Trust Board Meeting in Public

Minutes of the Trust Board Meeting in Public held on **Wednesday 10 May 2023** at George Pickering Education Centre, John Radcliffe Hospital, Oxford

Present:

Name	Job Role
Prof Sir Jonathan Montgomery	Trust Chair, Chair
Ms Anne Tutt	Vice Chair and Non-Executive Director
Prof Meghana Pandit	Chief Executive Officer
Mr Jason Dorsett	Chief Finance Officer
Ms Claire Flint	Non-Executive Director
Ms Paula Gardner	Interim Chief Nursing Officer
Ms Paula Hay-Plumb	Non-Executive Director
Ms Sarah Hordern	Non-Executive Director
Ms Katie Kapernaros	Non-Executive Director
Ms Sara Randall	Chief Operating Officer
Prof Tony Schapira	Non-Executive Director [from minute TB23/05/01]
Prof Gavin Screaton	Non-Executive Director
Ms Rachel Stanfield	Acting Chief People Officer
Dr Anny Sykes	Interim Chief Medical Officer
Mr David Walliker	Chief Digital and Partnership Officer
Ms Eileen Walsh	Chief Assurance Officer
Ms Joy Warmington	Non-Executive Director

In Attendance:

Dr Laura Lauer	Deputy Head of Corporate Governance, [Minutes]
Dr Neil Scotchmer	Head of Corporate Governance
Ms Milica Redfearn	Acting Director of Midwifery [minute TB23/05/15 only]

Apologies:

Prof Ash Soni	Non-Executive Director

TB23/05/01 Welcome, Apologies and Declarations of Interest

1. The Chair welcomed Paula Gardner, Interim Chief Nursing Officer, to her first meeting of the Trust Board.

2. Ms Tutt declared her interest as a director and trustee of the Oxford Hospitals Charity.
3. Ms Flint declared that her second term on the board of the National Nuclear Laboratory had finished and she was no longer a member.
4. There were no other declarations of interest.
5. Apologies were noted as above.

TB23/05/02 Minutes of the Meeting Held on 8 March 2023

6. The minutes were approved.

TB23/05/02 Matters Arising and Review of the Action Log

7. The following actions were closed:

Action	Title	Reason for Closure
TB23-001	Patient Experience Strategy	See discussion at minute TB23/05/07.
TB23-004	Capital Expenditure	Proposals would initially be considered by Investment Committee and progressed to the Trust Board via the Investment Committee report.

TB22-003 Briefing on underlying financial position

8. The Trust Board supported the proposal that assurance would be obtained through the Integrated Assurance report to the Trust Board in May 2023. The action to remain open.

TB22-006 Equality Standards

9. The Acting Chief People Officer reported that a prototype EDI dashboard had been developed with a range of metrics to allow the Trust to review its position. This would be discussed further at EDI Steering Group.
10. Three metrics had been identified for incorporation into the IPR; the baseline position for each metric would be confirmed. Her team was working with the Director of Data and Analytics to confirm the metrics for final inclusion in the IPR. The action to remain open.

TB22-011 Workforce “heat map”

11. This would form part of the 31 May 2023 Trust Board seminar and could be closed once the seminar had taken place.

TB23/05/02 Chair's Business

12. An announcement of the Interim Chief Executive Officer (CEO) for the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) was expected.

    During the meeting, the appointment of Dr Nick Broughton as Interim BOB ICB CEO was announced.

13. The Council of Governors had approved the appointment of two Non-Executive Directors at its 3 April 2023 meeting. An announcement would be made once all relevant checks had been completed.

TB23/05/03 Chief Executive's Report

14. The CEO joined the Chair in welcoming Ms Gardner.

Industrial Action

15. The CEO began her report by thanking staff for their efforts to ensure patient safety during the recent period of industrial action.

16. She thanked clinical divisions for achieving a large reduction in patients waiting 78 weeks and acknowledged that the reduction would have been greater but for the impact of industrial action.

Operations

17. Accident and Emergency (A&E) Performance was improving and Same Day Emergency Care and ambulance handover performance remained steady.

18. A&E formed one of the strands of work within the Integrated Quality Improvement Programme [TB23/05/14]; multiple improvement cycles were planned for the year.

19. The Faster Diagnosis Standard for cancer continued to be met.

Finance

20. In 2022/23, the Trust had delivered £36m of cost improvement savings without compromising the quality of patient care.

21. The 2023/24 plan would be considered by the Trust Board as part of its private meeting.

Other Updates

22. She referred members to the sections of her written report on improvements to Trust infrastructure as part of the Public Sector Decarbonisation Scheme and the first anniversary of the Rapid Intervention for Palliative and End of Life Care.

23. She highlighted that the Trust Board would discuss the BOB Integrated Care System Joint Forward Plan and NHS Staff Survey results as part of its meeting.

24. The Oxford Biomedical Research Centre had been awarded the Freedom of the City of Oxford; Professor Helen Walthall had been appointed a Senior Research Leader on the National Institute for Health and Care Research Nursing and Midwifery Programme.

25. The Trust had successfully recruited a Chief Estates Officer; an announcement would be made once pre-employment checks had been completed.

TB23/05/04 Patient Perspective: Sharing the Decisions – Making Clinical Decisions Together

26. The Interim Chief Nursing Officer presented three patient stories and the experience of the Adult Congenital Heart Disease Team as part of a pilot of shared decision making across five clinical areas, undertaken by the Trust as part of the Commissioning for Quality and Innovation (CQUIN) Framework.

27. As part of the CQUIN work, the Trust established a baseline response using a nationally-produced patient questionnaire. The results were presented to the Trust Board and next steps outlined, including the adoption of “Ask Three Questions”.

28. The CQUIN shared decision making workstreams would be included in the Patient Experience and Engagement Delivery Plan.

29. Discussion focused on the transition from child to adult services, timing of procedures around education and work commitments, and how involvement from the Trust’s Psychological Medicine team could support shared decision making.

30. The Trust Board noted the report.

TB23/05/04 Patient Experience and Engagement Delivery Plan

31. The Interim Chief Nursing Officer summarised the project plan.

32. Patient involvement to date had been through stakeholder groups and Healthwatch. To further increase patient participation and to ensure that the plan was focused on issues important to patients, more engagement opportunities could be taken. As an initial step, feedback should sought from the Council of Governors’ Patient Experience, Membership and Quality Committee.

33. Patients’ experience of the departure lounge would be included as part of the plan.

34. The Trust Board noted the report.

TB23/05/04 Integrated Performance Report (IPR) M12

35. The Chief Digital and Partnerships Officer welcomed comments on the new-format IPR. Members supported the new format and expressed the hope that this report would highlight areas for Board focus.

Indicators and benchmarking

36. The use of indicators with no target score was queried and it was clarified that some indicators had a target of zero and in other areas it would prompt the setting of internal targets. Greater understanding of the assumptions and benchmarking behind targets would be beneficial.

37. Incidents of moderate harm was cited as an example. There was no benchmark for this and not all organisations systematically recorded it, making comparison difficult. Members of the Trust Board could be assured that all incidents of moderate harm and above were reviewed at the next day's Patient Safety meeting. All incidents were graded A – D, where A represented no concerns with care and D indicated care had affected the patient. All but 5 cases achieved A – B ratings. Sharp increases in incidence (November 2022 and February 2023) were the result of a data backlog, including maternity data, which was being cleared.

38. The Maternity Safety Champions meeting had discussed the increase of 3rd and 4th degree tears. Actions were in place and improvement could be expected by July.

39. The bed figures could be further refined to show occupancy of opened beds, with a target for opened escalation beds. This would enable members to better understand when additional beds had been opened to provide capacity.

40. The Board would also review areas which remained the same; the accompanying narrative would provide valuable context to interpret the reasons behind this.

Data quality and use of the IPR

41. The Chief Digital and Partnership Officer explained that that that the Trust's operational data conformed to NHS data definitions; the Board could take assurance from these national standards.

42. The Trust measured its data against national structures, even when a national return was not required. The data was discussed as part of performance reviews and in other relevant forums.

43. It was confirmed that the data which supported the IPR and the data used by management for operational review came from the same data set.

44. The Board requested that Integrated Assurance Committee look in more detail at two areas of the IPR:

    a. Safe Staffing indicated no actions arising from the data. IAC should seek assurance on how this data supported decision-making.

    b. R&D indicators showed the number of studies starting but not how many had been completed. IAC should look at both the number of studies commenced/completed and seek assurance on the quality of R&D projects.

TB23/05/04 Finance Report M12

45. The Chief Finance Officer reported that the Trust had achieved breakeven in 2022/23 but not on an underlying basis.

46. The most recent 2023/24 forecast was for a £10m deficit but there was a realistic expectation that the Trust could improve on this. On the expenditure side, the pay deal was not fully funded; on the income side, there were opportunities for additional one-off income.

47. He reported that the 2022/23 run rate had been adversely impacted by the opening of escalation beds and industrial action in quarter 4 which necessitated reliance on temporary staffing. Work was being undertaken to determine whether the opening of escalation beds was a seasonal fluctuation or an indicator of increased frailty.

48. On a more positive note, turnover rates were improving and the cost of staff sickness was beginning to decrease. The Trust's cash position was reported to be better than anticipated.

49. The Trust Board noted the report.

TB23/05/04 BOB Joint Forward Plan

50. The Chief Digital and Partnership Officer introduced the BOB Joint Forward Plan (JFP), which was being presented to the Trust Board for endorsement.

51. The Trust had taken opportunities to input into the JFP and provide feedback but the reporting arrangements and financial plan were not fully developed. This reflected the relative lack of maturity of ICB systems.

52. Board members were committed to working within the system and to assist the ICB's development and recognised areas of synergy between the JFP and the Trust's strategy.

53. Health inequalities and disease prevention were areas of synergy which linked into primary care. The Trust was active in secondary prevention through its smoking reduction and targeted blood pressure programmes. Links with Buckinghamshire primary care providers, who referred into the Trust, were being strengthened.

54. However, members expressed reservations about the lack of clarity in the document, including measurable metrics, and financial modelling underpinning the JFP.

55. NHSE had accepted that BOB ICS had been structurally underfunded but the funding metric would take 10 years to recalibrate. Despite its underlying deficit, BOB ICS would be expected to deliver, and difficult choices would have to be made. The JFP did not indicate how the ICB would prioritise. Robust financial planning and a mechanism for making choices were essential. Without these, there was a danger that the ICB would prioritise additional activity over national priorities, leaving providers underfunded. Assurance was needed that the ICB would set maximum efficiency targets that supported the delivery of safe and effective care.

56. The Trust Board noted that year one of the JFP was built on the financial information within the 2023/24 Operational Plan and support for year one only could be given on that basis.

57. While the Trust was a member of BOB, the Trust's priorities were also shaped by its role as a teaching and research hospital and by the wide reach of its services beyond BOB geography. The Trust's response should take account of this.

58. The Trust Board agreed to endorse the JFP and agreed that the Board's comment to BOB should reflect the discussion above. Authority was delegated to the Chair, CEO, Chief Digital and Partnership Officer and CFO to finalise the wording of the comment.

Post-meeting note: The agreed comment for the Board endorsement of the JFP was as follows:

OUH endorses the ambitions within the JFP for the next five years. We support the delivery plan for year one (2023/24) as far as it aligns to the financial information in Operational Plans. There needs to be robust financial planning for the years beyond 2023/24 to ensure the ambitions within the JFP can be delivered. Our Board was briefed on the under-funding of the ICS and its underlying deficit and it discussed the ambition in the JFP for an ICS wide efficiency plan. We are concerned about the potential scale of the efficiencies required to address the underlying deficit, current waiting lists and to fund new investments in prevention and reducing health inequalities. Before the JFP comes into effect we would like your assurance that these efficiencies will be capped at levels that are safe and realistic even if this means having to prioritise within the ambitions set out in the JFP. OUH will consider the ICS Strategy and JFP in our planning as we continue to deliver on our wider obligations for the NHS and in our role in teaching, research and specialist service provision. We are committed to continue to work with the ICB and system partners to deliver for our patients and populations.

TB23/05/04 NHS Staff Survey 2022 Results

59. The Acting Chief People Officer summarised the results, areas for further work and specific actions to be taken.

60. While the response rate was generally seen as good, more could be done to demonstrate to staff how the Trust used the survey to identify areas for improvement and make those improvements. It was noted that the medical and dental staff response rates had decreased. The Interim Chief Medical Officer suggested the timing of the Medical Engagement Scale could disincentivise this staff group from completing a further survey. The June meeting of Integrated Assurance Committee would receive a planned update on engagement within this staff group.

61. Members focused on staff experience of bullying and harassment, in particular the experiences of disabled and Black, Asian and Minority Ethnic staff and how these would be addressed through the People Plan.

62. The Trust's Kindness into Action programme promoted a positive workplace culture and a tailored version of the programme relating to protected characteristics was planned. The work of the Freedom to Speak Up also provided visibility and signposting.

63. Staff needed to know that the Trust had a zero-tolerance approach and that action would be taken. Communication could play an important role in providing assurance that action was taken but agreement would be needed on what could be shared without breaching confidentiality.

64. The survey indicated that the number of staff who felt that the Trust would address concerns about unsafe clinical practice had decreased from 78% to 74%. The Trust Board was aware from its meetings in private that reports of unsafe practice by medical professionals was always acted on. Board members asked that the detail behind responses to this question be the subject of further investigation by the Integrated Assurance Committee.

65. The Trust Board noted the report.

TB23/05/04 Equality Delivery System 2022/23 Report

66. The Acting Chief People Officer outlined the process and work to assess the Trust against the eleven outcomes. Overall, the Trust was rated as "developing".

67. She reported that many actions were already in place as part of the Trust's ongoing Equality, Diversity and Inclusion work based around the Equality Objectives.

68. The Trust Board noted the report.

TB23/05/05 Guardian of Safe Working Hours Q4 Report

69. The Interim Chief Medical Officer (ICMO) presented on behalf of the Guardian of Safe Working Hours, Dr Stuart. She explained that the figures included the first period of industrial action; while locum cover remained stable, consultant cover for junior doctors during industrial action would not have been captured.

70. ICMO reported that the Guardian was aware of the limitations of the reporting that could be provided to the Trust Board and was developing a plan for a short- and long-term solution.

TB23/05/14 Freedom to Speak Up [FtSU] Six-Monthly Update

71. The Trust Board noted that executive leadership for FtSU was now provided by the Acting Chief People Officer.

72. Members thanked Dr Taffy Makaya for her work as Lead Guardian and noted that recruitment for her success had commenced.

73. The team had informal interactions with more than 1000 members of staff, demonstrating the programme's reach. 37 cases had been opened. Themes arising

from these cases included: staff wellbeing, feeling valued, getting feedback and bullying and harassment.

74. Discussion focused on incidents of bullying and harassment reported in the update. Members of the Board sought to understand the decline in numbers and whether this indicated that cases were being addressed more quickly by normal management processes. The Acting Chief People Officer agreed to consider ways to contextualise the information on bullying and harassment.

75. The Trust Board noted the report.

TB23/05/15 CQC Oxford Critical Care Report

76. The Trust Board welcomed the findings in the final CQC inspection report and were committed to supporting teams to create solutions while ensuring strong executive oversight was maintained.

77. The Chief Assurance Officer addressed the interpretation and communication of risk within the unit. More training in the interpretation and description of risk would help to achieve a shared view of risk within the unit and empower staff to understand and manage risk more effectively.

78. The care provided in the unit was safe but there were opportunities through the Visibility Programme for Trust Board members to see ward and unit culture. Further triangulation with the data in the Staff Survey, in particular concerns about clinical safety, could offer further insight.

79. The Acting Chief People Officer told the Trust Board that the cultural connectedness review had commenced work and would report its findings to the Trust Management Executive and Integrated Assurance Committee.

80. The Trust Board noted the final CQC inspection report on Oxford Critical Care services and supported the development and implementation of an Oxford Critical Care action plan and the associated process for monitoring implementation.

TB23/05/16 Learning from Deaths Report Q3

81. The Interim Chief Medical Officer reported that, of 759 inpatient deaths, none were deemed avoidable. All deaths of children were reviewed by the independent child death overview process.

82. The Trust's Summary Hospital-level Mortality Indicator (SHMI) was "as expected" and Hospital Standardised Mortality Ratio (HSMR) "lower than expected".

83. The Trust's data appeared to indicate a greater percentage of patient deaths among those in the least deprived quintile. This reflected the relative affluence of the Trust's geographical area.

84. The Medical Examiner (ME) service was being extended to the community this year. MEs were already working in the ICS and with primary care as a pilot. Once implemented, system-level reporting would be possible.

85. The Trust Board noted the report.

TB23/05/17 Integrated Quality Improvement Programme Update

86. The Trust Board was briefed on the four improvement programmes; progress would be reported quarterly to the Integrated Assurance Committee and annually to the Trust Board.

87. An NHS Impact Programme on quality improvement (QI) had been launched; QI would be a focus of the next Trust Board seminar. It was suggested that the Trust Board schedule could include QI items more regularly.

88. The Chief Operating Officer agreed that, as metrics for programmes were developed, these would be tracked through the IPR.

89. The Trust Board noted the report.

TB23/05/18 Regular Reporting Items

Maternity Service Update Report and Maternity Dashboard

90. The Director of Midwifery clarified six women did not get their choice of birth location. This was a result of temporary suspensions of community births due to acuity; there were no adverse outcomes.

91. A data discrepancy between the dashboard and MBRRACE had been investigated; the Trust's response would be discussed in more detail at its private session.

92. It was noted that the incidence of 3rd and 4th degree tears and post-partum haemorrhage remained above target. A gap in training, rather than in systems, had been identified. Further training, including the PEACHES programme, was planned to address this.

93. The Trust Board noted this regular report.

Integrated Assurance Committee Report, Including Annual Report.

94. The Integrated Assurance Committee would be undertaking a review of its support of the Trust Board in 2023/24.

95. The Trust Board noted this regular report.

Audit Committee Report

96. The Trust Board noted this regular report.

Trust Management Executive Report, Including Annual Report

97. The Trust Board noted this regular report and approved the Medical Gas Systems Safety Policy, Pressure Systems Policy, Lift Management Policy, and Electrical Safety Policy.

Consultant Appointments and Signing of Documents

98. The Trust 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.

Fit and Proper Persons Annual Assurance

99. The Trust Board noted that all Board members satisfied the requirements.

Declarations of Interests, Gifts and Hospitality

100. The Board was informed of one minor date correction.

101. The Trust Board noted the Registers.

TB23/05/19 Any Other Business

102. None.

TB23/05/20 Date of Next Meeting

103. A meeting of the Trust Board was to take place on **Wednesday 12 July 2023**.