Trust Board Meeting in Public

Minutes of the Trust Board Meeting in Public held on **Wednesday 18 January 2023** at Banbury Town Hall, 1 Bridge Street, Banbury

Present:

Name	Job Role
Prof Sir Jonathan Montgomery	Trust Chair, [Chair]
Prof Meghana Pandit	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
Ms Sara Randall	Chief Operating Officer
Prof Tony Schapira	Non-Executive Director [from Minute TB23/01/03 to Minute TB23/01/12]
Prof Gavin Screaton	Non-Executive Director
Prof Ash Soni	Non-Executive Director
Ms Rachel Stanfield	Joint Chief People Officer
Dr Anny Sykes	Interim Chief Medical Officer
Ms Anne Tutt	Non-Executive Director
Mr David Walliker	Chief Digital and Partnership Officer
Ms Clare Winch	Director of Regulatory Compliance & Assurance [for Eileen Walsh]

In Attendance:

Dr Laura Lauer	Deputy Head of Corporate Governance, [Minutes]
Dr Neil Scotchmer	Head of Corporate Governance
Miss Catherine Greenwood	Clinical Director, Maternity Services [to Minute TB23/01/06]
Ms Milica Redfearn	Interim Head of Midwifery [to Minute TB23/01/06]
Mr Stephen Bell	Operational Service Manager, Maternity Services to Minute TB23/01/06]

Apologies:

Mr Terry Roberts	Joint Chief People Officer
Ms Eileen Walsh	Chief Assurance Officer
Ms Joy Warmington	Non-Executive Director

TB23/01/01 Welcome, Apologies and Declarations of Interest

1. The Chair welcomed members of the Council of Governors and Ms Hannah Saker from the Care Quality Commission who were observing the meeting.

2. The Board would receive a presentation from members of the Trust's maternity team on compliance with the Maternity Incentive Scheme – Year 4; members of the team were welcomed to the meeting.

3. Ms Tutt declared her interest as a trustee of the Oxford Hospitals Charity; there were no other declarations of interest.

4. Apologies were noted as indicated above.

TB23/01/02 Minutes of the Meeting Held on 9 November 2022

5. Two corrections were notified:

    a. The second Action under Paragraph 38 should have read "As part of a future Board seminar, Joint Chief People Officer to prepare a "heat map" of perceived undesirable areas to work within the Trust." This would better capture the Trust Board's desire to understand turnover data.

    b. In Paragraph 39a, October was incorrect and should be replaced with December.

6. Subject to these corrections, the minutes were approved.

    Post-meeting note, the minutes and Action Log have been amended.

TB23/01/03 Matters Arising and Review of the Action Log

7. The following actions were closed:

Action	Title	Reason for Closure
TB21-002	Maternity Reporting Template	Dashboard reviewed. See Minute TB23/01/06. It was noted that a national template was being developed.
TB22-005	Patient Perspective: Harm Reduction Programme	IAC had received a briefing; Quality Improvement Programme presented to the Board; see Minute TB23/01/10

TB22-008	Tracking patients with a learning disability	The Chief Digital and Partnership Officer confirmed that the EPR solution to flag and track patients along the pathway had been implemented.
TB22-010	Employment destinations of patient-facing staff	The Joint Chief People Officer reported that this data formed part of the workforce section of the IPR.
TB22-012	Nosocomial deaths from COVID-19 in 2021/22	The Interim Chief Medical Officer reported in 2020/21, 58 patient deaths had been investigated under one SIRI; in 2021/22, 9 patient deaths had been investigated under five SIRIs. The number of SIRIs had increased, but the number of patient deaths under each had gone down. All deaths had been fully investigated. The Board was assured that deaths had not been missed.

8.   The Trust Board received reports on the following open actions:

TB22-003 (Briefing on underlying financial position)

9.   The Board had received a significant number of briefings as the position had developed; the action would remain **open** until the position was finalised.

TB22-006 (EDI metrics in IPR)

10.   Work was progressing to ensure an integrated EDI dashboard and consistency of information in the IPR and other Trust reporting. The action would remain **open**.

TB22-009 (Industrial Action)

11.   This action would remain **open** while industrial action was planned or pending.

TB22-011 ("Heat Map")

12.   This action would remain **open** while the Board seminar was being planned and scheduled.

TB23/01/04 Chair's Business

13.   The Trust was currently recruiting two Non-Executive Directors; applications closed later that day.

14. The Trust would host a visit by Javed Khan, Chair of the Integrated Care Board (ICB), on 19 January 2023. The Vice Chair of the Trust Board, had participated in a Chair's meeting convened by Mr Khan and spoke positively about it.

15. Dates for the Integrated Care Partnership had been fixed; the Chair would attend as acute provider representative.

16. The ICB was consulting on strategy and was attending the Council of Governors' meeting later in the afternoon.

17. The Chair drew the Board's attention to awards received by Trust employees.

TB23/01/05 Chief Executive's Report

18. The Chief Executive Officer (CEO) began her report by thanking Trust staff for providing safe care during an exceptionally challenging winter period.

NHS Planning Guidance

19. Guidance was published on 23 December 2022 and focused on recovery of core services and productivity. Requirements included:

   a. Improvements in ambulance response and Emergency Department waiting times;

   b. Elimination of 65 week waits by 31 March 2024;

   c. Cancer Diagnosis Standard met by 31 March 2024, increasing numbers of patients diagnosed at Stages 1 and 2.

20. The Trust was on course to eliminate 104 week waits and ensure treatment for those waiting 78 weeks by 31 March 2023.

21. The guidance also focused on reduction of health inequalities, especially in maternity and cardiovascular. The Trust was contributing to the work of the Health Inequalities Board in Oxfordshire.

Industrial Action

22. Planned and potential industrial action would have an impact on the Trust's ability to meet its targets.

23. The Royal College of Nursing had announced strike days on 6 and 7 February 2023.

24. It was anticipated that junior doctors would take industrial action over three continuous days in March 2023.

25. The Trust's Chief Operating Officer and Chief Nursing Officer were leading the Trust's preparations for delivering safe care and elective activity during periods of industrial action.

People Plan

26. Progress was reported in all four key areas:

a. TME had agreed to purchase welfare equipment, including sleep tubes, wellbeing nooks and outdoor gym equipment. These would be distributed across Trust sites;

b. Recruitment timelines had fallen from 89 days to 44 days. Robotic Process Automation would likely bring these down further;

c. "How To" guides had been developed for managers to support them in areas such as procurement or estates;

d. The work of the Cost of Living Group, chaired by the Chief Finance Officer and Joint Chief People Officer, had resulted in the provision of free breakfasts and budget-friendly hot meals for staff.

System Working

27. Work at Place and partnership level in Oxfordshire was going well; a key outcome would be work with Oxford Health NHS Foundation Trust and primary care partners to scale up the offer of virtual wards and Hospital at Home, as featured in the recent Panorama programme.

28. The Trust was working with Buckinghamshire Healthcare NHS Trust and Royal Berkshire NHS Foundation Trust as part of the Acute Provider Collaborative to tackle the elective backlog.

29. The Transfer of Care Hub with Oxfordshire County Council was reducing the numbers of patients medically optimised for discharge by 33%.

Other Updates

30. A Quality Conversation would be held on 23 January 2023 to set the Quality Priorities for next year.

31. The Trust's Chief Nursing Officer would be leaving the Trust at the end of March to take up a national role at the Nursing and Midwifery Council.

TB23/01/06 Maternity Items

32. The Chair remarked that the Board now had a comprehensive picture of Maternity Services and praised the work of the Maternity Development Programme.

33. The Chief Nursing Office (CNO) set out the regulatory and reporting context in which Maternity Services operated and outlined the governance structure within the Trust.

34. The Board had an opportunity to discuss maternity in a dedicated seminar session and a public strategy event had been held which included the Health Overview and Scrutiny Committee.

35. In addition to requirements, the Trust had proactively undertaken a culture and leadership review.

36. The CNO thanked the Non-Executive Maternity and Neonatal Safety Champion for his support.

Maternity Incentive Scheme – Year 4

37.   The Board received a presentation by the Clinical Director of Maternity Services, Interim Director of Midwifery and Operational Service Manager, Maternity Services to support a declaration of compliance with the ten Safety Actions required by Year 4 of the Maternity Incentive Scheme (MIS).

38.   The work to get the Trust to a compliant declaration for MIS was contrasted with the CQC rating of Maternity Services of "Requires Improvement". The Clinical Director of Maternity explained that the CQC rating was against a leadership metric; MIS focused on safety. The service was using the insights in the CQC report to drive improvements in the service.

Maternity Development Programme

39.   Board members were provided with a copy of the Maternity Services Behaviour Compact.

40.   The Non-Executive Maternity and Neonatal Safety Champion opened the discussion by praising the transformation in the service. It was a safe service, but there was energy and desire to go further to ensure the wellbeing of staff and patients.

41.   Members sought assurance that the cultural transformation work was being embedded within the service and supporting desired behaviours.

42.   The Clinical Director of Maternity told the Board that the Compact had been co-created with staff, through surveys and an open meeting, and it reflected their views and language. The Compact was already in use in framing conversations when behaviour did not meet expectations.

Maternity Performance Dashboard

43.   The reporting format provided continuity with data in the Integrated Performance Report. It was suggested that the KPIs related to culture be included as part of the dashboard. This would be considered as part of the Dashboard's development.

44.   The service's capital priorities were probed. The service would prioritise getting the basics right in its buildings; a birthing pool had been approved and a business case for the bereavement suite was in development. Larger priorities, such as air handling at the John Radcliffe Hospital and the maternity building at the Horton General Hospital were noted.

45.   Work in addressing health inequalities for Black, Asian and Minority Ethnic (BAME) service users was discussed. The service had worked with BOB Local Maternity and Neonatal System to identify areas of deprivation.

46.   As a result of this work, a separate Continuity of Carer team was set up to provide a higher ratio of midwife to woman care (1:25) than usually provided by community care (1:95). The Board supported the rollout of Continuity of Carer to areas where benefit to patients would be greatest.

47.   Evidence had also shown which groups were more likely to experience pre-term births; targeted pre-term birth clinics to address this health inequality were planned.

48.   The service had actively worked with users in areas of deprivation, and it was noted that the Maternity Voices Partnership had also increased the diversity of its membership.

49.   The Chair summarised the assurance provided and noted that the Board would see an additional report which could not be presented in public for confidentiality reasons.

50.   The CNO noted that the Board would have the opportunity to discuss the development programme for Neonatal division at a future seminar.

51.   The Trust Board:

a. Confirmed that Continuity of Carer would be rolled out in those areas of most benefit and where it can be delivered by the current maternity workforce;

b. Noted the contents of the update reports and associated supporting documents;

c. Confirmed compliance with the ten maternity safety actions of the Maternity Incentive Scheme – Year 4;

d. Requested that the CEO signed the Board declaration of compliance for submission to NHS Resolution by 2 February 2023.

TB23/01/07 Patient Perspective – Supporting nutritionally vulnerable patients whilst in hospital

52.   The CNO highlighted the effective multidisciplinary working demonstrated in the paper.

53.   It was noted that there were many sources of patient data – from the Patient Experience team to the CQC Inpatient Survey on the agenda for the meeting. The ability to triangulate this data would be beneficial.

54.   The CFO reported that soft services for the John Radcliffe site had been assessed primarily on quality rather than price. The input of nutritionists and members of infection prevention and control when assessing bids had resulted in higher-quality food and the Trust should see more positive comments in future surveys. He agreed to check whether soft services formed part of the PFI metrics.

55.   The Trust Board noted the report.

TB23/01/07 Patient Experience Strategy

56.   The strategy aimed to reduce inequalities and improve the experience of patient and carers. It was recognised that the Trust operated with a network of voluntary and statutory services.

57. The strategy took account of the new Patient Safety Incident Response Framework, which focused on involving patients in their own safety. Two patient safety partners had been recruited.

58. A plan, showing actions for the next 12 months, would be developed to support the strategy.

     ACTION: Chief Nursing Officer to develop action plan and metrics for the first 12 months of the strategy.

59. Members of the Council of Governors had a focus on patient experience through their Patient Experience, Membership and Quality Committee (PEMQ). Their comments could be useful in identifying gaps.

     ACTION: Patient Experience Strategy to be added to PEMQ agenda.

TB23/01/08 National Inpatient Survey

60. The CNO presented the survey; the outcomes had been discussed with Divisions and at TME. Divisions were producing plans with the aim of patient voice forming part of regular Divisional Performance Reviews.

61. Members were keen to see the response rate increase above 40%, but it was noted this was a CQC survey and the Trust did not control how it was delivered.

62. The Trust Board noted the report.

TB23/01/08 Harm Reduction Quality Improvement Plan

63. The CNO presented the plan, which cut across all Executive objectives.

64. Discussion focused on falls; falls with harm had increased but this needed to be balanced against acuity of patients.

65. Research posts supported by Oxford Hospitals Charity would yield additional data on falls and pressure ulcers.

66. The Interim Chief Medical Officer summarised work undertaken in relation to pressure ulcers; this had resulted in a reduction and increased reporting of Type 1 ulcers. A similar programme of engagement and improvement was planned for falls.

67. Operational, financial and clinical benefits would be monitored through Productivity Committee.

68. It was suggested that other factors, such as infection, dementia, or a change in treatment or equipment could increase the likelihood of a fall.

69. The CFO noted that the Trust's Emerging Leaders Programme had aligned its projects to the Trust's Quality Priorities.

70.   The cycle of sharing learning as part of the Quality Improvement process was important but it would also be important to measure the impacts of harm reduction to allow the Trust to plan better based on anticipated benefits.

71.   The Trust Board noted the plan and requested that the five key areas in the plan be integrated into IPR reporting.

ACTION: CNO to included Harm Reduction Improvement Plan indicators in the Integrated Performance Report.

TB23/01/09 Integrated Performance Report

Theatre Productivity

72.   The Trust had a Quality Improvement project to use as much of its available theatre capacity as possible. Two key issues were: utilisation of planned sessions and the number of planned sessions available.

73.   6-4-2 planning had been rolled out to improve usage planning and all sites were aware of the need to maximise use.

74.   Recruitment to vacant anaesthetist posts would help to improve theatre sessions.

Cash Forecast

75.   The CFO assured the Board that cash forecasting was reviewed on a monthly basis and work was being undertaken to increase the maturity of the forecast.

76.   This developing work could be presented to the February meeting of Integrated Assurance Committee.

Partnership Working

77.   The Place Partnership had met once. The Partnership was focused on improving urgent and emergency care and reducing health inequalities in Oxfordshire.

78.   The Interim Chief Medical Officer attended the Oxfordshire Inclusive Economy Partnership.

79.   The Trust continued to collaborate with Oxfordshire County Council on the Transfer of Care Hub to support those medically fit for discharge.

80.   The Trust's Executive team would meet with Oxford Health NHS Foundation Trust to accelerate work on virtual wards.

Long Waits

81.   The COO reported progress on treating patients waiting 78 weeks; 508 patients were due to be treated by the end of March 2023. Of these, 9 were outpatients, 111 were on the diagnostic pathway and the rest required a decision to admit.

82.   The Trust was clear which specialities had the greatest number of long waiters and were on track to offer dates to patients by the end of January 2023.

83.   104-week waits had reduced; in December there were 2 patients and these had been treated in January. 1 patient remained; they had chosen to delay treatment.

84.   The Trust had raised corneal grafts with NHS Blood and Transplant and were awaiting a response.

TB23/01/10 National Planning Guidance

85.   The CFO reported that the published planning guidance focused on a smaller number of key priorities. One key unknown was the system target; this was expected to be based on an uplifted 2019/20 target but had not yet been published.

86.   Funding was expected to support delivery of elective targets; it was less clear how targets related to Emergency Department waiting times would be funded, although funding would be available to support virtual wards.

87.   The CFO said that the financial envelope for NHS funding was based on nominal growth being lower than in pre-COVID-19 years and an optimistic assessment of non-pay inflation.

88.   The planning guidance placed support for increased energy costs with systems. For the Trust, the increase amounted to an additional of £25m per year (or a 2% efficiency challenge across the Trust).   BOB ICS was expected to receive an increase in funding in recognition of historic underfunding.

89.   The system required draft plans to be submitted in February, with the final plan in March 2023.

90.   The Trust Board noted the update and that future briefings, to the Board or to Integrated Assurance Committee, would be provided.

TB23/01/11 Board Assurance Framework and Corporate Risk Register Review

91.   The Director of Regulatory Compliance and Assurance highlighted the work done to date to map and categorise assurance levels across the organisation. These allowed the Board to see lines of assurance and review any perceived areas of duplication.

92.   The results of the work would be presented to the Board in a seminar session before being reviewed by Integrated Assurance Committee.

93.   It was suggested that further work to bring the multiple pieces of assurance together would be beneficial. As an example, the Trust's Audit Committee would focus on using the Board Assurance Framework to support its review of the Annual Governance Statement.

94.   A review of the risk register demonstrated that the Board was regularly discussing the Trust's principal risks. Discussion of the Trust Board's risk appetite would form part of the Board seminar.

95.   The risk relating to capital was discussed. It was currently described as insufficiency of funds not the risk of unspent capital funding. The articulation of this risk would form part of the Board seminar.

96.   The Trust Board noted the report.

TB23/01/12 Health and Safety Quarterly Update Report

97.   The CNO drew the Trust Board's attention to achievements in this area, which included improvements in safety of lone workers and tackling incidents of violence and aggression.

98.   A risk in relation to contractors working on Trust sites had been identified and an update would be provided in the next report.

99.   The Trust Board noted the report.

TB23/01/15 Update of Overseas Visitors Policy

100.   Discussion focused on how to obtain assurance that the policy was being implemented consistently. The CFO agreed to consider the assurance mechanism.

101.   The Trust Board approved the Overseas Visitors Policy

TB23/01/16 Safeguarding Annual Report 2021/22

102.   The Trust Board noted the report, which provided assurance that the Trust followed appropriate processes in relation to 'Working Together to Safeguard Children' 2018, the Children Act 2004 and the Care Act 2014.

TB23/01/17 Regular Reporting Items

<u>Learning from Deaths Report Q2</u>

103. The Interim CMO commented that operational pressures had not had an adverse impact.

104.   The Trust Board noted the report.

<u>Trust Management Executive Report</u>

105.   The Trust Board noted the report.

<u>Integrated Assurance Committee Report</u>

106.   The Trust Board noted the report.

<u>Audit Committee Report</u>

107.   The Trust Board noted the report.

<u>Consultant Appointments and Signing of Documents</u>

108. The Chair thanked those who served on appointment panels.

109. The Trust Board noted the report.

TB23/01/18 Any Other Business

110. None.

TB23/01/19 Date of Next Meeting

111. A meeting of the Trust Board was to take place on **Wednesday 8 March 2023**.