

Trust Board Meeting in Public

Minutes of the Trust Board Meeting in Public held on **Wednesday 9 November 2022**

Ruskin College, Dunstan Road, Oxford

Present:

Name	Job Role
Prof Sir Jonathan Montgomery	Trust Chair, [Chair]
Prof Meghana Pandit	Chief Executive Officer
Mr Jason Dorsett	Chief Finance Officer
Ms Claire Flint	Non-Executive Director
Ms Sam Foster	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
Mr Terry Roberts	Joint Chief People Officer
Prof Tony Schapira	Non-Executive Director [via videoconference]
Prof Gavin Screatton	Non-Executive Director
Prof Ash Soni	Non-Executive Director
Dr Anny Sykes	Interim Chief Medical Officer
Ms Anne Tutt	Non-Executive Director
Mr David Walliker	Chief Digital and Partnership Officer
Ms Eileen Walsh	Chief Assurance Officer
Ms Joy Warmington	Non-Executive Director [via videoconference]

In Attendance:

Dr Laura Lauer	Deputy Head of Corporate Governance, [Minutes]
Dr Neil Scotchmer	Head of Corporate Governance

Apologies:

Ms Rachel Stanfield	Joint Chief People Officer
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TB22/11/01 Welcome, Apologies and Declarations of Interest

1. Ms Tutt declared her interest as a trustee of the Oxford Hospitals Charity.
2. There were no other declarations of interest.

TB22/11/02 Minutes of the Meeting Held on 28 September 2022

3. Ms Tutt's declaration of interest as a trustee of the Oxford Hospitals Charity had not been included in the minutes.
4. Subject to this correction, the minutes were approved.

TB22/11/03 Matters Arising and Review of the Action LogTB21-002 (Maternity Reporting Template)

5. Progress was noted; the action would remain **open** until the template had been reviewed at the 30 November seminar session.

TB22-003 (Briefing on underlying financial position)

6. The Trust Board and Council of Governors had received substantial briefings on the Trust's financial position.
7. The work would be visible through the Trust's planning process for 2023/24 and would remain **open** until then.

TB22-004 (Assurance that learning in relation to patients with learning disabilities was embedded across the Trust)

8. Following discussion of the Patient Perspective (TB22/11/06 below), it was agreed to **close** the action. A new action was **opened**: Chief Data and Partnership Officer to report on implementation of EPR functionality which would allow tracking of patients with learning disability through the pathway.

TB22-007 (Disaggregation of SHMI data)

9. This data was now included in the Integrated Performance Report; the action as **closed**.
10. Two actions (TB22-005 and TB22-006) would report to the January 2023 meeting of the Board.

TB22/11/04 Chair's Business

11. The Chair reported that the Trust had received two awards:
 - a. The Trust's No Excuses campaign was Highly Commended in the *Best Behaviour Change or Public Health Campaign* category of the NHS Communicate Awards.
 - b. The Trust's *Beyond Words* book of images from the COVID-19 pandemic at OUH won a Silver Award in the Best Publication category of the Chartered Institute of Public Relations' PRiDE Awards.
12. Neil Macdonald, the CEO of Buckinghamshire Healthcare NHS Trust, had been appointed to the Integrated Care Board (ICB) in place of the vacancy created when

Steve McManus, CEO of Royal Berkshire NHS Foundation Trust, was appointed to the role of interim CEO of the ICB.

13. The Chair would serve as the acute provider representative on the Integrated Care Partnership.

TB22/11/05 Chief Executive's Report

Research

14. The Chair referenced the outcome of the National Institute of Health and Care Research (NIHR) Biomedical Research Centres (BRC) funding round: the Trust and Oxford Health NHS Foundation Trust had received funding and would continue to work collaboratively.
15. The Trust had submitted an Expression of Interest in hosting an NIHR Regional Research Delivery Network; the final application would be submitted early in December.

Quality and Performance

16. Quality Improvement (QI) standups had been opened to all staff; numbers attending had increased.
17. COVID-19 infections were gradually reducing in line with the community infection rate. The Trust's staff vaccination campaign for influenza was underway; peer vaccinators were visiting clinical areas so frontline staff could more easily access a flu vaccination.
18. A&E performance was holding steady, but the Trust's four-hour wait figure remained static. All internal and external opportunities to improve the pathway were being taken forward. The Trust was working with partners to offer a combined and scaled up Hospital at Home service to treat more patients for more conditions.
19. Cancer performance was improving, and the CEO thanked teams for their hard work.
20. "Long waiters" update - the Trust had been offered mutual aid by Royal Berkshire NHS Foundation Trust in urology and was in the process of accepting. A plan was in place to address the majority of adult and paediatric spinal cases by December.

System Development and NHS England (NHSE)

21. Steve McManus had been appointed interim CEO of the BOB ICB.
22. The CEO summarised the involvement of Trust executives in ICB committees and initiatives.
23. NHSE had introduced additional self-certification requirements for Trusts in the two lowest tiers in the System Oversight Framework. These requirements did not apply to the Trust, but many of the requirements already formed part of the Trust's business-as-usual.

24. A consultation on revised enforcement guidance, to include ICBs, was launched by NHSE. The Trust would liaise with partners and submit a response.
25. There had been some speculation that NHSE might reintroduce Payment by Results in the next financial year. The Chief Finance Officer (CFO) said that a continuation of the current regime was most likely to promote stability.

Industrial Action

26. The result of the ballot was not known, but the Trust would work with Royal College of Nursing representatives to agree minimum staffing levels. The Trust had a group set up to plan for the impact of strike action and would use modelling activity from the recent additional Bank Holidays to plan for essential services. It was hoped that P2 and cancer services would be maintained. A simulation exercise would be held across the ICB.
27. The risk of a strike by doctors in training was noted.
28. How the Trust Board could be most appropriately briefed about the impact of strike action was discussed. It was agreed that regular briefing calls would be arranged, when sufficiently detailed information was available to communicate.

ACTION: Chief Operating Officer to consider an appropriate schedule for Trust Board briefing calls, based on strike dates and availability of relevant information.

TB22/11/06 Patient Perspective

29. The Chief Nursing Officer summarised several national reports in relation to patients with learning disabilities, including the [Learning Disabilities Mortality Review Annual Report 2018](#) which found that the proportion of people with learning disabilities dying in hospital was higher (62%) than in the general population (46%).
30. The 2022 Health and Care Act required appropriate learning disability and autism training and this would form part of the Trust's mandatory training programme.
31. The Trust Board considered how best to assure itself that the learning described in the paper had become embedded. The Trust's training programme provided some assurance. Stronger assurance would be provided by the implementation of and evidence of staff using the electronic patient record functionality to flag, track and monitor patients with a learning disability. The action would be redefined on this basis.

TB22/11/07 Operational Overview

32. The Trust Board focused its discussion on the recruitment, retention and support of the Trust's staff.
33. Higher-than-average absence rates due to COVID-19 continued to challenge the Trust's operational performance and put pressure on its financial performance.

34. The Board received the positive news that absence due to mental health issues was decreasing, both in numbers affected and length of time off. The Trust's Productivity Committee would look in detail at other drivers behind absence.
35. Vacancies in particular areas and initiatives to fill those vacancies were discussed. For some staff groups, the Trust was competing with other sectors. For others, Recruitment and Retention Payments had not brought new staff into the Trust.
36. The Trust was taking action to speed up recruitment and to address environmental factors as articulated in the People Plan. A briefing on longer-term ambitions for staff accommodation would form part of the Board's 30 November seminar session.
37. Considering staff who had left the Trust, it was queried whether it was known how many patient-facing staff moved to other NHS organisations. The Joint Chief People Officer agreed to provide this data.
38. The Trust Board heard that there was some interesting data regarding units which staff wished to join, linked to culture and leadership. It was agreed that this analysis could be presented to the Board at a future seminar session.

ACTION: Joint Chief People Officer to brief the Trust Board on the employment destinations of patient-facing staff who left the Trust.

ACTION: As part of a future Board Seminar, Joint Chief People Officer to prepare a "heat map" of perceived desirable areas to work within the Trust.

39. The Trust Board was briefed on work to align improvements to environmental factors identified by staff with capital expenditure. It was agreed this work raised two questions, which should be considered separately and strategically:
 - a. What was feasible in the 2022/23 financial year and how the Board could have visibility on discussions about capital. A portion of the October IAC meeting could be used to have these conversations;
 - b. A longer-term revision of the capital prioritisation process which would first be scrutinised at Investment Committee before being presented to the Board in 2023.

TB22/11/08 Integrated Performance Report

Format

40. Members complimented the development of the report but noted that this had expanded its length. A focus on interpretation would improve the IPR as a tool.
41. Members offered their expertise in reviewing parts of the IPR to prioritise what was essential information and what was background information to improve the usability of the IPR.

Correction to Slide 59

42. An updated version showing disaggregation of the SHMI data had been circulated; it was clarified that Trust had to compare palliative care units with acute Trusts as no standard existed for palliative care.

Urgent and Emergency Care

43. The Trust's Emergency Department (ED) 4-hour performance indicator had consistently been below target.
44. The Trust was focused on making all internal marginal gains to ensure ED was as efficient as possible.
45. Feedback from an Integrated Care System (ICS) visit was that Trust staff were inspirational in their focus on patient care.
46. While it was understood that there were system-level issues and some system-level initiatives to address them, the Trust Board did not feel that the mandated NHS metric told the full story. It sought representation of flow across the system to better understand where the Trust's performance was reliant on other parts of the system.

Bed Management System

47. The Chief Digital and Partnership Officer reported that it had already been implemented in emergency care; rollout to elective care was expected to be complete by Q4.
48. Some process engineering work would be done; a key limiting factor was the ability of staff to have sufficient time to input data.

Long Waits

49. The Chief Operating Officer set out the plan to treat those spinal patients waiting for 104 weeks before the end of the year.
50. She reported that a bulge was expected in 52-week waits post-March 2023; targeted outpatient work was planned to address this.

Theatre Productivity

51. Efficiency was generally very good at 85% but there was potential for improvement in Urology, Children's and the Horton General Hospital. Urology was optimising its lists and may be able to treat more patients as a result.
52. The ICS had adopted the Trust's theatre dashboard; this would enable like-for-like comparison within the ICS.
53. The Trust continued to consider ideas used in other Trusts for improving surgical performance.
54. The Trust's long-term ambition was for new theatres and procedure rooms on the John Radcliffe site. Funding had been allocated for this work and an outline business case would be submitted in December 2022.

TB22/11/09 NIHR Oxford Biomedical Research Centre (BRC) Designation 2022/2027

55. The Interim Chief Medical Officer (CMO) reported that the Trust had been successful in its bid but had not been awarded the full amount requested. Affected posts, and portions of posts, had been identified and work was ongoing to minimise the impact of the funding shortfall. The Trust would not be in a position to meet the shortfall and was instead investigating alternative research funding streams and the allocation of additional clinical sessions to meet the gaps.
56. The current BRC had been extended by five months, so posts were not immediately at risk and there was time to plan for a managed transition.
57. The risk of staff leaving the Trust as a result was discussed. The Trust Board noted that BRCs had been awarded reduced funding in this round. Oxford had been awarded two BRCs – one between the Trust and Oxford University and the second between Oxford Health NHS Foundation Trust and the Oxford University – and this was a strong incentive for staff to stay.
58. The Trust had not yet received the final version of the contract, but a draft had been reviewed and no issues identified. The contract allowed six months for the Trust to agree a partnership agreement with Oxford University and the Trust would review its Intellectual Property (IP) policy in preparation for the agreement. The result of the review would be reported to the Trust Management Executive (TME).
59. The Trust Board approved signing of the BRC designation contract.
60. The Trust Board noted that the IP policy would be reviewed ahead of a partnership agreement with Oxford University being put in place and the review would be reported to TME.

TB22/11/10 Acute Provider Collaborative Memorandum of Understanding

61. The Trust would use its influence in the provider collaborative to keep the focus on activity and success metrics, with appropriate governance to be developed.
62. The Trust Board approved the Memorandum of Understanding be signed by the Chair and CEO on behalf of the Trust.

TB22/11/11 Maternity Items**East Kent Maternity Services**

63. The Chief Nursing Officer (CNO) placed the report in the context of previous maternity reviews.
64. Cultural issues were at the heart of the report. The Trust Board had directly addressed issues of culture in the maternity service. A report on culture and leadership in the

maternity service was commissioned and the maternity development programme was put in place in response to its findings.

65. The Trust had been proactive in monitoring harm and ensuring Duty of Candour.
66. The CNO summarised the four areas of action outlined in the report; these were applicable outside maternity services.
67. The Board was assured that the issues in the report were already being addressed within the Trust. There was confidence that the Trust offered a safe maternity service but was moving toward a safe service, with motivated and happy staff, which communicated well with patients.
68. The Trust Board noted the report “Reading the Signals: maternity and neonatal services in East Kent – the report of the independent investigation” by Dr Bill Kirkup.
69. The Trust Board noted that local actions would be presented at the Board seminar session on 30 November 2022.

Maternity Service Update Report

70. The CNO reported that the Trust’s compliance with the Saving Babies’ Lives Care Bundle version 2 had been downgraded as part of a national review of data submitted in May 2022. She and the maternity leadership team had recently met with national and regional representatives who were enthusiastic about the work of the Trust; there was some confidence that this anomaly would be resolved.
71. A stakeholder session was planned for 18 November. The Trust Board would have a session with the maternity team to review the template maternity dashboard (action TB21-002) and clinical outcomes on 30 November.
72. The Trust Board noted the report.

TB22/11/12 Stress Management in the Workplace Policy and Freedom to Speak Up Policy

73. The Joint Chief People Officer presented the policies and supporting communications plans and guidance documents.

Stress Management in the Workplace Policy

74. The focus of the policy was on prevention and early intervention. The Trust’s Psychological Medicine and health and wellbeing work had begun to address the cultural aspects of talking about and reporting stress, but more work was needed.
75. Communication of the policy would be undertaken sensitively; concerns that the Managing Individual Employee Stress Flowchart focused too much on individual rather than environmental factors would be addressed.
76. The Trust Board approved the Stress Management in the Workplace Policy.

Freedom to Speak Up Policy

77. The policy was based on the national model policy. It supported the NHS People Promise that everyone had a voice that counted.
78. It was clarified that there were two levels of escalation: the first to the Executive Director or Non-Executive Director responsible for Freedom to Speak Up and then to the CEO or Senior Independent Director.
79. The Trust Board approved the Freedom to Speak Up Policy.

TB22/11/13 SIRI and Never Events Annual Report

80. The Interim CMO summarised the findings and improvement work undertaken as a result.
81. She explained that the SIRI forum had a regular core attendance; any staff member involved in an incident could attend but clinical commitments sometimes meant that attendance was not possible. Discussions in the SIRI forum were disseminated through local processes – safety huddles, for example.
82. Assurance was sought that the increase in SIRIs involving deaths was not indicative of a trend; it was confirmed that each incident was reviewed against similar incidents which did not result in death, but no common themes had been identified.
83. The Interim Chief Medical Officer clarified that nosocomial deaths from COVID-19 were presented as a single SIRI event and not as individual deaths.

ACTION: Interim CMO to brief the Trust Board on the number of nosocomial deaths from COVID-19 in 2021/22.

TB22/11/14 Regular Reporting Items

Guardian of Safe Working Q2 Report

84. The Interim CMO drew the Board's attention to an increase in exception reporting during the quarter but the number of breaches in working hours regulations had fallen.
85. There had been an increase in locum shifts filled by doctors in training; the Guardians indicated that this seemed to be a national trend and not unique to the Trust.
86. The Trust Board noted the report.

Learning from Deaths Report Q1

87. The Interim CMO presented the key learning identified by mortality review; no deaths during this quarter were judged to be avoidable. She explained the Trust's process for mortality reviews; additional scrutiny by Medical Examiners provided assurance of the rigour of the Trust's process.

88. Over the last three to four years there had been two or three cases where a death had been judged to have been avoidable. Consideration could be given to including data on avoidable deaths as part of the report.
89. She explained the Oxfordshire child death overview process, which included stakeholders and looked at both the individual circumstances and identified any trends.
90. The Chair expressed an interest in seeing an example of a child death review.

Post-meeting note: This was provided to the Chair by the Interim CMO.

91. The Trust Board noted the report.

Trust Management Executive Report

92. The Trust Board noted the report.

Integrated Assurance Committee Report

93. The Trust Board noted the report.

Consultant Appointments and Signing of Documents

94. The Chair thanked those who served on appointment panels.

95. The Trust Board noted the report.

TB22/11/15 Any Other Business

96. None.

TB22/11/16 Date of Next Meeting

97. A meeting of the Trust Board was to take place on **Wednesday 18 January 2023** at Banbury Town Hall. The Trust Board noted that the Council of Governors would also meet on that day.