Officer reported that, following a Government consultation, Vaccination as a Condition of Deployment (VCOD) had been withdrawn. The impact of the VCOD policy on staff was acknowledged and the Board noted that listening events had been arranged.
8. Action log items were closed as indicated below:

Reference	Action/Issue	Reason for closure
TB21-009	Emergency Department Complaints	Update provided to February 2022 IAC

9. The Board noted that Urgent Care Standards had not yet been published. The Trust had received information regarding changes to the contract but this had not indicated any changes to the Standards.
10. The Integrated Assurance Committee was continuing to monitor data on patient harm.
11. It was agreed that the two maternity actions would remain open.

TB22/03/03 Chair's Business

12. International Women's Day: Joy Warmington spoke at an event organised by the Women's Network; Katie Kapernaros and Meghana Pandit also contributed. The Chair thanked them on behalf of the Board.

13. He observed that the Board could benefit from greater visibility of the activities of the Trust's staff networks and would consider an appropriate mechanism for this.
14. Elections to the Council of Governors: Professor Montgomery briefed Board members on the outcome of the elections and noted that the Council would shortly be electing a Lead Governor, as the current Lead Governor had not stood for re-election to the Council.
15. On behalf of the Board, Prof Montgomery thanked Dr Gould for her many contributions over a number of years; Dr Gould pointed to an improved working relationship between the Council and the Board and paid tribute to the leadership of the Chair and Chief Executive Officer (CEO).
16. CEO recruitment: Odgers Berndtson had been appointed as search consultants; panel interviews were planned for May 2022. It was hoped an appointment would be made by the time the CEO stepped down. Arrangements for an interregnum were being considered.
17. The person specification and job description were being refined through a series of consultations, including staff listening events.
18. Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICB, recruitment of Non-Executive Directors: Professor Montgomery reported that appointments would be publicised shortly; having been involved in the interview process, he confirmed there had been a high-quality field of candidates.

TB22/03/03 Chief Executive's Report [TB2022.15]

19. The Chief Executive presented his regular report to the Board.
20. The COVID-19 situation remained unchanged and the Trust would continue with its current infection prevention and control measures.

TB22/03/03 Patient Perspective: FIT for Discharge [TB2022.16]

21. The Chief Nursing Officer introduced a short video aimed at improving the experience around patient discharge developed by OUH Emergency Department Consultant Dr Adham Khalek.
22. The video was aimed at both staff and patients/their families and provided an accessible and memorable checklist. It would empower patients and families to ask the right questions and enable staff to focus on key issues during patient handover.
23. Board members praised the style of the video and thanked Dr Khalek. It was suggested more Trust communications might take this form.
24. It was confirmed that the video would be shared with the NHS Emergency Care Improvement Support Team for wider dissemination across the NHS.

TB22/03/04 Integrated Performance Report (IPR) M10 [TB2022.17]

25. Patient Discharges: The Board was briefed on the impact of Operation Reset, a national scheme which targeted patients with a length of stay of over 21 days. It had been adopted as a quality improvement programme and the Urgent Care Group would agree metrics to measure improvement on patients medically fit for discharge.
26. Infection Prevention and Control (IPC): Members were updated on cleaning at the Churchill Hospital, which had been the subject of a corporate performance review. The Chief Nursing Officer (CNO) reported that the clinical lead was working closely with the PFI team on an improvement and rectification plan, within a complex performance and accountability framework. Progress was being monitored through Clinical Governance Committee.
27. Rates of c.difficile, primarily driven by antibiotic use, were noted. Planned investment in infection prevention and control would allow an increase in anti-microbial stewardship rounds to enable antibiotics to be stopped when no longer appropriate. A pilot had shown this to be effective in reducing c.difficile.
28. It was clarified that sepsis reporting was based on national requirements; it would be considered if it were possible to provide additional reporting to assure the Board that those patients with most severe infections were receiving antibiotics within one hour.
29. Finance: The position on non-pay budget pressures was explained; it was confirmed that those risks had been balanced by income.
30. Waiting lists: The impact of IPC measures had reduced the productivity in radiology by 12-15%; work, including a workforce review, was ongoing to increase productivity safely. It was noted that the Trust had been supporting University Hospital Southampton NHS Foundation Trust during the last quarter and this arrangement had finished.
31. It was clarified that the figures for cancer treatment reflected the Christmas and new year period, but there was also a national shortage of radiographers, staff sickness and an increased rate of referrals. It was noted that a closed theatre at the Churchill would reopen in April 2022; the Trust had requested mutual aid to support breast cancer work and raised this with Public Health England.
32. Thames Valley Cancer Alliance benchmarking indicated the Trust's performance was favourable, but the Trust continued to work to improve its position. It was suggested that the Integrated Assurance Committee look at cancer figures, including waiting lists and actions taken to reduce them, in more detail.
33. Staff Wellbeing: The Chief People Officer (CPO) reported that the Trust was moving from a model of supporting teams to a model of support tailored to individual members of staff. The Board noted the recruitment of a Wellbeing Lead for Black, Asian and Minority Ethnic staff, funded by the OUH Charity, who would work to co-create

solutions. A proactive and supportive approach to long-term sickness was noted, along with the appointment of a new Head of Occupational Health.

34. The Trust's Staff Survey would provide some indication of the effectiveness of wellbeing measures; the Board requested further information on the Key Performance Indicators (KPIs) being used to measure effectiveness and noted that this information should be shared the appropriate sub-committee of the Council of Governors.

Post-meeting note: Wellbeing KPIs to be included in the IPR and an update meeting scheduled with the Governors' Performance, Workforce and Finance Committee.

TB22/03/05 Draft Annual Plan 2022/23 [TB2022.18]

35. The CFO introduced the paper which, along with its confidential technical annexes, would be discussed with the Governors' Performance, Workforce and Finance Committee in accordance with statutory requirements.
36. He summarised the key challenges and opportunities; the Trust was confident it could deliver 104% of 2019/20 activity and achieve a breakeven financial position. The Trust's underlying deficit was offset by non-recurrent funding. Underspend of COVID-19 income and not fully allocating costs to recovery funding was classified as non-recurrent funding as part of the exercise. It was possible that recovery funding could become part of a higher baseline by 2023/24. The ambition to move away from a deficit position was noted and it was agreed that the Board should receive a briefing on the Trust's underlying financial position.
37. It was explained that performance over 104% of 2019/20 activity was rewarded differently for work undertaken within the Trust and work undertaken by private providers.
38. The increased workforce needed by the Trust to deliver the plan was discussed. There was confidence that the pay estimate was accurate as this derived from a national settlement. The assumptions around vacancy rates were clarified; the Trust had not assumed that all vacancies would be filled.
39. Further clarity was sought on vacancy rates, the shift from bank and agency staff to directly employed staff and planned activity; the CPO and CFO would agree with the Chair how best to present insights from the interface between the financial and workforce plan as part of the work on the Trust's underlying position.

ACTION: Following submission of the Trust's accounts, the CFO to prepare a briefing on the Trust's underlying financial position, to include work with the CPO on staffing assumptions and impacts.

40. The plan for the Critical Care Building was to open with 18 beds, rising to 24. Full opening would be delayed to provide suitable space for the Neurosciences Intensive Care Unit while its space was refurbished.

TB22/03/06 Proposed Quality Priorities [TB2022.19]

41. The Deputy Chief Medical Officer explained how the 2022/23 Quality Priorities had been selected and thanked members of the Governors' Patient Experience, Membership and Quality Committee (PEMQ) for their comments. These were especially valuable in shaping the Priority on reduction of violence and aggression. The Chair of PEMQ, Ms Davidge, confirmed that Governors' views had been incorporated.
42. The Board requested that, in future, success metrics were included as part of the proposal.
43. It was clarified that, for 2021/22 Quality Priorities which had not been brought forward for 2022/23, work was still ongoing to deliver the benefits. These had been absorbed into business as usual workstreams and reporting schedules. The Chief Medical Officer would discuss reporting arrangements for previous Quality Priorities with the Chair and provide an update if appropriate.
44. The use of benchmarking was discussed, and it was confirmed that benchmarks were included when appropriate. There were also opportunities for the Trust to learn from its own good practice; the framework used for Hospital Acquired Pressure Ulcers would be applied to falls and nutrition, with harm-free care forming part of Executives' objectives.
45. The Board **approved** the Quality Priorities for 2022/23.

TB22/03/10 QIA Policy [TB2022.20]

46. The Policy had been approved by the Trust Management Executive; the Audit Committee would obtain assurance on the Policy's use on behalf of the Board.
47. The Board **noted** the QIA Policy.

TB22/03/11 BOB ICS Elective Access Policy [TB2022.21]

48. The Board noted the consultation undertaken by BOB ICS in developing the policy and the associated staff training and standard operating procedures required.
49. Concern was expressed about the responsibility of staff to identify overseas visitors with a view to reclaiming treatment costs. The Board requested further information on the support available to front-line staff and that appropriate safeguards were in place to guard against discrimination.

ACTION: Chief Finance Officer to provide a briefing on overseas patient numbers and the Trust's procedures for identifying patients for charging.

50. The Policy would be subject to annual review, but it was anticipated that it would provide consistency across BOB ICS.
51. The Board **approved** the Policy.

TB22/03/12 Duty Manager Framework [TB2022.22]

52. It was clarified that the proposals in the Framework did not apply to Executive members and there was therefore no conflict of interest.
53. The Board **approved** the withdrawal of the Interim Duty Manager On-Call Payment Policy and its replacement by the Duty Manager and Duty Director On-Call Framework.

TB22/03/13 Pay on Appointment and Pay Progression Policy [TB2022.23]

54. The CPO explained that pay progression would be linked to completion of appraisal and core skills training and that this link would be enforced. The Policy would provide an incentive for managers and staff, especially those at the pay progression point, to focus on those areas.
55. Board members sought clarification regarding the application of the break in service provisions, which could disproportionately affect women and contribute to the Trust's Gender Pay Gap. The CPO agreed to investigate the application of these provisions through staff networks and update the Board.

Post-meeting note: Liaison had commenced with the Trust's Women's Network and an update would be presented to the Board in May.

56. The Board **approved** the Pay on Appointment and Pay Progression Policy.

Professor Schapira left the meeting.

TB22/03/14 Maternity Items

57. The CNO gave a presentation which set out the context within which the Trust reported its maternity statistics and the focus of maternity reporting to better equip the Board to seek and take assurance. Work continued on an integrated maternity dashboard.
58. The Board noted that, while there were not concerns in relations to outcomes, there were areas in which evidence of consistent practice was lacking.
59. It was reported that Trusts were no longer required to monitor and report on caesarean section rates.
60. The findings of the two-facet survey had been applied to the Trust's retained estate and the costs of bringing buildings up to standard calculated. There had been no capital funding rounds for maternity or women's services to fund improvement work; the Trust was investigating whether a major donor might be found to fund this work or whether a fresh architectural perspective could see opportunities to re-make space in existing buildings.
61. National figures on maternal mortality, stillbirths, and neonatal death rates for Black and Asian women and for women living in deprived areas were highlighted. The Trust did not yet have data to know whether these outcomes were replicated at local level; work was ongoing with Maternity Voices Partnership and other stakeholders.

62. Following the presentation and discussion, the Board noted the following reports:

Maternity Safe Staffing Biannual Report [TB2022.24]

Maternity Incentive Scheme [TB2022.25]

Ockenden Review of Maternity Services: One Year On [TB2022.26]

Maternity Continuity of Care [TB2022.27]

**TB22/03/15 Postgraduate Medical Education Annual Update 2021/22
[TB2022.28]**

63. The Board noted the annual update.

TB22/03/6 Regular Reporting Items

Integrated Assurance Committee Report [TB2022.29]

64. The Board noted this regular report of the business undertaken by the Integrated Assurance Committee.

Audit Committee Report [2022.30]

65. The Chair of the Audit Committee summarised the Committee's discussions on the Counter Fraud and Bribery Policy and its views on how the Policy would be most effectively disseminated to ensure staff were aware of their responsibilities.

66. The Board **approved** the Counter Fraud and Bribery Policy.

Trust Management Executive Report [TB2022.31]

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

Consultant Appointments and Signing of Documents [TB2022.32]

68. The Board noted this regular report.

TB22/03/08 Any Other Business

69. The Chair expressed his hope that in-person meetings might shortly resume.

TB22/03/08 Date of Next Meeting

70. A meeting of the Trust Board was to take place on **Wednesday 25 May 2022**.