

Trust Board Meeting in Public

Minutes of the Trust Board Meeting in Public held on **Wednesday 13 July 2022** at Jurys Inn, Godstow Road, Oxford

Present:

Name	Job Role
Prof Sir Jonathan Montgomery	Trust Chair, [Chair]
Prof Meghana Pandit	Interim Chief Executive Officer
Mr Jason Dorsett	Chief Finance Officer
Ms Claire Flint	Non-Executive Director
Ms Sam Foster	Chief Nursing Officer
Ms Sarah Hordern	Non-Executive Director
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
Dr Anny Sykes	Interim 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]
Ms Katy Whife	Corporate Governance Manager
Dr Taffy Makaya	Freedom to Speak Up Guardian [TB22/07/12 only]
Mr George Welch	Senior Press and Communications Officer, OUH
Ms Susan Polywka	Corporate Governance Consultant
Mr Graham Shelton	Public Governor, West Oxfordshire
Dr Robin Carr	Public Governor, West Oxfordshire
Ms Megan Turmezei	Non-Clinical Staff Governor
Ms Aliko Kalianou	Non-Clinical Staff Governor

Apologies:

Ms Paula Hay-Plumb	Non-Executive Director
Prof Ash Soni	Non-Executive Director

TB22/07/01 Welcome, Apologies and Declarations of Interest

1. The Board noted apologies given as shown above.
2. Professor Pandit and Dr Sykes were attending their first meeting since being confirmed as Interim Chief Executive Officer and Interim Chief Medical Officer, respectively, and were welcomed in their new roles.
3. The Chair welcomed members of Council of Governors and members of the public who were observing the meeting.
4. There were no declarations of interest.

TB22/07/01 Minutes of the Meeting Held on 25 May 2022 [TB2022.049]

5. The minutes were approved.

TB22/07/02 Matters Arising and Review of the Action Log [TB2022.050]

6. TB21-002 (Maternity Reporting Template): The Board noted the progress made and agreed this action would **remain open** until the Board had reviewed a final draft.
7. TB22-002 (Identification of Overseas Visitors): The Chief Finance Officer (CFO) briefed the Board on the Trust's legal obligations and the role of clinical staff in identifying vulnerable patients. A revised policy would be presented to the Board in public in due course. The Board agreed to discuss the matter further in its private session; following those discussions, it was agreed that the action could be **closed**.
8. TB22-003 (Briefing on underlying financial position): The CFO reported that his current focus had been on strengthening internal processes to deliver the financial plan and improve productivity; it might be possible to produce an analysis of the underlying financial position for the Board meeting in September. The action to **remain open**.
9. TB22-004 (Assurance that learning in relation to patients with learning disabilities was embedded across the Trust): The Chief Nursing Officer (CNO) and Acting Chief Assurance Officer (CAAO) would update the Board on progress at its September meeting; action to **remain open**.

TB22/07/02 Chair's Business

10. The Chair reported that the Trust's Annual Report and Accounts 2021/22 had been laid before Parliament and published on the Trust's website. The Council of Governors would receive the Auditor's Annual Report at its 20 July 2022 meeting.

11. The Trust Board had identified three priority areas for strategic discussion – supporting staff, digital infrastructure, and estates and environment – and this was reflected in the agenda.

Integrated Care System/Board (ICS/ICB) developments

12. Following its legal establishment on 1 July 2022, work was ongoing to finalise appointments to the ICB; this had slowed progress on arrangements for strategic partnerships. The mechanisms for public and patient participation were not yet in place.
13. The ICS Chair had introduced a quarterly meeting of Chairs of NHS bodies.
14. At a recent meeting of the Oxfordshire Health and Wellbeing Board, the ICS Chair presented an update and it was noted that two areas served by the Trust – Oxford City and Banbury – had populations among [the 20% most deprived in the country](#).

TB22/07/02 Chief Executive's Report [TB2022.051]

15. The Interim Chief Executive Officer (CEO) presented her regular report to the Board. She confirmed that all Executive appointments to the ICS had been made, although some were still interim. The current focus was on appropriate oversight arrangements and setting out clear expectations of what would be expected of provider collaboratives for elective work. The Trust had contributed to the evidence base for this.
16. A Memorandum of Understanding (MOU) had been signed between the Trust and Oxford Health NHS Foundation Trust to provide joined up urgent care, from hospital to community.
17. The Radiotherapy Centre at Swindon had been officially opened; treatment of patients would begin shortly.
18. The Horton General Hospital (HGH) would celebrate its 150th anniversary on 18 July 2022. Radio Oxford would broadcast a series of interviews with those connected to the HGH on Friday 15 July 2022 as part of the celebrations.
19. The increase in COVID-19 infections was having a large impact on the Trust, both in terms of patients admitted with COVID-19 or identified with COVID-19 by asymptomatic testing and the numbers of Trust staff absent due to illness. Last year, on average, the Trust had 41 COVID-19 patients in hospital and 229 staff sick; there were currently four times the number of COVID-19 patients in hospital and double the number of staff sick.
20. Great progress had been made reduce the number of patients waiting 104 weeks or more; the Trust was focusing on reducing 52- and 78-week waits, but the current COVID-19 situation would have an impact on elective work.
21. The Trust had declared OPEL (Operational Pressures Escalation Level) 4 on 12 July 2022; OPEL was an NHS-wide framework which reflected local health and social care system capacity based on a range of metrics and 4 was the highest level. The Interim CEO noted that the Trust continued to be under pressure at the “front door”; the Chief

Nursing Officer (CNO) was invited to provide an update on urgent care and the work being undertaken as part of the MOU.

Urgent Care

22. The CNO outlined the steps being taken in the Urgent Care System:
 - a. The Trust had its own improvement Plan detailed in the Integrated Performance Report. This Plan was led by the Chief Operating Officer (COO);
 - b. Enable those who can be supported safely at home to do so. The Trust piloted “Call before Convey” which demonstrated 45% of patients who would otherwise been taken to hospital would benefit from support in the home;
 - c. Review of ambulance queues by the Emergency Community Response Team to assess treatment options;
 - d. Drawing in more services into a Single Point of Access, staffed by clinicians, to reduce the time taken to find an appropriate treatment pathway;
 - e. Focus on discharge as it had been shown some patients coped much better at home.
23. While there were workforce constraints in health and social care, new ways of working, underpinned by a robust digital infrastructure, would help reduce duplication within the system, ensure patients received treatment in an appropriate setting, and improve patient care and experience.
24. It was recognised that patient flows did not adhere neatly to ICS boundaries. To facilitate intra-ICS cooperation and ensure excellence throughout specialised patient pathways, the Trust was part of the Thames Valley Provider Collaborative, which included Milton Keynes and Swindon. For out-of-area delays, the Trust would seek to escalate with the relevant local authority and it was noted that Regional teams were aware.
25. During this challenging time, the focus remained on patient safety. Daily meetings to ease congestion in the Emergency Departments as well as daily review by the Patient Safety Team were in place to mitigate the identified risks.
26. An update on progress would be provided to the Trust’s Annual Public Meeting and the Trust Board would continue to monitor urgent care at each meeting.

TB22/07/02 Patient/Staff Perspective on Rapid Intervention for Palliative and End of Life Care (RIPEL) [TB2022.052]

27. The CNO presented the report, which provided the Trust Board with an update on how the RIPEL service had been set up and was operating. RIPEL was overseen by a steering group, which monitored its KPIs and the intention was to include these in Urgent Care reporting.

28. The team worked with primary care providers in Oxfordshire and South Northamptonshire to prevent unplanned hospital admittances for patients at the end of their lives and an improved standard of care.
29. The Home Hospice Team was small, but motivated, and the CNO praised the impact RIPEL was having; for instance, because 24/7 support was now offered, a crisis line could be discontinued.
30. The Trust Board discussed how it could differentiate RIPEL's impact from the ongoing work in Urgent Care. A portion of RIPEL was funded through Social Finance and its results would be tracked as part of the funding agreement; this gave good baseline data from which to measure impact.
31. The Chair expressed his gratitude to those who shared their stories; the Trust Board **noted** the report.

TB22/07/03 Quality Account 2021/22 [TB2022.053]

32. The Interim Chief Medical Officer (CMO) summarised the consultation and approval process. A Quality Conversation had not been possible in 2021/22 due to Covid-19 restrictions, but the Trust would hold a Quality Event in August 2022 to show progress against the Quality Priorities.
33. The Trust Board discussed how the Trust could derive further benefit from the data presented in the Quality Account; suggestions included: providing a summary of strengths and weaknesses and presentational changes to future versions of the report to highlight not only actions, but the anticipated measurable impact of those actions on key indicators.
34. There were synergies with the People Plan; should the People Plan be approved (TBC22/07/08) these should be revisited.
35. The Trust Board **noted** the report.

TB22/07/04 People Plan 2022/25 [TB2022.054]

36. The Chief People Officer (CPO) summarised the engagement strategy and how the People Plan had evolved as a result of staff feedback. There were three strategic themes with 15 underpinning metrics; work in the first year would concentrate on getting the basics right for staff wellbeing, streamlining recruitment, and management training.
37. The Plan applied to all Trust staff, including those employed by partners. Some negotiation would be necessary with partners, for instance in relation to wellbeing conversations, but there was confidence that these would be concluded successfully. There were some considerations for staff who did not work on one of the Trust's four main sites, but this local detail

38. The Trust Board was gratified by the ambitious nature of the three-year plan and its principles on staff engagement. Members sought and received assurance that the ambition was deliverable within the financial constraints.
39. The CPO reported that engagement would continue throughout the delivery phases.
40. The Trust Board **approved** the People Plan 2022/25.

TB22/07/04 Digital Strategy 2022/25 [TB2022.055]

41. The Chief Digital and Partnership Officer (CDPO) presented the Digital Strategy, which was aligned to national frameworks and consistent with the principles of the developing ICS digital and data strategy.
42. Staff had been engaged through listening events and staff briefings; the Trust's technical team received staff feedback daily and senior members of the team had conducted walkarounds.
43. The Strategy was supported by a workplan which would be overseen by the Trust Management Executive (TME). The first year of the workplan was fully costed and funded. Additional funding would be sought to accelerate progress. It was suggested that the interdependencies in the workplan be clarified to give greater visibility on the levers for transformational change.
44. It was recognised that levels of digital maturity differed across the Trust and this introduced risk, but the workplan had identified areas of focus. It would be important to avoid processes that were part digital/part paper as these carried the highest risks but also important to optimise those digital systems the Trust had already invested in.
45. Within the population served by the Trust, there were issues with digital literacy and access to technology; the Trust was working with partners to ensure equal access to digital systems. Confidentiality was a key component; digital safeguards should provide assurance to those with concerns over the safety and security of systems.
46. The interconnections between the Digital Strategy, People Plan, and Estates Strategy were recognised, and the Trust Board would consider how it reviewed and monitored the individual and collective progress of these programmes.
47. The Trust Board **approved** the Digital Strategy 2022/25.

TB22/07/10 Integrated Performance Report M2 [TB2022.056]

48. The Interim CEO updated the Board on the status of a declared Never Event; further investigation indicated it did not meet the criteria for a Never Event but would be investigated via the Serious Incident Requiring Investigation process.

Finance

49. The Chief Finance Officer (CFO) reported that, after the first two months of the financial year, the Trust was showing a £7.5m deficit. There were two main drivers for this:

- a. An unanticipated increase in medical pay in M1 of about £1.4m; this was the result of backdated overtime claims which had not been accrued;
 - b. The continuing impact of COVID-19 on costs. NHSE rules allowed the Trust to claim certain costs, but the Trust's own productivity calculator indicated an impact of £4-5m per month. This had been escalated to the ICS and Region.
50. Better financial results in M3, including the resolution of some commercial matters, reduced the deficit to £4m.
51. The Trust Board was advised that the Trust's key financial risk related to COVID-19 costs. NHSE had confirmed that ERF would not be subject to clawback, reducing that risk.
52. As part of the work to strengthen oversight of productivity and efficiency, formal budget agreements had been signed by the four clinical divisions, and a productivity committee would be established by TME.
53. Discussion focused on the newly introduced productivity dashboard. The dashboard was still in development; identified duplication (e.g., temporary staffing) would be removed and other indicators (e.g., staff vacancies) introduced. The data indicated where small improvements in KPIs, for instance, in Length of Stay, could make a significant financial impact.

System Oversight Framework

54. The Interim CEO reported that, as a result of the Trust's improvement programme, the Trust's rating had risen from level 3 to level 2 in the System Oversight Framework (SOF). The SOF was used by NHSE to monitor performance across a range of metrics and assess the risk of a provider requiring mandated support. She paid tribute to the hard work of staff to achieve this and to Dr Holthof's leadership.
55. It was not yet clear how the Care Quality Commission would evaluate the Trust's revised SOF rating and discussion was ongoing.

TB22/07/11 Maternity Service Update Report [TB2022.057]

56. The CNO reported that the Trust had received positive verbal feedback following the Ockenden Assurance Visit on 10 June 2022. The report was expected within eight weeks.
57. Oxfordshire Joint Health Overview and Scrutiny Committee had been updated on the temporary closure of two Midwifery Led Units; the service judged that this had affected the pathways of six women. Staffing options would be considered via Trust governance.
58. All "must do" actions following the CQC inspection had been completed and all "should do" actions were on track for completion.
59. The Trust had received the Ibex Gale report; the CNO and CPO had briefed staff.

60. The Trust Board was updated on the revised risks to compliance in relation to the Trust's Maternity Incentive Scheme submission, which is due on 5 January 2023.
61. The Chair praised the improved format of the report, which provided the Trust Board with a summary of relevant activity.
62. The Trust Board **noted** the report.

TB22/07/12 Freedom to Speak Up (FtSU) Annual Report [TB2022.058]

63. The Interim Lead Guardian presented the report which detailed the FtSU team's activities during 2021/22. This demonstrated that the Trust was actively "following up" as part of its SpeakUpListenUpFollowUp commitment.
64. She thanked the Chair and Trust Board for their leadership. She also expressed her thanks to the Interim Guardian, Local Guardian, and four FtSU Champions.
65. Members requested further detail on the support available to members of staff who had a claim made against them. As well as support from the line manager, the Trust could offer Occupational Health and Psychological Medicine support; all employees were able to access the Employee Assistance Programme. Members were interested to know the number of staff receiving support from Psychological Medicine as a result of a FtSU disclosure, whether the person making the disclosure or the person against whom the disclosure was made.
66. The Chief People Officer summarised planned actions to create a culture of respect and civility; this included training all staff to actively challenge bullying and harassment, setting out the Trust's expectations clearly, training managers in power dynamics and equipping them to work with staff to achieve change.
67. The Interim Lead Guardian was able to assure the Trust Board that FtSU Champions were actively those targeting staff groups who might not feel able to make a FtSU disclosure and this targeted approach was having an impact.
68. It was suggested that the FtSU team might work more closely with the Patient Safety team when disclosures related to patient safety.
69. The Trust Board **noted** the report.

TB22/07/13 End of Life Care Annual Report [TB2022.059]

70. The Trust's scoring against the National Audit of Care at the End of Life data was discussed, and it was noted that the Trust scored well in all areas except in relation to the needs and experience of families.
71. The Interim Chief Medical Officer said this was unexpected and had not been reflected in complaints or in feedback from medical examiners. The team would use a modified version of the Friends & Family Test to test the validity of the scores, which were based on very small number of responses.

72. The Trust Board **noted** the report.

**TB22/07/14 Research & Development Governance Report 2021/22
[TB2022.060]**

73. It was clarified that patients were involved in research governance through individual studies, Local Clinical Research Networks and the work of the Biomedical Research Centre and Academic Health Research Network.
74. The Trust Board **noted** the report.

TB22/07/15 Learning from Deaths Q4 Report [TB2022.061]

75. The Trust Board **noted** this regular report.

TB22/07/16 Emergency Preparedness Annual Report 2021/22 [TB2022.062]

76. The Trust Board noted a correction to Appendix 1; two red crosses should have been shown as green.
77. The Trust Board **noted** the annual report and **approved** revisions to emergency preparedness, resilience and response policies and plans

BAF and CRR Six Monthly Update [TB2022.063]

78. Recent events had indicated that estates compliance risks were not yet fully articulated and would be discussed further at Risk Committee. The Trust Board requested that the Integrated Assurance Committee receive a revised report.
79. The Trust Board **noted** the update.

Nomination of Responsible Officer [TB2022.064]

80. The Trust Board **ratified** the appointment of Dr Anny Sykes as interim Responsible Officer for Medical Revalidation with effect from 1 July 2022.

TB22/07/19 Regular Reporting Items

Integrated Assurance Committee Report [TB2022.065]

81. The Trust Board **noted** this regular report of the business undertaken by the Integrated Assurance Committee.

Trust Management Executive Report [TB2022.066]

82. The Trust Board **noted** this regular report on the business undertaken by the Trust Management Executive (TME).

Consultant Appointments and Signing of Documents [TB2022.067]

83. The Trust Board **noted** this regular report.

TB22/07/20 Any Other Business

84. There was no other business.

TB22/07/21 Date of Next Meeting

85. A meeting of the Trust Board was to take place on **Wednesday 28 September 2022**.