

**Trust Board Meeting in Public**

Minutes of the Trust Board Meeting in Public held on **Wednesday 12 July 2023** at the Radcliffe Suite, Holiday Inn, Peartree Roundabout, Oxford, OX2 3JD

**Present:**

Name	Job Role
Prof Sir Jonathan Montgomery	Trust Chair, Chair
Ms Anne Tutt	Vice Chair and Non-Executive Director
Prof Meghana Pandit	Chief Executive Officer
Mr Jason Dorsett	Chief Finance Officer
Ms Paula Gardner	Interim 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
Prof Gavin Screatton	Non-Executive Director
Ms Rachel Stanfield	Acting Chief People Officer
Dr Anny Sykes	Interim Chief Medical Officer
Mr David Walliker	Chief Digital and Partnership Officer
Ms Eileen Walsh	Chief Assurance Officer
Ms Joy Warmington	Non-Executive Director

**In Attendance:**

Ms Helen Close	Patient [minute TB23/07/06 only]
Mr Paul Dean	Non-Executive Director-Designate
Sir Tim Jenner	Chair of Trustees, Katharine House Hospice [minute TB23/07/13 only]
Ms Emma Radley	Chief Executive, Katharine House Hospice [minute TB23/07/13 only]
Ms Milica Redfearn	Acting Director of Midwifery [minute TB23/07/18 only]
Dr Laura Lauer	Deputy Head of Corporate Governance, [Minutes]
Dr Neil Scotchmer	Head of Corporate Governance

**Apologies:**

Ms Claire Flint	Non-Executive Director
Prof Ash Soni	Non-Executive Director

**TB23/07/01 Welcome, Apologies and Declarations of Interest**

1. The Chair welcomed Paul Dean, NED-Designate. Mr Dean would join the Trust Board in September.
2. The Chair thanked governors and members of the public for attending.
3. On behalf of the Trust Board, the Chair congratulated Paula Hay-Plumb on the award of an OBE in the recent Birthday Honours.
4. Anne Tutt told the Trust Board that she had been appointed a trustee of Pancreatic Cancer UK and asked that this interest be recorded. Ms Tutt also declared her interest as a director and trustee of the Oxford Hospitals Charity.
5. There were no other declarations of interest.
6. Apologies were noted as above.

**TB23/07/02 Minutes of the Meeting Held on 10 May 2023**

7. In relation to the appointment of the Freedom to Speak up Lead Guardian, paragraph 72 would be corrected to read “successor”, not “success”. An appointment had been made and would be announced in due course.

*Post-meeting note: the minutes were corrected.*

8. The Chair reported that two follow-ups from the 10 May meeting had been completed: he had been briefed on the Guardian of Safe Working’s plan to address reporting meaning no further action was required; and the Trust Board had attended a seminar on quality improvement on 31 May 2023.
9. The minutes were approved.

**TB23/07/02 Matters Arising and Review of the Action Log****TB23-003 Harm Reduction Quality Improvement Plan**

10. This was being tracked through the IPR and Divisional Performance Reviews and could be closed.

**TB22-003 Briefing on underlying financial position**

11. The Chief Finance Officer would outline a plan to allow this action to be closed. Action to remain open.

**TB22-006 Equality Standards**

12. The Acting Chief People Officer reported that the EDI dashboard was compliant with national measures. As most indicators updated on an annual basis, consideration would be given to a reporting schedule. It was hoped that a report would be provided to the September meeting of the Trust Board. Action to remain open.

TB22-011 Operational Overview HR “heat map”

13. The seminar on 31 May 2023 did not take place due to unexpected circumstances; the Integrated Assurance Committee (IAC) would receive a report at its August 2023 meeting. Action to remain open.

TB23-005 Capital and Trust Estate

14. A report would be presented to the August 2023 meeting of IAC. Any follow up would be taken forward by the incoming Chief Estates and Facilities Officer. Action to remain open.

**TB23/07/02 Chair’s Business**

15. As this was her last Trust Board meeting, the Chair thanked Paula Hay-Plumb. The Trust Board noted the appointments of Paul Dean and Claire Feehily as Non-Executive Directors.
16. The Chair thanked all those involved in the recent celebrations of the 75<sup>th</sup> anniversary of the National Health Service.
17. The Chair also thanked the OUH Charity for their support of the Staff Recognition Awards which provided a timely reminder of the excellent work done by Trust staff.

**TB23/07/03 Chief Executive’s Report**Trust Estate

18. The formal opening of the Oxford Hospitals Education Centre and Oxford Critical Care unit had taken place. She thanked the OUH Charity for their support.
19. Work on a new dialysis unit in Milton Keynes had commenced. The unit would open later in 2023 and provide 700 cycles per month.
20. A second CT scanner had been installed at the Horton General Hospital, doubling capacity.
21. Parking charges for patients and visitors would change from 1 August to better reflect the pricing structure in local car parks. The Trust would continue to apply exemptions. Staff parking continued to be provided free of charge.

Health Sector News

22. The Oxford Academic Health Science Network had been relicensed for a further five years. From October, it would be known as the Health Innovation Network Oxford and Thames Valley.
23. The Secretary of State had responded to the O’Shaunessy review into commercial clinical trials. £121m would be available over three years to reduce bureaucracy and introduce a common approach to contracting. The Biomedical Research Centre

Steering Committee had considered the O'Shaunessy review and would undertake a gap analysis.

24. The NHS Long Term Workforce Plan had been published; there was a clear focus on increasing training, alongside pension reform and staff retention initiatives.
25. Professor Screatton added that details of the plan were awaited but the University of Oxford was considering how it could increase medical school places.
26. The Trust, the University of Oxford, and Oxford Brookes University would meet in due course. It was noted that the Trust was developing a strategic partnership with Oxford Brookes University to complement the one already in place with the University of Oxford.

### Industrial Action

27. Industrial action by junior doctors and consultants this month would be exacerbated by industrial action being taken by anaesthetists. No activity requiring general or regional anaesthetic would be possible.
28. It was hoped that a national settlement would be reached to prevent further industrial action.

### **TB23/07/04 Patient Perspective**

29. The Chair welcomed Ms Helen Close to the meeting.
30. Ms Close described the events surrounding the birth of her second child, Leo. Ms Close praised the antenatal care she received.
31. Her first child had been born at 41 weeks. Having done research on risks, her informed view was that she did not wish to undergo induction of labour. She told the Trust Board that she was concerned that if she had not given birth by 40 weeks, she would have less choice. Having met the midwife, she felt that her concerns had been listened to and that induction was not the sole option.
32. At 41 weeks and 6 days, she had agreed a plan with the midwife (Kate) and consultant (Veronica) to initiate labour following an evidence-based discussion. The consultant recognised that a water birth was important to her and supported her wish to have her baby at The Spires unit.
33. Once in labour, the midwife caring for her (Catherine) provided patient-centred care. Leo was born after the shift had finished, but the midwife stayed on to support her.
34. Following Leo's birth, Ms Close and her family went to stay with relatives in Winchester. Staff in Oxford linked her with maternity and postnatal services in the area.
35. Ms Close's story suggested two areas for further improvement. The first was to ensure that those experiencing miscarriage and those in labour were separated in the Maternity Assessment Unit waiting area. The second related to increasing the quality of

the conversation to include a full discussion of risks when booking an induction of labour.

36. The Chair thanked Ms Close on behalf of the Trust Board.

### **TB23/07/07 Integrated Performance Report (IPR) M2**

37. The Chief Executive Officer introduced the report and noted the decrease in turnover and sickness figures.
38. The Chair noted that Freedom of Information response figures had returned to the expected standard.

#### Staffing

39. Members focused on care hours in Paediatric Intensive Care Unit (PICU), the Horton General Hospital and Emergency Assessment Unit. The Interim Chief Nursing Officer told the Trust Board that a regular programme of checks was in place to checking staffing and work to address the skills mix in areas of concern was ongoing.
40. It was noted that medication errors in PICU had been investigated. The errors had been attributed to agency staff and addressed.
41. The Patient Story had highlighted the work of The Spires. The Trust Board heard that safe levels of staffing at Midwife-Led Units were a priority.

#### Cancer Performance

42. Members sought assurance on delivery of the 62-day Standard. Complex tertiary referrals and late referrals from other organisations, along with national and regional workforce shortages, meant the Trust was challenged on this standard.
43. Progress was being made at the front end of the patient pathway which would lead to improvement further down the pathway
44. The Trust continued to achieve the Faster Diagnosis Standard and waiting lists were decreasing. This meant that the Trust was not being considered for additional scrutiny as part of NHS “tiering” support.
45. It was suggested that further detail to disaggregate secondary and tertiary, along with percentages, would be helpful.

#### Pressure Ulcers and Falls

46. The reduction in pressure ulcers was noted.
47. Trust performance on cognitive screening was not currently included as part of the IPR. The Interim Chief Medical Officer referenced work to incorporate this screening throughout the patient pathway.
48. It was suggested that the Trust Board might be updated on this work as part of a Patient Story, or through review at Integrated Assurance Committee.

49. The Integrated Assurance Committee would consider a 5-year review of key indicators at a future meeting.

### Adult Safeguarding

50. Work was ongoing to confirm the training trajectory for level 3; it was anticipated this would roll out in Q3 but this would be confirmed in future reporting.

### **TB23/07/08 Financial Performance M2**

51. The Chief Finance Officer (CFO) presented the report and noted the intention to include this information within the Integrated Performance Report.
52. The Trust was currently off-plan, with the bulk of the deficit driven by inflationary pressures, including energy costs, and the costs of industrial action, coupled with slow realisation of planned efficiency savings. The difficulty in achieving breakeven this year could not be underestimated.
53. It was possible that some central funding would be available to support the costs of industrial action, but the Trust was acting now to address recovery as experience showed that waiting until the halfway point of the year was too late. This included a review of efficiency plans and focusing on waste reduction. Despite work within the Trust, some form of externally-imposed controls was likely.
54. The Trust had commissioned a report into its cash forecasting and cash management opportunities. A comprehensive forecasting model had been developed and the Trust Board would see the results of this in future reporting, along with the impact of cash improvement opportunities.
55. Discussion focused on escalation beds as a cost driver. These costs were included in the 2023/24 budget but the Trust Management Executive (TME) was reviewing a plan to reduce escalation beds. The Chief Operating Officer outlined work at place level to streamline and simplify processes to make more effective use of hospital at home or virtual wards.
56. Income-generating opportunities were explored in discussion. The Trust's priority was to preserve capacity to treat NHS patients.
57. It was acknowledged that advances in treatment could contribute to financial pressures, but this was dependent on commissioners' priorities. Some treatments, e.g. thrombectomy, were relatively well-funded.
58. The Trust Board noted the report.

### **TB23/07/09 Trust Response to Elective Care 2023/24 Priorities**

59. The Chief Operating Officer (COO) presented the Trust's responses to the 24 assurance statements; it was expected to achieve "fully met" and plans were in place to cascade this checklist to speciality level to derive greater assurance. It was suggested

that specialist and local commissioning data be included; as a “live” document, it could be expected to evolve.

60. Additional work to support assurance on the 65-week target would be presented to Integrated Assurance Committee (IAC) along with regular updates. Members were keen to understand the levels of assurance, including performance metrics, underpinning the checklist rather than duplicate reporting.
61. It was suggested that IAC undertake a review of this data with a focus on health inequalities. It was noted that some work on health inequalities was due for consideration by TME.
62. Members discussed outpatient follow-up appointments and diagnostic standards. Approximately 20% of follow-up appointments were now virtual. MRI and CT scan services were performing well, to the extent that the ICB had requested that the Trust provide assistance in this area. TME had agreed there were clear opportunities for the Community Diagnostic Centre and the COO offered to share the background to those discussions.
63. The Trust Board noted the report.

#### **TB23/07/04 Acute Provider Collaborative Update**

64. The Chief Executive told the Trust Board that the Chairs and Chief Executive Officers from the three Trusts had met and agreed to sponsor three work programmes: Clinical Services, Corporate Services, and Elective Care Board. A six-month update would be provided.
65. The Trust Chair and Chair of Oxford Heath NHS Foundation Trust would meet in autumn to agree a framework for discussion. Following this, a meeting between some Board members of each Trust would be arranged.
66. The Trust Board noted the update.

#### **TB23/07/04 Progress report on reducing the risk of suicide within the OUH**

67. The Interim Chief Nursing Officer presented the actions taken by the Trust to date to reduce the risk of suicide across the Trust, both in specific areas and in general.
68. Further work was underway to explore digital solutions in low footfall areas and equip staff to meet the complex mental and physical health needs of these vulnerable patients.
69. The Trust Board noted the report.

#### **TB23/07/04 End of Life Care Annual Report**

70. The Interim Chief Medical Officer introduced the interim results from the fourth national audit of end of life care (2022). The Trust scored consistently above the national

average. One area of improvement would be to provide a 7-day in person service; currently remote consultations were offered on Sundays.

71. The Trust Board heard of the efforts to ensure consistency in providing the service across all Trust sites.
72. An end of life care summit had been organised to educate and support staff when caring for patients at end of life.
73. There was a system-level ambition to implement the Recommended Summary Plan of Care and Treatment (ReSPECT) to put patient voice at the centre of end of life care.
74. Executives agreed to discuss provision of a 7-day service outside the meeting.
75. The Trust Board noted the interim results. Any changes once the final results were published would be notified to the Trust Board.

### **TB23/07/05 Katharine House Hospice (KHH) Liaison Committee Report**

76. The Chair welcomed Sir Tim Jenner and Ms Emma Radley to the meeting.
77. The CFO introduced the report. This was the first opportunity to report to the Trust Board following the Trust taking over clinical operations at Katharine House Hospice.
78. Sir Tim referenced the improvement in clinical services and in the charity's relationship with clinical staff.
79. Both the Trust and charity had been frustrated by the time taken to resolve operational issues, which had detracted from the Liaison Committee's main strategic and advocacy role. The difference in size was a factor – the Hospice was the equivalent in size to one ward – but it illuminated the complexity and multiple sign-offs required for some Trust processes that could be improved and which could have a positive impact on clinical engagement.
80. It was agreed that the Trust Management Executive should review lessons learned. This work would then inform a Deep Dive for the Integrated Assurance Committee at its October 2023 meeting.

#### **ACTION: CFO to bring KHH Lessons Learned report to TME to inform an IAC Deep Dive.**

81. The number of patients treated at the Hospice for malignancy was queried; this data was not available at the meeting. The Interim Chief Medical Officer would provide this data outside the meeting.
82. The Trust board **noted** the report and progress on resolving issues with estates works and **approved** a one year renewal of the £1.4m grant from the Katharine House Hospice Charity to the Trust.



**TB23/07/14 Health and Safety Annual Report**

83. The interim Chief Nursing Officer summarised the work of the team over the year, which included work to build on ISO 45001 certification. The Trust was one of the few NHS organisations to have achieved this.
84. The service had supported work on suicide prevention, falls from height and lone workers.
85. An increase in violence and aggression was noted; staff body cameras had been activated 492 times over the period. NHS England had a national programme to address domestic violence and sexual assault against patients and staff.
86. The Trust Board commended the thoroughness of the report which provided members with a clear line of sight in this area.
87. The Chief Digital and Partnership Officer confirmed that all actions which required digital support had been included in the digital workplan for 2023/24. He agreed to brief members on the completion dates of digital health and safety projects outside the meeting.
88. The Trust Board noted the report.

**TB23/07/15 CQC Oxford Critical Care Action Plan**

89. The Chief Assurance Officer presented the plan, which had been co-created with staff in the unit. This plan specifically addressed actions arising from the CQC report; there was also a separate, wider improvement plan.
90. It was agreed that any actions not achieved would be notified to the Trust Board by exception.
91. The Trust Board noted the report.

**TB23/07/16 Learning from Deaths Report Q4**

92. The Interim Chief Medical Officer reported that, in the reporting period, there was one death which was potentially avoidable. The case involved a transfer from another provider. A joint SIRC had been undertaken and escalated to the ICB as some of the findings were more widely applicable.
93. It was confirmed that the Trust was the only Trust in the country to have two hospices and that no member of the Shelford Group had hospices. Hospice data was reflected in the HSMR, but not in the SHMI data.
94. It was suggested that the data be disaggregated to gain a clearer local picture.
95. The Trust Board noted the report.

**TB23/07/17 R&D Governance and Performance Report**

96. The Interim CMO presented the report, which showed an increase in recruitment to studies. Set up and completion rates remained good.
97. It was suggested that some mapping be undertaken to demonstrate alignment of studies with Trust strategy.
98. The Trust Board noted the report.

**TB23/07/18 Regular Reporting Items****Maternity Service Update Report and Maternity Dashboard**

99. The Director of Midwifery updated the Trust Board on improvement projects within the service to reduce 3<sup>rd</sup> and 4<sup>th</sup> degree tears and post-partum haemorrhages. The Maternity Voices Partnership were involved in the improvement programme to provide service user perspective.
100. NHSE Maternity Improvement team had confirmed that the Trust's approach to recording 3<sup>rd</sup> and 4<sup>th</sup> degree tears and post-partum haemorrhages was the right one.
101. As part of the Maternity Support Programme, a review of governance processes had been undertaken. The report had been received and was under review.
102. The Trust had achieved all 10 Safety Actions in the Maternity Incentive Scheme; only 52% had achieved this.
103. The Patient Story had highlighted the importance of triage in identifying those experiencing miscarriage. This was part of a wider improvement plan for triage across the Berkshire, Buckinghamshire and Oxfordshire Integrated Care Board.
104. The Chief Executive Officer told the Trust Board that she had commissioned an options appraisal for a Single Delivery Plan for maternity and neonates. This was well received.
105. A change in staffing arrangements in Midwife-Led Units (MLU) was noted. A maternity support worker was no longer in attendance out of hours but requests to open an MLU were taken on a case by case basis as requests to birth were received.
106. The Trust Board noted this regular report.

**Maternity Safe Staffing for Quarter 3 and Quarter 4 2022/23**

107. Staffing had been reviewed against the Birthrate Plus tool and a business case was being developed.
108. The Director of Midwifery confirmed that escalation and redeployment took place to ensure safety across the whole of the Trust's maternity service.
109. The Trust Board noted the report.

Integrated Assurance Committee Report.

110. The Chair reported there was ongoing work to distinguish the Committee's role in providing assurance to the Trust Board.
111. The Trust Board noted this regular report.

Trust Management Executive Report, Including Annual Report

112. The Chief Executive reported that the Trust Management Executive (TME) had agreed to create a Delivery Unit subcommittee of TME to track key programmes of work and provide more robust assurance.
113. The Trust Board noted the report and Annual Report of Committee Effectiveness for 2022/23.

Consultant Appointments and Signing of Documents

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

**TB23/07/19 Any Other Business**

115. None.

**TB23/07/20 Date of Next Meeting**

116. A meeting of the Trust Board was to take place on **Wednesday 13 September 2023**.