

Trust Board Meeting in Public

Minutes of the Trust Board Meeting in Public held on **Wednesday 8 March 2023** at
Ruskin College, Dunstan Road, Oxford

Present:

Name	Job Role
Ms Anne Tutt	Vice Chair and Non-Executive Director, 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
Dr Elaine Hill	Director of Medical Workforce [for Dr Anny Sykes]
Ms Sarah Hordern	Non-Executive Director
Ms Katie Kapernaros	Non-Executive Director
Ms Sara Randall	Chief Operating Officer
Prof Tony Schapira	Non-Executive Director
Prof Gavin Screatton	Non-Executive Director
Prof Ash Soni	Non-Executive Director
Ms Rachel Stanfield	Joint Chief People Officer
Mr David Walliker	Chief Digital and Partnership Officer
Ms Eileen Walsh	Chief Assurance Officer
Ms Joy Warmington	Non-Executive Director

In Attendance:

Dr Laura Lauer	Deputy Head of Corporate Governance, [Minutes]
Dr Neil Scotchmer	Head of Corporate Governance
Dr Debbie Harrington	Deputy Director of Medical Education
Dr Claire Pulford	Director of Medical Education

Apologies:

Prof Sir Jonathan Montgomery	Trust Chair
Mr Terry Roberts	Joint Chief People Officer
Dr Anny Sykes	Interim Chief Medical Officer

TB23/03/01 Welcome, Apologies and Declarations of Interest

1. The Chair noted that the meeting was taking place on International Women's Day; a celebration event was being held in Tingewick Hall later in the afternoon to which all were welcome.
2. Ms Tutt, in the Chair, declared her interest as a director and trustee of the Oxford Hospitals Charity; there were no other declarations of interest.
3. Apologies were noted as above.

TB23/03/02 Minutes of the Meeting Held on 18 January 2023

4. The minutes were approved.

TB23/03/02 Matters Arising and Review of the Action Log

5. The following actions were closed:

Action	Title	Reason for Closure
TB23-002	Patient Experience Strategy	The Strategy was presented to the Council of Governors Patient Experience, Membership and Quality Committee on 22 February 2023.
TB22-009	Industrial Action	Regular updates were received by Integrated Assurance Committee and the Trust Board.

TB22-003 (Briefing on underlying financial position)

6. The Trust Board supported the proposal that assurance would be obtained through the Integrated Assurance report to the Trust Board in May 2023. The action to remain **open**.

TB23/03/02 Chair's Business

Appointments

7. The Chair congratulated Professor Pandit on her appointment as Chief Executive Officer (CEO). This was the result of an open and competitive process and Professor Pandit was the unanimous choice of the Appointment Panel.
8. The recruitment of two Non-Executive Directors was proceeding well.

Partnerships

9. The Trust/Oxford University Strategic Partnership Board had agreed its working arrangements.

10. The Integrated Care Partnership (ICP) had met on 1 March 2023 and approved the ICP Strategy

TB23/03/03 Chief Executive's Report

11. The CEO began her report by thanking the Trust's staff and Council of Governors for their support. She noted that it was a privilege to be the Trust's CEO and expressed her desire to work together to provide high quality care and research and innovation.

Visits

12. The Trust hosted two high-profile visits:
 - a. Will Quince MP, Minister for Health and Secondary Care, toured the Nuffield Orthopaedic Centre Surgical Hub and Pre-Operative Assessment Clinic. He also visited the Botnar Institute for Musculoskeletal Science. The Minister's visit finished at the Community Diagnostic Centre (CDC) in Cowley, run by the Trust in partnership with Perspectum, to see how patients benefited from access to diagnostic tests outside a hospital setting.
 - b. Amanda Pritchard, Chief Executive of NHS England, visited the Early Pregnancy Assessment Unit (EPAU) at Rose Hill Community Centre. EPAU delivered community-based and sensitive support for women suffering problems in early pregnancy. The Trust had received positive feedback from Ms Pritchard following her visit.

Operations

13. The Trust held an Urgent and Emergency Care event, focused on internal process changes to improve patient flow. A robust action plan had been developed; this would be monitored by the Urgent Care Board.
14. Screening and the Faster Diagnosis Standard for cancer was being met.
15. The Trust was on course to ensure treatment for those waiting 78 weeks by 31 March 2023, with the exception of a small number of patients awaiting corneal grafts and those exercising patient choice on treatment dates. Industrial action by junior doctors would have a significant impact on the Trust's ability to meet this target.

Industrial Action

16. Preparation for industrial action by junior doctors included: additional training in EPR for consultants, all-staff briefings, and outreach teams to provide multidisciplinary care.
17. The Trust's focus remained patient safety and staff welfare.

Other Updates

18. This was the Trust's Chief Nursing Officer's last Trust Board meeting before taking up a national role at the Nursing and Midwifery Council. The CEO thanked her for her contribution to the Trust and wished her well in her new role.

TB23/03/04 Staff Perspective: Reducing Violent and Aggressive Behaviour

19. One of the Trust's Quality Priorities for 2022/23 was to reduce and minimise violence and aggression within clinical and nonclinical services. The Chief Nursing Officer (CNO) reported that reported incidents of violence and aggression had increased, including verbal abuse of colleagues making telephone calls to patients. The paper detailed the impact on staff and work undertaken to support staff.
20. Analysis of trends and triggers for violent and aggressive behaviour would form part of the update report on the Trust's Quality Priorities.
21. The CNO confirmed that staff had been absent from work due to physical injury; the security team supported staff to liaise with the police and this practical support was highly valued.
22. The Trust did not have sufficient data to determine whether incidents of violence and aggression were factors in staff leaving the Trust; post-incident wellbeing support to staff was in place. The Trust was also improving its use of exit interviews, which might provide further detail.
23. The specimen letter sent to violent or aggressive patients, piloted in the Emergency Department, was one example of a range of tools available to the Trust, which included a behavioural contract and the yellow and red card procedure.
24. It was suggested that triangulation with the Staff Survey due to be published shortly would be beneficial to determine if some staff groups were disproportionately affected.
25. Walkarounds by Trust Board members provided a good opportunity to show support for staff and to gain insight into how challenging patient behaviour could erode resilience.
26. The Trust Board noted the report.

TB23/03/04 Integrated Performance Report M10Long Waits

27. The Chief Operating Officer reported thanked all those involved in reducing the numbers of patients waiting 78 weeks. At the end of March 2023, the Trust expected to have 32 patients breach the target; 21 of these were awaiting corneal grafts, 6 patients had requested treatment after 31 March and 5 patients were either ill or needed to stop medication before surgery.
28. There would be a risk that treatment for patients scheduled around the dates of the industrial action (13-15 March) could be delayed.

Medically Fit for Discharge

29. It was acknowledged that progress was not as rapid as hoped due to the significant number of patients who required transfer out of area and increased acuity of patients admitted.

30. The Transfer of Care Hub was beginning to make an impact and could continue to be embedded. A focused two-week improvement programme to trial new ideas was planned to accelerate progress.

Falls

31. The work on reducing pressure ulcers was noted. Falls had shown a slight increase, but with no significant increase in harm.
32. Two key areas of work could influence rates of patient falls. The first related to the proposed Quality Priority on Care of the Frail Elderly, which included a focus on dementia assessments.
33. The second area stemmed from a Trust leadership development group tasked to look at falls. They focused on lying and standing blood pressure; data suggested that this could be a crucial intervention. Patients with postural hypotension could receive education on how to manage the condition when rising; patients with cognitive impairment, could be placed in high-visibility areas to reduce unwitnessed falls.

Workforce

34. The Trust was still seeing the effects of flu and COVID-19, but there was confidence that root causes of staff absence were understood and being addressed. It was noted that NOTSSCaN Division's sickness rate had fallen below 5%; this represented progress.
35. Absence due to mental ill-health had also decreased.
36. Succession planning and talent management was discussed in relation to the Reasons for Leaving data. Areas of high turnover were being targeted with stay questionnaires to better understand what retention measures were effective. A small number of exit interviews had taken place as part of a pilot scheme for senior doctors and cross-organisational learning would be shared.

Capital and Trust Estate

37. As year end was approaching, the capital underspend was queried. It was agreed that further work needed to be done to ensure full visibility of capital spend profiles and early identification of projects which were at risk of underspend to enable funds to be relocated or projects supported to deliver. The Trust Board requested that the Investment Committee undertake this work.

ACTION: Chief Finance Officer/Chief Nursing Officer to present proposals for improved tracking of capital expenditure and early identification of projects at risk of underspending to Investment Committee.

38. The needs of the maternity and neonatal estate were discussed. Progress on a bereavement suite had been made, along with work on a birthing pool and improvements to the reception area.

39. High infection rates in the neonatal unit had prompted a peer review by the Director of Infection Prevention and Control. No single cause had been identified but actions were being taken to address areas identified by the review.
40. Members agreed that a Trust Board seminar focused on the Trust's capital allocation process and how it interfaced with clinical and other risks should be arranged.

ACTION: Head of Governance to schedule a seminar on the capital allocation process, including how it interfaced with clinical and other risks.

Safeguarding

41. The rate of safeguarding referrals was cause for concern, with a tripling in maternity-related referrals. The Trust's figures mirrored a national post-COVID-19 increase. Plans to increase the team were in place.
42. A Trust Board seminar on Safeguarding was scheduled for July 2023.

TB23/03/04 Proposed Quality Priorities for 2023/24

43. The Director of Medical Workforce summarised the process to develop the proposed Quality Priorities. This resulted in two being retained and refreshed for 2023/24; the remaining seven from 2022/23 would be incorporated into business-as-usual. This was endorsed by the Chief Assurance Officer who cited the example of the way in which learning from claims and inquests was used to improve practice.
44. Discussion focused on the Trust's work to reduce health inequalities. The Quality Priority would provide baseline ethnicity data on which future research could be based. Supplementing this Quality Priority was the work of the Health Inequalities Steering Group, which was linked to the Place-based Board in Oxfordshire chaired by the Director of Public Health.
45. The Group focused on reducing smoking, incidence of cardiovascular disease and maternity care in hard-to-reach areas.
46. The Clinical Strategy delivery plan template would include a focus on reducing health inequalities.
47. It was suggested that the Trust's staff networks could also offer insights into data collected as part of the Quality Priority on Health Inequalities.
48. The Trust Board approved the Quality Priorities for 2023/24.

TB23/03/04 OUH Collaboration within the BOB Integrated Care System (ICS)

49. The CEO presented the work of the Trust at Place, Provider and System level. The ICS would continue to develop but progress was still being made at this early stage, notably through the Transfer of Care Hub, virtual wards plan, and the creation of a unified theatres dashboard across acute providers to identify capacity for treatment.

50. The development of metrics would be an important next step. The CEO expressed support for System level metrics would raise this in discussions with ICS CEOs.
51. There was some concern that NHS financial structures were not sufficiently aligned with the kind of collaborative working expected in the ICS.
52. The Chief Assurance Officer assured the Trust Board that, although ICS governance was still developing, a working group of governance and assurance leads were working together to bring this to fruition.
53. The Trust Board noted the report and that an update was planned for September 2023.

TB23/03/04 OUH Clinical Strategy

54. The Chief Digital and Partnership Officer (CDPO) presented the Strategy, which was the result of Trust-wide engagement with staff, Board members and members of the Council of Governors.
55. Following approval, a clinically led implementation plan would be developed and presented to the Integrated Assurance Committee.
56. The Strategy was aligned with the Trust's Risk Appetite; detailed risk mapping would take place as the implementation plan was developed. The Trust Board would be considering Risk Appetite and the Board Assurance Framework at a future Board seminar.
57. Members thanked the CDPO, the Director of Strategy and Deputy Director of Strategy for their work over the past 12-18 months.
58. The Trust Board approved the OUH Clinical Strategy.

TB23/03/04 Maternity Service Update Report (including dashboard)

59. The CNO reported that the three actions arising from the Ockenden Assurance insight visit were progressing.
60. The work of the Maternity Development Programme (MDP) was having a positive impact on staff sickness and turnover rates. A neonatal development programme had just been launched and a Trust Board seminar on neonates would be scheduled.
61. The Trust was preparing to exit the Maternity Safety Support Programme as improvements in the five CQC domains were being embedded in the MDP.
62. The CDPO updated the Trust Board on the implementation of the BadgerNet system. Once the system was live (expected October/November 2023), the risk of non-contemporaneous maternity notes would be removed. Procurement of a companion system for neonates was under discussion and the Trust had engaged with expert advisors. A case would be presented once funding had been identified.
63. Board members noted the progress made and offered congratulations to the team and the CNO.

64. The Trust Board noted the report.

TB23/03/04 Postgraduate Medical Education Annual Update 2022/23

65. The Director of Medical Education provided a progress update against the Trust's Postgraduate Medical Education Strategy. She highlighted the work of Educational Supervisors, improvements in Simulation and Technology Enhanced Learning, Education Leaders in Training programme, and a joint initiative between the Medical Education and QI Teams to develop knowledge and practice of QI in education.
66. The Trust had been recognised in the Health Education England (HEE) National Education & Training Survey (NETS) as a national positive outlier for all 4 overarching Quality domains, including Learning Environment & Culture, Educational Governance & Leadership, Supporting & Empowering Learners, Delivering Assessments & Curricula.
67. Two areas of risk were assessed as red-rated by HEE. The Trust Board received assurance that robust plans were in place with appropriate monitoring.
68. The Trust Board noted the report. From 2024, the Trust Board would receive a report which covered both undergraduate and postgraduate education.

TB23/03/05 Regular Reporting Items

Integrated Assurance Committee Report

69. The Trust Board noted this regular report.

Audit Committee Report

70. Words were missing from paragraph 2.2 of the Audit Committee Report. This paragraph should be corrected to read: "The Chief Finance Officer provided a detailed explanation of NHS England guidance in relation to going concern; this differed from the international auditing standards applied by EY. To address the gap, the Committee reviewed the programme of work to be undertaken by the Trust to satisfy external audit on the Trust's cash position. EY confirmed that, while it would test the results of the work, it would expect to be comfortable to support the Trust's position."
71. Subject to that correction, the Trust Board noted this regular report.

Trust Management Executive Report

72. The Trust Board noted this regular report.

Consultant Appointments and Signing of Documents

73. The Trust Board noted the Medical Consultant appointments made by Advisory Appointment Committees under delegated authority and noted the signings that have been undertaken in line with the Trust's Standing Orders since the last report to the Trust Board.

TB23/03/14 Any Other Business

74. None.

TB23/03/15 Date of Next Meeting

75. A meeting of the Trust Board was to take place on **Wednesday 10 May 2023**.