

Trust Board Meeting in Public

Minutes of the Trust Board Meeting in Public held on **Wednesday 8 May 2024**, George Pickering Education Centre, John Radcliffe Hospital

Present:

Name	Job Role
Prof Sir Jonathan Montgomery	Trust Chair, [Chair]
Prof Meghana Pandit	Chief Executive Officer, [via videoconference]
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 Flint	Non-Executive Director
Mr Matt Harris	Acting Chief Digital and Partnership Officer
Mr Mark Holloway	Chief Estates and Facilities Officer
Ms Katie Kapernaros	Non-Executive Director
Ms Sara Randall	Chief Operating Officer
Mr Terry Roberts	Chief People Officer
Prof Tony Schapira	Non-Executive Director
Prof Gavin Screatton	Non-Executive Director
Ms Joy Warmington	Non-Executive Director, [via videoconference]
Ms Clare Winch	Director of Regulatory Compliance & Assurance, [deputising for Chief Assurance Officer]

In Attendance:

Dr Laura Lauer	Deputy Head of Corporate Governance, [Minutes]
Dr Neil Scotchmer	Head of Corporate Governance
Ms Kelly Lewis	Patient [Minute TB24/05/05 only]
Mr David Jones	Diabetes Specialist Nurse [minute TB24/05/05 only]
Dr Robert Stuart	Guardian of Safe Working Hours [Minute TB24/05/10 only]
Mr Lindley Nevers	Freedom to Speak Up Lead Guardian [Minute TB24/05/11 only]
Ms Milica Redfearn	Director of Midwifery [Minute TB24/05/18b only]

Apologies:

Dr Claire Feehily	Non-Executive Director
Ms Sarah Hordern	Vice Chair and Non-Executive Director
Prof Ash Soni	Non-Executive Director
Ms Eileen Walsh	Chief Assurance Officer

TB24/05/01 Welcome, Apologies and Declarations of Interest

1. The Chair welcomed Ms Christley and Mr Harris who were attending their first meeting of the Trust Board in public in their respective roles.
2. Apologies were noted as recorded above. There were no declarations of interest.

TB24/05/02 Minutes of the Meeting Held on 13 March 2024 [TB2024.31]

3. The minutes were approved.

TB24/05/03 Chair's Business

4. There were no actions for report or matters arising.
5. The Chair noted that governance across the Integrated Care System (ICS) was still developing. Discussions on managing recovery across the ICS were ongoing.

TB24/05/04 Chief Executive's Report [TB2024.32]

6. The Chief Executive Officer (CEO) reported on the intensive discussions across the ICS over the last month to finalise the ICS annual plan for 2024/25. She reminded members that initial plan had proposed a deficit of £171m; this was not acceptable to NHS England (NHSE). An agreed plan had now been submitted.
7. She explained that, following a meeting between system Chairs and CEOs and the NHSE Chief Financial Officer, financial controls had been introduced across the ICS. These included a temporary pause on clinical posts at band 8c or higher and all non-clinical posts. The Trust had robust quality assessment and exception processes in place.
8. The Trust had undertaken to reduce temporary staffing by 700WTE from December 2023 levels; a reduction of about 200WTE had been seen in the first six to seven weeks of the programme, saving the Trust £400k.
9. A series of briefings had been held to update staff about the controls and over 1000 staff had attended.
10. She highlighted: minimally invasive Transcatheter Tricuspid Valve Replacement operations, the Targeted Lung Health Check Programme at the Horton General

Hospital, and the third phase of the Rapid Intervention for Palliative and End of Life Care.

11. The Phase 1 report of the Independent Inquiry into the issues raised by the David Fuller case was published in November 2023; as part of Phase 2, the Trust had completed and submitted information regarding the policies and procedures in place.
12. The Care Quality Commission (CQC) wrote to all providers of children's hearing services in England in April 2024 after an expert review undertaken by NHS Lothian.
13. The Trust Board was asked to consider the safety, quality and accessibility of paediatric audiology services with reference to the United Kingdom Accreditation Service (UKAS) Improving Quality in Physiological Services (IQIPS) standards. This was considered by the Trust Management Executive which agreed to undertake work to achieve accreditation in full.
14. The Trust was well-represented in the finals of the Unsung Hero Awards on 15 March 2024. Other awards included: Radio Horton, which won the Silver award in the 'Best Speech Package' category of the National Hospital Radio Awards and Miss Daljit Dhariwal, Consultant Oral and Maxillofacial Surgeon at OUH, had been presented with the prestigious Colyer Gold Medal by the Royal College of Surgeons for her work on sexual safety.
15. The Trust Board noted the report.

TB24/05/05 Patient Perspective

16. The Chair welcomed Ms Lewis and Mr Jones.
17. Ms Lewis told the Trust Board that she developed a bone infection following a fractured ankle. The hospital treating her advised that amputation was her only option and she was referred to the Trust for the surgery.
18. At the Nuffield Orthopaedic Centre, which had a specialist bone infection unit, a different approach was proposed. Having been resigned to amputation, she was delighted to have a surgical team who were focused on saving her leg, even if the chance was small.
19. As part of her preparation for surgery, she met Mr Jones. Working with him, Ms Lewis had reduced her HbA1c level from a high score to 47mmol/mol. Having her blood sugar under control assisted her recovery and she continued to seek advice from him post-discharge.
20. Mr Jones told the Trust Board about a Quality Improvement project focusing on diabetic patients on a surgical pathway. One in four inpatients had diabetes; the project had two aspects: the first was listening to patients with diabetes about their experiences and the second was to increase knowledge among staff about diabetes.

21. The project put the patient at the centre of the management of their diabetes. Ms Lewis recalled the frustration of having her insulin locked away at first, with inflexibility on dosage. Working with Mr Jones, she was able to self-manage her diabetes while in hospital.
22. The Chief Medical Officer pointed out how listening to patients resulted in improvements in the metrics of the pre-operative management of patients with diabetes.
23. Identified areas for improvement included car parking and ensuring referring units were aware of specialist units in the Trust.
24. The Chair thanked Ms Lewis and Mr Jones.

TB24/05/06 Integrated Performance Report M12 [TB2024.33]

Urgent and Emergency Care

25. M12 saw improved performance in the Emergency Department (ED). It was not yet at the target of 76% but the division were working diligently towards this with organisational support.
26. The Observation and Review Unit (ORU), which allowed patients to be managed outside ED and the flow of medically-optimised for discharge patients were key to this improvement.
27. The Chief Operating Officer (COO) told the Trust Board that April performance was at 71.3%, but this did not include the two Urgent Care Centres (UCCs). If these were included, performance would be at 76.4%. Inclusion of the UCCs was being discussed with Region.
28. The Trust had confirmation of funding to support senior decision-makers in ED. An implementation plan would be presented to the Integrated Assurance Committee in June 2024; at present it was anticipated that this would be active by Q3.
29. A business case to continue ORU was going through the Trust's internal processes; the COO agreed that work across the system was a key area.

Operational Performance

30. The Trust had met its cancer performance target for the year and had met the Faster Diagnosis Standard in each month of the year. As a result, the Trust would be removed from Tier 2 for cancer performance.
31. At the end of March 2024, there were 80 patients who had waited over 78 weeks. Plans were in place to get this to zero by the end of May 2024, when the Trust's tiering for elective care would be reviewed.
32. The COO reported on progress the national priority to reduce the group of patients waiting 65 weeks to zero by September 2024. This had the potential to increase the

number of patients waiting 52 weeks; there was focus on working across the system to ensure a large backlog did not develop.

Financial Performance

33. The Trust had met its plan. In 2023/24, £41m of recurrent efficiency savings had been identified.

Patient Safety

34. The Trust's mortality rate continued to be "below expected".
35. The factors underlying the increase in incidents of moderate harm, including surgical returns to theatre, were discussed. Work in progress would be presented to the Integrated Assurance Committee at a future meeting.
36. Dr Brenda Kelly, Consultant Obstetrician and Subspecialist in Maternal and Fetal Medicine, had briefed the Trust Management Executive on work to reduce postpartum haemorrhages and 3°/4° tears.
37. In maternity, there was noted to be a lack of consistency in the definition of moderate incidents across Buckinghamshire, Oxfordshire and Berkshire West Local Maternity and Neonatal System with the Trust an exemplar in its reporting.
38. Data presented to the private meeting of the Trust Board indicated that incidents of moderate harm in maternity were decreasing.

Staff Safety and Wellbeing

39. The regrettable number of assaults on staff was noted. The Chief People Officer (CPO) confirmed that staff affected by violence and aggression were consulted on solutions.
40. A key area of work focused on supporting staff to reduce their tolerance to violence and aggression; the Trust had a red card system in place.
41. There was a Trust-wide group which met fortnightly to discuss reduction in violence and aggression, including sexual harassment, through a range of actions and support for staff.
42. It was noted that the Trust's security service was contracted to an external provider; levels of deterrence and an increased presence were under consideration.
43. The CPO reported that long-term sickness due to mental ill-health had decreased. Further work with the Trust's Psychological Medicine team was in place to support staff and the Occupational Health service directed staff to internal and external resources.
44. Divisional Heads of Workforce met regularly with Occupational Health to review individual cases. Where a concentration of cases was identified, additional data such as vacancy rates and employee relations cases was considered.

Other

45. The data lag in the Integrated Performance Report was noted. Consideration would be given to the most effective way to brief Trust Board members on key metrics.
46. The Trust Board noted the report.

TB24/05/06 M12 Finance Report [TB2024.34]

47. The Chief Finance Officer (CFO) reported that the Trust ended 2023/24 with a £10.7m deficit. This was better than forecast but worse than plan. The Trust had assumed that a large commercial transaction would be delivered in 2023/24; had it been, the Trust would have outperformed its plan.
48. He highlighted three areas:
 - a. Forecast performance did not rely on one-off M12 expenditure;
 - b. The run rate had been distorted by backdated pay costs. Three of four Divisions had missed their forecasts for this reason;
 - c. The Trust's cash position was better than forecast due to: improved Q4 performance, timing of capital plan expenditure, and the impact of the Easter holiday on the March payment run.
49. He confirmed that the analysis of non-pay expenditure would be considered by the Integrated Assurance Committee.
50. The CFO provided assurance to the Chair of the Audit Committee that the NHSE accounting treatment of impairments and reversals required the Trust to take these through operating expenditure and reverse in the cashflow.
51. He explained that, as part of the planning process, the Trust made assumptions about the value and phasing of business cases but budgets were not adjusted when business cases were approved. As part of the implementation of ICB controls, the Trust business case process would be reviewed.
52. The Trust Board noted the report.

TB24/05/07 Acute Provider Collaborative – Changes to Governance [TB2024.35]

53. The CEO summarised the changes to further support delivery by providing Executive leadership in three areas: acute care, corporate services and clinical services. The Acute Provider Collaborative (APC) would report regularly to the Boards of its constituent trusts and to the ICB System Recovery and Transformation Board.
54. It was noted that APCs in other areas had been created as committees in common. This APC was not constituted as a committee of the Board; arrangements would be kept under review.

55. The link between internal socialisation and governance processes and informed decision-making was made; without a connection to those processes, there was a risk that the APC could make decisions that could not be implemented. The Trust Board would have an opportunity to review this when the APC reported in July 2024.
56. The Trust Board noted the report.

TB24/05/08 Annual Plan and Year One Objectives of the Three Year Strategic Plan [TB2024.36]

57. The CFO outlined the Trust's 2024/25 plan in three key areas:
- a. Operations – The Trust would meet national expectations on operational performance by the agreed deadlines;
 - b. Workforce – new assumptions on turnover were included. The work to reduce reliance on temporary staffing was progressing at or above expectations, with a reduction of 299 on baseline to date; and
 - c. Finance –
 - i. The planned deficit was now over £16m. This was due to a late change in PFI accounting by NHSE. Nationally, work was underway to determine whether expectations of trusts would be revised accordingly;
 - ii. There was a new mechanism to fund – as cash income – changes in the depreciation costs of owned assets;
 - iii. Base case cash modelling had been completed. This showed the Trust to be cash positive throughout the year, provided the plan was delivered;
 - iv. The Integrated Care Board (ICB) was planning for a £92m deficit; this was likely to be unacceptable to NHSE and a further plan submission was likely.
58. NHSE mandated a key assumption that there would be no disruption due to industrial action in 2024/25. The Trust's estimate was that capacity lost in 2023/24, coupled with targeted expenditure on long-waits, would be sufficient to deliver planned activity. It was noted that the risk of industrial action had not gone away.
59. The introduction of workforce controls had not had a negative impact on activity; the controls were supported by a robust exception process to ensure quality patient care.
60. The delivery plan to support the 2024/25 plan would be reviewed by the Trust Management Executive. This would show a breakdown month-by-month and by speciality. The plan would then be reviewed by the Integrated Assurance Committee and the Trust Board.
61. The CEO reported that she had made a strong representation to the ICB System Recovery and Transformation Board that, once the plan was approved the recruitment

pause should be lifted, with controls remaining in place. This had been verbally acknowledged.

62. It was noted that there was an error in the annex; this would be corrected and circulated to the Trust Board. *Post-meeting note: a correction version of the report was circulated on 16 May 2024.*
63. The Trust Board noted:
- the outcome of the Trust's final plan submission to NHSE as approved under delegation to the Chair following the meeting of the Board on 24th April;
 - the key issues from the planning process, namely the deficit financial plan position, the context of the wider ICB/ICS financial position and the remaining risks to delivery of operational and financial performance; and
 - the proposals for ongoing oversight and assurance of delivery of the plan.

TB24/05/09 Guardian of Safe Working Hours Quarterly Report Q4 [TB2024.37]

64. Dr Robert Stuart, Guardian of Safe Working Hours, presented the report. He concluded that junior doctors underreported additional hours but also praised the strength of the Trust's safety culture which gave confidence that immediate safety concerns were being accurately reported.
65. Dr Stuart offered his assessment of junior doctors' concerns which centred on the quality of their experience during their training and, in particular, a dislike of virtual induction.
66. He pointed to the difficulty in having strong oversight of working hours when rostering across the Trust was done on a variety of unlinked platforms.
67. He thanked Miss Ruth Houlden, Deputy Guardian, for her work to improve the fining process.
68. The Chief People Officer told the Trust Board that the MediRota system would address some scheduling issues, but it was not a holistic solution. There was no product on the market to address all issues and NHSE had not yet commissioned a comprehensive system.
69. The applicability of People Plan objectives to junior doctors was noted. Recent NHSE guidance on improving the working lives of junior doctors had been discussed at the Local Negotiating Committee with work underway to implement the actions.
70. The Chief Medical Officer told members that income from fines should support junior doctors' priorities and a re-launch of the Junior Doctors' Forum was planned. The format of the induction programme would be reviewed.

71. Consideration would be given to how the Trust Board might get a more complete view of junior doctors' experience.
72. The Trust Board noted the report.

TB24/05/10 Freedom to Speak Up In-year Update [TB2024.38]

73. Mr Nevers, Freedom to Speak Up (FtSU) Lead Guardian, presented the update which now aligned with reporting to the National Guardian's Office.
74. He reported that an application for pilot funding of the "Work in Confidence" anonymous reporting system had not been supported by Oxford Hospitals Charity. Delivery of the pilot was now likely to be delayed while a source of funding was identified.
75. Board members were briefed on the benefits of anonymous reporting. This was supported by Ms Warmington, Wellbeing Lead. The CPO pointed to analysis of staff survey responses in relation to FtSU and other data; this demonstrated a gap that anonymous reporting could fill.
76. Trust Board members were briefed on the prioritisation discussions Executive Directors were having; it was agreed that the funding of objectives and projects was a matter for the Executive.
77. Mr Nevers outlined work to ensure that managers received appropriate training; the "Listen Up" module now formed part of the new manager training programme and FtSU guardians regularly engaged with Divisions to encourage attendance. *Post-meeting note: the training team will regularly update the FtSU Lead Guardian.*
78. While the report included data on staff members' experience of speaking up, it was suggested that a qualitative element could be included to demonstrate how speaking up leads to improvement. This was being considered for the FtSU annual report.
79. The Trust Board noted the report.

TB24/05/11 Equality Delivery System (EDS) 2023/24 Report [TB2024.39]

80. The Chief People Officer (CPO) presented the report.
81. Ms Warmington, Wellbeing Lead, queried whether the scoring for Domain 2 was too high. The CPO explained that the EDS framework was a requirement of the NHS Standard Contract with an agreed methodology.
82. He noted that the Equality Diversity and Inclusion plan gap analysis would provide a more nuanced and contextual analysis. This would be presented to the next meeting of the Trust Board.
83. The Trust Board noted the report.

TB24/05/12 NHS Staff Survey 2023 Action Plan [TB2024.40]

84. The CPO presented the action plan and highlighted progress made on Time to Talk Sessions. A further update on “You Said, We Did” would be provided after September 2024.
85. The Trust Board noted the report.

TB24/05/13 Remuneration and Appointments Committee Terms of Reference [TB2024.41] -

86. The Trust Board approved revisions to the Remuneration and Appointments Committee Terms of Reference.

TB24/05/15 Learning from Deaths Report Q3 [TB2024.42]

87. The CMO reported that, from May, the Trust’s Summary Hospital-level Mortality Indicator (SHMI) would exclude deaths in the two hospices. This change would bring reporting in line with other hospitals. It was expected that the SHMI would be rated lower than expected.
88. An error had been identified in Chart 4; a revised version would be circulated. *Post-meeting note: a correction version of the report was circulated on 16 May 2024.*
89. The correlation between low mortality scores and high staff survey scores was noted.
90. The Trust Board noted the report.

TB24/05/16 Fit and Proper Persons Annual Assurance 2023/24 [TB2024.43]

91. The Trust Board noted the report, which indicated that the Fit and Proper Persons Test had been conducted for the period 2023/24 and that all Trust Board members satisfied the requirements.

TB24/05/17 Trust Board Register of Interests, Gifts, Hospitality and Sponsorship [TB2024.44]

92. The Trust Board noted the Register of Interest, Gifts, Hospitality and Sponsorship for the Trust Board; no potential conflicts of interest were identified.

TB24/05/18 Regular Reporting Items**TB24/05/18a Board Assurance Framework and Corporate Risk Register Review [TB2024.45]**

93. The Trust Board noted this regular report.

TB24/05/18b Maternity Service Update Report [TB2024.46]

94. Ms Redfearn, Director of Midwifery, presented the report and highlighted the following issues:
- a. There were 98 additional births in March 2024 along with increases in bookings in the community and elective caesarean sections. The increase in births had resulted in delays to induction of labour. Reduction of delays to induction of labour was a Trust Quality Priority and in internal task and finish group was looking at this;
 - b. The service had a scanning quality assurance visit from the UK Accreditation Service (UKAS). No safety concerns were raised. An action plan to address the five urgent recommendations would be submitted by 21 May 2024;
 - c. There was a decrease in the number of post-partum haemorrhages and 3°/4° tears. The Integrated Assurance Committee would receive a detailed update at its June meeting.
95. The Trust Board was assured that neonatal deaths were investigated; as a specialist centre, the service received transfers of very sick babies and an increase in the number of pre-term babies was noted.
96. She confirmed that there were transitional issues in the adoption of BadgerNet; additional refresher training was being offered.
97. A digital platform for the neonatal service was at business case stage and the Trust Board would be kept informed.
98. Improvements in governance and reporting had been identified following the Care Quality Commission inspection and UKAS accreditation visit and there was a focus on ensuring Matrons had effective oversight of day-to-day issues.
99. The Trust Board noted this regular report.

TB24/05/18c Trust Management Executive Report [TB2024.47]

100. The Trust Board noted this regular report.

TB24/05/18d Audit Committee Report [TB2024.48]

101. Mr Dean, Chair of the Audit Committee, presented the report. He told the Trust Board that the Audit Committee had discussed the Environmental Sustainability maturity audit in detail. The Committee was assured that agreed actions were in place.
102. As part of its monitoring of the year-end timetable, the Audit Committee had put an exception reporting process in place.

TB24/05/18e Integrated Assurance Committee Report [TB2024.49]

103. The Trust Board noted this regular report.

TB24/05/18f Consultant Appointments and Sealing of Documents [TB2024.50]

104. The Board noted the Medical Consultant appointments made by Advisory Appointment Committees under delegated authority and noted the signings that have been undertaken in line with the Trust's Standing Orders since the last report to the Trust Board at its meeting on Wednesday 13 March 2024.

TB24/05/19 Any Other Business

105. The Acting Chief Digital and Partnership Officer reported that the Trust would shortly be submitting its Digital Maturity Assessment to NHS England. The submission would be presented to the June meeting of the Integrated Assurance Committee.

TB24/05/20 Date of Next Meeting

106. A meeting of the Trust Board was to take place on **Wednesday 10 July 2024**.