Trust Board Meeting in Public

Minutes of the Trust Board Meeting in Public held on **Wednesday 15 January 2025**, George Pickering Education Centre, John Radcliffe Hospital.

Present:

Name	Job Role
Prof Sir Jonathan Montgomery	Trust Chair, [Chair]
Prof Meghana Pandit	Chief Executive Officer
Mr Ben Attwood	Chief Digital and Partnership Officer
Dr Andrew Brent	Chief Medical Officer
Ms Yvonne Christley	Chief Nursing Officer
Mr Simon Crowther	Deputy Chief Executive Officer
Mr Paul Dean	Non-Executive Director
Mr Jason Dorsett	Chief Finance Officer
Ms Claire Feehily	Non-Executive Director
Ms Claire Flint	Non-Executive Director
Ms Sarah Horden	Vice Chair and Non-Executive Director
Ms Katie Kapernaros	Non-Executive Officer
Mr Terry Roberts	Chief People Officer
Prof Tony Schapira	Non-Executive Director
Prof Gavin Screaton	Non-Executive Director
Prof Ash Soni	Non-Executive Director
Ms Felicity Taylor-Drewe	Chief Operating Officer

In Attendance:

Dr Neil Scotchmer	Head of Corporate Governance
Ms Joan Adegoke	Corporate Governance Officer [Minutes]
Dr Tomasz Bajorek	Consultant in Psychological Medicine [Paper 9a]
Dr Ruth Houlden	Clinical Director Maternity Minute TB25/01/07
Dr Deon Louw	Emergency Department Consultant, Safeguarding Doctor and clinical lead for the High Intensity Users Service (HIU) service Minute TB25/01/06
Dr Mary Miller	[Paper 9c]
Mr Roger Moss	Patient's Representative Minute TB25/01/06
Ms Milica Redfearn	Director of Midwifery Minute TB24/01/07

Apologies:

Mr Mark Holloway	Chief Estates and Facilities Officer
Ms Joy Warmington	Non-Executive Officer

TB25/01/01 Welcome, Apologies and Declarations of Interest

1. The Chair welcomed those attending the meeting and members of the public and Governors who were observing.
2. Apologies were noted as recorded above.

TB25/01/02 Minutes of the Meeting Held on 12 November 2024 [TB2025.01]

3. The minutes of the previous meeting were approved as an accurate record.

TB25/01/03 Action Log [TB2025.02]

4. Action TB24-003 was closed as the additional data showing both the % and numbers of BME staff at each Agenda for Change grade had been circulated to Board members.
5. Members identified support for career progression as a key enabler. Some examples of assistance available included work by the nursing network on application forms and interview technique, coaching conversations seminars available to internationally educated staff, and revised and updated induction and guidance for international medical graduates.

TB25/01/04 Chair's Business

6. The Chair reflected on Oxfordshire County Council's leadership in developing thinking on options for service reorganisation.
7. While the proposed partners for this initiative were not yet confirmed, they might include regions across Buckinghamshire, Oxfordshire and Berkshire West (BOB) boundaries, such as Swindon and Milton Keynes.
8. The County Council was keen to adopt a more neighbourhood-focused NHS approach, marking a constructive beginning, although it was still too early to predict the outcome of this initiative.
9. A place-based meeting to discuss strategies for meeting Oxfordshire's needs over the next 5-10 years had also been held.
10. The Board noted the update.

TB25/01/05 Chief Executive Officer's Report [TB2025.03]

11. The Chief Executive Officer (CEO) expressed her gratitude to all staff who worked over the festive period dealing with challenges including a surge in cases of influenza,

respiratory syncytial virus (RSV), and COVID-19. She noted that the impact had not been as severe as in some neighbouring organisations.

12. The Trust's first Quarterly Recognition Event had taken place in November 2024, and the nominations window for the annual Staff Recognition Awards opened on 13 January 2025. Several Trust colleagues had been shortlisted for national awards. Sneha Sunny, one of the staff governors, won the Unsung Hero Award at the British Indian Nurses Association Awards on 29 November 2024.
13. Staff sickness had increased slightly over the last quarter, mainly due to short-term illnesses like flu, colds, and COVID-19. Staff turnover remained just over 9%, down from 12% three years ago.
14. Provision had been made to open an extra ward in winter, but this had not been required, which was positive. The Trust had mainly been at Operational Pressures Escalation Levels (OPEL) 1 and 2, with the assistance of the enhanced recovery unit and work on the transfer of care hub, which had helped manage patient flow and ensure safety.
15. Operational performance had been over 70%, thanks to collaborative efforts to maintain safe care. However, out-of-area discharges remained a challenge.
16. To meet the elective care standard, no patients should be waiting over 65 weeks by the end of March 2025. This was a significant challenge, with just over 500 patients in this category in December, placing the Trust in tier 1 of the oversight framework. Various measures were being taken, including insourcing, outsourcing, use of the independent sector, and increasing utilisation.
17. Additional support for the NOTSSCaN Division had been brought in, and there was likely to be a shortfall of capacity for 250 patients who would need mutual aid.
18. The M8 finance report recorded an £8.2m deficit. The Trust along with the ICB and other parts of the ICS had been placed under the finance oversight regime following an investigation and intervention (I&I) exercise by PwC for NHSE. The Trust's efficiency target was £92m, and £60m had been delivered by M9.
19. The Trust had planned to reduce temporary staff by 700 in volume and rates. Volume had been reduced only by 330 but the pay Cost Improvement Plan (CIP) through parallel work to standardise pay rates.
20. Work on the maternity bereavement suite had been completed and it was now open, while the Nuffield Orthopaedic Centre (NOC) had received surgical hub designation.
21. The Board noted the report.

TB25/01/06 Patient Perspective

22. The Trust Board was introduced to Ashleigh and her partner Roger. After the birth of her son, she had struggled with post-traumatic stress disorder, post-natal depression, insomnia, and health anxiety, leading to frequent Emergency Department (ED) visits.

23. The High Intensity Users (HIU) Service had intervened by providing compassionate telephone conversations, building a comprehensive picture of her situation, and offering reassurance. This approach established trust and led to a coordinated action plan involving discussions with her GP and referrals to other services.

24. With support from a charity, Ashleigh gained access to psychiatric support from the perinatal team, and had in-person meetings to re-engage with the wider world. A care plan was in place with the Emergency Department, but Ashleigh did not return to the ED again.

25. Dr Louw emphasised the importance of such services operating across organisational boundaries and working with patients, carers, and partners to co-design approaches.

26. The story highlighted the need for proactive intervention coordinated across specialities and services, the value of the HIU Service, support for family members, preventative measures, and simplifying communication methods.

27. The Board expressed its thanks to Roger and Ashleigh for sharing their story.

TB25/01/07 Maternity and Perinatal Incentive Scheme Year 6

28. The Clinical Director for Maternity summarised the requirements and conditions for Trusts to be eligible for payment under the Maternity and Perinatal Incentive Scheme (MPIS) - Year 6.

29. Of the ten requirements, the Trust was compliant with all; NHSE had reviewed the compliance data, giving the Board additional assurance.

30. The Board commended the notable compliance achievement, noting that the Trust's consistent achievement of the Scheme's standards reflected improved service quality. The service was asked to consider the extent to which ongoing exceptional effort would continue to be required to maintain these standards.

31. The Board confirmed the agreement and authorised the CEO to sign the declaration form.

TB25/01/08 Maternity Service Update Report [TB2025.04a]

32. The Chief Nursing Officer presented the report, including the dashboard, which provided an update on key maternity activities. This encompassed the CQC action plan, the Maternity and Perinatal Incentive Scheme (MPIS), and Antenatal and Newborn Screening Services. The report encapsulated the findings and recommendations and the actions the service had undertaken to address them.

33. The Chair highlighted the ongoing challenge with delays in the induction of labour. Ms Redfern noted that a quality priority had been implemented, resulting in a reduction of red flags for delays over 24 hours to 36%, with a positive downward trend. Despite this progress, the Chair emphasized that 36% was still a significant number and stressed the importance of continuing to monitor and sustain momentum.

34. The Board commended the improvements in the quality of service reflected in the dashboard.

35. The Board noted this update.

TB25/01/09 Maternity Safe Staffing Biannual Report [TB2025.04b]

36. The Chief Nursing Officer reported good progress on the vacancy pipeline, though turnover remained an issue. It would take time to see an impact on the numbers, as the pipeline depended on newly registered midwives at specific times of the year. A different strategy to manage maternity leave, expand apprenticeships, and retain staff would be required.

37. Ms Redfern reported the successful appointment of 12 internationally educated midwives, with 10 more expected in the coming months. This would bring diversity and excellence to the service.

38. The Board noted the staffing challenges on maternity units and how the Birthrate Plus acuity tool had supported addressing these challenges, feeding into daily huddles. Red flag events for Q1 and Q2 of 2024/25 had been reduced post-mitigation, and the Chief Nursing Officer confirmed that an escalation process was in place for unmitigated red flags. Vacancies provided an opportunity to flex the service, using the entire service to maintain safety when a red flag was raised.

39. It was noted that 11% of births occurred in the community, creating tension between community needs and those at John Radcliffe Hospital. This tension was highlighted by the number of times staff were called in from the community to JR, indicating a strain on resources.

40. Staffing the four Midwifery-Led Units (MLUs) was particularly challenging, adding to the overall pressure on maternity services. These issues would be addressed as part of the establishment review to ensure adequate staffing and resource allocation.

41. The Trust Board noted and the report as required by the NHS Resolution Clinical Negligence Scheme Trusts (CNST) Maternity Perinatal Incentive Scheme (MPIS) for safety action 6. It noted that the midwifery staffing budget aligned with BirthRate Plus calculations, and approved and took assurance from the report.

TB25/01/10 Perinatal Mortality Review Tool Q2 [TB2025.04c]

42. The Chief Nursing Officer updated the Board on reportable and reviewed perinatal deaths during Q2 of 2024-2025, highlighting demographic information about the women and birthing people affected and strategies to address potential disparities in perinatal mortality.

43. The Board emphasised the importance of the review and the need to distinguish between patients who began their care with the Trust and those who did not.

44. Due to the small number of cases involving different ethnicities, there was a need to examine data over a longer period for meaningful analysis. However, actions to monitor the situation would continue.

45. The Board noted the review.

TB25/01/11 Learning From Deaths Report Q2 [TB2025.05]

46. The Chief Medical Officer presented a report that provided an overview of Trust-level mortality data and key learnings from the mortality reviews completed for Quarter 2 of 2024/25 (July to September 2024). The report offered assurance on the actions taken to address any highlighted concerns.

47. All deaths were reviewed at least at level 1. The national benchmark for the Hospital Standardised Mortality Ratio (HSMR) was 97%, with the previous year categorised as expected rather than lower than expected. Excluding hospices, the rate remained low at 88%.

48. Chart 2 presented HSMR by month, showing no clear trend in HSMR reduction. Overall figures for the year were as expected, with narrower confidence intervals for a whole year of data. A rise in May, June, and July was noted, and monitoring would continue.

49. The Summary Hospital-level Mortality Indicator (SHMI) for the period was ‘lower than expected’ and excluded deaths occurring out of hospital within a certain number of days, aligning with benchmarked Trusts.

50. The Board discussed mortality data based on the Index of Multiple Deprivation (IMD) across different quintiles and the possibility of addressing systemic issues in care for deprived areas.

51. The Chief Medical Officer discussed challenges in accurately interpreting data without considering other influencing factors, such as age profiles in different areas. It was noted that issues separate from the quality of care within the Trust were hard to isolate.

52. Emphasising the crucial role of coding, it was proposed that data be examined by disease group on a monthly basis to identify any common cause variation and with an in-depth analysis initiated if the same group showed signals for two consecutive months.

53. The Chair suggested undertaking a comparison with partner trusts for specific diagnostic groups with reliable and accurate data for comparison.

54. The Board noted the report.

TB25/01/12 Mental Health Act Annual Report [TB2025.06a]

55. Dr Tomasz Bajorek joined the meeting to present a report on the use of the Mental Health Act (MH Act) within the Trust. The Board heard that activities under the MH Act were meeting legal obligations.

56. The current policy excluded mandated care for beds outside of OUH, impacting around 300 patients per year who often waited in OUH beds for 1-10 days. Data collection on these patients was ongoing.

57. An audit of delays in transferring patients to psychiatric beds was planned for early 2025, with continued collaboration with the Oxford Health Mental Health Act office.

58. The Board commended the comprehensiveness of the paper and expressed interest in the gender profile of patients to identify any gaps. The Board also questioned the effectiveness of independent mental health advocacy, noting that there was an opt-out policy and relatively few referrals. Dr Bajorek agreed to investigate the gender issues and noted that advocacy was offered to all, but that the majority did not take it up.

59. Regarding connections with perinatal services and links to Oxford Health Mental Health, there were collaborative efforts for high-frequency attenders, with Oxford Health providing psychiatric services in the Emergency Department (ED) and OUH handling psychiatric medicine for the rest of the hospital.

60. On patient and carer involvement, it was noted that in general clinical practice, there was an obligation to discuss detention with family members, especially for treatment orders. Opportunities to expand this involvement could be explored.

61. The Trust Board noted:

- The Trust MHA activity and targets for improvement detailed in the action plan provided in Appendix 1 (table 2) would be reviewed in one year's time.
- Delivery of action plans would be the responsibility of the MHA manager, MHA administrator, and MHA lead.
- The significant impact on OUH of having to identify psychiatric beds across the county and country.
- The internal OUH MHA policy was in the process of being reviewed and updated.

TB25/01/13 PSIRF Annual Report [TB2025.06b]

62. The Board noted the low number of Freedom to Speak Up (FTSU) concerns related to safety.

63. It was suggested that a Patient Safety Partner share a patient story at a future meeting.

64. The Board noted the report.

TB25/01/14 End of Life Care Annual report [TB2025.06c]

65. Dr Mary Miller, Consultant in Palliative Medicine and also the Lead for the National Audit of Care at the End of Life joined the meeting to present the report, outlining the key findings from the draft results of the 2024 National Audit of Care at the End of Life (NACEL).

66. The report identified areas for improvement, but the outlier process on data was still ongoing. Dr Miller expressed confidence that the data was consistent with six-month data and reflected trends over time.

67. The Trust performed better than the national average in patient/carer assessments of care. However, areas to monitor included:

    - Recognition of dying;
    - Staff confidence in discussing hydration options with dying patients; and
    - Effective use of interpreting services for end-of-life conversations.

68. Goals for Q4 and 2025 included plans to build on these three areas and work with the Patient Experience team to pilot new interpreting services, initially in palliative care.

69. The Trust Board noted the draft results of the 2024 National Audit of Care at the End of Life (NACEL) and the actions being taken to further improve end of life care. It was assured by the audit findings.

TB25/01/15 Modern Slavery Statement [TB2025.07]

70. The Trust Board approved the Modern Slavery statement to be signed by the Chief Executive Officer and published on the OUH website.

TB25/01/16 Board Visibility Update [TB2025.08]

71. The Board recommended that Board Visibility be monitored by the Delivery Committee on a six-monthly basis and with reporting to the Integrated Assurance Committee (IAC).

72. The Trust Board noted the paper's content and the new feedback collection process for information.

TB25/01/17 Integrated Performance Report M8 (including Tier 1 Action Plans) [TB2025.09]

73. The CEO reflected on the NHSE Board Insight Report and the publication of elective care reform guidance. The guidance outlined actions for Trusts, Integrated Care Boards (ICBs), and Integrated Care Systems (ICSs) to ensure reformed delivery and empowered patients. It emphasised aligning funding, especially the Elective Recovery Fund (ERF), with delivery standards. A gap analysis highlighted the goal of treating over 65% of patients within 18 weeks, aiming for all trusts to achieve a 5% improvement. The analysis covered expectations, timelines, and costs.

74. The Deputy CEO discussed the development and refreshment of the Integrated Performance Report (IPR) to keep it comprehensive and refined. An analysis of the Insightful Provider Board guidance paper would be presented to the Integrated Assurance Committee (IAC), covering best practice assurance and expected Key Performance Indicators (KPIs). The aim was to use the Trust's three-year strategy and

quality priority work to inform IPR content, focusing on tracking performance target changes and making reports more up-to-date, including flash reports by exception.

75. The Board discussed the Friends and Family Test inpatient response and Trust reviews. It also noted OUH's high inpatient survey performance, recognising the impact of seasonality and the potential hindrance of busy Emergency Departments (EDs) on data collection.

76. Concerns were raised about cleaning and theatre failures at the Nuffield Orthopaedic Centre (NOC). The commitment to resolve these issues through the PFI strategy was reaffirmed, with a proposal to explore alternative steps if contract management proved challenging.

77. The Board was updated on safeguarding activities, noting that the experienced Safeguarding team was fully staffed and currently assessing capacity needs, especially for admin support. The Board commended the team's excellent work and suggested focusing on future capacity planning.

78. The Chief Operating Officer provided an update on the tier 1 status for elective recovery, highlighting progress in first outpatient appointments and the need for mutual aid to achieve zero wait times. The recovery plan included strict PTL control, additional orthopaedic sessions, and outsourcing for ENT and Urology. The Trust remained fully committed to reducing delays for patients experiencing longer wait times**.**

79. Patients were surveyed to confirm their need to stay on waiting lists and to test their willingness to travel for earlier treatment. The Board was assured that no one was removed due to non-response.

80. The Board was briefed on the NHSE finance team's changes to the elective funding regime, highlighting potential conflicts between performance standards and financial goals, which could affect collaboration. Partial guidance had been received, and discussions were needed on the implications of these changes for both the current and following year.

81. The Board noted the report.

TB25/01/18 Finance Report M8 [TB2025.10]

82. The Chief Finance Officer (CFO) introduced this report, highlighting key updates on the organisation's financial performance and workforce metrics.

83. Value-weighted activity was currently on target, indicating that the organisation was meeting its goals in this area. Progress had been made in resolving contractual issues, positively impacting other income streams.

84. The additional non-pay analysis requested by the Board had not yet been completed. Corrections to accruals were ongoing, affecting trends. This analysis would be provided to the Integrated Assurance Committee (IAC).

85. Efforts were ongoing to explore a new methodology for reporting Whole-Time Equivalents (WTEs) to better account for overtime and maternity leave. Some divisions had been shifting non-pay expenses to cover pay costs, causing distortions in financial reporting.

86. The Trust's cash position was stable at £9 million, which was considered positive. There was a £20 million gap in the capital budget, with £15 million attributed to leasing assets, which would be adjusted within the year. The MK Radiotherapy Centre, valued at £9 million, would become operational that month. The core budget managed by the Estates and Facilities team was £5 million behind plan, with the expectation that this would be recovered by year end.

87. The CFO noted that early success with temporary staffing reductions had not continued in the latter part of the year. Late contract signatures had also led to budget changes in year. There was concern that the deterioration in financial performance was not happening only during the months with operational pressures, indicating underlying issues.

88. A breakdown of the variance to budget on income was requested, as all divisions had diverged from budgets. The CFO explained that budget profiles assumed that Cost Improvement Plans (CIPs) would be implemented in the latter part of the year. The Board noted the need for a stronger focus on living within budgets.

89. The Board noted the report.

TB25/01/19 Emergency Preparedness Resilience and Response Core Standards Report [TB2025.11]

90. The Board noted the report and supported an increase of 0.5 Whole-Time Equivalent (WTE), raising the team's staffing level from 1.5 to 2.0 WTE.

TB25/01/20 Update on Primary Care Interface Collaboration [TB2025.12]

91. The Chief Medical Officer provided an update on the interface between primary and secondary care, recognised as an area of risk and challenge with national support for improvement efforts.

92. The Trust had made significant progress through various initiatives and investments:

- Primary Care Liaison Lead - Appointed to enhance communication and collaboration between primary and secondary care.
- Educational Resources - Developed with funding from BOB ICB.
- New Interface Group - Established with representatives from LMC, OUH, and BOB ICB to address key national and local issues. This group was chaired by the Chief Medical Officer or a deputy.

93. Benchmarking data identified key domains in which the Trust performed well. Future updates on progress would be provided to the Board.

94. The Board commended the notable progress made in collaboration with primary care providers who had supported the Trust in improving performance against access standards and addressing health inequalities.

95. The Chair recommended organising a seminar once the first meeting and Terms of Reference were set, emphasised that the initial focus should be on collaboration and improved ways of working.

96. The Board noted the paper and recommended not tying it to a specific reporting mechanism yet.

TB25/01/21 UEC System Dashboard [TB2025.13]

97. The Board noted the report.

TB25/01/22 BOB Acute Provider Collaborative Update [TB2025.14]

98. The Board noted the report.

TB25/01/23 Trust Management Executive Report [TB2025.15a]

99. The Board noted the report and approved the Modern Slavery Statement to be signed by the Chief Executive Officer and published on the OUH website.

TB25/01/24 Integrated Assurance Committee Report [TB2025.15b]

100. The Trust Board noted the report.

TB25/01/25 Consultant Appointments and Sealing of Documents [TB2025.15c]

101. 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 12 November 2024.

TB25/01/26 Any Other Business

102. No additional business has been highlighted on this occasion.

TB25/01/27 Date of Next Meeting

103. A meeting of the Trust Board was to take place on **Wednesday 12 March 2025.**