

Trust Board Meeting in Public

Minutes of the Trust Board Meeting in Public held on **Wednesday 17 January 2024** at John Paul II Centre, The Causeway, Bicester

Present:

Name	Job Role
Prof Sir Jonathan Montgomery	Trust Chair, [Chair]
Prof Meghana Pandit	Chief Executive Officer
Dr Andrew Brent	Chief Medical Officer
Mr Paul Dean	Non-Executive Director
Mr Jason Dorsett	Chief Finance Officer
Dr Claire Feehily	Non-Executive Director
Ms Paula Gardner	Interim Chief Nursing Officer
Mr Mark Holloway	Chief Estates and Facilities Officer
Ms Sarah Hordern	Vice Chair and Non-Executive Director [from Minute TB24/01/03]
Ms Katie Kapernaros	Non-Executive Director
Ms Sara Randall	Chief Operating Officer
Mr Terry Roberts	Chief People Officer
Prof Tony Schapira	Non-Executive Director
Prof Gavin Screatton	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:

Laura Lauer	Deputy Head of Corporate Governance, [Minutes]
Dr Neil Scotchmer	Head of Corporate Governance
Ms Joan Adegoke	Corporate Governance Officer
Miss Catherine Greenwood	Clinical Director for Maternity Services
Ms Milica Redfearn	Director of Midwifery
Ms Amy Haydon	Physiotherapist Team Leader
Ms Kate Pearce	Matron, Complex Medicine
Ms Nicola Richardson	Deputy Divisional Director of Nursing, MRC

Apologies:

Ms Claire Flint	Non-Executive Director
Prof Ash Soni	Non-Executive Director

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

1. The Chair welcomed all staff and Governors to the meeting.
2. Dr Feehily, attending her first meeting of the Trust Board since her appointment as a Non-Executive Director, was welcomed.
3. As a trial, the meeting of the Trust Board in public would be followed by an opportunity for Board members and members of the Council of Governors to meet informally.
4. The Council of Governors would then hold its regular public meeting; members of the Trust Board were invited to observe.

TB24/01/02 Minutes of the Meeting Held on 8 November 2023 [TB2024.01]

5. Two corrections were notified:
 - a. Paragraph 63 would be amended to read “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 the plan but that implementation remained challenging.”
 - b. To reduce ambiguity, paragraph 91 would be clarified to read: “This process would be more discussed in more detail at a Board seminar scheduled for 29 November.”
6. Subject to these corrections, the minutes were approved. *Post-meeting note: the changes were made.*

TB24/01/03 Matters Arising and Review of the Action Log [TB2024.02]Violence and Aggression

7. The Interim Chief Nursing Officer reported that it would soon be possible to differentiate between clinical (e.g. cognitive impairment) or other forms of aggression when reporting to the Board.

Deaf Awareness Task and Finish Group

8. The Interim Chief Nursing Officer provided an update following the previous meeting of the Trust Board. The third meeting of the group had taken place; Mr Ward, who presented to the Trust Board’s November meeting, co-chaired the group. Good progress was being made, including a tender for interpreting services, staff awareness of and training in British Sign Language, and coffee mornings with the Patient Experience team.

9. The role of the November 2023 Patient Perspective in bringing this issue to the Trust Board's attention was acknowledged.

Other

10. At its December 2023 meeting, the Integrated Assurance Committee had a Deep Dive into the progress and challenges of Urgent and Emergency Care.
11. A follow-up seminar on Trust mortality review processes had been scheduled.

Action Log

12. Action TB23-005; a seminar on capital allocation had been scheduled for February 2024 and it was hoped to close this action at the March 2024 meeting.

TB24/01/04 Chair's Business

13. The Council of Governors had appointed Sarah Hordern to the role of Vice-Chair, the Trust Board having previously indicated its support for this appointment. The Council had also confirmed its support for the Board's appointment of Claire Flint as the Senior Independent Director.
14. Elections to the Council of Governors were about to commence; the role played by the Council in Trust governance was noted.

TB24/01/05 Chief Executive's Report [TB2024.03]

15. The Chief Executive Officer (CEO) thanked staff for their work during the recent period of industrial action, made especially challenging due to incidence of flu and RSV. She recognised the support provided by the Integrated Care Board (ICB) and Southeast Region. The Chief Medical Officer, Chief Nursing Officer and Chief Operating Officer were thanked for their leadership in maintaining patient safety.
16. Highlights from a recent staff briefing included: CAR-T cell therapy, cryoneurolysis and the Transfer of Care work done in partnership with Oxford County Council.
17. The Trust had been placed in Tier 2 of the Operational Oversight Framework. The CEO referenced the reductions in waiting times made despite 10 periods of industrial action; the backlog of patients waiting over 65 weeks had fallen from 37 thousand to three and a half thousand.
18. The Trust Management Executive had reviewed a business case to increase the Emergency Department workforce and was in discussion with the ICB. The Chief Medical Officer and Chief Nursing Officer were working to increase clinical inreach into the Emergency Department.
19. The Trust Board was updated on two Care Quality Commission (CQC) visits. The report from the visit to the Horton General Hospital Midwifery-Led Unit was expected shortly. The report on ionising radiation had been received and was positive.

20. The CEO visited the Hospital at Home Team and John Radcliffe Hospital Endoscopy Unit and reflected on her positive experience of both visits.
21. The Trust Board noted the report.

TB24/01/06 Staff Perspective

22. The Interim Chief Nursing Officer introduced Ms Haydon, Ms Pearce and Ms Richardson to recount their own experiences, and represent the experience of other colleagues in the Complex Medicine Unit, when dealing with a verbally aggressive and abusive patient.
23. The patient, who did not have any cognitive impairment, continuously used racist and belittling language in their interactions with staff; this language adversely impacted staff wellbeing not only on the ward but also outside of work.
24. Addressing the patient's behaviour consumed excessive clinical time. Staff worked beyond the end of shifts to support colleagues. Some felt guilty that other patients were not getting a fair share of attention, when in fact a good level of care to all patients was being delivered.
25. Despite the challenges presented by the patient, the team continued to deliver compassionate, patient-centred care. This included facilitating the patient attending an outpatient appointment before discharge.
26. The Trust Board heard about the benefit of multi-disciplinary team working, including security and legal services. Effective communication was also maintained with the community team to prepare for discharge.
27. The patient was issued with a behavioural contract and a flag placed on notes to alert teams to the patient's behaviour for any future admissions.
28. The use of "safe spaces" for staff to share and reflect helped staff to understand that "it was OK not to be OK". It had also been important to praise instances of de-escalation with this patient, as interactions were always difficult due to their behaviour.
29. Discussion moved on to violence and aggression among patients more generally. This was usually due to some form of cognitive impairment.
30. The role of the Violence and Aggression Steering Group in providing a forum for information and data sharing was noted.
31. Oxford Hospitals Charity supported training in verbal de-escalation as well as activities to help those with cognitive impairments to cope better in a hospital environment. The programme was funded for one year and it was hoped that it could be continued and expanded to a Trust-wise approach.
32. Members were concerned that staff would continue to normalise bad behaviour by patients; members were assured that progress was being made and that staff were

beginning to report incidents. All staff, regardless of role, were invited to attend incident debriefing sessions. The Trust's Psychological Medicine team supported debriefing sessions and held a monthly session for senior staff.

33. The Trust had Staff, Patient and Visitor Charters and the ability to issue behavioural agreements and yellow and red cards. It was suggested that the Trust Board might review relevant metrics to determine prevalence.
34. The Trust Board thanked those presenting and members of the team for their dedication to this patient and for their support to each other.

TB24/01/06 Maternity Items

Maternity Incentive Scheme – Year 5

35. The Trust Board received a presentation by the Clinical Director of Maternity Services and Director of Midwifery to support a declaration of compliance with the ten Safety Actions required by Year 5 of the Maternity Incentive Scheme (MIS). This supported the Board's review of a suite of documents provided separately to Trust Board members which demonstrated compliance with the requirements of the scheme.
36. Members acknowledged the progress made to create a culture of improvement within the service.
37. The Trust Board heard that full compliance with the Saving Babies Lives Care Bundle version 3 (SBLCBv3) was expected by March 2024.
38. The Trust Board reviewed an update on progress against the British Association of Perinatal Medicine (BAPM) standards for the Neonatal Nursing Workforce action plan and noted that the Trust was not compliant with the standards.
39. The Trust Board heard that the Trust Management Executive had reviewed a plan to address non-compliance with BAPM Standards for the neonatal junior medical workforce. The Chief Medical Officer reported that action had been taken regarding consultant activity.
40. It was agreed that the Integrated Assurance Committee would be provided with additional assurance on the planned trajectory to meet BAPM standards and mitigations in place.
41. The Trust Board agreed that the action plan was appropriate.
42. The Non-Executive Maternal and Neonatal Safety Champion, Professor Schapira, recognised that outcomes were being improved and pointed out that the Trust was in the unusual position of having maternity and neonates in different divisions. Work was underway to create shared governance structures between maternity and neonates.

Maternity Service Update Report and Maternity Dashboard [TB2024.04]

43. The impact of system pressures on mental health support was noted; this had led to users waiting months to be allocated a case coordinator. The Trust had provided additional support to assist the Perinatal Mental Health Team, run by Oxford Health NHSFT. The Trust was recruiting a safeguarding midwife and it had been agreed that a full time psychiatrist would be appointed to further support the team.
44. Ms Kapernaros described the care of a friend, whose baby had sadly died, as exemplary.
45. Following the MIS presentation and review of the Maternity Service Update Report and Maternity Dashboard, the Trust Board:
- Noted the presentation and report;
 - Noted associated papers in support of the Maternity Incentive Scheme Year 5.
 - Agreed the local maternity training plan developed in line with the Core Competency Framework v2.
 - Noted the Local Maternity and Neonatal System Quarter 2 SBLCBv3 Trust Board report confirming that the Trust was on-track to fully implement all 6 elements of Safety Action 6 by March 2024.
 - Noted that the Trust was currently non-compliant with BAPM Standards for the neonatal junior medical workforce; and agreed that an action plan was in place to address these deficiencies.
 - Noted that the Trust was not compliant with the BAPM standards for the Neonatal Nursing Workforce action plan and noted the progress against the action plan.
 - Noted that the Board Safety Champions were meeting with the Perinatal leadership team at least quarterly.
 - Authorised the CEO to sign the Board declaration confirming that the Board was satisfied that the evidence provided to declare compliance with/achievement of the ten maternity safety actions met the required safety standards as set out in the safety actions and technical guidance document.
 - Noted that the declaration was to be submitted to NHS Resolution by the deadline of 1st February 2024.

Maternity Safe Staffing Q1/Q2 [TB2024.05]

46. The Director of Midwifery presented the midwifery staffing calculation; an uplift to staffing had been approved in line with BirthRate+. Most of these vacancies had been recruited to and the Trust now had few vacancies.

47. The Trust Board commended this achievement and noted the successful recruitment of 12 internationally educated midwives to better represent the population served by the Trust. Half of these new recruits had just completed their initial 6-month supernumerary period with the Trust.
48. The report indicated some seasonal staffing pressures; this was acknowledged and would be addressed as part of the plan for maternity and neonatal services.
49. The Trust Board reviewed the evidence contained in the report and:
 - noted evidence of midwifery staffing budget reflected the calculated establishment;
 - was assured that there was an effective system of Midwifery workforce planning and monitoring of safe staffing levels for Q1/2 of 2023/24 inclusive to meet the requirement of MIS safety action 5;
 - noted the funded establishment as compliant with outcomes of BirthRate+ or equivalent calculations;
 - agreed to pause the expansion of the Maternity Continuity of Carer (CoC) provision until an increase in establishment can be secured. CoC provision would be retained at Blackbird Leys.

TB24/01/07 2022 Adult Inpatient Survey Results [TB2024.06]

50. The Interim Chief Nursing Officer summarised the areas of excellence and areas for improvement identified by the survey. Members were briefed on action being taken to address the areas of improvement.
51. Members discussed how response rates could be further improved. The length of this national survey, at 85 questions, was felt to be a barrier. It was suggested that the Trust focused on groups not represented in survey responses and seek their views by other means.
52. The Trust Board noted the report.

TB24/01/08 Integrated Performance Report M8 [TB2024.07]

Operational Performance

53. The CEO introduced a discussion on performance by providing additional context on the tiering process. She was assured that the Trust was making good progress; data from just before the meeting had indicated improvement.
54. The Chief Operating Officer briefed the Trust Board on the position of elective and cancer waiting times.
55. In relation to elective care, very good progress had been made. By 31 March 2024:

- It was expected that zero patients would have been waiting longer than 104 weeks, unless they had exercised patient choice;
 - There were under one thousand patients waiting longer than 78 weeks. The majority of these patients should be seen by the end of February 2024. The challenges in Urology and Gynaecology were recognised and the Trust was working internally and with independent sector providers. Consultant illness had an impact on corneal grafts and it was possible that some patients may still be waiting by 31 March 2024. It was clarified that the reference to theatre capacity for orthopaedics referred to vacancies in the theatre team and among consultant anaesthetists;
 - There were over two thousand patients who had waited longer than 65 weeks with key areas affected by industrial action. The Trust planned to get as close to zero patients waiting 65 weeks as possible and was seeking support from across the ICB and region for the most challenged specialities.
56. The Trust was a national exemplar for the Faster Diagnosis Standard for cancer, with many tumour sites achieving the FDS. Some staff vacancies meant that the 31-and 62-day performance had deteriorated but a quality improvement programme was in place and waits were now reducing.
57. Members discussed diagnostic waits; within the figures, audiology waits were an outlier. This was being addressed and should be back to plan by July 2024.

Information Governance

58. The Chief Digital and Partnership Officer updated the Trust Board following an incident where an nhs.net account had been compromised. He assured members that there was no evidence of a data leak, but it had been reported via the appropriate channels.

COVID-19

59. The Chief Medical Officer provided an update on incidence of COVID-19. The Trust continued to test based on clinical suspicion but there was no longer a statutory requirement to report COVID-19 rates. He assured the Trust Board that the Trust's infection prevention and control protocols remained robust.
60. The Trust had daily reporting on the number of staff and inpatients with COVID-19. Amongst staff, flu and colds were more likely to lead to absence.

TB24/01/09 M8 Finance Report [TB2024.08]

61. The Chief Finance Officer (CFO) summarised the Trust's financial performance to November 2023.

62. The finance team were investigating the reasons behind the increase in the underlying deficit with focus on pay costs and clinical supplies. On the positive side, December figures showed an improvement in run rate.
63. In relation to supplies costs, it did not appear that the change was attributable to increased volume of activity. A review in December had found some issues with invoice accruals and it was noted that the Trust's stock system had not yet been fully rolled out.
64. A range of factors contributed to pay costs: payments of back pay to different staff groups at various times as a result of pay deals, estimates of bank/agency and additional sessions work, and the impact of recruitment. The Trust had increased its substantive head count but had not yet seen a decline in bank and agency use. It was hoped that this would decrease in future, as substantive staff completed their supernumerary periods.
65. The structure of the one-off industrial action payment was clarified. The Trust received £13m from the Integrated Care Board (ICB), based on clinical staff costs. It was noted that salary deductions from staff taking industrial action did not offset the cost of consultant cover. The reduction in elective work and reduced efficiency due to the amount of time taken to plan and deliver a safe service during period of industrial action was noted.
66. Members discussed how best to gain assurance on the detail sitting behind the report on financial performance. A project had commenced following the December 2023 Integrated Assurance Committee to improve the presentation of financial information in the regular Divisional Performance reports.
67. It was suggested that greater detail on the relationship between trends in activity drivers and particular areas would be helpful, with the number of beds opened given as an example.
68. The Trust Board noted the report.

TB24/01/10 National Planning Guidance

69. The CFO reported that the guidance had not yet been published. Planning within Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICB as well as some internal planning based on assumptions about targets had commenced.
70. The delay in publication would likely mean that there would be a delay in engaging Trust Governors as part of the planning process.
71. The CEO added that the Trust was creating a three-year plan to clearly articulate its medium-term position. The plan would be consistent with the Trust's clinical strategy, NHS guidance and ICB plan.
72. The Trust Board noted the update.

TB24/01/11 Health and Safety Quarterly Update Report [TB2024.09]

73. The Trust Board noted the report which detailed an increase in incidents of violence and aggression.

TB24/01/12 Emergency Preparedness, Resilience and Response Annual Report [TB2024.10]

74. The Trust Board reviewed the report and was assured that a plan was in place to ensure all outstanding service continuity plans would be tested before the end of the financial year.
75. The Trust Board noted the report and approved minor revisions to EPRR Policies.

TB24/01/13 Mental Health Act in OUHFT Annual Report [TB2024.11]

76. The Chief Medical Officer (CMO) summarised the report, which detailed the number of times patients were detained under the provisions of the Mental Health Act. No patients died during their period of detention.
77. He told the Trust Board that acute hospitals were seeing more patients experiencing a mental health crisis. This presented challenges in terms of managing those patients safely and ensuring staff were supported. The Trust was working with Oxford Health NHSFT to strengthen pathways.
78. It was suggested that there could be a disconnect between a clinician's perspective that a patient had been informed of their rights and the patient's perspective. Consideration could be given to validating consent from the patient perspective.
79. The Trust Board noted:
- The Trust MHA action plan would be reviewed in one year's time;
 - Delivery of actions would be the responsibility of the MHA lead as a member of the Psychological Medicine directorate's governance team;
 - The impact on OUH of challenges in Psychiatric care across the county, in particularly Eating Disorders Services;
 - The expiry of the OUH MHA policy in August 2024 the policy was being reviewed and updated.

TB24/01/14 Regular Reporting Items**TB24/01/5a Learning from Deaths Report Q2 [TB2024.12]**

80. The CMO reported that all deaths in the Trust were reviewed; the majority of reviews took place within the 8-week timeline. No deaths had been deemed to be avoidable.

81. The Trust Board would look in more detail at the review process in seminar session. In preparation, the CMO confirmed that he had contacted other Shelford Trusts to suggest peer-reviews of mortality data.
82. The Trust's Summary Hospital Level Mortality Indicator (SHMI) was "as expected" and its Hospital Standardised Mortality Ratio (HSMR) was "lower than expected". Once hospice data was removed, the Trust's HSMR was even lower. Work was underway by NHS Digital to allow the Trust to report SHMI data with and without the two hospices in future reports.
83. Improvements to the report, including analysis of mortality using the Index of Multiple Deprivation, were welcomed.
84. The CMO reported on the rollout of the Medical Examiner (ME) system into the community and reminded the Trust Board that ME reviews were independent of the care of the patient and offered an opportunity for family members to raise concerns. In Oxfordshire, the ME rollout had slowed to ensure alignment with primary care.
85. As part of the seminar session, it was suggested that this data in the report be reviewed in the context of NHS Resolution claims.

86. The Trust Board noted this regular report.

TB24/01/14b Trust Management Executive Report [TB2024.13]

87. The Trust Board noted this regular report and approved:
 - the revised Declaration of Interests including Gifts, Hospitality and Sponsorship Policy;
 - the revised Asbestos Management Policy; and
 - the revised Pest Control Policy.

TB24/01/14c Integrated Assurance Committee Report [TB2024.14]

88. The Trust Board noted this regular report.

TB24/01/14d Consultant Appointments and Signing of Documents [TB2024.15]

89. The Trust Board noted this regular report.

TB24/01/16 Any Other Business

90. None.

TB24/01/17 Date of Next Meeting

91. A meeting of the Trust Board was to take place on **Wednesday 13 March 2024**.