

**Trust Board Meeting in Public**

Minutes of the Trust Board Meeting in Public held on **Wednesday 13 September 2023** at the George Pickering Education Centre, John Radcliffe Hospital, Oxford

**Present:**

Name	Job Role
Prof Sir Jonathan Montgomery	Trust Chair, Chair [from minute TB23/09/06]
Ms Anne Tutt	Vice Chair and Non-Executive Director, [in the Chair to minute TB23/09/05]
Prof Meghana Pandit	Chief Executive Officer
Mr Andrew Carter	Deputy Director of Nursing, [deputising for Chief Nursing Officer]
Mr Paul Dean	Non-Executive Director
Mr Jason Dorsett	Chief Finance Officer
Ms Claire Flint	Non-Executive Director
Mr Mark Holloway	Chief Estates and Facilities Officer
Ms Sarah Hordern	Non-Executive Director
Ms Katie Kapernaros	Non-Executive Director
Mr Terry Roberts	Chief People Officer
Prof Tony Schapira	Non-Executive Director
Prof Ash Soni	Non-Executive Director
Dr Anny Sykes	Interim Chief Medical Officer
Ms Clare Winch	Director of Regulatory Compliance & Assurance, [deputising for Chief Assurance Officer]
Mr David Walliker	Chief Digital and Partnership Officer
Ms Joy Warmington	Non-Executive Director

**In Attendance:**

Ms Neethu Vijayan	Deputy Sister, Wytham Ward [minute TB23/09/07 only]
Dr Katie Jeffreys	Director of Infection Prevention and Control [minute TB23/09/16 only]
Ms Milica Redfearn	Acting Director of Midwifery [minute TB23/09/16 only]
Dr Laura Lauer	Deputy Head of Corporate Governance, [Minutes]
Dr Neil Scotchmer	Head of Corporate Governance

**Apologies:**

Ms Paula Gardner	Interim Chief Nursing Officer
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Prof Gavin Screaton	Non-Executive Director
Ms Eileen Walsh	Chief Assurance Officer

### **TB23/09/01 Welcome, Apologies and Declarations of Interest**

1. Ms Tutt, in the Chair, welcomed Paul Dean and Mark Holloway to their first meeting of the Trust Board. She thanked Dr Sykes, who was attending her final meeting as Interim Chief Medical Officer.
2. Ms Tutt declared an interest as a director and trustee of the Oxford Hospitals Charity. There were no other declarations of interest.
3. Apologies were noted as above.

### **TB23/09/02 Minutes of the Meeting Held on 12 July 2023**

4. The minutes were approved.

### **TB23/09/02 Matters Arising and Review of the Action Log**

#### TB22-006 Equality Standards

5. The Chief People Officer confirmed that the updated metrics would be included in the Integrated Performance Report presented to the Trust Board in November. Metrics would be updated quarterly or annually, as data was available.
6. This action was **closed**.

#### TB23-006 KHH Lessons Learned

7. The Chief Finance Officer would discuss how best to address this action with the Chief Executive Officer and Trust Chair. The action remained open.

#### TB22-003 Annual Plan

8. This action would remain open for further updates.

### **TB23/09/02 Chair's Business**

9. The John Radcliffe Hospital had moved to Operational Pressures Escalation Level (OPEL) 4.
10. Public concern over the Lucy Letby trial and verdict was noted. The Trust had conducted an assurance exercise; this formed part of the agenda for the meeting.
11. The Trust would complete an assessment its estate for reinforced autoclaved aerated concrete (RAAC) by the end of the week.

**TB23/09/03 Chief Executive's Report**

12. The Chief Executive Officer (CEO) welcomed Mr Dean and Mr Holloway and joined the Chair in thanking Dr Sykes.

Industrial Action

13. The CEO reflected on the impact industrial action was having on patient care, relations between staff groups, staff morale and Trust performance, operational and financial.
14. Trust Board members heard about ongoing work to support staff in accordance with the Trust's People Plan. Regular staff meetings to raise issues and highlight support were used to identify areas where targeted support was necessary.
15. While outpatient work was being maximised, it looked increasingly unlikely that the Trust would reduce the number of patients waiting for 65 week and over to zero. The disruption by continued industrial action meant that Trust had to do 12 months' work in 8 months.

Patient and Staff Safety

16. The CEO referenced both the verdict in the trial of Lucy Letby and coverage in the news of Martha's Law. These cases demonstrated the importance of a robust safety culture. The Trust continued to seek to improve safety and would implement the new Patient Safety Incident Reporting Framework.
17. Royal Berkshire Hospital (RBH) had developed a centralised process for recording safety concerns. The incoming Chief Medical Officer and team were considering how this might be adapted for the Trust.
18. The CEO reiterated the Trust's zero tolerance approach to bullying and harassment in all forms, including sexual harassment.
19. Trust Board members heard that instances of sexual harassment were not being raised to the Freedom to Speak Up (FtSU) team. The Chief People Officer (CPO) was aware of the challenge facing the Trust in creating a safe environment for speaking up on issues and more training for middle managers was planned.
20. The recent [Fear and Futility](#) report from the National FtSU Guardian's office indicated that, in some Trusts, the Guardian was not well-supported.
21. An announcement of a new Lead Guardian for the Trust would be made shortly; the time the Lead Guardian would devote to FtSU work had increased from 1 to 3 days per week. The new Lead Guardian would also undertake a review of the service and how it was supported.
22. Both the Trust Chair and Ms Flint met regularly with the Trust's Lead FtSU Guardian and the Board's regular update on FtSU was scheduled for its November meeting.

**TB23/09/04 Assurance Briefing Following Verdict in Trial of Lucy Letby**

23. The CEO presented the briefing which provided evidence that the Trust had policies and processes in place to enable staff to raise concerns without detriment, and which had regular Board oversight.
24. Members sought assurance that the policies and processes were working effectively.
25. The reduction in Never Events, decreases in return to theatre, Board oversight of medical concerns, and analysis of concerns raised via FtSU and to the Chief Nursing Officer and Chief Medical Officer indicated that the Trust was able to act on evidence to improve safety.
26. Professor Schapira, Non-Executive Neonatal and Maternity Safety Champion, referred to the improvements in staff and patient experience in the maternity service as a result of concerns having been raised, heard, and acted upon.
27. The CPO acknowledged that culture change was not easy; part of the plan was to publish staff stories to demonstrate that speaking up had value and would result in action.
28. The Trust Board noted:
  - the assurance provided regarding OUH Freedom to Speak Up processes;
  - the underpinning plans (OUH Strategy and OUH People Plan) to create an open, just and inclusive culture;
  - the plans to ensure implementation of the revised Fit and Proper Persons Test as well as the completion of the annual Fit and Proper Persons checks and current compliance of all Directors.

**TB23/09/07 Staff Perspective – experiences of an internationally-educated nurse**

29. The Chair welcomed Ms Vijayan to the meeting. Ms Vijayan was the first candidate interviewed by the Trust during its first round of interviews in Kerala state, India. She joined the Trust in 2018.
30. Ms Vijayan noted that the bridging programme, which had been developed by and for international nurses, had not existed when she joined the Trust. She commented positively on the impact it had made to ease the transition for nurses, including developing skills in colloquial English. She told the Trust Board that colleagues were supportive and she had been empowered to follow her interests, resulting in role changes.
31. In her experience there were different cultural elements to healthcare, both in terms of protocols and patient and family expectations. These took effort to be learned.

32. She noted that many staff wished to settle in Oxford and the cost of accommodation in Oxford was a barrier. She was aware of cases where nurses moved from the Trust due to a lack of affordable accommodation.
33. The CEO had an objective to review career progression opportunities for internationally educated nurses; of the 1000 nurses brought to the Trust, only 4 had reached Ms Vijayan's level of seniority. The reasons for this were complicated and included family responsibilities and perceived barriers presented by the formal application and interview process.
34. The Trust Board thanked Ms Vijayan for sharing her experiences.

## **TB23/09/08 Integrated Performance Report M4**

### Use of indicators and narrative

35. In discussing the safe staffing indicator, it was noted that the indicator did not reflect mitigations in place and the narrative commentary lacked detail.
36. It was suggested that these actions should be captured in some way to provide assurance that the Trust was on top of the issue.
37. Board members were invited to consider how the presentation might be amended to improve understanding of the indicators and supporting mitigating actions.

### Safeguarding and cross-agency working

38. The Trust Board was briefed on a recent complex case. Strong partnership working across the Integrated Care Board meant the case was resolved in a young patient's best interest.
39. Safeguarding concerns were increasing and the team was being expanded to include two new adult safeguarding medical leads.

### Never Event

40. A patient had been dispensed an incorrect dose of methotrexate (10mg tablets instead of 2.5mg tablets).
41. The Interim Chief Medical Officer explained that the Trust retained 10mg tablets as some patients were not able to take four 2.5mg tablets. Following the Never Event, 10mg tablets were removed from the Pharmacy. The Trust's Chief Pharmacist was undertaking a review of other medications which might pose a similar risk.

### Operational Performance

42. The Chief Operating Officer updated the Board as follows:
  - a. Urgent and Emergency Care – meeting the four-hour performance target of 76% would be a challenge; Type 1 had improved to 69% but industrial action would continue to have an impact.

b. Urgent Care Action Plan – The plan had been updated, with increased focus on patient flow. Teams had visited Maidstone and Tunbridge Wells NHS Trust to learn from their approach. There was integrated winter planning across the system and strong partnership working.

c. OPEL 4 - The John Radcliffe had escalated to OPEL 4 due to a backlog in general surgery and the number of Emergency Department attendances. In addressing this, there would be a knock-on effect to elective care, but she praised the efforts of clinical teams. It was hoped that the John Radcliffe would de-escalate today.

d. Acute Provider Collaborative (APC) – this focused on elective non-cancer pathways – ear, nose and throat (ENT), urology, orthopaedics – and improving theatre use. The next phase of joint working was to create a single point for ENT referrals and standardising processes across the APC.

e. Mutual Aid – the Trust had not been successful in gaining mutual aid from within the ICB due to capacity constraints, but there were some offers from other providers.

f. Diagnostics – The Trust was performing well on CT and MRI. There were some issues at the front end of the audiology and neurophysiology pathways. In audiology, work across the system to improve triage would result in better patient experience, but was having a short term impact. The Community Diagnostic Centre was being used to support cardiology.

g. 65 week target – a review of capacity to Q1 2024 had taken place. All efforts were being made to meet the target but there were some patients whose cases were complex or who chose to wait to be treated by the Trust.

h. Referrals – Cancer referrals had increased by 120% from last year but this was not matched by an increase in diagnosis.

43. The Chair noted that the Council of Governors had requested a briefing on operational performance at their next meeting. *post-meeting note: the Council of Governors received a briefing on waiting times at their 2 October 2023 meeting.*

#### **TB23/09/09 Financial Performance M4**

44. The Chief Finance Officer told the Trust Board that the ICB and Regional teams had been briefed on the actions taken by the Trust Management Executive on the basis of M4 data.
45. The Trust remained in a deficit position, but this was beginning to improve. The bulk of efficiency savings had been identified and there was optimism that the Trust would deliver its target.
46. Uncertainty on the income regime meant that a cautious approach to income forecasting had been taken; it was likely that the final position would improve. He explained that payment for urgent care was done via a fixed tariff which did not allow for comorbidities to be factored in; payment for elective care did allow for comorbidities

to be taken into account. The Trust may be paid for some additional costs but it was not possible to confirm this at this stage.

47. Key cost drivers were industrial action and temporary staffing costs. Frequent industrial action had exhausted staff goodwill. This meant fewer staff were willing to provide cover at the agreed rates.
48. Staffing requests were largely related to urgent care, which was governed by a payment regimes which did not recognise payment for additional care requirements. It was strongly suspected that patient acuity was driving additional staff costs and work was going on to build understanding of temporary staff drivers.
49. On non-pay costs, energy costs were in line with the plan and increases in pathway drugs would be met with additional income. There may be an element of unbudgeted inflationary increases; these did not yet exhibit special cause variation but were being monitored.
50. The Trust would continue to focus on getting as close to its financial plan by year-end as possible.
51. The Trust Board noted the report.

#### **TB23/09/04 NHSE Trust Board Self-Certification for Protecting and Expanding Elective Capacity**

52. The Chief Operating Officer presented the checklist and explained that the Trust was fully compliant two of the nine key lines of enquiry. Any items not fully compliant had action plans and completion dates.
53. The Chief Digital and Partnership Officer updated the Board on waiting list validation. Current technologies were being used in a three-pronged approach. When this approach was trialled, the rate of outpatient Did Not Attends dropped from 7.5% to 2%. A tool developed by Coventry and Warwickshire Partnership NHS Trust would be used to analyse the health inequalities elements of validation.
54. The Trust Board confirmed the assurance provided and approved the Self-Certification for final sign off by the Trust Chair and Chief Executive.
55. The Trust Board noted that a progress update would be provided to a future meeting.

#### **TB23/09/04 Combined Equality Standards Report**

56. The CPO presented the report and summarised areas of progress, areas for further work and completed actions.
57. Tackling bullying and harassment was an area identified for further work. Ms Flint, Non-Executive Freedom to Speak Up Champion, encouraged Board members to move further and faster in their efforts to eradicate sexual harassment in the Trust.

58. It was agreed that anyone directly affected needed to be given the confidence to report sexual harassment. All staff had a responsibility to speak up when they witnessed sexual harassment. Allyship had an important role to play – sexual harassment was not just a “women’s problem”. Positive bystanders formed part of the Civility Saves Lives and Kindness Into Action training articulated in the People Plan.
59. It was suggested that the Trust proactively talk to staff in areas where problems were known or suspected, rather than wait for a case to be reported.
60. Career progression for Black and Minority Ethnic (BAME) clinical staff was an area identified for further work. The Trust was already taking positive action to encourage BAME staff to apply for roles. As part of the Medical Management Training, staff from underrepresented backgrounds or who had protected characteristics were encouraged to participate.
61. A wider question arose on self-awareness and self-understanding and the extent to which “good people” understood how unconsidered behaviours – microaggressions, micro-incivilities – were harmful. This merited appropriate consideration and would form part of a future Board agenda.
62. The Trust Board noted the report.

#### **TB23/09/04 Fixed Term Contract Procedure**

63. The Trust Board approved the revised Fixed Term Contract Procedure.

#### **TB23/09/05 Fit and Proper Persons Test (FPPT) Framework**

64. The Trust Board agreed that:
  - deputies should be included within the scope of the Fit and Proper Person Policy, from the point of appointment;
  - an annual report of FPPT compliance was presented to the Trust Board and Council of Governors, and that these reports were diarised in the Committee workplans;
  - following presentation at the Trust Board and Council of Governors, the high-level outcomes of the FPPT assessments would be included in the annual report and on the Publications page of the Trust website;
  - the FPPT processes, controls and compliance supporting the FPPT assessments were subject to review by internal audit every three years; and
  - the specification for any commissioned well-led or board effectiveness review would include the FPPT process and testing.
65. The Trust Board noted that new Disclosure and Barring Service (DBS) checks would be conducted for all Board directors who have not had a DBS check in the previous 12 months.



### **TB23/09/14 Patient Safety Incident Response Framework (PSIRF) Policy and Plan**

66. The Interim Chief Medical Officer presented the policy and plan; the Board noted that the quality group of Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) had yet to review the policy and plan.
67. Board members noted and supported the patient-centred nature of PSIRF.
68. The Trust Board approved the PSIRF Policy and Plan subject to any minor amendments recommended by the BOB ICB and delegated authority to the Trust Board Chair to review and approve any minor changes.

### **TB23/09/15 New CQC Framework**

69. The Trust Board noted the report.

### **TB23/09/16 Regular Reporting Items**

#### Learning from Deaths Report Annual Report

70. The Interim Chief Medical Officer presented the report; of the 2719 deaths, most were reviewed within 8 weeks.
71. There was one avoidable death; this was escalated as system-wide Serious Incident Requiring Investigation (SIRI) as it involved communications between multiple organisations.
72. Both the Summary-level Hospital Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR) were lower than expected.
73. The Trust Board noted the report.

#### Infection Prevention and Control Annual Report

74. The Chair welcomed Dr Jeffery to the meeting to present the report. The format of the report had been changed to align with the relevant sections of the Health and Social Care Act and was mapped to the Infection Prevention and Control Board Assurance Framework.
75. Dr Jeffery reported that the antimicrobial stewardship team was now fully recruited to; the Trust had a national and regional profile and was advising both Oxford Health NHS Foundation Trust and South Central Ambulance Service.
76. The Trust Board heard that engineering work to address legionella at the Churchill Hospital was complete and results would be monitored.
77. The rate of *c.difficile* continued to be above trajectory, but this was in line with national incidence. All cases had been subject to a root cause analysis; most were not avoidable.
78. A trial to use apps to monitor surgical site infections had been initiated.

79. The role played by the physical environment in supporting infection prevention and control was discussed and the examples of the neonatal unit and respiratory outpatients cited. The Chief Estates and Facilities Officer mentioned the role of “soft” facilities management services in supporting Healthcare Standards and agreed to review those areas of the estate.
80. The Investment Committee had previously discussed capital spend prioritisation and made the link between the physical environment and infection prevention and control.
81. The Trust Board noted the report.

#### Responsible Officer’s Annual Medical Appraisal and Revalidation Report

82. The Interim Chief Medical Officer presented the report, which showed 99.14% compliance on medical appraisals. She reported that work to identify members of the University of Oxford who could act as appraisers was ongoing.
83. The Trust Board noted:
- the report, which would be shared with the Tier 2 Responsible Officer at NHS England;
  - the Statement of Compliance (Appendix 1) which confirmed that the Trust, as a Designated Body, was in compliance with the Regulations. This would be signed by the OUH Chief Executive as required by NHS England; and
  - the Statement of Compliance for Helen and Douglas House for which the Trust provided Responsible Officer Services (Appendix 2), confirmed compliance with regulations. This would be signed by the Board of Helen and Douglas House as required by NHS England.

#### Maternity Service Update Report and Maternity Dashboard

84. The Chair welcomed Ms Redfearn to the meeting.
85. The Trust’s obstetric team had won an award at Royal College of Obstetricians and Gynaecologists World Congress for work in reducing surgical site infections following caesarean sections.
86. An analysis of 5 year (2017-2021) MBRRACE data had shown a small increase in stillbirths and neonatal mortality. This increase was reviewed by the clinical lead and no overall trends were identified. It was noted that 2022 data showed a reduction.
87. It was confirmed that all perinatal cases were subject to peer review, whether through weekly meetings attended by external bodies or through BOB Local Maternity and Neonatal System (LMBS) and Regional reviews of Healthcare Safety Investigation Branch investigations.
88. An improvement in the incidence of 3<sup>rd</sup> and 4<sup>th</sup> degree tears was noted and indicative of progress.

89. Improvements in culture had driven improvements in safety and quality. It was suggested that the Maternity Development Programme team be invited to a future Board seminar to update on progress. *Post-meeting note: this has been added to the Board seminar planner.*
90. The Divisional Director, SuWOn, had been asked to consider closer working between Maternity and Neonatal services.
91. The Trust Board noted the report.  
Integrated Assurance Committee Report.
92. The Trust Board noted the report.  
Audit Committee Report
93. The Trust Board noted the report.  
Trust Management Executive Report
94. The CEO reported that Delivery Committee, a sub-committee of TME, had been established.
95. The Trust Board noted the report.  
Consultant Appointments and Signing of Documents
96. 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.

### **TB23/09/17 Any Other Business**

97. None.

### **TB23/09/18 Date of Next Meeting**

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