Trust Board Meeting in Public

Minutes of the Trust Board Meeting in Public held on **Wednesday 28 September 2022** at Ruskin College, Dunstan Road, Oxford

Present:

Name	Job Role
Prof Sir Jonathan Montgomery	Trust Chair [Chair]
Prof Meghana Pandit	Chief Executive Officer
Dr Andrew Brent	Director of Clinical Improvement, Deputy Chief Medical Officer [for Interim Chief Medical Officer]
Mr Andrew Carter	Director of Nursing, Deputy Chief Nursing Officer [for Chief Nursing Officer]
Mr Jason Dorsett	Chief Finance Officer
Ms Claire Flint	Non-Executive Director
Ms Paula Hay-Plumb	Non-Executive Director
Ms Sarah Hordern	Non-Executive Director
Ms Katie Kapernaros	Non-Executive Director [from TB22/09/05]
Ms Sara Randall	Chief Operating Officer
Mr Terry Roberts	Joint Chief People Officer
Prof Tony Schapira	Non-Executive Director [from TB22/09/05]
Prof Gavin Screaton	Non-Executive Director
Prof Ash Soni	Non-Executive Director
Ms Rachel Stanfield	Joint Chief People Officer
Ms Anne Tutt	Non-Executive Director [via videoconference]
Mr David Walliker	Chief Digital and Partnership Officer
Ms Eileen Walsh	Chief Assurance Officer
Ms Joy Warmington	Non-Executive Director
Ms Clare Winch	Acting Chief Assurance Officer

In Attendance:

Dr Laura Lauer	Deputy Head of Corporate Governance, [Minutes]
Dr Neil Scotchmer	Head of Corporate Governance
Ms Megan Turmezei	Staff Governor, Non-Clinical
Professor Gary Ford	Chief Executive, Oxford Academic Health Science Network [for TB22/09/10 only]

Apologies:

Ms Sam Foster	Chief Nursing Officer
Dr Anny Sykes	Interim Chief Medical Officer

TB22/09/01 Welcome, Apologies and Declarations of Interest

1. The Board noted apologies given as shown above.
2. The Chair welcomed those in attendance.
3. Professor Soni informed the Board that he had stepped down as Vice-President of the International Pharmacy Federation and had been elected as President of the National Association of Primary Care.
4. There were no other declarations of interest.

TB22/09/02 Minutes of the Meeting Held on 13 July 2022 [TB2022.068]

5. It was noted that some section references were missing; these would be added.
6. Subject to these corrections, the minutes were approved.

TB22/09/03 Matters Arising and Review of the Action Log [TB2022.068a]

7. The Trust's Quality Event was held on 22 August 2022 and had been well-attended by staff, Governors and the public.
8. TB21-002 (Maternity Reporting Template): The Board noted that work was ongoing and agreed this action would **remain open** until the Board had reviewed a final draft.
9. TB22-003 (Briefing on underlying financial position): The CFO reported that the Board would have an opportunity to comment on aspects of the work at its private meeting. This would support the development of the briefing which would be presented at a future Public Meeting. The action to **remain open**.
10. TB22-004 (Assurance that learning in relation to patients with learning disabilities was embedded across the Trust): The Acting Chief Assurance Officer (ACAO) reported on progress, linked to wider work by the Patient Experience team, to develop metrics to provide the Board with assurance. It was anticipated that these would be presented to the Board at its January 2023 meeting; action to **remain open**.

TB22/09/03 Chair's Business

11. The Board formally noted the appointment of Professor Meghana Pandit as Chief Executive Officer for a fixed term of 12 months.
12. The Chair summarised the content of the Board's seminar session earlier in the month which comprised a training session on Statistical Process Control (SPC) charts and

how they can improve the Board's focus and understanding, discussion of the Board Assurance Framework, and a briefing on the Integrated Care System.

13. The Trust held its Annual Members' Meeting and Annual Public Meeting on 22 September 2022. The Trust's Annual Report and Accounts was presented to the meeting, which also included a question-and-answer session and a presentation on the Trust's partnership working. The Chair thanked those who supported the event, including the Oxford Hospitals Charity.

TB22/09/04 Chief Executive's Report [TB2022.069]

14. The Chief Executive Officer (CEO) began her report by thanking the Trust's staff for their work and commitment during a challenging time.

15. She congratulated Terry Roberts on his part-time, fixed-term role with NHS England and welcomed Rachel Stanfield as Joint Chief People Officer.

16. She reported that the Trust would submit a bid for Secure Data Environments in partnership with Oxford University, led by the Chief Data and Partnership Officer.

17. The Secretary of State for Health and Social Care had outlined four priority areas: ambulances, backlogs, [primary] care, and doctors and dentists (ABCD). Trust performance could be assessed through the IPR.

18. The CEO briefed the Trust Board on the threat of strike action early in Quarter 4; an industrial action response group was putting plans in place for different scenarios.

19. The number of COVID-19 cases in hospital had risen and a further rise was expected as community infections increased. Currently, no COVID-19 patients were mechanically ventilated.

20. The Trust's staff influenza booster campaign would commence on 3 October 2022; the CEO encouraged everyone eligible for a booster to get vaccinated. She noted that the Trust's sickness levels remained higher than target; this had an impact on the pay bill as bank staff and additional sessions had to be used to meet operational requirements.

21. The Trust Board was asked to note that Dr James Kent, the Integrated Care Board (ICB) CEO, had been seconded from the ICB to NHS England; the ICB's Chief Medical Officer had been appointed as Acting CEO. During this transitional period, the provider collaborative with Oxford Health NHS Foundation Trust would continue; metrics would be brought to the Board at an appropriate time. The Trust would also continue to engage with the BOB elective care collaborative.

Ms Kapernaros joined the meeting.

22. Discussion focused on the staff vaccination programme. The Trust was working to achieve an improved staff influenza vaccination rate; last year, 69% of staff received an influenza vaccine. The national target was 90% and the Deputy Chief Medical Officer confirmed that the Trust's experience indicated that a peer-to-peer vaccination

programme was effective. The vaccine was believed to be a good match for the dominant strain in circulation.

23. The impact of the Bank Holiday on 19 September was discussed. The Trust had kept 36 theatres open and continued cancer, P2 and emergency work.

24. The additional bank holiday was estimated to have cost £2m; the Chief Finance Officer confirmed that no additional funding had been made available and that this had been raised with the national team.

Professor Schapira joined the meeting.

25. Staff sickness rates were discussed. The Joint Chief People Officers confirmed that COVID-19 accounted for 1.4% of staff absences. There was evidence to indicate that the Trust's focus on mental health and psychological wellbeing was having a positive impact in relation to sickness absence. Musculoskeletal problems appeared to be increasing; there was a need to get the dedicated musculoskeletal resources available through Occupational Health better known across the Trust.

26. The Trust was working to ensure that staff did not come to work when they were not well; the phasing out of COVID-19 pay was recognised as a barrier.

27. The Joint Chief People Officers gave an update on the Year One actions from the People Plan:

a. Getting the basics right: staff were able to suggest improvements to the work environment and a group has been set up to review these;

b. Streamlining and improving recruitment processes: four key actions were outlined: work to speed up the front end of the process, clarification of responsibilities within the process by the development of a set of SLAs, provision of data to Divisions to allow early resolution of blockages in the process, and robotic process automation of routine elements.

28. The Board heard that staff faced many challenges – a change in public mood, cost of living, pay - and that the Trust was working to improve factors under the Trust's control. The Chief Finance Officer and Joint Chief People Officer co-chaired a cost of living group. The visibility plan, work with staff networks, and focus on celebrating success as part of the regular staff briefings, would all have a part to play to sustain and build staff morale.

TB22/09/05 Patient/Staff Perspective – Learning from Patient Falls [TB2022.070]

29. The Deputy Chief Nursing Officer (DCNO) pointed out the importance of the learning identified from the two patient falls.

30. In discussion, the triangulation of information was agreed to be important, but clarity was sought on the role of medicines reconciliation and assessment for dementia on admission in reducing falls.

31. The Board sought assurance that the methods and forums outlined in the paper would reduce all falls, not just falls with harm, and requested a clear timescale by which a reduction would be achieved.

    ACTION: Chief Nursing Officer and Interim Chief Medical Officer to present the harm reduction programme, with a focus on reducing falls, to the Board at its November meeting. This will include an action plan and clear timescales for reduction.

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

TB22/09/06 Winter Planning Update [TB2022.071]

33. The Chief Operating Officer (COO) presented the plan, which was based on the eight key national priorities. It was clarified that Objective 7 (Ensure timely discharge) was the collective responsibility of the system and would be considered at the Place Based Board. Greater clarification of responsibility for this objective would be desirable.

34. Events at regional and BOB level aimed at sharing good practice and mitigating risks. A collaborative approach was being taken across the system, with A&E Delivery Board and Urgent Care Board reconfigured.

35. There were currently 132 patients who were medically fit for discharge but who could not be; changes would be included in future updates.

36. Discussion focused on the impact of increasing capacity or increasing the rate of discharge. While Trust admissions remained the same as last year, the length of stay had increased. It was noted that the Trust routinely flexed its bed capacity, but the Board did not have a good understanding of how this flexibility was used or its impacts.

37. Opening additional beds would need to be funded and there was the question of how those beds would be staffed. If staffing was provided by Trust staff working additional hours as part of the staff bank, there was a wellbeing concern that the Board would need to consider.

38. A range of measures were in place to reduce admissions and improve patient discharge. These included: virtual wards, call before you convey to re-route ambulances to urgent community response resources, and pathway improvements.

39. Local action to reduce congestion in the Trust's Emergency Departments (ED) was being taken. Across the system, a "Care Traffic Control" was being developed to route patients to EDs with capacity.

40. Communications had a key role to play in supporting the plan, both for patients and GPs to increase confidence in all components of the system.

41. Staff wellbeing during winter remained a priority and sleeping pods and wellbeing kiosks remained in place; the Trust was in discussion with Oxford Hospitals Charity regarding the provision of more pods.

42. The Trust Board **approved** the Q4 Plan.

TB22/09/07 Equality Standards

Combined Equality Standards Report 2022 [TB2022.072]

43. The Joint Chief People Officer summarised the main findings of the report and outlined the planned actions to address four identified issues: fewer Black, Asian and Minority Ethic (BAME) staff in senior roles, the impact of the culture of presenteeism on staff with a declared disability, a gap in bonus pay between men and women, and working carers.

44. It was clarified that one of the reasons there were fewer BAME staff in senior roles despite an increase in BAME staff across the Trust was due to international recruitment, which recruited to nursing roles. The Joint Chief People Officers emphasised that it was important to see more BAME staff in higher-band roles.

45. In relation to building the Trust's talent pipeline through secondments or acting up opportunities, the Trust advertised these to all staff, but it was noted that fewer BAME staff were applying for these types of opportunities. The Trust was taking positive action to encourage BAME applicants.

46. The number of staff experiencing discrimination at work was a matter for concern. A BAME health and wellbeing lead had been appointment by the Trust and the Kindness Into Action programme within the People Plan could be expected to have an impact.

47. The provision of reasonable adjustments for disabled staff was discussed. The cultural aspects around declaring a disability or requesting a reasonable adjustment were not yet as embedded as understanding around mental health. This was an area in which the Disability Network may be able to offer insight. Ideas were being considered to reduce the budgetary impact of providing reasonable adjustments.

48. Board members wanted to see evidence of impact; some of this would come through reports on delivery of the People Plan. The Joint Chief People Officer agreed to consider a few key indicators to supplement the information in the IPR.

ACTION: Joint Chief People Officer to update metrics in the IPR to include key issues raised in the Equality Standards Report.

49. The Board noted that slightly more women than men were being appointed to consultant positions but there was a Gender Pay Gap in relation to clinical excellence awards of about 20%.

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

Equality Objectives 2022-26 [TB2022.073]

51. The JCPO presented the proposed six Equality Objectives and summarised the process of engagement and peer review undertaken.

52. The Board would see delivery of the Objectives through reporting on the People Plan metrics. Consideration would be given to the presentation of this report in future, to align it more closely with progress toward defined metrics.

53. The Trust Board **approved** the Equality Objectives 2022-26.

TB22/09/08 Maternity Items

Maternity Service Update Report [TB2022.074] and Maternity Safe Staffing Biannual Report [TB2022.075]

54. The Deputy Chief Nursing Officer summarised the reports. He highlighted work on the development of the maternity dashboard and investigation of outliers in the Trust's return in the May 2022 Saving Babies' Lives Care Bundle Version 2 survey.

55. The reduction in the Trust's midwifery establishment presented challenges; staffing was reviewed on a shift-by-shift basis and safe staffing levels has been maintained through redeployment of resources.

56. The Board endorsed the view that safety was paramount.

57. The Trust Board **noted** the reports.

Professor Ford joined the meeting.

TB22/09/09 Hosting Oxford Academic Health Science Network (AHSN) [TB2022.076]

58. The Deputy Chief Medical Officer explained that the AHSN, which supported healthcare innovation, was coming to the end of its second 5-year licence period and a new tender process was about to reopen.

59. Professor Ford told the Board that AHSNs were being more closely aligned to ICS boundaries. Oxford AHSN would continue to provide support to Milton Keynes, which had been moved to the Eastern AHSN. He was grateful for the Trust's assistance in ensuring these changes had appropriate governance.

60. Professor Ford confirmed that a key focus for AHSNs would be healthcare inequalities and sustainability.

61. The Board sought assurance on the risks of continued hosting of the AHSN. The Chief Finance Officer explained that the AHSN was subject to some Trust policies, and these were clearly laid out in Memorandum of Understanding. The chief risk was in relation to staff should the AHSN lose funding, but the CFO confirmed that the AHSN held sufficient funds to meet any redundancy obligations. Any reputational risk relating to AHSN activities would fall to the Trust, but the AHSN's performance meant this risk was very low.

62. The Trust Board **approved** the proposal to bid to host the AHSN for the 2023-28 licensing period and **agreed** the submission of the Statement of Requirement and MLA as the Host of the AHSN.

Professor Ford left the meeting.

TB22/09/10 Board and Divisional Visibility Plan [TB2022.077]

63. The CEO reported that the initiative would be coordinated by her office who would contact Board members and governors with opportunities to participate.

64. Additional activities included: a monthly breakfast for three staff from each division with the CEO, monthly walkarounds with senior divisional leadership, and a streamlined reward and recognition scheme for all staff. It was noted that the initiative would include PFI staff.

65. The Trust board **noted** progress to date and **supported** the recommended approach for further developing and improving Board and divisional visibility.

TB22/09/11 Integrated Performance Report M4 [TB2022.078]

66. The CEO summarised the Trust's performance against the Secretary of State's "ABCD" priorities. The Trust had a good system in place to manage peaks in ambulance arrivals; the Board would discuss managing patient backlog at its private meeting.

67. The Board noted that the Trust's pay expenditure was over budget; the CFO explained that the drivers for this were staff sickness, unfilled vacancies, and rising numbers of long-stay patients. The Trust was not yet seeing the anticipated benefits to length of stay from the harm reduction programme.

68. When under operational pressure, the Trust's options were to open additional beds in the John Radcliffe (JR) 2 or non-acute areas or keep the Ambulatory Assessment Unit open overnight, all of which increased staff costs.

69. The Board sought to better understand the interconnections between operational pressures, temporary staffing and the Trust's bed numbers. Consideration should be given to triangulating this information and presenting it in an SPC chart.

70. Improvement in the Trust's appraisal figures was praised, as was the decrease in category 3 and 4 pressure ulcers. Both would continue to be monitored.

71. The COO reported that the Trust was rated green on four of the nine cancer standards. The two-week standard for symptomatic breast cancer had improved from 20 days to 13; reductions were also seen in urology waiting times, providing evidence that the Urology Improvement Programme was having a positive effect.

72. The Trust expected to see a reduction in 78-week waits by 31 March, but this was contingent on the identified risks of influenza, COVID-19 or industrial action not materialising. Mutual aid had been unsuccessfully sought within the ICS for

rheumatology, plastics, and urology; the Trust would look outside the ICS for assistance in areas of high volume and low complexity.

73. It was noted that some patients, particular complex spinal cases, wished to be treated by the Trust.

TB22/09/12 Trust Membership Strategy [TB2022.079]

74. The Chair explained that the Council of Governors has approved the Trust Membership Strategy at their July meeting; while Board approval was not required, it was important for Board members to be aware of and to support the strategy.

75. They key aims of the strategy were to build a stronger connection between Governors and members and to make the membership more representative of the communities served by the Trust.

76. The Trust Board **noted** and **supported** the Trust Membership Strategy.

TB22/09/13 Healthcare Worker Influenza Vaccination Best Practice Management Checklist [TB2022.080]

77. The Deputy Chief Nurse presented assurance to the Trust Board that the Trust had a plan in place to offer all front-line staff an annual influenza vaccination.

78. Discussion focused on the Trust's plans and capability to deliver vaccinations to patients. The Deputy Chief Medical Officer confirmed that the Trust had sufficient stocks of influenza vaccine and would have access to COVID-19 booster vaccine, to be able to offer vaccinations to patients in specific groups: those with chronic liver or renal disease, immunodeficient patients, and those accessing maternity services.

79. The Trust Board **noted** the completion of the DHSC and UKHSA checklist.

TB22/09/14 Annual Reports

Infection Prevention and Control Annual Report 2021/22 [TB2022.081]

80. The Deputy Chief Medical Officer (DCMO) summarised the activity of the Infection Prevention and Control (IPC) team and, in particular, highlighted the reduction in *c.difficile*. The work of the IPC team in relation to COVID and more broadly was commended by the Board.

81. Implementation of antimicrobial sutures was underway and a reduction in surgical site infections could be expected.

82. The Trust Board **noted** this annual report.

Learning from Deaths Annual Report 2021/22 [TB2022.082]

83. The DCMO presented the report, which demonstrated that the Trust's Hospital Standardised Mortality Ratio was rated as "lower than expected." The Trust benchmarked well against Shelford Group comparators.

84. During the period, one patient death was judged more likely than not to have been due to problems in the care provided and was escalated to a serious incident requiring investigation (SIRI).

85. The Trust's Summary Hospital-level Mortality Indicator (SHMI) remained "as expected"; members requested that data be disaggregated in the IPR to show both the hospital and hospice SMHIs. This data could then be benchmarked against Shelford Group hospital/hospice figures.

ACTION: Interim Chief Medical Officer to work with Director of Data and Analytics to provide disaggregated SHMI data for the IPR.

86. The Trust Board **noted** this annual report.

Responsible Officer's Annual Medical Appraisal and Revalidation Report 2021/22 [TB2022.083]

87. The DCMO presented this annual report.

88. The Trust Board **noted** the report – which would be shared with NHS England – and signatory requirements for the Statements of Compliance for the Helen and Douglas House Hospice.

CRN Thames Valley and South Midlands Highlights Report [TB2022.084]

89. The DCMO referenced the high-profile studies supported by the CRN. The Board recognised the importance of a well-ordered and efficient research infrastructure and supported the Trust's intention to bid for a new hosting contract. Formal approval would be required by the Trust Board around December 2022.

90. The CRN's geographical boundaries would change with the new hosting contract to include Hampshire and the Isle of Wight but exclude Milton Keynes. The DCMO explained that the potential for a joint bid had been explored, but the Trust now expected to compete against Southampton for the hosting contract.

91. A key risk identified in relation to the merger of CRNs into larger groups was the potential to lose experienced research administrators from the system, thereby affecting the smooth running of research infrastructure.

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

TB22/09/15 Regular Reporting

Trust Management Executive Report [TB2022.085]

93. The CEO reported that TME had established a Productivity Committee to monitor the delivery of large projects and return on investments. As appropriate, the CEO would brief the Board about the Productivity Committee's work as part of her regular report.

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

Audit Committee Report [TB2022.086]

95. The Trust Board **noted** this regular report of the business undertaken by the Audit Committee.

Integrated Assurance Committee Report [TB2022.087]

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

Consultant Appointments and Signing of Documents [TB2022.088]

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

TB22/09/16 Any Other Business

98. There was no other business.

TB22/09/17 Date of Next Meeting

99. A meeting of the Trust Board was to take place on **Wednesday 9 November 2022**.