

Trust Board Meeting in Public

Minutes of the Trust Board Meeting in Public held on **Wednesday 25 May 2022** via video conference

Present:

Name	Job Role
Prof Sir Jonathan Montgomery	Trust Chair, [Chair]
Dr Bruno Holthof	Chief Executive Officer
Mr Jason Dorsett	Chief Finance Officer
Ms Sam Foster	Chief Nursing Officer
Ms Paula Hay-Plumb	Non-Executive Director
Ms Sarah Hordern	Non-Executive Director
Ms Sara Randall	Chief Operating Officer
Mr Terry Roberts	Chief People Officer
Prof Gavin Screatton	Non-Executive Director
Prof Ash Soni	Non-Executive Director
Dr Anny Sykes	Director of Safety and Effectiveness and Deputy Chief Medical Officer [for Chief Medical Officer]
Ms Anne Tutt	Vice Chair and Non-Executive Director
Mr David Walliker	Chief Digital and Partnership Officer
Ms Joy Warmington	Non-Executive Director
Ms Clare Winch	Acting Chief Assurance Officer

In Attendance:

Dr Neil Scotchmer	Head of Corporate Governance
Dr Laura Lauer	Deputy Head of Corporate Governance [Minutes]
Mr Elliott Dickenson	Interim Corporate Governance Project Manager
Mr Mike Gotch	Public Governor, Oxford City
Dr Helen Higham	Nominated Governor, University of Oxford
Dr Jeremy Hodge	Public Governor, Buckinghamshire, Berkshire, Wiltshire and Gloucestershire
Mr George Krasopoulos	Staff Clinical Governor
Dr Graham Shelton	Public Governor, West Oxfordshire
Ms Alison Moore	Correspondent, <i>Health Service Journal</i>
Mr Matt Akid	Director of Communications and Engagement

Apologies:

Ms Claire Flint	Non-Executive Director
Ms Katie Kapernaros	Non-Executive Director
Professor Meghana Pandit	Chief Medical Officer
Prof Tony Schapira	Non-Executive Director

TB22/05/01 Welcome, Apologies and Declarations of Interest

1. The Board noted apologies given as shown above.
2. The Chair welcomed Dr Sykes, attending on behalf of the Chief Medical Officer, members of Council of Governors, and a representative from the *Health Service Journal*.
3. Ms Tutt declared her interest as a trustee of the Oxford Hospitals Charity.

TB22/05/01 Minutes of the Meeting Held on 9 March 2022 [TB2022.33]

4. The minutes were approved.

TB22/05/02 Matters Arising and Review of the Action Log [TB2022.34]

5. The Chief Nursing Officer (CNO) reported that work continued on a maternity services dashboard to provide the Board with a summary of key indicators and trends (action TB22-002); results would be shared at a Board Seminar on clinical outcomes, to be arranged.
6. Action log items were closed as indicated below:

Reference	Action/Issue	Reason for closure
TB21-001	Breakdown of Maternity Service usage	Data from Dr Foster included in presentation to the Board
TB21-011	Urgent Care Clinical Standards	To become an annual update report
TB22-001	Quality Improvement	Quality Improvement Report presented to April IAC and will form part of regular reporting to IAC

7. The two remaining actions would remain open.
8. The Chief People Officer (CPO) reported that, in relation to the Pay on Appointment and Pay Progression Policy, liaison with the Trust's Women's Networks was ongoing but that no issues had been identified.

TB22/05/02 Chair's BusinessAppointments and Elections

9. Bruno Holthof was attending his last Trust Board meeting before stepping down as Chief Executive. On behalf of the Trust Board, the Chair thanked him for his leadership.
10. The Chair reported that it was unlikely that the recruitment process would be concluded before Dr Holthof stepped down. Following an internal recruitment process, Professor Meghana Pandit, Chief Medical Officer, had been appointed Acting Chief Executive Officer.
11. Clare Winch had been appointed Acting Chief Assurance Officer.
12. Graham Shelton had been elected as Lead Governor.

System Developments

13. Following approval at a private meeting of the Board, the Trust would shortly sign a Memorandum of Understanding with Oxford Health NHS Foundation Trust (OH), focused on improving patient care pathways. The Chair attended the meeting of the OH Board
14. Interviews had taken place for a PLACE Director; the views of the Chair and Chief Executive had been sought regarding the provider representative on the Integrated Care Board.

Staff Achievements

15. The Trust celebrated International Day of the Midwife and International Nurses Day with a symposium; the Chair was encouraged by the numbers of quality improvement projects presented.
16. The Trust Staff Awards event would take place on 9 June; this annual event was supported by the OUH Charity.

TB22/05/02 Chief Executive's Report [TB2022.35]

17. The Chief Executive presented his regular, and final, report to the Board. He highlighted improvements in buildings and infrastructure, the use to digital systems, the new palliative care service, completion of the Ronald McDonald facility during the pandemic, awards won by staff, collaboration with the University of Oxford, OH and other partners, involving nurses, midwives and associated health professionals in research, and the creation of four clinical academic posts.
18. It was noted that the outcome of the joint Biomedical Research Centre bid by the Trust and University of Oxford would not be known until June.
19. He thanked executive colleagues for their support through the pandemic and expressed pride in the Trust's One Team/One OUH approach.

20. A series of strong appointments at corporate director, Divisional Director and Clinical Director level had been made which gave confidence in the depth and breadth of the Trust's leadership.

TB22/05/02 Patient Perspective: Charlie's Story [TB2022.36]

21. The CNO summarised key issues arising from the story for patients with learning disabilities and their families: the patient passport for individualised care, the importance of visiting and clear communication around discharge.
22. The Chief Operating Officer (COO) set out the national context for spinal services. These were complex procedures which could only be undertaken at specialist centres. Patients were often cared for by the Trust from a young age. Mutual aid had been investigated, but many patients and their families preferred to wait to receive treatment at OUH. Work was ongoing to increase theatre and post-operative care capacity.
23. Board discussion focused on how it could be assured that the learning presented in the Patient Perspective, in particular in relation to patients with learning disabilities, would be embedded in the directorate and across the Trust.
24. The CNO and Acting Chief Assurance Officer (CAO) agreed to look at data from the Oxford Scheme for Clinical Accreditation, external assurance data, and other sources (including OH) to demonstrate effective adoption of the identified learning across the Trust.

ACTION: CNO and Acting CAO to develop a model by which the Board can be assured that the learning from the Patient Perspective in relation to patients with learning disabilities was embedded across the Trust.

25. The Chair expressed his gratitude to Charlie, his family, and OUH staff for sharing their stories.

TB22/05/03 Annual Plan 2022/23 Update

26. The Chief Finance Officer (CFO) reported that NHSE required Trusts to submit revised plans by 20 June 2022. Written guidance was not yet available, but it was anticipated that:
 - a. An adjustment to the activity plan would not be required;
 - b. There would be no significant changes to the workforce plan but additional controls on agency and consultancy expenditure were likely;
 - c. Final plans did not breach the requirement for the ICS as a whole to break even;
 - d. Systems which did not submit balanced plans were likely to be subject to further controls.

27. Additional funding had been released to bridge the breakeven gap but this would cover only half of the Trust's current forecast deficit.
28. Divisions had been fully engaged in discussions and were close to finalising a pay budget to enable the delivery of clinical and operational objectives; it was acknowledged that the replanning process could impact divisions' ability to bring forward delivery of activity plans to reduce pressure on the final quarter of the financial year.
29. The focus on in-year delivery of benefits was particularly challenging, as the Trust used a multi-year benefit model and cases had been recommended by Investment Committee to the Board on that basis. There was confidence that some decisions taken in the previous financial year would bring benefits in 2022/23.
30. As a result of NHSE's announcement, the financial and operational delivery risks had been increased in the Corporate Risk Register.

TB22/05/04 NHS Staff Survey Results [TB2022.37]

31. The Chair noted that UNISON had written to Board members as part of a national campaign on the cost of living; Boards were being encouraged to take tangible local action to mitigate the impact on staff.
32. The CFO and CPO were co-chairs of the Trust's cost of living group, which included union representation. The actions taken by the Board at year-end – a £100 payment and £150 travel voucher – had been well-received. The Trust would continue to explore opportunities to leverage collective buying opportunities, as it had with the travel voucher, to benefit staff.
33. The Board was asked to note that the Trust had achieved its highest response rate of 57%. The CPO summarised the results, which were consistent with other NHS organisations, and updated the Board on the development of the Trust's People Plan. Over 600 people had participated in engagement events; these led to the identification of 14 themes. Following a gap analysis, the Trust Management Executive (TME) would consider priorities with the People Plan to be presented to the Board at its July meeting.
34. Insight from staff engagement was also valuable in helping identify those staff groups most in need of support and to ensure that support did not have adverse consequences, for example affecting Universal Credit eligibility.
35. The Board discussed how to ensure that wellbeing initiatives were reaching the right people. The CPO described ongoing work on areas where wellbeing conversations were taking place, but basic workplace needs were not met. Interventions would be targeted in these areas.
36. The integration of internationally-educated nurses into the Trust and the impact of cost of living pressures on this group was raised. The Board heard that the Trust had an award-winning recruitment and onboarding programme for internationally-educated

nurses. The provider used by the Trust had introduced a post dedicated to the pastoral care of new starters and a full programme of events was provided. The Trust's BAME and Filipino networks were also involved.

37. TME had reviewed recruitment of internationally-educated nurses and there was confidence that experience was being appropriately recognised on appointment.
38. OUH Charity had funded a temporary BAME Wellbeing post; it was hoped this could be extended.
39. The Trust Board **noted** the paper.

TB22/05/04 Ockenden Report and Maternity Services [TB2022.38]

40. The CNO presented the paper, which had been adapted from the Buckinghamshire, Oxfordshire and Berkshire West ICS; the Board was asked to note the work of the Local Maternity and Neonatal System (LMNS) in relation to compliance.
41. The CNO reported that all Executive Directors were involved in delivering the required improvements outlined in the Report.
42. An external review of culture and leadership within maternity services was ongoing; phase two would focus on neonatal services.
43. The Board welcomed the opportunity of a seminar session on clinical outcomes. It was suggested that differential experiences of outcomes for mothers from BAME groups, as indicated in a [Healthwatch video](#), and assurance on consistency of care should form part of the session.
44. The Trust Board **noted** the initial self-assessment against the 15 IEAs contained in the Final Ockenden Report and the update on the LMNS. The Board also supported a Board seminar session on maternity patient outcomes.

TB22/05/10 Maternity Incentive Scheme Update Report [TB2022.39]

45. The CNO presented the report. She expressed her thanks to those who compiled the evidence to assure the Board.
46. The Trust Board **noted** the update report.

TB22/05/11 Integrated Performance Report M12 [TB2022.40]

47. Discussion focused on the following areas:
Freedom of Information
48. The Chief Digital and Partnerships officer reported that the team were processing fewer requests, but these requests were more complicated and often involved multiple services; this led to delays aggregating the responses. An action plan would be presented to the Trust Management Executive (TME).

Urgent Care

49. The Chief Operating Officer told the Board that the Trust's performance against the 4 hour standard was improving from 64.35% in March, 66.5% in April and 68% in May to date. This was against a regional average of 70%
50. It was noted that Emergency Department attendances had grown at three times the national average.
51. The Trust had also seen a change in the age groups attending the Emergency Department at the John Radcliffe in March and April from an older group to those aged 25-45. This had been compounded by an increase in paediatric attendances and those with complex mental health needs. The CNO and COO would meet with the local mental health director to discuss what support might be available.
52. Patient flow remained a focus; a senior leadership programme had commenced looking at this issue.
53. The CNO reported that the Place-based board and urgent care collaborative were looking to streamline the way health and social care was delivered to create a more efficient service.
54. Where the Trust data was showing variance from national or regional data, or unexplained shifts in patterns, consideration should be given to the presentation of this data to promote Board understanding and assurance.

Staff retention

55. The CPO reported that the turnover rate had worsened from M12. Exit interviews were not taking place consistently; work was taking place to ensure a consistent approach across divisions. While this was going on, areas where there were significant staffing issues were being targeted by divisional Heads of Workforce. As exit interviews took place with the local manager, it was not clear that the Trust was getting all of the relevant information. The CNO and CPO had agreed to undertake some exit interviews with staff as a comparison.
56. The Trust continued to use the staff survey, pulse surveys, and retention surveys to identify issues and co-create solutions.

Cancer performance

57. The COO reported that the focus of NHSE was on the backlog of patients at 62 days and 104 days. The Board could expect to see a decrease in overall performance as these backlogs were reduced.
58. The Trust continued to focus on early diagnosis. For breast screening, the Trust had seen 8% growth year on year, which equated to 180 appointments per week but the Trust did not have the workforce due to shortages of mammographers. Two mammographers had been recruited internationally but it would be six months before any benefit was seen. Mutual aid had been sought from Thames Valley Cancer Alliance.

59. The 2-week wait for lower GI screening was affected by fit testing; only 50% of patients were completing this testing before coming to their appointment. This resulted in delays. The Trust was working with GPs to ensure fit testing was done before the referral to the Trust was made.
60. Additional capacity in radiotherapy was expected as Linacs were replaced and the facility at Swindon was opened.
61. The Board sought to understand the impact of increased referrals and focus on clearing specific groups of patients on overall performance. By understanding the leads and lags, members could better focus questions.

Finance

62. Congratulations were offered to the Finance team for delivering the forecast outturn, subject to external audit.
63. It was confirmed that the ICS had been fully briefed on the anticipated capital overspend and this was offset against an ICS underspend.
64. The trend charts had been refined to show seasonal fluctuations in costs; a spike in agency spending on medical staffing would be followed up.

TB22/05/12 Guardian of Safe Working Q4 Report [TB2022.41]

65. Dr Sykes presented the report as the Guardian of Safe Working Hours could not be present. The Guardian wished to highlight the increase in exception reporting, which had been double the historical average in Q3 and Q4. Differences between central and divisional work rotas remained but work was ongoing to reduce exception reporting.
66. The Board sought assurance that the wellbeing and working conditions of Doctors in Training was being addressed. The Guardian attended the regular meetings with Human Resource, the British Medical Association and Joint Local Negotiating Committee; a separate group looked at the health of Doctors in Training.
67. Whenever possible, issues were resolved locally, but there was a sense that not all exceptions were being reported.
68. The Trust board noted the report.

TB22/05/13 Learning from Deaths Report [TB2022.42]

69. Dr Sykes presented the report. She highlighted the investigations into 10 mortality diagnosis group alerts which provided assurance that those deaths were unavoidable.
70. Discussion focused on work to reduce instances of patient self-harm. The Trust's Psychological Medicine Lead, who has expertise in suicide prevention, was analysing recent instances. The outcome of the work would form advice to the Board on more effective support for suicide prevention.

71. Healthcare Safety Investigation Branch reports were considered by Clinical Governance Committee, which brought together individual and external review. This systematic approach provided assurance.
72. The Trust Board noted the report.

TB22/05/14 Regular Reporting Items

Integrated Assurance Committee Report, including annual report [TB2022.43]

73. The Board noted this regular report of the business undertaken by the Integrated Assurance Committee and **approved** the Committee Terms of Reference.

Audit Committee Report [TB2022.44]

74. The Board noted that Audit Committee's preparations for review of the Trust's Annual Report and Accounts.

Trust Management Executive Report, including annual report [TB2022.45]

75. The Board noted this regular report on the business undertaken by the Trust Management Executive (TME) and **approved** the Terms of Reference.

Consultant Appointments and Signing of Documents [TB2022.46]

76. The Board noted this regular report.

Fit and Proper Persons Annual Assurance [TB2022.47]

77. The Board noted this annual report.

Declarations of Interests, Gifts and Hospitality [TB2022.48]

78. No issues of concern were highlighted. The Trust Board noted that individual entries were still being reviewed.

TB22/04/15 Any Other Business

79. There was no other business.

TB22/05/056 Date of Next Meeting

80. A meeting of the Trust Board was to take place on **Wednesday 13 July 2022**.