

**Trust Board Meeting in Public**

Minutes of the Trust Board Meeting in Public held on **Wednesday 12 March 2025**, George Pickering Education Centre, John Radcliffe Hospital

**Present:**

<b>Name</b>	<b>Job Role</b>
Prof Sir Jonathan Montgomery	Trust Chair, [Chair]
Prof Meghana Pandit	Chief Executive Officer
Mr Simon Crowther	Deputy Chief Executive Officer
Mr Ben Attwood	Chief Digital and Partnership Officer
Dr Andrew Brent	Chief Medical Officer
Ms Yvonne Christley	Chief Nursing Officer
Mr Paul Dean	Non-Executive Director
Mr Jason Dorsett	Chief Finance Officer
Ms Claire Feehily	Non-Executive Director
Mr Mark Holloway	Chief Estates and Facilities Officer
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 Screatton	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]
Hayley Hall from CCM Ltd1	Community Case Management Ltd (CCM) [Item 5]
Ms Milica Redfearn	Director of Midwifery [Item 7]
Charlotte Sanmarco	Assistant Practitioner (AP) for Diabetes [Item 5]

**Apologies:**

Ms Claire Flint	Non-Executive Officer
Joy Warmington	Non-Executive Officer

**TB25/03/01 Welcome, Apologies and Declarations of Interest**

1. The Chair welcomed governors and others in attendance.
2. Apologies were noted as recorded above.
3. The Chair informed the Board that Professor Screation was to become a non-executive director at GSK. This would be recorded on the Register of Interests and any conflicts that arose would be handled in line with established processes and policy.
4. The Chair also noted that he was due to be appointed as the Vice Chair of the Health and Wellbeing Board (HWB), on which he already sat as a member to represent the Trust. This change would also be added to the Declaration of Interests (DoI) once it was confirmed.

**TB25/03/02 Minutes of the Meeting Held on 15 January 2025 [TB2025.16]**

5. Mr Dean noted the need to address the non-pay issue that had been raised and the Chief Finance Officer agreed that the directorate non-pay analysis could be circulated and discussed further at the Integrated Assurance Committee (IAC).
6. **ACTION: Chief Finance Officer to circulate directorate non pay analysis.**
7. The minutes of the previous meeting were approved as an accurate record.

**TB25/03/03 Chair's Business**

8. The Chair briefed the Board on the Staff Survey Results which would be discussed at the confidential meeting as they remained under embargo, with a public announcement scheduled for the following day.
9. It was noted that a national meeting with NHSE Interim CEO Sir Jim Mackay was scheduled for that Thursday and that this could include significant announcements with the Board to be briefed as appropriate.
10. The Board noted that the outcome of governor elections would be announced at the end of the week.
11. A Board seminar session on discharge planning was scheduled for July, and it was noted that governors would be invited to attend this.

**TB25/03/04 Chief Executive Officer's Report [TB2025.17]**

12. The CEO noted the report was now structured around the four strategic pillars. She thanked all staff who contributed to the treatment of patients in Urgent and Emergency Care Pathway (UEC), on wards, and on elective care pathways.
13. Extensive partnership efforts were underway to develop the next year's plan. Previous planning guidance had stressed the importance of collaboration with other ICS trusts and the ICB at this critical time.

14. Reducing long waiting times remained a key priority, alongside achieving financial breakeven, supported by established plans and processes.
15. Participation in the staff survey by 7,000 staff members marked an increase from the previous year, with results set to be published the following day. The Chief People Officer's team was actively engaging with staff, having completed year three of the People Plan, and was now developing priorities for years four, five, and six.
16. The Chief Nursing Officer and Chief Operating Officer, as executive sponsors for LGBT and Women's Network events, reinforced the organisation's commitment to diversity and inclusion.
17. Professor Pandit congratulated Professor Nick Maynard, Consultant Upper GI Surgeon, and Alessandra Morelli, Senior Research Midwife, for receiving Humanitarian Medals at Buckingham Palace.
18. The Board heard that a £9.3 million deficit forecast for M12 had been submitted, with additional measures for M11 and M12 underway to enhance efficiency and address the shortfall.
19. The Chief Executive emphasised that reassessing the vacancy control process and reinstating pay panels were pivotal for effective workforce management, including plans to reduce the Trust's reliance on agency and bank staff.
20. Professor Pandit also explained that the OUH Radiotherapy @ Milton Keynes had treated its first patients, aiming to reduce travel requirements for radiotherapy. Similar efforts in Swindon had benefited 600 patients in the first year.
21. The Board heard that Acute Provider Collaborative (APC) initiatives were increasingly vital for boosting productivity across the three acute trusts, with efforts ongoing to identify further improvements. Enhancing productivity and ensuring consistent care standards across three hospitals remained the focus, with collaboration among COOs and CMOs driving progress.
22. It was noted that the new Ivy Lane flats had been opened and gratitude was expressed to the Charity for making this achievement possible.
23. The Board noted the report.

### **TB25/03/05 Patient Perspective**

24. The Chief Nursing Officer introduced Charlotte Sanmarco, Assistant Practitioner (AP) for Diabetes, and Hayley Hall from Community Case Management (CCM) Ltd, who shared how Nigel had been supported with technology to manage his diabetes.
25. Nigel, a young man with Type 1 Diabetes and a brain injury, required 24-hour care. Managing his diabetes posed challenges due to erratic blood glucose levels, impacting on his mental and physical health, particularly his eyes and heart. Integration of diabetes care with brain injury support was vital to addressing these issues.

26. Hayley, the team leader supporting Nigel, had collaborated closely with Charlotte to manage his diabetes effectively. Their goal was to ensure equal access for patients managing diabetes, addressing the complexities of his condition alongside his brain injury.
27. Transitioning from an insulin pen to the Hybrid Closed Loop (HCL) system had been a gradual yet rewarding process. The team underwent training as though they had Type 1 Diabetes, learning together to enhance their understanding. This transformative approach allowed them to progress at a pace suitable for Nigel.
28. Charlotte provided support through the diabetes advice line introduced during COVID-19, ensuring specialised nurses and doctors were available for Nigel. This created a robust safety net for patient-centred care. Hayley's close communication with Charlotte and the team significantly improved Nigel's health and quality of life, with blood glucose levels now consistently within the clinical range, positively influencing his mood and reducing challenging behaviours.
29. Collaboration between diabetes and brain injury specialists had proved highly effective. Charlotte used a glucose sensor and insulin pump that automatically adjusted insulin levels and which Nigel wore 24 hours a day. Initially, Hayley found the technology intrusive but later saw it as empowering, helping Nigel feel more normal. Hayley's team managed pod and sensor changes, with real-time data enabling effective reviews and adjustments.
30. Diet and nutrition's immediate impact on Nigel's blood glucose levels was evident, particularly due to his brain injury and repetitive behaviours.
31. The Chief Medical Officer praised the exceptional diabetes care and multidisciplinary collaboration, highlighting the importance of equitable access for vulnerable patients. Katie, a team leader in the audience, noted that Nigel's prioritisation was due to an active outreach approach and a diversified workforce skillmix.
32. Dr Rea highlighted opportunities to identify similar cases through EPR integration, blood glucose monitoring systems, and noted the alignment of this approach with the shifts recommended by the Darzi reports.
33. The Board discussed early diabetes identification at GP and pharmacy levels, demonstrating interface collaboration between diabetes care and primary care, including GP test-based referrals. The team confirmed a process was in place to review both Type 1 and Type 2 diabetes patients.
34. While the technology had NICE approval, the Board noted that inconsistent funding had led to variable implementation across the country.
35. The Board thanked Charlotte and Hayley for sharing Nigel's story.

**TB25/03/06 Proposed Quality Priorities [TB2025.18]**

36. The Chief Medical Officer outlined the 2025/26 Quality Priorities, which had been selected to align with the organisation's goals after internal and external prioritisation. The priorities focused on:
- Safety: SEND, medication reconciliation, fragility fractures.
  - Effectiveness: Standard work, critical care outreach, strengthened discharges.
  - Experience: Maternity, RESPECT, hearing impairment (HI), and learning disabilities (LD).
37. It was clarified that standard work promoted best practice and did not mean everyone doing things in the same way. Standard work was recognised for its ability to streamline processes, aligning activities with best practices. This approach aimed to facilitate earlier patient discharges while prioritising medicine safety and equipment checks without adding unnecessary bureaucracy.
38. Critical care outreach formed part of the Martha's rule response, addressing missed care opportunities through a pilot for expedited second hospital reviews. Although many hospitals have outreach services, this remained a gap for the organisation.
39. Regarding Key Performance Indicators (KPIs) for measuring objectives, while some targets were clear, others were recognised to require further definition. SMART action plans were deemed necessary, with a recognition that not all objectives would fit into KPI structures.
40. The Board examined the feasibility of medicine safety reconciliation in the absence of a new pharmacy system. They highlighted the importance of understanding risks linked to unreconciled medications. The Chief Medical Officer proposed a detailed review in June. The Chief Digital and Partnership Officer clarified that work on pharmacy stock control, though also an important element of patient safety, should not hinder these quality metrics.
41. Conducting deep dives prior to defining measurement criteria and setting targets was recommended. Establishing standards was seen as a foundation for improvement rather than rigid standardisation.
42. Clarification was sought on the relationship between SEND and EPR. The Board acknowledged that SEND, an NIHR-funded project, was designed for recording observations, excluding Paediatrics and Maternity. Prioritising the sickest patients, SEND uses NEWS2, which was inapplicable for pregnant women or children. A Maternity early warning system was under development but not yet electronically implemented.
43. The Chair acknowledged the integration of Quality Priorities into Business As Usual (BAU) and expressed gratitude to participants in the Quality Event that had supported their development.

**TB25/03/07 Maternity Service Update Report [TB2025.19]**

44. The Director of Midwifery, Ms Redfearn, joined the Board for this discussion.
45. The Chief Nursing Officer introduced the item, expressing gratitude to the Maternity team for their dedication to maternity safety and newborn screening. Of the 36 recommendations, 23 had been fully implemented, with the remainder expected to be completed by July.
46. According to the 2023 MBRACE data, the stabilised and adjusted stillbirth rate was 3.6 per 1,000, compared to 3.2 per 1,000 in similar hospitals handling sick and complex cases. Every stillbirth was considered a tragedy, and the Trust was conducting case reviews to explore necessary improvements. A thematic review was scheduled for presentation to the Integrated Assurance Committee in April.
47. Progress in relation to improving postnatal care and pain relief was noted to be ongoing.
48. The Director of Midwifery highlighted achievements in screening assurance. A midwifery-led clinic introduced at Horton General Hospital (HGH) in January had contributed to the Quality Priorities (QP), enhancing the experience of women using the service.
49. Neonatal Unit admissions had increased, and the Red Hat project was being piloted for three months.
50. Two cases of hospital-acquired thrombosis had been identified in shared-care patients. Documentation on transfers was recognised as a contributing factor, and a system-wide approach was in development. A referral pathway incorporating VTE scoring was being established, with initial implementation planned for BOB before broader rollout.
51. The Chief Nursing Officer underscored the need for continued efforts and six months of data before transitioning to Business As Usual (BAU). While progress was encouraging, additional data was required to provide assurance that changes were embedded.
52. Regarding induction of labour and triage, Ms Redfearn reported substantial progress in reducing waiting times for women exceeding 24 hours. Efforts to embed these improvements were ongoing, with a task and finish group working toward a 12-hour threshold, lower than the required national 24-hour reporting standard. Ms Redfearn was collaborating with colleagues across Southampton, Hampshire, Isle of Wight, and Portsmouth (SHIP) to gain insights in this area.
53. Work was underway across BOB on the development of a telephone triage system and centralised triage from 12 weeks gestation to 28 days postnatal. The unit was working to fully implement the Birmingham Scoring System for triage.
54. The Board noted that the process for distributing BOB LMNS funding was unclear and that a better understanding of this was being sought.

55. The annual CQC Maternity Survey had been reviewed and informed the Quality Priorities. Feedback from the Oxfordshire Maternity & Neonatal Voices Partnership (OMNVP) had also been taken into account.
56. The opening of the HGH Birthing Pool was noted to have been delayed due to failed water quality tests. Repairs to the pipework were required, with clearance and certification expected shortly.
57. The Board acknowledged and noted the report.

### **TB25/03/08 Perinatal Mortality Review Tool [TB2025.20]**

58. The Board noted the summary of the perinatal deaths that occurred during Quarter 3.

### **TB25/03/09 Nursing and Midwifery Establishment Reviews [TB2025.21]**

59. The Chief Nursing Officer presented a detailed review of summer rosters, confirming that the Trust was safely staffed.
60. Winter data collection had recently been completed and reconciled with the ledger to ensure no unauthorised changes to rosters. No staff increases were currently recommended, but adjustments could be made outside of the biannual review process if required.
61. The review had identified areas for further investigation and potential efficiency improvements:
  - Unused high care beds at Horton General Hospital (HGH) requiring correction and adjustment;
  - Centralising therapeutic observations for dementia patients to deploy staff more efficiently;
  - Reviewing the role of Clinical Educators; and
  - Adjusting the Ward Manager role—typically supernumerary for 30 beds—to dedicate 20% of their time to staffing in 16-bed areas.
62. The Board commended the extensive analysis built from first principles and queried how the mismatch in rosters had developed over time, and what measures could be used to prevent future drift.
63. The Chief Nursing Officer assured the Board that no further drift would occur. The issue had affected nursing, midwifery, finance, and workforce areas. Processes were now in place to rigorously track service changes and new working methods under robust governance. Only the CNO office could authorise changes to the roster template.
64. Addressing concerns about skill mix, the CNO explained that while the overall MRC establishment was correct, some wards had an imbalance of Registered Nurses (RNs) and Clinical Support Workers (CSWs). Staffing in high care areas at HGH would be

reviewed based on winter SNCT data collection, with adjustments requiring time to implement.

65. Vacancies had been centralised under corporate oversight to ensure close monitoring. The Clinical Educator role was under review, with plans for consolidation.
66. The Board acknowledged the finance team's input into this nursing-led process, which utilised extensive data analysis. This effort established a framework for allocating resources efficiently and supported standardised work practices across the organisation.
67. The Board discussed aligning staff establishments with bed management. The CNO noted the need for a clear plan to address beds closed during the summer but opened flexibly during the winter. The approach, incorporating the use of annualised hours, was to be reviewed.
68. The Board noted the need to address how changes were made as a result of business cases through it was noted that relatively few cases affected inpatient areas.
69. **ACTION: Chief Nursing Officer to provide additional guidance on interpreting the data tables and comparing them with external benchmarks.**
70. *Post Meeting Note: This was addressed through a Board seminar session on 26 March.*
71. The Board reviewed and noted the report.

### **TB25/03/10 Medical Education Annual report [TB2025.22]**

72. The Chief Medical Officer (CMO) noted that the Director of Medical Education (DME), who would ordinarily present this report, was unavailable on this occasion.
73. The General Medical Council (GMC) survey addressed most training concerns, with the Trust prioritising improvements to doctors' working lives.
74. Highlighting national challenges concerning locally employed doctors, the CMO noted that while many of the Trust's doctors were enrolled in recognised training programmes essential for maintaining high medical education and patient care standards, some were not. The allocation of doctors to OUH often did not align with service requirements, resulting in gaps.
75. To bridge these gaps, the Trust relied on locally employed doctors, approximately 400 across the organisation. These fixed-term staff played a vital role in filling positions unmet by training programmes. However, reliance on temporary contracts posed challenges for long-term stability and continuity of care.
76. Specialty and Associate Specialist (SAS) doctors, despite being more permanent compared with locally employed doctors, remained below the national average. This mismatch highlighted a need to reassess staffing strategies to balance service and training needs effectively.

77. The Board noted that the medical establishment review would aim to better understand the Trust's higher doctor numbers relative to national benchmarks.
78. As a leading medical education provider, the Trust faced reputational challenges tied to national headcount considerations. The Chief Finance Officer observed frequent requests to accommodate additional doctors well into the financial year.
79. The Board emphasised the need for clarity on the number of doctors expected to be trained versus those actually trained, and how the gap was funded.
80. The Chief Medical Officer noted the Trust's contributions as a major trauma centre, including hosting a significant number of armed forces doctors specialising in trauma care.
81. Education was highlighted as the primary focus, and it was noted that caution should be exercised in conflating it with workforce challenges.
82. **ACTION: Chief Medical Officer / Chief People Officer to assess global risks, such as those related to the mobilisation of reservists, and ensure these were recorded in the risk register.**
83. The Board noted the report.

#### **TB25/03/11 Responsible Officer's Annual Report 2023/24 Annex A [TB2025.23]**

84. The Chief Medical Officer reported that while the annual Responsible Officer's Report had been signed off several months ago, a new supplementary template was now required. The report, containing more data than just the annex, would continue to be presented as planned.
85. The Trust Board approved this approach.

#### **TB25/03/12 Integrated Performance Report M10 (including Tier 1 Action Plans) [TB2025.24]**

86. The Chief Operating Officer reported strong performance against the four-hour standard in January, with the Trust also ranking among the top 10 for 12-hour length of stay. Pride was expressed in the team's efforts to achieve this milestone. Discussions with partners about future MADE (Multi-Agency Discharge Event) events were ongoing.
87. February had presented significant challenges, particularly at Horton General Hospital (HGH), where out of area patients experienced longer lengths of stay (LoS).
88. Recovery plans were being implemented for Endoscopy and Audiology services.
89. The Faster Diagnosis Standard (FDS) for cancer continued to perform strongly. However, performance against the 62-day target had declined due to increased referrals, particularly for Urology and Gynaecology tumour sites.

90. The Trust's position for patients waiting over 65 weeks remained below expectations. Mutual aid was being activated across the Integrated Care System (ICS) to address this issue. While the cohort waiting over 65 weeks by the end of March was decreasing, some breaches were anticipated, and efforts to mitigate these were underway with regional partners.
91. Emergency Department (ED) attendances for Children and Young People were increasing, accounting for 25% of overall attendances. Children required longer treatment and assessment times. Plans to develop a new pathway for paediatric care were constrained by space limitations. A capital request had been submitted to the regional team to address these challenges. Despite a strong clinical workforce, limited space impacted the pathway's efficiency.
92. The presence of senior decision-makers overnight had improved clarity for the following day, but overcrowding caused inefficiencies. Additional review and observation time for children were critical to addressing these challenges.
93. The Board discussed the success of mutual aid efforts, their extent of use, and assumptions regarding the 2025/26 plan, which were currently under review.
94. Challenges in patient movement were highlighted, as patients often preferred to remain with the clinician managing their care. As a specialist centre, the Trust faced difficulty relocating patients due to its provision of services not available elsewhere.
95. For 2025/26, the goal was to better redistribute workload across the region. Agreements for Urology referrals from specific postcodes were in place to improve equity, with similar plans for Gynaecology. Workshops had also been held to address high-volume, low-complexity areas like ENT.
96. The planning guidance created an unintended focus on treating long-term and newly referred cancer patients, which strained the middle of the waiting list. Shifting patients in the middle without a first outpatient appointment risked negatively impacting performance metrics.
97. **ACTION: Chief Operating Officer to lead a Board seminar session to strengthen understanding of waiting list management concepts.**
98. On Safe Staffing, the dashboard had become more integrated, but discrepancies in complex medicine figures were noted. The Chief Nursing Officer highlighted ongoing efforts to address inconsistencies in the process.
99. The Chief Digital and Information Officer reported progress on the Freedom of Information (FOI) plan to improve performance. Process mapping was underway, and alternative approaches were being explored to reduce manual tasks and increase efficiency. Updates would be provided and confidence was high that the plan would meet its goals.
100. The organisation had not met Information Governance and Data Security training requirements. Reminders were being used to encourage completion. While not meeting

the DSPT benchmark posed reputational risks, it was not a statutory issue. However, it would need to be reflected in the Annual Governance Statement (AGS).

101. The Board noted the report

### **TB25/03/13 Finance Report M10 [TB2025.25]**

102. The Chief Finance Officer reported a £400k deficit at M10, falling behind the forecast trajectory. However, there was an encouraging trend in the Variance to Workload Adjustment (VWA), with variance decreasing, primarily due to a coding catch-up reflected in NHSE productivity data.
103. Pay levels remained flat, although modest improvements were anticipated. Efficiency savings claimed by divisions were not currently translating into adherence to budgets or forecasts.
104. The cash position remained positive, though there was a possibility of cash support being required in the latter half of Q1.
105. While Month 11 appeared to have broken even, the forecast required a £4m surplus. Previously unidentified elements of the forecast had now been accounted for.
106. The Board recognised that persistent challenges in achieving planned pay efficiencies and reducing the pay bill could create difficulties if these trends continued into Month 12.
107. Monthly cash management meetings were ongoing but had not yet transitioned into Business As Usual (BAU). This matter was placed on the agenda for the Integrated Assurance Committee (IAC). Concerns over income shortfalls in business case stretch were noted, with a focus on identifying any unpaid work prior to the next financial year.
108. The Chief Finance Officer noted that external pressures during the planning stages had led the Trust to aim to further increase activity at the margins on an already stretched financial plan and that the risks related to this had been underestimated.
109. During discussions, the Board observed that the deficit profile tended to worsen before improving across the year, questioning whether this trend was specific to the NHS and opportunities for earlier improvements could be explored.
110. The Chief Finance Officer explained that delays in NHS planning had impacted recruitment and income negotiations delaying these until later in the financial year. He also suggested that there were some areas where accounting practices were too cautious and where, by accepting the risk of making more estimates, the position would be more stable across the year.
111. The Cost Improvement Program (CIP) was also highlighted, noting that it often set ambitious targets that were not achieved, leading to pressure to address these challenges in the next financial period.

112. Despite the recruitment pause, the Chair noted an increase in WTE numbers. The Chief Finance Officer clarified that January data reflected recruitment suspension at the end of January and pause throughout February, with the impact expected in Q1.
113. The Board noted the report.

#### **TB25/03/14 UEC System Dashboard [TB2025.26]**

114. The Board acknowledged that the rise in medically optimised for discharge (MOFD) cases, driven by increased ED referrals and attendances, posed a persistent challenge. Substantial efforts to enhance discharge processes would be required, with initiatives extending into 2025/26, partly due to the stance of certain partner organisations.
115. A priority area involved facilitating the redirection of patients from South Central Ambulance Services (SCAS) and understanding partner strategies to incorporate into the winter plan.
116. The Board noted the report.

#### **TB25/03/15 Board Assurance Framework [TB2025.27]**

117. It was recommended that the BAF adopt a forward-looking approach based on the Annual Plan once this was finalised.
118. The Board noted this regular report.

#### **TB25/03/16 Trust Management Executive Report [TB2025.28]**

119. The Board noted the report and approved the Pay on Appointment and Pay Progression Policy

#### **TB25/03/17 Audit Committee Report [TB2025.29]**

120. The Trust Board noted the report.

#### **TB25/03/18 Integrated Assurance Committee Report [TB2025.30]**

121. The Trust Board noted the report.

#### **TB25/03/19 Consultant Appointments and Sealing of Documents [TB2025.31]**

122. The Board noted the Medical Consultant appointments made by Advisory Appointment Committees under delegated authority and noted the signings that had been undertaken in line with the Trust's Standing Orders since the last report to the Trust Board at its meeting on Wednesday 15 January 2025.

**TB25/03/20 Any Other Business**

123. There was no additional business on this occasion.

**TB25/03/21 Date of Next Meeting**

124. A meeting of the Trust Board was to take place on **Wednesday 14 May 2025**.