

Trust Board Meeting in Public

Minutes of the Trust Board Meeting in Public held on **Wednesday 11 September 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
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 Lisa Glynn	Acting Chief Operating Officer
Mr Matt Harris	Acting Chief Digital and Partnership 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 Joy Warmington	Non-Executive Director
Ms Clare Winch	Director of Regulatory Compliance & Assurance [deputising for the Chief Assurance Officer]

In Attendance:

Dr Neil Scotchmer	Head of Corporate Governance
Ms Joan Adegoke	Corporate Governance Officer [Minutes]
Ms Olivia Clymer	Director of Strategy and Partnerships
Ms Milica Redfearn	Director of Midwifery [Item 7]
Ms Laura Russell	Speech and Language Therapist – Medialisation Clinic [Item 6]
Ms Felicity Taylor-Drewe	Chief Operating Officer Designate
Prof Katie Jeffrey	Director of Infection Prevention and Control [Item 8]

Apologies:

Ms Claire Feehily	Non-Executive Director
Ms Claire Flint	Non-Executive Director
Mr Mark Holloway	Chief Estates and Facilities Officer
Ms Eileen Walsh	Chief Assurance Officer

TB24/09/01 Welcome, Apologies and Declarations of Interest

1. The Chair welcomed Felicity Taylor-Drewe, the new Chief Operating Officer who would be joining the Trust on 28 October but was in attendance to observe the meeting.
2. Apologies were noted as recorded above.
3. The Chair declared his interest as the new Chair of Oxford Academic Health Partners (OAHP) from 1 September 2024, and as a Barclay Fellow at Green Templeton College. Both were unremunerated roles which were not expected to impact on his Trust role.

TB24/09/02 Minutes of the Meeting Held on 10 July 2024 [TB2024.70]

4. The minutes of the previous meeting were approved as an accurate record.

TB24/09/03 Action Log [TB2024.71]

5. Actions for report:

TB24-001 Infected Blood Inquiry Report – The Chief Medical Officer confirmed consistency between medical training programme and the recommendations of the Infected Blood Inquiry but noted that further due diligence was being undertaken.

TB24/09/04 Chair's Business

6. The Chair and the Board thanked the sponsors of the staff recognition awards held the previous week, noting that this had been an uplifting event which had showcased the amazing things done by Trust staff daily and had provided an opportunity to reflect on this.
7. The Chair highlighted the Annual Public Meeting (APM) which was due to take place on the evening of Thursday 26 September.

TB24/09/05 Chief Executive Officer's Report [TB2024.72]

8. The Chief Executive Officer (CEO) noted that the new agenda structure focussed on the Trust's four strategic pillars (Patients Care, People, Performance and Partnerships) which would allow discussion of strategic objectives and delivery based on values.
9. Professor Pandit noted that Nick Broughton had been confirmed as the substantive Chief Executive Officer (CEO) for the BOB ICB after serving in an interim role for a year. She

commented that the ICB was working increasingly effectively with providers in the system.

10. The ICS was noted to have a £20m variance from plan in M4 against a plan with an agreed £60m deficit by year-end. The Board heard that the ICS was in tier 4 for financial performance leading to an Investigation and Intervention (I&I) regime having commenced. A supplier had been employed to investigate finances across the system and this would be followed by an 8-week intervention period to support financial recovery.
11. It was noted that efforts to reduce reliance on temporary staffing had resulted in significant savings, while the Trust continued to monitor the impact on patient care and staff through various routes including listening events.
12. In relation to operational standards, there were no patients waiting over 78 weeks at the end of September, and reduced numbers waiting over 65 weeks. Reducing this figure to zero would be challenging but the Trust was aiming to minimise it. There had been an improvement in Urgent Emergency Care (UEC) performance over the past six to twelve months and the development of a Winter Plan with health and social care partners in Oxfordshire was close to agreement.
13. ICB consultation on changes to the operational model were to be discussed at its board the following week. The Trust's desire to maintain the current model for the place-based partnership was highlighted as this was regarded as pivotal to retaining standards and reducing inequalities.
14. The regular tripartite meeting with the ICB and NHSE had focussed on performance standards and Maternity. The Chief Executive noted that the Board paper on maternity showed good performance on MBRACE data, particularly in relation to perinatal mortality.
15. The Board noted that the NHSE Chief Executive had emphasised that standards remained unchanged despite the change in government. It was also noted that the Darzi review was expected the following day and would feed into the 10-year plan for the NHS.

TB24/09/06 Patient Perspective

16. The Chair welcomed Mr Barry Green, Mrs Carol Green and Ms Russell. The CNO thanked Mr Green for coming to share his experience with the Board.
17. Barry, supported by his wife Carol shared his journey of complex heart surgery in January 2024 for a dissected aorta and subsequent rehabilitation, focussing on his work with Ms Russell, the Speech and Language Therapist.
18. The Speech and Language Therapist had used several techniques to help Barry prepare for the Medialisation Clinic by providing initial triage and ongoing speech and therapy support, and had guided Barry through specific vocal cord exercises to improve his speech.

19. Barry highlighted the importance of the collaborative approach between his surgical team, Ear, Nose and Throat (ENT) Consultant, and the Speech and Language Therapist, which had significantly aided his recovery.
20. Barry and his surgeon had extensive and detailed discussions about surgery, including clear risks and percentages, which had helped Barry made informed decisions and feel more confident about the process. He had however been surprised by the impact on his vocal cords following the surgery.
21. Barry's story underscored the value of therapeutic relationships and shared decision-making in his recovery journey. He emphasised how well supported he had been by Speech and Language Therapy.
22. The Board expressed its thanks to Barry and Carol for sharing their experience and to Ms Russell for demonstrating the Trust's values.

TB24/09/07 Maternity Service Update Report [TB2024.73]

23. Ms Redfearn joined the Board for this item.
24. The Chief Nursing Officer provided an update on Maternity activities. The Board noted the Keep the Horton Group (KTHG) Maternity Dossier which had been reported to the Integrated Assurance Committee (IAC) and noted that analysis and thematic review was underway and would support improvement work. An action plan had been shared with regional colleagues and a meeting had been arranged with the KTHG to discuss this.
25. A review of the Safety, Quality and Experience aspects of Maternity Services was to be shared at the 25 September Board Seminar. A three-year delivery plan for Maternity and Neonatal Services was being developed. The involvement of the Oxfordshire Maternity and Neonatal Voices Partnership (OMNVP) was highlighted as very positive.
26. In relation to the Maternity Incentive Scheme, the Trust was on track with seven safety actions. Three were at risk of non-compliance, Transitional Care; Neonatal Medical Workforce; and Saving Babies Lives Care Bundle version 3, element 1 with action plans in place to address these issues.
27. The full report had been received from the Antenatal and Newborn Screening Assurance Visit and an action plan addressing 36 recommendations, including five urgent ones, had been approved and shared with NHS England. The Board would be updated on progress.
28. Progress was noted on the Horton Midwifery Led Unit CQC action plan with four of the six 'Must Do' actions completed, including risk assessments, medication storage, regular audit completion, and governance processes. The remaining two actions were in progress, these included adding resuscitation and emergency trolley checks to 'My Kit Checks' and completing estates work for a new birthing pool. The CNO noted that that the resuscitation trolley checks required a monthly assurance mechanism to embed this assurance in the progress against the CQC action plan.

29. Progress was noted to have been made on completion of the bereavement room.
30. Ms Redfearn, Director of Midwifery expanded on the three occasions where home births could not be supported due staffing and acuity issues. The affected staffing period was from 8pm to 8am with a low number of women affected and follow up with them taking place afterwards.
31. The CEO reported that it had been necessary to meet with colleagues in Maternity as a result of unacceptable threats on social media and noted the need to support staff subjected to these. Ongoing support was also being provided by the Communication team to present an accurate narrative in the media.
32. Work on the induction of labour improvement plan was heard to be going well, ensuring the correct staffing for flow through the unit to avoid unnecessary delay.
33. The Board noted that recruitment efforts were ongoing to ensure compliance with birthrate plus from November. New arrangements for induction and support were having a positive impact, with a strong preceptorship programme in place. There were four apprenticeships in total, opening opportunities for a different demographic of local people to enter the profession.
34. Post Partum Haemorrhages (PPH) and 3-4 degree tears had shown slight increases but were within the normal range. Monitoring and benchmarking would continue.
35. Out of area referrals had reached the level around 200 cases per year, leading to approximately 100 C-sections which was impacting theatre usage. A paper outlining these issues was to be presented to the Trust Management Executive (TME), highlighting limits to infrastructure and funding challenges. It was noted that there were few legal options to restrict out-of-area births and that non-local commissioners were reluctant to fund growth. The Trust was engaging with integrated Care Board (ICB) to address the issue.
36. The Board noted this update on Maternity services.

TB24/09/08 Infection Prevention and Control Annual Report [TB2024.74]

37. The Chief Medical Officer welcomed Professor Katie Jeffery, the Director of Infection Prevention and Control to the meeting. The Chair took the opportunity to congratulate her for being presented with the Chief Executive Officer's Award at the recent Staff Recognition Awards for her outstanding contribution to OUH.
38. Professor Jeffery summarised the activities of the Infection Prevention and Control (IPC) within the Trust, highlighted the successes and challenges in relation to national trajectories. The Trust complied with NHSE mandatory reporting and had done well to maintain stable figures and benchmarked fairly well across Shelford trusts.
39. The IPC team handled various outbreaks and incidents, including the national outbreak of measles, by conducting investigations and implementing necessary measures to control and prevent further spread.

40. The Board heard that the Trust would lose the existing surveillance system (ACMEipc) as the platform was no longer supported. The team was looking at ways to mitigate the risks posed.
41. Several infection prevention and control challenges faced by the Neonatal Unit had seen improvement initiatives with no MRSA case recorded in the year and a decline in multi-drug-resistant outbreaks. Investment had taken place in incubators and some further small works were required.
42. Ongoing issues following the Legionella SIRI at the Churchill Cancer and Haematology Hospital were being managed with focussed attention from the estates team. Point-of-use filters and engineering solutions had been implemented to ensure water safety, and the situation was now under surveillance.
43. The Infection Prevention and Control team had been involved in the NHSE initiative to prepare the Trust as a centre for Airborne High Consequence Infectious Disease (HCID). Preparations were ongoing to receive patients.
44. Professor Jeffery noted that the IPC team was now fully recruited to the business case that had been approved and she thanked the team for their work.
45. The Board discussed the comparison of infection rates at other Shelford sites, with a focus on effective cleaning practices and the impact on infection control. It was noted that some other trusts had the benefit of more modern estate with a larger proportion of side rooms.
46. In relation to the Paediatric Spinal Surgery Service, positive progress was noted, but full assurance would take some time due to the low number of surgeries and infection rates.
47. The Board noted several specific measures in the Surgical Site Infection (SSI) reduction bundle aimed at reducing the incidence of infections following surgical procedure. Professor Jeffrey was asked to review the impact that the use of different sutures had had on infection rates as it had been anticipated that these would drive a reduction.
48. The Board noted that an update on benefits realisation following recruitment to the IPC team would be helpful. Antimicrobial Stewardship (AMS) audits which showed that nurse interventions could significantly reduce the length of stay (LoS) for patients and it was suggested that these be tied to KPIs.
49. The Trust Board noted the report.

**TB24/09/09 Safeguarding Children and Adults Annual Report 2023-2024
[TB2024.75]**

50. The Chief Nursing Officer presented the Safeguarding Children and Adults Annual Report and highlighted increased activities across all areas, with an average of 1,064 contacts per month. Key issues included domestic abuse, emotional abuse, neglect, and mental health concerns.

51. There had been an increase in applications of Deprivation of Liberty Safeguards (DoLS) made during the year, an increase of 600 from the previous year. Efforts to improve training and awareness had led to better documentation and an increase in DoLS applications.
52. Training compliance had been an area of focus especially Mental Capacity Act training. There had been strong partnership working with various agencies, including participation in multi-agency case reviews and safeguarding boards. Challenges included increased activity and complexity of cases.
53. The Trust had been compliant in all areas of the annual self-assessment required by the Oxfordshire Safeguarding Children Board (OSCB) and Oxfordshire Safeguarding Adults Board (OSAB) in accordance with section 11 of the Children Act 2004 and the Care Act 2014.
54. Delays in discharge were noted, with some cases taking between 6 days to 65 days to resolve, often due to complex situations involving the transfer of mothers and infants to secure settings. The increase in cases was having an impact on staff, though the CNO noted that the Trust had the benefit of an experienced safeguarding team who could provide expert advice. The need for transitional arrangements as many staff were nearing retirement was recognised.
55. The Trust Board noted the report.

TB24/09/10 Learning from Deaths Annual Report [TB2024.76]

56. The Chief Medical Officer presented the Learning from Deaths Annual Report. The Chair highlighted that the Board had spent considerable time exploring these issues at a recent seminar.
57. The Trust's SHMI and HSMR were both rated as 'lower than expected,' indicating good performance in mortality outcomes. However, there was an aspiration to improve further.
58. The Medical Examiner (ME) system was well-established, scrutinising deaths within the Trust and in community settings. Efforts were being made to involve patients' families in the mortality review process, with plans to formalise patient feedback and expand patient safety partners.
59. The Board noted that a review of cardiology deaths had led to changes in clinical practice, such as earlier triage to improve safety and reduce mortality.
60. The Board noted the report and the substantial learning demonstrated. Assurances from the seminar session on the care taken by the team to ensure and value family involvement were also noted, recognising that there was still room for improvement on capturing and sharing this feedback.

TB24/09/11 Combined Equality Standards Report [TB2024.77]

61. The Chief People Officer presented this report with a focus on the key findings and proposed actions which linked to national EDI plan.
62. Key findings from the annual reviews against the Workforce Race Equality (WRES), Workforce Disability Equality Standards (WDES), and Gender Pay Gap (GPG) and delivering against the High Impact Actions (HIAs) of the NHS EDI Workforce Improvement Plan were noted:
- HIA1: EDI objectives for Chief Officers, soon to include Non-Executive Directors.
 - HIA2: Barriers for BAME staff progression and poor disability disclosure rates.
 - HIA3: Reduction in gender pay gap, focus needed on medical and dental staff.
 - HIA4: Slow progress in reasonable adjustments for disabled staff.
 - HIA5: Better career development scores for internationally recruited staff but lower integration scores.
 - HIA6: Improvements in bullying and harassment metrics for BAME and disabled staff.
63. Future focus areas included prioritising recruitment and progression for internationally recruited staff, addressing pay gaps for medical and dental staff by implementing a “comply or explain” mechanism, improving reasonable adjustments, and continuing efforts to eradicate bullying and harassment.
64. It was suggested that it would be helpful to circulate a version of the table showing the % of BME staff at each Agenda for Change grade that also showed the number of staff at each band.
65. **ACTION: Chief People Officer to circulate a version of the table showing both the % and numbers of BME staff at each Agenda for Change grade.**
66. The Board noted the progress made and highlighted the need to ensure the correct narrative around diversity initiatives to ensure that this did not create the impression of ‘diversity hires’ but represented the Trust genuinely addressing inequalities.

TB24/09/12 Sickness Absence Management Procedure [TB2024.78]

67. The Trust Board approved the revised Sickness Absence Management Procedure. Assurance was provided that the Staff Disability and Accessibility Network had been included in the consultation.

TB24/09/13 Responsible Officer’s Revalidation Annual Report [TB2024.79]

68. The Chief Medical Officer presented the Responsible Officer’s Annual Medical Appraisal and Revalidation report and highlighted measures being taking to address the deficit in appraisal capacity and revalidation process.

69. The Board noted the report and the statement of compliance for the Trust and for Helen and Douglas House for which the Trust provides Responsible Officer Services. These were to be duly signed by the OUH Chief Executive and the Board of Helen and Douglas House respectively and shared with NHS England.

TB24/09/14 Integrated Performance Report M4 [TB2024.80]

70. The CEO summarised the Trust's performance and highlighted current challenges and how they were being addressed, emphasising that performance issues were interconnected and impacted by the importance of managing safe services through the winter. This work was being supported by quality improvement initiatives which would be discussed by the Board at its September seminar.
71. The Chair highlighted the Trust's success in meeting the national standard for Emergency Departments (EDs) which was attributed to several factors such as, the introduction of Live Bed State across all main hospital sites, successful staff recruitment to ED, development of the Observation Review Unit (ORU), and a Quality Improvement (QI) programme supplemented by support at Place level. Winter resilience planning was also highlighted.
72. The CEO emphasised that these improvements were achieved through team engagement, empowerment, and the negotiation of funding from the ICB. Professor Pandit praised clinicians on these pathways and the operations team for maintaining effective dialogue.
73. The Chief Nursing Officer explained that indicators in relation to safe staffing needed to be revised to improve their clarity. She explained that there were no harm events related to safe staffing and that the threshold for no-harm events was low
74. In relation to medication incidents the Chief Medical Officer explained that the reporting of incidents not related to harm reflected a good safety culture. He explained that medication dosage was more complex in children than adults and that this was expected to lead to a higher number of errors.
75. The Trust Board noted the report.

TB24/09/15 Finance Report M4 [TB2024.81]

76. The Chief Finance Officer introduced this report and provided an overview of Income and Expenditure (I&E) performance and cashflow. The Board noted that I&E was off plan and that the plan assumed that losses would be recovered later in the year. Mr Dorsett noted that there was some concern about the level of variance and ability to bring the position into line with the plan.
77. On Income the Trust was not delivering as much value-weighted activity as expected but relative costs were not reduced in line with this. External work was being commissioned to ensure the correct counting and coding of activities with efforts being made to maximize the use of theatres and outpatient services.

78. Estimates had been made on the resolution of various contract issues, with the BOB contract now signed but not the NHSE contract. Income resources had been estimated in several cases, for example for the Better Care Fund and cancer funding.
79. Pay variance was noted not to be large, but the plan assumed a substantial further reduction. Ongoing work to reduce temporary staffing was now assumed to happen over nine months instead of six. Mr Dorsett noted that work was underway to compensate for the gap in delivery through reductions in overtime and additional session rates where these were misaligned with peer trusts.
80. There were four new initiatives to address non-pay overspends:
 - Approval process for non-clinical pass-through costs
 - Standardization of consumables
 - Use of live inventory systems data to reduce purchasing
 - Sharing savings from non-pass-through expensive drug usage, with extra staff in pharmacy to support savings in other divisions.
81. The plan assumed an improved run rate, which has not yet been achieved. The Chief Finance Officer recognised that this was a highly challenging plan but noted a high level of alignment on delivery in the Trust senior leadership team, with major proposals coming from different executive team members.
82. It was suggested that more of the narrative provided by Mr Dorsett could be included in the report itself for future iterations.
83. The Board noted that the Trust was £5.5m off plan including the benefit of a range of one-off items. Confidence was expressed in the ability to recover commissioning income and manage non-pay.
84. The CFO noted that the Trust was managing additional uncertainty due to the delay in closing commissioning negotiations. He highlighted the challenge presented by PbR and value-weighted activity due to the volatility in coding and counting.
85. The appetite at the system level to share procurement for bigger discounts was discussed. Mr Dorsett explained that OUH would benefit less from this than others as it already generated larger procurement savings and had cheaper corporate services than other ICB members.
86. The Chair acknowledged the challenging position and the need to work with the system to bridge to the required year-end position.
87. The Trust Board noted the report.

TB24/09/16 UEC System Dashboard [TB2024.82]

88. The Board noted that it still found the dashboard hard to interpret, noting this as work in progress with the aim of improving it and discussing the metrics used during a forthcoming seminar session.

TB24/09/17 Acute Provider Collaborative Report [TB2024.83]

89. The Chief Executive Officer reported that the Acute Provider Collaborative (APC) Board was now well-established with three workstreams:
- **Corporate:** A programme workshop was held to explore efficiencies in the people function.
 - **Clinical:** A proposal for a fracture liaison service is going through the approval process to avoid hospital care.
 - **Elective care:** Chief Operating Officers (COOs) had developed short, medium, and long-term plans, with some mutual aid initiatives starting.
90. The Chair suggested that the Board continue to be updated on progress in relation to these workstreams through future agendas.
91. The Trust Board noted the report.

TB24/09/18a Trust Management Executive Report [TB2024.84]

92. The Board noted the report and approved the following updated policies:
- Workforce policy:
 - Medical Consultant Recruitment Procedure; and
 - Estates policies:
 - Management of Contractors Policy
 - Water Safety Policy
 - Ventilation Systems Policy
 - Gas Safety Policy
93. The Board noted that the Medical Consultant Recruitment Procedure had been slightly revised following review at TME to include the 'comply or explain' provision referenced earlier in the meeting.

TB24/09/18b Audit Committee Report [TB2024.85]

94. The Trust Board noted the report.

TB24/09/18c Integrated Assurance Committee Report [TB2024.86]

95. The Trust Board noted the report.

**TB24/09/18d Consultant Appointments and Sealing of Documents
[TB2024.87]**

96. 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 10 July 2024.

TB24/09/19 Any Other Business

97. No additional business has been highlighted on this occasion.

TB24/09/20 Date of Next Meeting

98. A meeting of the Trust Board was to take place on **Wednesday 13 November 2024**.