

Trust Board Meeting in Public

Minutes of the Trust Board Meeting in Public held on **Wednesday 13 March 2024**,
George Pickering Education Centre, John Radcliffe Hospital

Present:

Name	Job Role
Prof Sir Jonathan Montgomery	Trust Chair, [Chair]
Prof Meghana Pandit	Chief Executive Officer
Dr Andrew Brent	Chief Medical Officer
Mr Paul Dean	Non-Executive Director
Mr Jason Dorsett	Chief Finance Officer
Dr Claire Feehily	Non-Executive Director
Ms Paula Gardner	Interim Chief Nursing Officer
Mr Mark Holloway	Chief Estates and Facilities Officer
Ms Sarah Hordern	Vice Chair and Non-Executive Director
Ms Katie Kapernaros	Non-Executive Director
Ms Sara Randall	Chief Operating Officer
Mr Terry Roberts	Chief People Officer
Prof Ash Soni	Non-Executive Director
Mr David Walliker	Chief Digital and Partnership Officer
Ms Clare Winch	Director of Regulatory Compliance & Assurance, [deputising for Chief Assurance Officer]

In Attendance:

Dr Laura Lauer	Deputy Head of Corporate Governance, [Minutes]
Dr Neil Scotchmer	Head of Corporate Governance
Ms Sarah Saunders	Cognitive Frailty and Dementia Lead, CMU [Minute TB24/03/06]
Ms Kate Wilkinson	Musician [Minute TB24/03/06]
Dr Debbie Harrington	Deputy Director of Medical Education [Minute TB24/03/14]

Apologies:

Ms Claire Flint	Non-Executive Director
Prof Tony Schapira	Non-Executive Director

Prof Gavin Sreaton	Non-Executive Director
Ms Eileen Walsh	Chief Assurance Officer
Ms Joy Warmington	Non-Executive Director

TB24/03/01 Welcome, Apologies and Declarations of Interest

1. On behalf of the Trust Board, the Chair thanked Ms Randall and Mr Walliker who were attending their last meeting of the Trust Board in public.
2. Apologies were noted as recorded above. There were no declarations of interest.

TB24/03/02 Minutes of the Meeting Held on 17 January 2024 [TB2024.16]

3. The minutes were approved.

TB24/03/03 Matters Arising and Review of the Action Log [TB2024.17]

4. It was agreed to close actions TB23-005 and TB23-006.

Matters Arising from 17 January 2024 meeting

5. The Chief Medical Officer reported that the seminar session for Trust Board members on the mortality review process would be scheduled.

TB24/03/04 Chair's Business

6. The Trust's Women's Network was hosting an event for International Women's Day 2024 on 13 March 2024. Members were invited to attend.
7. There was no update regarding the appointment of the Chair or Chief Executive of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB). The ICB was holding a system collaboration event at the end of the week.

TB24/03/05 Chief Executive's Report [TB2024.18]

Care Quality Commission (CQC) Inspection Report – Horton General Hospital Midwifery Led Unit

8. The recent inspection of the Horton General Hospital Midwifery Led Unit (HGH MLU) in the domains of safe and well-led had resulted in a rating of "Requires Improvement" for the MLU. As a result of the CQC's formula, the rating for HGH changed to match this.
9. Board members heard that no patient harm had been identified by the CQC and welcomed the opportunity to make improvements.

10. The Chief Executive Officer expressed disappointment at the result and, on behalf of the Trust Board, reiterated the Trust's commitment to HGH, its staff and the people of North Oxfordshire.
11. The Trust would develop a plan to address the "must do" and "should do" issues; the CQC had agreed that this would be presented to the Trust's Integrated Assurance Committee. This plan would be co-created with staff in the unit.
12. Board members expressed support for staff at HGH and noted that CQC had acknowledged improvements in the culture resulting from the Maternity Development Programme.
13. Discussion focused on how the Board could be assured that the small issues found by inspectors would be addressed. The Trust had systems in place to identify issues and monitor action plans arising from inspections. These had functioned well in other areas. The response to the CQC report would consider why the issues identified by inspectors had not been picked up at local level or as part of the compliance audit programme.

Staff Survey

14. The Trust showed improvement in six of the seven People Promise elements; this was something to be proud of.
15. Improvements in appraisals and reductions in vacancy rates, turnover and staff sickness provided evidence that the Trust's People Plan was delivering.

Operational and Financial Performance

16. The Trust had met the 62-day standard for cancer treatment and continued to perform well against the Faster Diagnosis Standard.
17. The number of patients waiting over 78 weeks had fallen from over 37,000 to just over 200, despite periods of industrial action. By the end of March, this would reduce further.
18. Urgent and Emergency Care performance showed improvement.
19. The Trust's most recent submission to NHS England showed a £15m deficit before the receipt of industrial action and deficit support funding. The target of 6% efficiency savings had been met.
20. Work to reduce temporary staffing would be led by the Chief People Officer and progress reviewed on a weekly basis.

Other

21. The Trust had been visited by the National Patient Safety Commissioner, who commented positively on the Trust's use of the Patient Safety Incident Response Framework and Quality Improvement methodology.

22. A recent power outage demonstrated the Trust's business continuity planning. She thanked the Chief Operating Officer and Chief Estates and Facilities Officer and their teams.
23. The Trust continued to contribute to the acute provider collaborative and at Place level.

TB24/03/06 Patient Perspective

24. The Chair welcomed Ms Saunders and Ms Wilkinson who presented their experiences of caring for a 95 year old female patient and her loved ones.
25. Ms Saunders outlined the importance of rehabilitation support workers in keeping patients physically and cognitively active. Opportunities to have a cup of tea in the café or go outside had a positive impact on patients and on staff.
26. As the patient's clinical condition deteriorated, her family decided that a palliative pathway was most appropriate.
27. The patient and her family were introduced to Ms Wilkinson, who talked with them about music that was meaningful to the patient and her family, noting that the patient's husband had a love of classical music.
28. Following the patient's death, the family got in contact and asked Ms Wilkinson to reprise her performance of Schubert's *Ave Maria* at the funeral. She described the privilege and honour of singing for the family and the powerful emotions evoked.
29. The positive effect of music on staff, patients and visitors was notable. Music, along with trips off the ward, were key non-pharmacological interventions and important parts of patient care.
30. The Chief Medical Officer and Chair extended the Trust Board's thanks to the team for providing holistic person-centred care.

TB24/03/07 Integrated Performance Report M10 [TB2024.19]

31. The challenge as year-end approached was to balance the Trust Board's focus on long-term sustainability with external targets.

Urgent and Emergency Care

32. The Chief Operating Officer told members that the Trust was approaching Accident & Emergency four-hour performance of 76%; it had improved by 3% in January and recent performance was at 73%.
33. A reduction in length of stay for medically-optimised patients was noted. Work on discharge and on use of virtual wards would continue.
34. Good engagement by Divisions and across the Oxfordshire place-based partnership was reported but sustaining performance remained a challenge.

35. Increasing the number of senior decision makers overnight in the Emergency Department (ED) would make a substantial difference; the Trust was in discussion with the ICB to fund an increase. A recent recruitment exercise demonstrated that very high quality individuals were not only available but also fully supportive of 24/7 working in ED.
36. The Trust's Integrated Assurance Committee (IAC) was considering the data required to form a view of system performance in this area, noting the complexities and interdependencies.
37. Within Oxfordshire, tension remained between the most efficient use of resources for emergency care and expectation of patients and communities on local treatment.
38. The Chief Executive Officer referenced a recent communication from NHS England indicating that funding may be available to organisations which met certain improvement criteria; the Trust was actively investigating this opportunity.

Elective Care

39. The Chief Operating Officer confirmed that the number of patients waiting for 78 weeks or more was just over 200; of these, 47 patients had chosen to wait for treatment. The Trust aimed to reduce this number to below 100 patients by the end of March 2024. Within this number were some highly complex patients and lists had been affected by industrial action and a recent power outage in JR2 and cardiac theatres.
40. The Trust had requested mutual aid for plastic surgery, adult and paediatric spinal surgery, urology and corneas. It was hoped that Buckinghamshire Healthcare NHS Trust would provide some support with corneas but no other offers had been received. Across the system, there were capacity constraints. The Trust was able to get emergency aid during the power outage, but this was time-limited.
41. Independent sector providers were used where appropriate, but patients do not always wish to transfer.
42. Board members sought assurance that the risk of harm to patients was minimised. The Chief Operating Officer explained that patients who required urgent and emergency surgery had priority, then patients with cancer, then patients in category P2. The Chief Medical Officer explained the formal process of harm review for patients who had exceeded the recommended waiting time. This would allow patients to be reclassified for more urgent treatment.

Patient Safety

43. The Chief Digital and Partnerships Officer confirmed that a review was underway into a data breach and those affected had been notified.
44. Instances of MSSA bacteraemia had increased, although overall numbers were small. The Chief Medical Officer reported that the Infection Prevention and Control team had

investigated; as a result, training on cannula insertion was reinforced and cannula sites monitored. No trends had been identified but this would continue to be monitored.

45. The Chief Nursing Officer agreed to consider how the safe staffing data could be presented to provide more robust assurance
46. Further analysis of medication incidents in the Paediatric Intensive Care Unit would be presented to the next meeting of the Integrated Assurance Committee. The Chief Nursing Officer confirmed that there had been no harm to patients.

TB24/03/08 M10 Finance Report [TB2024.20]

47. The Chief Finance Officer (CFO) reported that the Trust's underlying run rate had deteriorated further; a major cause of this was the increase in substantive staffing not being offset by decreases in temporary staffing.
48. The accounting complexities and alignment within BOB and with the Region were considerable. A deficit position was expected at year-end but the final figure was likely to change as estimates included in the forecast, for instance the stock count, were finalised.
49. The Trust was on track to meet its capital expenditure forecast.
50. Planning guidance for 2024/25 had not yet been published.
51. Members sought assurance that budget holders were clear what was expected of them and were equipped to manage non-pay costs.
52. The CFO said there was still uncertainty within the system so final numbers were not available. Budget holders would know their efficiency assumptions but the extent to which non-recurrent income from commissioners would continue was not known.
53. Non-pay costs were less visible to budget holders as they flowed through the supply chain. Work was underway to support divisional heads of finance to exercise more control over these non-pay items.
54. The Trust Board had separately been provided with data that showed real term costs against real terms cost-weighted activity. A more sophisticated analysis of the drivers behind these figures was being developed.
55. The Trust had delivered against its efficiency plan and was in a good position to deliver up to 6% efficiency savings in 2024/25. Members heard that two long-term plans – digitising medical records and expanding the sustainability team – would bring benefits in 2024/25. All efficiency programmes had undergone a Quality Impact Assessment and were tracked through Productivity Committee.
56. A seminar session for the Trust Board on how the Trust measured productivity and how Trust productivity was assessed at system, regional or national level was suggested.
Post-meeting note: this has been added to the Board seminar schedule.

TB24/03/09 OUH Staff Survey Results 2023 [TB2024.21]

57. The Chief People Officer (CPO) presented the results. Scores for six of the seven NHS People Promise elements had improved and the Trust scored in the top three for elements of the NHS People Promise among Shelford Group trusts, including top for “We Are A Team”. The Trust scored higher than the national average for engagement and advocacy.
58. The Trust’s score on six questions had decreased. Three of those related to interpersonal work relationships and could reflect the Trust’s emphasis on the eradication of bullying and harassment which allowed staff to recognise and reject these behaviours.
59. As in previous years, the focus was on “Time to Talk” sessions with staff to co-create solutions. The outcomes would be presented in a “You said, We did” format to demonstrate the Trust acting on feedback. “Time to Talk” sessions were open to all staff and provided an opportunity for staff who had not completed the survey to contribute. Divisions and directorates held sessions with staff using pre-embargo data to allow conversations to start earlier.
60. Scores in Estates were noted to be below the Trust average and members were briefed on the improvements put in place since December 2023.
61. Response rates from doctors were acknowledged to be low; it had originally been thought this was due to a timing issue with the Medical Engagement Scale but this did not appear to be the case.
62. Appraisal rates were noted to be good and work was underway to improve the quality of appraisal conversations. Support was being directed to those areas where it was most needed.
63. The Trust Board took assurance from the survey results that the People Plan was focusing on the right issues and noted the report.

TB24/03/10 NHSE Trust Board Self-Certification for Protecting and Expanding Elective Capacity - Progress Update [TB2024.22]

64. The Chief Operating Officer presented the update; there had been no deterioration from the position presented to the Trust Board’s meeting in September [TB2023.83].
65. The Chief Digital and Partnerships Officer updated the Trust Board on three areas of partial assurance:
 - a. The Trust was examining a model to support Patient-Initiated Follow Up.
 - b. Advice & Guidance was complicated by the interface between primary and secondary care and work was ongoing.

- c. A new approach to the validation of Referral to Treatment reporting would go-live in quarter 2 of 2024/25. The approach would improve data quality and reduce the administrative burden.

66. The Trust Board noted the report.

TB24/03/11 Maternity Service Update Report (including Maternity Performance Dashboard [TB2024.23])

67. The Interim Chief Nursing Officer (Interim CNO) presented the update. She noted that reduction of 3°/4° tears and post-partum haemorrhages had been adopted as a Quality Priority.
68. Action plans were in place to mitigate two exceptions to the Maternity Incentive Scheme but the Trust remained compliant.
69. The availability and quality of interpreting and translation services was queried and the number of communities served by the Trust was noted. The CNO reported good use of LanguageLine. *Post-meeting note: Maternity would undertake a pilot programme using wheeled interpreting devices, with results reported to Integrated Assurance Committee (IAC).*
70. An analysis of factors underlying the increase in caesarean section rates would be presented to a future meeting. *Post-meeting note: This is scheduled to be presented to the June meeting of the Integrated Assurance Committee (IAC).*
71. It was suggested that workforce data could be further contextualised to indicate whether there was volatility or stability in this staff area.
72. Ethnicity data relating to the midwifery workforce compared with service users would be presented to IAC. *Post-meeting note: data was presented to the April meeting of IAC.*
73. The Trust Board noted the report.

TB24/03/12 Nursing and Midwifery Establishment Reviews Autumn 2023 [TB2024.24]

74. The Interim CNO presented the report which described the routine governance process to enable the CNO to approve that all current staffing establishments for nursing midwifery staffing were safe. She explained that daily staffing meetings were in place to ensure that all wards on all Trust sites had safe staffing levels, with staff redeployed as required. This detail could be provided in future versions of the report.
75. She confirmed that all Divisions were on track to implement one person-one post by April 2024.

76. Board members took assurance from the review and requested that it be presented annually. *Post-meeting note: this had been added to the Trust Board agenda for September.*
77. The Trust Board noted the report.

TB24/03/13 Proposed Quality Priorities for 2024/25 [TB2024.25]

78. The Chief Medical Officer (CMO) presented the proposed Quality Priorities for 2024/25. The proposed Quality Priorities had been developed through an extensive process of engagement and he thanked all who had participated.
79. Progress on the 2023/24 Quality Priorities had been reviewed by the Integrated Assurance Committee. He confirmed that those Quality Priorities which had transitioned to business-as-usual had delivered as expected and that workstreams would continue in order to drive progress.
80. The Trust Board approved the Quality Priorities for 2024/25.

TB24/03/14 Medical Education Annual Report [TB2024.26]

81. Dr Debbie Harrington, Deputy Director of Medical Education, presented the report which, for the first time, provided an overview of both undergraduate and postgraduate medical education.
82. The Trust scored well in the General Medical Council (GMC) National Training Survey. She highlighted the increase in simulation-based training and equipment and noted that this was valued by trainees.
83. All but one of the Thames Valley Deanery external educational risk register items for OUH in 2022/23 had been closed by NHS England Thames Valley Quality Committee in response to the measures put in place by the Trust in response to trainee feedback.
84. The number of GMC-recognised educational supervisors had increased; a new revalidation requirement applied to this role and a process was being developed with the Thames Valley Deanery.
85. Members noted the breadth and volume of activity; on behalf of the Trust Board, the CMO thanked the Medical Education team and body of educators in the Trust.
86. The impact of the change in the Foundation Doctor allocation process was discussed. The change would be monitored for quality and outcomes, but it was noted that the change had been prompted by feedback from Foundation Doctors.
87. Despite these positive results for the Trust, across the NHS the risk of doctors in training experiencing burnout was high. Discussion focused on how the Trust could support trainees' wellbeing, including the application of recognition schemes. Dr Harrington told the Trust Board that good communication with trainees and action in response to feedback were important in making trainees feel part of the organisation.

88. The Chief People Officer suggested joint work with the team in the area of sexual misconduct, once the team had analysed the results of the Health Education England National Education and Training Survey. A “Safety in Scrubs” project had been piloted in Orthopaedics.
89. It was suggested that the Trust Board would benefit from an annual report on nursing training.
90. The Trust Board noted the report.

TB24/03/15 Regular Reporting Items

TB24/03/15a Trust Management Executive Report [TB2024.27]

91. The Trust Board noted this regular report and approved:
- the Prevention and Management of Sharps and Splash Injuries Policy;
 - the Display Screen Equipment Policy;
 - the Optical Radiation Policy;
 - the Managing Organisational Change Procedure; and
 - the Conduct and Expected Behaviours Procedure.

TB24/03/15b Audit Committee Report [TB2024.28]

92. Mr Dean, Chair of the Audit Committee, presented the report. He told Board members that:
- a. The Trust’s internal auditors, BDO, reported good engagement with Executive Directors on the 2024/25 internal audit plan.
- b. BDO were currently behind schedule on the 2023/24 internal audit plan; the pressure to complete the audits could reduce the benefit derived by the Trust. The Audit Committee had received assurance that this would not affect the issuing of the Head of Internal Audit Opinion.
- c. The timetable for the year-end audit by the Trust’s external auditors, EY, was demanding and Executive Directors were encouraged to meet the agreed timetable.

93. The Trust Board noted this regular report.

TB24/03/15c Integrated Assurance Committee Report [TB2024.29]

94. The Chair highlighted the 5-year review of perinatal mortality presented to the Committee and initial discussions to develop a system dashboard for urgent and emergency care.
95. The Trust Board noted this regular report.

TB24/03/15d Consultant Appointments and Sealing of Documents [TB2024.30]

96. The 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 at its meeting on Wednesday 17 January 2024.

TB24/03/16 Any Other Business

97. None.

TB24/03/17 Date of Next Meeting

98. A meeting of the Trust Board was to take place on **Wednesday 8 May 2024**.