

Trust Board Meeting in Public

Minutes of the Trust Board Meeting in Public held on **Wednesday 10 July 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
Ms Laura Bick	Director of Workforce [deputising for the Chief People 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
Dr Claire Feehily	Non-Executive Director
Ms Claire Flint	Non-Executive Director
Ms Lisa Glynn	Director of Clinical Services [deputising for the Chief Operating Officer]
Mr Matt Harris	Acting Chief Digital and Partnership Officer
Mr Mark Holloway	Chief Estates and Facilities Officer
Ms Sarah Hordern	Vice Chair and Non-Executive Director
Ms Katie Kapernaros	Non-Executive Officer
Ms Clare Winch	Director of Regulatory Compliance & Assurance [deputising for the Chief Assurance Officer]

In Attendance:

Ms Joan Adegoke	Corporate Governance Officer [Minutes]
Dr Neil Scotchmer	Head of Corporate Governance
Dr Olivia Clymer	Director of Strategy and Partnerships
Ms Susie Saeed	Gynaecology Matron [Item 6]
Dr Ansaf Azhar	Director of Public Health, Oxfordshire County Council [Item 11]
Ms Milica Redfearn	Director of Midwifery [Item 17a]
Dr Catherine Greenwood	Clinical Director for Maternity [Item 17a]

Apologies:

Ms Sara Randall	Chief Medical Officer
Mr Terry Roberts	Chief People Officer
Ms Eileen Walsh	Chief Assurance Officer
Prof Tony Schapira	Non-Executive Director
Prof Gavin Screatton	Non-Executive Director
Ms Joy Warmington	Non-Executive Director
Prof Ash Soni	Non-Executive Director

TB24/07/01 Welcome, Apologies and Declarations of Interest

1. The Board noted the appointment of Katie Kapernaros to the board of South Central Ambulance Service (SCAS) and Megana Pandit as a trustee at NHS Providers.
2. Apologies were noted as recorded above.

TB24/07/02 Minutes of the Meeting Held on 8 May 2024 [TB2024.51]

3. The minutes of the previous meeting were approved as an accurate record.
4. There were no actions for report.
5. Under matters arising, the Chair noted that funding had been secured for the Work In Confidence system which would make it easier for staff to raise concern confidentially.

TB24/07/03 Chair's Business

6. The Chair noted the recent General Election that had led to many changes in the Trust's local MPs with some re-elected and others elected for the first time. He noted that the Trust would be writing to offer them a briefing on the organisation and to share with them the Trust's new OUH 'At a Glance' publication.
7. The Chair highlighted the commencement of discussions with junior doctors by the new government. He noted that the Board would be briefed as decisions from government that impacted the Trust emerged.
8. The Chair noted that Prof Freddie Hamdy had been awarded a CBE, and that Prof Pandit had been recognised as one of the top 50 CEOs by the Health Service Journal (HSJ).

TB24/07/04 Chief Executive Officer's Report [TB2024.52]

9. The Chief Executive Officer (CEO) thanked all staff for their hard work under challenging circumstances including during the five-day period of junior doctors' industrial action during which patient safety and staff wellbeing had been maintained. She noted that

clinics and theatre activity that had been lost during the industrial action would be rescheduled as soon as possible.

10. Prof Pandit reported on operational activities with incomplete pathways over 78-weeks standing at zero but 50 projected by the end of July. Plans were in place to deliver zero patients waiting beyond 65 weeks by the end of September. Challenges highlighted included complex cases requiring multiple surgeons or reliant on implant availability which were a feature of the Trust's tertiary status. Patient choice had also had an impact over the summer but efforts to reduce lists continued.
11. As part of Acute Provider Collaboration (APC), the Trust had been working collaboratively within the BOB ICS to achieve equitable access within the system.
12. The Chief Executive noted that an plan for an £8.1m deficit had been submitted by the Trust, as part of a total system deficit figure of £60m. The Trust had undertaken to reduce temporary staffing by 700 WTE with a 393 WTE reduction achieved so far. Schemes to offer support had been put in place to cushion the impact of these changes on staff. A cost improvement programme of £92m was required of which more than 50% had been identified at that stage.
13. Urgent Care performance was much improved compared with the previous year. Funding for senior decision maker cover in the Emergency Department overnight was predicted to improve performance.
14. The report of the Infected Blood Inquiry was noted and the Trust had expressed deep regret and apologised to all patients and families affected by the infected blood scandal and had reiterated its commitment to patient safety.
15. The Trust also noted the publication of a dossier of negative experiences for a group of women who had started pregnancies in north Oxfordshire and had given birth at the JR published by Keep the Horton General campaign. The Trust regretted these negative experiences and was committed to learning from them to make improvements so that care was safe and patient experience positive.

TB24/07/05 Infected Blood Inquiry Report [TB2024.53]

16. The Chief Medical Officer presented this paper, which provided the Board with a summary of findings from the Infected Blood Inquiry (IBI) including recommendations and the initial Trust response.
17. The Trust fully supported the inquiry, acknowledged the report, and offered apologies to those impacted, including those treated in Oxford in the 1970s and 1980s. The report highlighted systemic failures in putting patient safety at the centre of care and provided the opportunity for a sincere and unqualified apology.
18. Practice had since improved and a stronger patient safety culture was in place including arrangements for Freedom to Speak Up. The Trust had taken several steps in response to the IBI report and was proud of the care it provided today which was validated by external review.

19. On recommendations 3 and 7, the CMO confirmed that blood safety now an important part of training but would engage with the medical school to triangulate the report with the training programme.
20. **ACTION: Chief Medical Officer to confirm consistency between medical training programme and the recommendations of the Infected Blood Inquiry.**
21. Since the report highlighted a lack of transparency as one of the key failures in handling the infected blood crisis, the Board discussed how patient safety was monitored through the patient pathway across providers in the system. The CMO outlined as an example the work with homeless people that was undertaken around hepatitis C which was beneficial to patients but also as a public health intervention and provided an example of collaboration across the boundaries of care.
22. On digitisation workstream, the Acting Chief Digital and Partnership Officer confirmed ongoing work to digitise all records and provide access to patient electronic digital records across care providers which now extended to London.
23. The Board noted that the inquiry had brought up number of specific lessons but also extended to other areas for continual learning. This formed part of PSIRF (Patient Safety Incident Response Framework) which had a particular focus on an expanded patient voice. The Board noted these positive developments but emphasised the need not to be complacent about the requirement for ongoing improvements.
24. The Board noted the report.

TB24/07/06 Patient Perspective

25. The Chair welcomed Nell and Ms Saeed
26. Nell told the Trust Board of her experience of miscarrying and attending the Early Pregnancy Assessment Unit (EPAU) at Rose Hill. She had to wait three days for an appointment, highlighting the limited capacity of the EPAU.
27. However Nell shared her positive impressions of the non-clinical environment and person-centred care, which made her feel understood and well cared for. She highlighted the sonographer's disposition as kind, warm-voiced, calm, and professional, which made a significant difference. She appreciated being able to have a friend with her for support and comfort. Nell noted how much difference it made that this did not feel like a clinical setting and that there were no obviously pregnant women present. She did note that she found the music in the waiting room to be at odds with the surroundings.
28. Ms Saeed noted that previously, there had previously been a lot of negative feedback from patients in similar positions needing to attend the Women's Centre. However, the feedback had now completely changed to being positive.
29. Ms Saeed told the Board that the EPAU at Rose Hill had been the first of its kind in the UK. She noted that they were aware of the impact of delayed appointments and were taking steps to address the issue. The Division was reviewing the possibility of offering a

seven-day-a week service to reduce delays and provide more timely care, remaining committed to maintaining a person-centred approach, and considering changes to the waiting room environment, such as trialling classical music and adding a television, to improve comfort and experience.

30. Discussions were also taking place around replicating the service in the north of the County and the ICB was interested in replicating the model more widely. The CEO noted the need to align proposals with the national Women's Health Strategy to access funding to ICBs to deliver women's services.
31. The Board expressed its thanks to Nell for sharing her experience and wished her well for the future.

TB24/07/07 Integrated Performance Report M2 [TB2024.54]

32. The Board discussed this regular report on key elements of performance.
33. The HSMR and Summary Hospital-level Mortality Indicator (SHMI) rates both demonstrated fewer patient deaths than expected. 99% of mortality reviews were taking place within eight weeks.
34. Vacancy rates and turnover were improving, but non-clinical appraisals and time to hire did not meet performance standards. Sickness absence rate was beginning to show a deteriorating trend. The Trust was working hard to continue to deliver on the People Plan.
35. Partnership working continued to take place on Special Educational Needs and Disabilities (SEND) with Oxfordshire County Council to tackle areas for priority actions following the Area SEND inspection of the Oxfordshire Local Area Partnership. The OUH representative on the Board had been offering assistance with good governance, risk management and good evidence practices.
36. Complaints response time were noted to have dipped in May with only 86.8% complaints responded to within 40 days, below the target of 95%. Efforts were ongoing to meet the standard of 25 working days except for complex / multiple provider cases for which an appropriate timescale would be negotiated. A comprehensive action plan had been implemented, including a QI-facilitated workshop to identify bottlenecks and a weekly breach sheet to track overdue complaints.
37. The CNO highlighted ongoing work between Divisions and the Complaints team to ensure accountability and to track progress with oversight by the Delivery Committee. She added that there was no backlog currently and that the team was working on a process to respond in detail to complaints within 25 days with a trajectory to achieve this by October. Some disruption to timelines was likely while improvement work underway.
38. Assurance was sought regarding work with PFI companies on cleaning standards. The Board heard that national standards of healthcare cleanliness were applied with the current dips in performance being in lower priority non-clinical areas. These issues were being managed with PFI providers.

39. It was suggested that if possible it would be helpful to separate moderate harms due to staffing between maternity and non-maternity and to include benchmarking with other providers. The CMO reminded the Board that the PSIRF report to the Integrated Assurance Committee (IAC) detailed breakdown of incidents of moderate harm and above. The CEO noted that harms were recorded within the Trust as experienced by patients and were not restricted to omissions in care. This was in order to maximise the opportunity to learn lessons. Organisations differed in the way harms were recorded which made it hard to benchmark.
40. On safe staffing, the CNO noted that the hospitals were well-staffed based on care hours per patient day, and never went below the established minimum staffing criteria. Safe staffing meetings were held three times each day, with staffing levels maintained at Level 2 (amber). Reviews confirmed that no harm events related to nurse or midwifery staffing levels in May across divisions. Data on frequent movement of staff intra shift, missed breaks and incomplete episodes would be reported in the future.
41. The Board noted that safeguarding training for both children and adults did not meet the performance standard, with children's training showing a slight improvement. Adult safeguarding activity remained high, reflecting increasing demand. The CNO provided an update, noting that safeguarding processes were regularly reviewed in governance and performance reviews to ensure accountability and improvement. Efforts were ongoing to improve training compliance and to address gaps, including additional training options and how staff picked up the training. The annual safeguarding report was being finalised and would be brought to the next meeting of the Board.
42. Diagnostic waits performance in May was noted to be 20.4% under 6 weeks, significantly below the target of 95%. The Director of Clinical Services reported that increased demand, vacancies and capacity issues in Audiology and Endoscopy were major factors. A change in pathway so that patients were referred directly for an audiology test rather than via a consultant was also having an impact. Active recruitment was underway to fill vacancies, particularly in critical areas like Audiology and Endoscopy. Additional diagnostic sessions were also being scheduled at weekends to increase capacity and extra capacity was being added at the Horton General Hospital to help manage the backlog.

TB24/07/08 Finance Report M2 [TB2024.55]

43. The Chief Finance Officer introduced the M2 report which set out the Trust's financial position including monthly outturn, Pay and Non-Pay. The Trust was reporting to date a deficit which was on plan. He noted that there remained a substantial underlying deficit.
44. Plan and contracts were under negotiation and so the position still included a number of assumptions. The plan assumed increased elective activity to reduce waiting times, but the final April data showed a shortfall of £150k on planned activity levels.

45. There was an overspend on pay costs, which were worse than plan, with overall WTEs remaining broadly flat after April's reductions. The temporary staffing reduction was on track but substantive staffing was not within budget.
46. Non-pay costs were showing high variability, particularly due to energy and PFI expenses.
47. The cash position had deteriorated towards year end, but active cash management measures were in place to monitor the position and assess the need for cash support regularly.
48. There were ongoing efforts to fully devolve budgets to managers, ensuring that they understood their resources and were getting support and advice to manage these so that they could be held accountable. Some budgets were still held centrally, and it was noted that budgeting remained an overly manual process
49. **ACTION: Chief Finance Officer to confirm arrangements for monitoring of and support to budget holders.**

TB24/07/9a UEC System Dashboard [TB2024.56]

50. The Director of Clinical Services presented the Urgent and Emergency Care (UEC) Oxfordshire system dashboard which was designed to consolidate and illustrate the performance of 75 indicators related to urgent and emergency care.
51. The report used a heat map-based approach to highlight monthly performance relative to the time series, showing clusters of improving or deteriorating indicators.
52. The Board noted this as work in progress and that the next step was to include primary care data. It was suggested that the Board would find it useful to have training to understand the dashboard once the primary care data was in place.
53. The Trust Board noted the report which would be reviewed over time.

TB24/07/9b Acute Provider Collaborative Report [TB2024.57]

54. The Chief Executive Officer presented the Acute Provider Collaborative (APC) Board Report for June 2024. She provided an overview of the activities and priorities of each programme.
55. Prof Pandit updated the Board on the appointment of Andrew Brent (Clinical Services) and Terry Roberts (Corporate) to the APC Board, while Meghana Chaired the Elective Care Board. Also appointed were non-executive representatives from the three acute Boards.
56. The Board received the paper and noted the update.

TB24/07/10 NHS PLACE 2023 Results [TB2024.58]

57. The Chief Nursing Officer presented the NHS Patient-Led Assessments of the Care Environment (PLACE) 2023 results, a process involving local people, known as patient assessors.
58. The Trust scored highly in cleanliness and maintenance, which were close to or above the national average, but scored below the national average in food, privacy & dignity, dementia friendliness, and access for disabilities.
59. A PLACE improvement action plan had been developed to address areas needing improvement, with a PLACE delivery group established to implement the plan.
60. The Trust Board reviewed the contents of the report and approved the PLACE improvement action plan.

TB24/07/11 Oxfordshire County Council Director of Public Health Annual Report: Climate Action for Health in Oxfordshire [TB2024.59]

61. Mr Ansaf Azhar, the Director of Public Health, joined the meeting to present the Director of Public Health Annual Report which focussed on Climate Action for Health. He highlighted the following key areas of focus and how Public Health could work across the system.
62. **Health Inequality:** Oxfordshire generally fared well compared to the national average, but there were 10 wards within the 20% most deprived areas in England, with higher rates of emergency hospital admissions and childhood obesity.
63. **Climate and Health:** Climate change was highlighted as a significant threat, with actions needed to improve both climate and health outcomes. Policies should integrate health benefits and mitigate negative health impacts.
64. **Case for Prevention:** Emphasis on long-term disease management, preventive measures helped manage chronic diseases more effectively, reducing the burden on healthcare systems. Early intervention and healthy lifestyle choices could lead to better overall health and well-being. Integrated neighbourhood teams to tackle wider health determinants. Initiatives like “Make Every Contact Count” and “Better Housing Better Health” were crucial.
65. Recommendations included setting up a Health Impact Evaluation Unit, closer collaboration between primary and secondary care, a proposed joint Public Health consultant across three organisations, and supporting the ambition to become a Marmot county.
66. The CFO discussed Return on Investment (ROI) propositions and how to help manage uncertainty on multi-year payback across the whole system and not just in the Trust. He suggested including Mr Azhar in discussions with staff about travel as a Public Health perspective might enhance engagement with this.

67. The CEFO outlined the sustainability programme across the Trust and the importance of working together at Trust and system level.
68. The Board noted and supported the ongoing joint working to address the challenges outlined.

TB24/07/12 Learning from Deaths Report Q4 [TB2024.60]

69. The Chief Medical Officer highlighted the comparative mortality statistics and noted that the Trust was aiming not just to learn from incidents but to strengthen systems including the use of feedback from medical examiners.
70. An appendix was included in the report provided details of learning, for example from the Community Cardiology service, and how incidents had led to continuous monitoring and review processes being implemented to prevent future incidents.
71. The Board noted the report.

TB24/07/13 SEND Improvement Board Update [TB2024.61]

72. The report provided an overview of the work undertaken following the Area SEND inspection of the Oxfordshire Local Area Partnership.
73. The Board noted the report.

TB24/07/14 Health and Safety Annual Report [TB2024.62]

74. The Chief Nursing Officer presented the Health and Safety Annual Report and highlighted the relationship with Emergency Preparedness Resilience and Response (EPRR) as Health and Safety objectives now included a legal responsibility to support Trust preparations to meet the new Terrorism Bill. A steering group now linked the two tough work was in its early stages.
75. The Board noted an increase in violence, aggression, and abuse (VAA) against staff and actions taken to raise the awareness of the different types of VAA that should be reported.
76. The Board noted key improvements in health and safety practices within the Trust, having enhanced workforce engagement, improved incident investigation processes, and better collaboration with PFI partners and other stakeholders.
77. The CEFO assured the Board that the Health and Safety teams continued to review and assist in prioritising the Trust Estates' statutory compliance programme.
78. The Trust Board noted the report.

**TB24/07/15 Emergency Preparedness Resilience and Response (EPRR)
Annual Report [TB2024.63]**

79. The Board approved moving the review period of the Trust Incident Response Policy from 1 year to 3 years.

TB24/07/16 Research & Development Annual Report [TB2024.64]

80. The Chief Medical Officer gave an overview of major research activities hosted by the Trust with a significant increase in commercial studies.
81. The team continued to strengthen research governance including classification committee work and improved incident reporting.
82. Due to active involvement and expansion in commercial studies, it was suggested that the report link with the commercial strategy.
83. The Trust Board noted the report.

TB24/07/17a Maternity Service Update Report [TB2024.65]

84. Ms Redfearn and Dr Greenwood joined the Board for this item.
85. The Chief Nursing Officer provided an update on the Ockenden assurance visit final report and the recommendations received.
86. Ms Redfearn, Director of Midwifery, noted that the progress was being made against the CQC action plan which had been updated and reported to IAC in June with an evidence group developed to ensure compliance.
87. Progress was noted to have been made on the CQC action plan, with two overdue actions related to estates.
88. The CEFO updated on the plan to convert two existing birthing rooms into a bespoke bereavement suite. The asbestos removal on the Delivery Suite for the project had been completed in May. The service was working on advancing the plan which had been delayed by planning requirements related to high-rise buildings. A brief presentation on these regulations was to be provided to the Board in seminar.
89. In relation to the Horton Maternity dossier which had been received on 17 June Ms Christley noted that this had been concerning to read and that a systematic review of the information that it presented was underway.
90. Dr Greenwood noted that the dossier received on the 10 June presented an opportunity to look at themes and align this with information from other routes including Oxfordshire Maternity Voices Partnership (OMVP), especially in relation to post-natal care as an area for improvement.
91. On the issue of women coming to Oxford by choice to access services, the Board noted that no extra income was received for non-elective care including Maternity but that it

was difficult to restrict access in any specialty for patients who chose to travel for services.

92. Since the changeover to the new Badgernet Maternity system, work had commenced on options to collate information more readily, with some data added retrospectively. Work to ensure that the Friends and Family Test questionnaire was collated at four touch points in the pathway via Badgernet would be live by the following month.
93. The Trust Board noted this regular report.

TB24/07/17b Maternity Safe Staffing Biannual Report [TB2024.66]

94. The Chief Nursing Officer reported an uplift in Birthrate Plus with clear escalation process and robust recruitment action plan in place to manage vacancies.
95. It was noted that the increase was not due to number but to the complexity of births which was not funded by commissioners.
96. The Trust Board noted the report.

TB24/07/17c Immunisation and Screening Policy [TB2024.67]

97. The Board approved the updated Immunisation and Screening Policy.

TB24/07/17d Integrated Assurance Committee Report [TB2024.68]

98. The Board noted the report.

TB24/07/17e Consultant Appointments and Sealing of Documents [TB2024.69]

99. 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 8 May 2024.

TB24/07/23 Any Other Business

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

TB24/07/24 Date of Next Meeting

101. A meeting of the Trust Board was to take place on **Wednesday 11 September 2024**.