

**Trust Board Meeting in Public**

Minutes of the Trust Board Meeting in Public held on **Wednesday 8 November 2023** at the George Pickering Education Centre, John Radcliffe Hospital, Oxford

**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
Ms Claire Flint	Non-Executive Director
Ms Paula Gardner	Interim Chief Nursing Officer
Mr Mark Holloway	Chief Estates and Facilities Officer
Ms Sarah Hordern	Non-Executive Director [from Minute TB23/11/04]
Mr Terry Roberts	Chief People Officer
Prof Tony Schapira	Non-Executive Director
Prof Ash Soni	Non-Executive Director
Ms Anne Tutt	Vice Chair and Non-Executive Director
Mr David Walliker	Chief Digital and Partnership Officer
Ms Eileen Walsh	Chief Assurance Officer
Ms Joy Warmington	Non-Executive Director

**In Attendance:**

Mr Julian Ward	Patient [minute TB23/11/06 only]
Ms Marion Quemby	BSL Interpreter [minute TB23/11/06 only]
Mr Lindley Nevers	Lead Guardian, Freedom to Speak Up [minute TB23/11/10 only]
Ms Milica Redfearn	Acting Director of Midwifery [minutes TB23/11/07 and TB23/11/15]
Dr Laura Lauer	Deputy Head of Corporate Governance, [Minutes]
Dr Neil Scotchmer	Head of Corporate Governance

**Apologies:**

Ms Katie Kapernaros	Non-Executive Director
Prof Gavin Screaton	Non-Executive Director

**TB23/11/01 Welcome, Apologies and Declarations of Interest**

1. The Chair welcomed Dr Brent to his first meeting of the Trust Board since his appointment as Chief Medical Officer. He thanked Ms Tutt, who was attending her final meeting before stepping down as Non-Executive Director.
2. Ms Tutt declared an interest as a director and trustee of the Oxford Hospitals Charity. The Chair had been appointed to chair the Ethics Advisory Committee of Genomics England. There were no other declarations of interest.
3. Apologies were noted as above.

**TB23/11/02 Minutes of the Meeting Held on 13 September 2023**

4. The minutes were approved.

**TB23/11/02 Matters Arising and Review of the Action Log**TB22-003 Annual Plan

5. The Trust Board now had visibility on the underlying position as part of its regular reporting. The action was closed.

**TB23/11/02 Chair's Business**Chair's Actions

6. The Chair took action to approve the following on behalf of the Trust Board:
  - a. PSIRF Policy and Plan – minor changes in terminology from the versions presented to the Trust Board at its 13 September 2023 meeting, but no changes of substance; and
  - b. NHSE Trust Board Self-Certification for Protecting and Expanding Elective Capacity - review of minor additions to the checklist.
7. In a positive development, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) had hosted a meeting of all provider Chairs and Chief Executives.
8. The NHS Staff Survey remained open and all staff were encouraged to complete it. As evidenced by initiatives to support staff with the cost of living and wellbeing, as well as focus on bullying and harassment, the Trust Board reviewed and acted on Staff Survey data.
9. The Chair drew attention to the first of the Wellbeing Roadshows being held in the West Wing of the John Radcliffe Hospital.
10. The Trust Board noted the report.

**TB23/11/03 Chief Executive's Report**

11. The Chief Executive Officer (CEO) joined the Chair in welcoming Dr Brent and thanking Ms Tutt.
12. The CEO presented her written report, along with additional updates.

Operational Performance

13. Despite the cancellation of around 700 lists due to industrial action, the Trust had reduced the number of patients who would have been waiting 65 weeks in March 2024 from 37,000 to 7,000. The CEO paid tribute to the hard work of staff in achieving this reduction.
14. The Trust was collaborating with Oxford Health NHS Foundation Trust and Oxford City Council to reduce admissions for patients who could be treated using the hospital at home service.
15. Successful community response initiatives meant that those patients coming to A&E had higher acuity and comorbidities; this led to higher rates of admission and longer lengths of stay.
16. The Trust had seen an increase in skin and breast cancer referrals. There was a clear focus on the changed Cancer Standards, which had reduced from seven to three: Faster Diagnosis Standard (FDS), 31 day and 62 day treatment standards.
17. The FDS was consistently met. Inter-provider transfers accounted for 20% of the backlog on the 62 day treatment standard and the Trust was working with partners to get patients referred more quickly.

Financial Performance

18. To address the forecast £24m deficit, the Trust had identified a range of efficiencies and expected to deliver 75% of these.
19. Reduction in pay costs was having positive impact on the underlying deficit.

SEND Report Oxfordshire County Council

20. The recently published SEND report required Oxfordshire County Council to produce an action plan. The Trust would participate as necessary as a partner.

OUH Radiotherapy Centre at Swindon

21. The CEO reported that nearly 600 patients had been cared for during the Centre's first year. Following a discussion on utilisation of the Centre and the delivery of care close to patients' homes, it was agreed that the Trust's Investment Committee would undertake a post-project review.

**TB23/11/04 Patient Perspective**

22. The Chair welcomed Mr Ward and Ms Quemby to the meeting.

23. Mr Ward told the Trust Board about his experiences in the Emergency Department and as an inpatient during a long stay and at outpatient appointments at the Nuffield Orthopaedic Centre.
24. As a profoundly deaf person, British Sign Language (BSL) was Mr Ward's first language. To communicate on an equal basis with doctors, nurses, and administrative staff, he required a BSL interpreter.

#### Inpatient Experience

25. Mr Ward was brought to the John Radcliffe Hospital as an emergency admission and was admitted as an inpatient. During his stay of 40 days, he did not have access to a BSL interpreter, despite being told one was booked.
26. Without an interpreter, he was not able to question the doctor treating him and he noted an expectation that a family member would act as a translator if one was not available. On one day, his father had arrived after the doctors' rounds were complete; when his father asked a nurse to explain what the doctor has said during the morning round, he was told that she could not share this information.
27. Mr Ward was unable to have a conversation with doctors on their rounds and, on discharge, was sent home with a box of medication and no instructions. When he visited his GP, he was told that his medical record did not show his hospital stay or what the medication was for. It was only when the GP phoned that Mr Ward found out that he had been treated for an infection.
28. Mr Ward contacted the Patient Advice and Liaison Service on three occasions but did not receive a response. This left him feeling ignored.

#### Outpatient Experiences

29. For the outpatient appointment, Mr Ward had booked an interpreter. On the day, he was told that the interpreter had not yet arrived; after waiting an hour, he was told that an interpreter was not available. He was advised to go home and reschedule the appointment by telephone.
30. Mr Ward's hearing partner telephoned to reschedule the appointment. An interpreter had been booked and email confirmation received. On arrival at the rescheduled appointment, an interpreter was not available.
31. As this was the second time a booked interpreter had not arrived, Mr Ward asked to see the manager. The person on reception told him that he would have to telephone to speak to the manager. After some effort, Mr Ward and his hearing partner had a discussion with the manager and presented the evidence that a translator had been booked.
32. Mr Ward pointed out that, as a patient, he may not wish to have a family member present when discussing a medical issue.

33. As a patient on a waiting list for a major operation, Mr Ward was unsure of how he would be communicated with during such a stressful time – would his record show that an interpreter was required?
34. The Interim Chief Nursing Officer apologised to Mr Ward on behalf of the Trust Board and said she would ensure his requirement for a BSL interpreter would be flagged for all future visits. She told the Board that a task and finish group, working with Action Deafness, had been set up to look at the process of booking interpreters, arranging appointments, training staff and raising staff awareness.
35. Members sought Mr Ward's views on whether assistive technology could help patients.
36. An induction loop would not work for profoundly deaf people. There were some online translation services, but Mr Ward stressed that BSL was a three-dimensional language so the best experience was a live BSL interpreter, not a small screen. BSL was also different from English in grammar and syntax, which complicated the use of speech-to-text technology.
37. The Trust Board noted the report; an update on the work of the task and finish group would be provided to the Board at its next meeting.

### **TB23/11/07 Integrated Performance Report M6**

#### Hospital Standardised Mortality Ratio/Summary Hospital-level Mortality Indicator

38. The Chief Medical Officer told the Trust Board that the report presented to the Integrated Assurance Committee in October contained a rounding error. This had now been corrected and the figure expressed as a percentage.

#### Administration of Antibiotics

39. Over 90% of cases of suspected sepsis were receiving antibiotics within one hour. The Trust was continuing to maintain this standard.

#### Cognitive Screening

40. The Trust's rate of dementia screening was discussed. The Chief Medical Officer confirmed that 70% of patients over the age of 75 who had been in hospital for more than 72 hours had been screened. This was being extended to younger age groups in accordance with national guidance.
41. Concern was expressed that screening was being extended when not all patients over the age of 75 were receiving it. It was agreed that the Trust Chair would take advice on how best to review the Trust's screening programme.

#### Violence and Aggression

42. Trust data on incidents of violence and aggression towards staff did not differentiate between clinical (e.g. cognitive impairment) or other forms of aggression. It was suggested that this data be disaggregated to enable the Trust Board to understand the forms of aggression experienced by staff.

43. The Interim Chief Nursing Officer told the Board that incidents were dealt with through the “No Excuses” campaign and it was important for staff to see action was being taken. It was a complicated and sensitive area which would benefit from a strategy.

#### Staff vaccination

44. Staff were being offered influenza (flu) and COVID vaccines through dedicated clinics and mobile workplace vaccinators.
45. The Chief Medical Officer reported that 35% of staff had received a flu vaccine, a good figure for this time of year. The figure for the COVID booster was 25%. There were some reports of hesitancy regarding the COVID booster and the Trust was working to understand the reasons behind this.
46. The Chief People Officer confirmed that the number of staff off work with flu was small.

#### Maternity Indicators

47. The Acting Director of Midwifery pointed out that the September data for incidents of moderate harm showed a decrease in third and fourth degree tears and post-partum haemorrhages. The service was not complacent about improvement and she pointed to the success of the Peaches programme, which supported perineal health in childbirth.
48. There had been an increase in the number of admissions to the Neonatal Intensive Care Unit. These were usually retrospective admissions; as a result, the process for managing these incidents had been changed to involve neonatal services more closely.
49. The Trust Board was aware of instances of excellent safeguarding work in the maternity service and sought assurance that it was consistently operating well. An outcomes-focused update was requested.
50. Focusing on health inequalities, members looked at data on stillbirths and noted these were not analysed by ethnicity. The Acting Director of Midwifery confirmed that each case had been reviewed and no care concerns identified; further analysis was taking place as part of a larger report on maternity indicators.
51. Greater use of the expertise in the National Perinatal Epidemiology Unit was advised to inform setting of indicators for escalation. Executive members had been briefed by Clinical Director of Maternity Services; this had provided assurance.
52. The Trust Board agreed that the Integrated Assurance Committee (IAC) should receive a report on maternity benchmarking data, including how it would be used to identify action and escalation based on benchmarking data, and safeguarding effectiveness.
- Post-meeting note: this has been incorporated into the IAC forward plan.*

#### Urgent and Emergency Care

53. The Chief Operating Officer updated the Trust Board Urgent and Emergency Care (UEC) performance. Statistically significant improvements had been made to reduce the number of patients waiting over 12 hours and stays over 21 days had been reduced.

54. System working, particularly within Oxfordshire, had improved. This allowed the Trust to cope better with surges.
55. The Trust was working with primary care providers to provide support to frail patients to be treated at home and patients with mental health conditions.
56. The CEO described the ED Clinic model in use at Maidstone and Tunbridge Wells NHS Trust as a possible enhancement to the service. In this model, patients with minor injuries would be seen by an appropriately qualified clinician and treated or referred to a hospital service.
57. A large business case to support clinical staffing in ED overnight was being considered and the Trust was engaging the ICB for support. The Chair agreed that the Trust Board would share ownership with the Executive of this business case.
58. The Interim Chief Nursing Officer reported that it was hoped to have multi-agency discharge events on a weekly basis. [SHOP](#) principles were in use to structure ward rounds.
59. The Trust Board agreed that the Integrated Assurance Committee would undertake a Deep Dive into Urgent and Emergency Care, focusing on Emergency Department (ED) patient flow, ED overnight pressures and staffing, system working, the use of ED clinics and benchmarking. *Post-meeting note: this has been added to the agenda for the December meeting of IAC.*

### **TB23/11/08 Financial Performance M6**

60. The CFO presented the report and drew the Trust Board's attention to the cash position, which was not sustainable long-term.
61. A 13 week cash forecast was reviewed on a daily basis. The Trust was not yet at the point of pausing discretionary spending, but Trust Board members were told that difficult decisions might need to be taken.
62. A key improvement arising from the work on cash forecasting was to improve communications between the treasury management team and operational teams to enable more robust assumptions to be made.
63. The Chair of the Audit Committee, Mr Dean, confirmed that the Audit Committee had discussed the cash management and forecasting work and was comfortable with it.
64. Slippage in the Trust's capital plan for 2023/24 was assisting cash management. It was suggested that in future financial years the Trust should ring-fence its capital expenditure and manage cash through the income and expenditure budget.
65. The affordability of the winter plan, which showed an increase in the bed base, was discussed. The Chief Operating Officer explained that the Trust had closed beds during the summer months to create the capacity for this increase without a corresponding increase in temporary staffing.

66. The drugs and devices overspend was considered and it was agreed that the Audit Committee would review the related drivers and Trust controls.

### **TB23/11/09 Winter Preparedness Plan**

67. The Chief Operating Officer presented the plan which had been developed in accordance with the roles and responsibilities set out by NHS England to deliver the Urgent and Emergency Care Recovery Plan. Of the 10 high-impact interventions, four were led from the Trust and six in the wider system.
68. Trust Board members took assurance from the evidence of joined-up planning across the system. It was agreed that metrics for the 10 high-impact interventions would be presented as a Deep Dive at Integrated Assurance Committee. This could then be followed by regular briefings for Non-Executive Directors to monitor the metrics, as happened during the COVID-19 pandemic.
69. Communications would continue to be developed and simplified to provide a clear and unified message to patients and carers.
70. The Trust Board noted the report.

### **TB23/11/04 Freedom to Speak Up Annual Report**

71. The Chair welcomed Mr Nevers, Lead Guardian, Freedom to Speak Up (FtSU), to the meeting.
72. Mr Nevers presented the report and outlined areas of focus for 2023/24.
73. Members were pleased at the increase in contacts between staff and the FtSU team.
74. It was clear that the decrease in cases opened, when viewed alongside Staff Survey data, indicated that there was more to do in supporting staff to speak up and for staff to feel confident that concerns were acted upon. The Lead Guardian noted an increase in reporting following the annual FtSU month. He was in discussion with Divisional Heads of Workforce to showcase interventions so staff could see FtSU working year-round.
75. The Lead Guardian would adopt a data-centred approach to understand how many potential cases were resolved informally and to target areas of low Staff Survey scores or identified NHS-wide issues.
76. Ms Flint, as Non-Executive Champion for FtSU, and the Chair met regularly with the Lead Guardian to discuss relevant issues.
77. The Trust Board noted the report.

### **TB23/11/04 Board Visibility Programme Update**

78. The Board reviewed progress to date and plans to further develop the visibility programme by involving Governors.
79. Any interruptions to the programme would be reported to the Board.



80. The Trust Board noted the report.

### **TB23/11/04 Establishment of Deputy Chief Officer Role**

81. The proposal had received wide discussion, including with Trust Governors. The Trust's Council of Governors had approved the proposed change to the OUH Constitution.

82. The Trust Board **approved**:

- the establishment of a Deputy Chief Executive Officer post;
- a change to the OUH Constitution as follows:
  - “22.2. The Board of Directors shall comprise:
    - 22.2.1. a non-executive Chair;
    - 22.2.2. between five and ~~nine~~ ten non-executive directors; and
    - 22.2.3. between five and ~~nine~~ ten executive directors.”

### **TB23/11/05 Appointment of Vice Chair and Senior Independent Director**

83. Most members of the Trust Board had participated in informal conversations and were aware of discussions. The Council of Governors' Remuneration, Nominations and Appointments Committee (RNAC) had met in joint session with the Remuneration and Appointments Committee to discuss these roles.

84. RNAC met on 6 November 2023 and agreed to recommend that the Council of Governors support the appointment of Ms Flint and to approve the appointment of Ms Hordern. RNAC's recommendations would shortly be considered by the Council of Governors.

85. The Trust Board:

- **Approved** the appointment of Ms Claire Flint to the role of Senior Independent Director subject to confirmation of the support of the Council of Governors; and
- **Noted** that the Council of Governors would consider a recommendation to appoint Ms Sarah Hordern to the role of Vice-Chair and confirmed the Board's support for this recommendation.

### **TB23/11/14 ICB Annual Report**

86. The Trust Board noted publication of the ICB Annual Report.

**TB23/11/15 Regular Reporting Items**Board Assurance Framework (BAF) and Corporate Risk Register (CRR)

87. The Chief Assurance Officer summarised work to identify and describe risks as part of the wider project to review and refresh the Board's risk appetite.
88. An analysis of BAF/CRR reporting within the Shelford Group indicated that Trust reporting was consistent with its peers.
89. Entries in the Board Assurance Framework had been restructured to show the levels of assurance and identification of gaps. Two identified risks – estates and delivery of care – had been identified and were in the process of being articulated.
90. The format of the BAF was confirmed to be consistent with Internal Audit recommendations, but it was suggested that a summary page showing the top ten risks could be included to guide Board discussions.
91. These issues would be more discussed in more detail at a Board seminar scheduled for 29 November.
92. The Trust Board noted the report.

Safeguarding Annual Report

93. The CNO thanked the Trust's Safeguarding Team who were managing a caseload which had increased in number and complexity, mirroring national trends.
94. Good partnership working within the system had been established and the Board heard an example of a successful case conference which had resulted in the best outcome for a young patient.
95. BOB ICB recognised a relative lack of provision for young people in their late teens and early 20s and this had been raised at the national Safeguarding Board.
96. The Trust Board noted the report; it was hoped that future reporting would include data on the team's impact.

Maternity Service Update Report and Maternity Dashboard

97. The Acting Head of Midwifery provided an update on the three Maternity Incentive Scheme Safety Actions which been identified as at risk:
  - a. Nicotine Replacement Therapies – this was awaiting approval from the Medicines Management Committee;
  - b. Junior Neonatal Medical Workforce – the workforce calculator had been placed in the Reading Room for information;
  - c. Newborn Life Support Training – the Trust was currently compliant, with plans in place in further increase training.

98. The Trust was fully compliant with Safety Action 9, with Trust Board-level review of performance and perinatal mortality. Executive and Non-Executive Safety Champions met monthly with maternity and neonatal safety champions.

99. The Trust Board noted the report.

#### Health and Safety Update Report

100. The CNO drew the Board's attention to the improvement in health and safety culture, as evidenced by the ISO 45001 activity.

101. A dashboard format, with more granular detail, would be adopted for future reports.

102. The Trust Board noted the report.

#### Guardian of Safe Working Q2 Report

103. The Chief Medical Officer (CMO) presented the report and thanked Dr Stuart and Miss Holden, the Guardian and Deputy Guardian.

104. The discrepancy between schedules and rosters prompted a discussion about the effectiveness of local management of rosters and how the Board could be assured. It was agreed that the CMO, Chief People Officer and Chair of Audit Committee would meet to look at this in more detail.

105. The Trust Board noted the report.

#### Learning from Deaths Report Q1

106. The CMO presented the report which outlined the Trust's processes and the learning from the case of a potentially avoidable death.

107. The learning touched on other areas – the management of neck of femur fractures, lessons for palliative care, involvement of and impact on family members – and members sought assurance that this work was not undertaken in isolation.

108. To address this, it was suggested that the Trust's mortality process form the subject of a future Board seminar. *Post-meeting note: this has been added to the Board seminar planner.*

109. The CMO was invited to consider whether, for cases of potentially avoidable deaths, it would be beneficial to set up a reciprocal review arrangement within another Trust in the Shelford Group. This would not replace the role of Medical Examiners but could provide additional external review.

110. The Trust Board noted the report.

#### Integrated Assurance Committee Report.

111. The Trust Board noted the report.

Audit Committee Report

112. The Trust Board noted the report and approved the revisions to the Standing Financial Instructions, Board Reservation and Delegation of Powers, and Limits of Delegation Policy.

Trust Management Executive Report

113. The Trust Board noted the report and approved two revised procedures: Recruitment and Selection Procedure and Supporting Employee Performance Procedure.

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.

**TB23/11/16 Any Other Business**

115. None.

**TB23/11/17 Date of Next Meeting**

116. A meeting of the Trust Board was to take place on **Wednesday 17 January 2024**.