

Trust Board Meeting in Public

Minutes of the Trust Board Meeting in Public held on **Wednesday 13 November 2024**,
Ruskin College, Dunstan Road, Headington

Present:

Name	Job Role
Prof Sir Jonathan Montgomery	Trust Chair, [Chair]
Prof Meghana Pandit	Chief Executive Officer
Dr Ben Attwood	Chief Digital and Partnership Officer
Dr Andrew Brent	Chief Medical Officer
Ms Yvonne Christley	Chief Nursing Officer
Mr Simon Crowther	Deputy Chief Executive Officer
Mr Paul Dean	Non-Executive Director
Mr Jason Dorsett	Chief Finance Officer
Ms Claire Feehily	Non-Executive Officer
Mr Mark Holloway	Chief Estates and Facilities Officer
Ms Sarah Horden	Vice Chair and Non-Executive Director
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 Felicity Taylor-Drewe	Chief Operating Officer
Ms Joy Warmington	Non-Executive Director
Ms Clare Winch	Director of Regulatory Compliance & Assurance

In Attendance:

Ms Joan Adegoke	Corporate Governance Officer [Minutes]
Dr Neil Scotchmer	Head of Corporate Governance
Ms Catherine McNeill	Health Promotion Practitioner, Here for Health [Item 6]
Mr Lindley Nevers	Freedom to Speak Up Lead Guardian [item 11]
Ms Milica Redfearn	Director of Midwifery [Item 7]

Apologies:

Ms Claire Flint	Non-Executive Officer
-----------------	-----------------------

Ms Katie Kapernaros	Non-Executive Officer
---------------------	-----------------------

TB24/11/01 Welcome, Apologies and Declarations of Interest

1. The Chair welcomed the new Board members and governors in attendance. Simon Crowther, the Deputy Chief Executive Officer was welcomed to his first Trust Board meeting.
2. The Chair noted that Eileen Walsh had stepped down from her Chief Assurance Officer role on the Board.
3. Apologies were noted as recorded above.

TB24/11/02 Minutes of the Meeting Held on 11 September 2024 [TB2024.88]

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

TB24/11/03 Action Log [TB2024.89]

5. Actions for report:

TB24-003 Combined Equality Standards Report – Chief People Officer to circulate a version of the table showing both the % and numbers of BME staff at each Agenda for Change grade. The Chief People Officer updated that the subdivision by Agenda for Change (AfC) was not yet completed but would be circulated to follow.

TB24-002 Support to Budget Holders - TME had received proposals regarding finance training for non-finance staff as detailed in the TME Report to the Board and this was also being presented to the Audit Committee for information. It was agreed that this action could be closed.

TB24/11/04 Chair's Business

6. The Chair reported a Chair's Action taken in September to draw down revenue support of £10m to ease cashflow.
7. The Chair had also approved minor amendments to the Recruitment and Selection Procedure via a Chair's Action in order to ensure alignment with the Medical Consultant Recruitment Procedure approved at the September meeting of the Trust Board.
8. The Chair highlighted that Maternity Quality, Safety and Service User Experience Report would come to a future Board meeting in public once it had undergone external review.
9. The Chair noted that consultation on a new 10-year plan had commenced but proposals remained still broad and too early to see how this taking shape.

TB24/11/05 Chief Executive Officer's Report [TB2024.90]

10. The Chief Executive Officer (CEO) thanked Eileen Walsh who had stepped down from her role as Chief Assurance Officer but would remain as a special advisor to the Trust for a short period. The Trust Board extended their best wishes and gratitude for her contributions to the Trust and the NHS.
11. Felicity Taylor-Drewe, Simon Crowther and Ben Attwood were all welcomed to their first board meeting in their new roles.
12. On operational performance, the goal to reduce 65-week waiters to zero by the end of September had not been achieved, with around 600 patients still waiting despite extensive efforts.
13. From 1 November the Trust had been placed into Tier 1 for elective performance, with bi-weekly meetings between the Chief Operating Officer and the Region to provide support in reducing numbers.
14. The Investigation and Improvement (I&I) exercise by PwC on behalf of NHS England had been completed with OUH contributing information to support the process. The report, which was being discussed in the confidential section of the meeting, had found no major issues with OUH's practices.
15. By month 7, OUH identified had over 100% of the required efficiencies in its financial plan, which delivered a £200k deficit, and was ahead of plan in delivering these. The programme included reducing temporary staffing by 700, focusing on pay rates as well as numbers, and aligning NHSP rates to the top of the AfC pay band from 1 October.
16. Challenges in theatres had led to some loss of lists in October. Efforts to balance quality, safety, and financial performance included listening to staff ideas, paying for overruns (rather than giving time back), and providing lunch vouchers.
17. Professor Pandit was part of the People group for the national 10-year plan, with the Deputy Chief Executive Officer coordinating staff views.
18. Notable achievements included the Nona Stephenson's award from the Healthcare People Management Association (HPMA), recognition of the Finance Team at the HFMA awards, and recognition for malaria vaccine development.
19. The Deputy Chief Executive Officer commented on the development of the 2025/26 annual plan, emphasising the importance of early planning. The ICB would lead the process, with national guidance expected around Christmas. The focus was on managing system requirements and their impact on the organisation and staff. The need for patient engagement in planning was highlighted, noting the importance of aligning with national 10-year plan discussions.
20. Horton General Hospital (HGH)'s exemplary service in hip fracture care was highlighted, with efforts being made to learn from HGH's best practice and apply it across the Trust. Challenges included balancing elective and trauma capacity and prioritising within trauma services. Efforts were being made to get patients to trauma

wards quickly and, where possible, divert them to the HGH. This formed part of broader work on theatre and emergency capacity.

21. The Chief Medical Officer explained that the JR was an outlier in hip fracture mortality on the national joint registry for the first time and work was ongoing to understand this, as it did not appear consistent with HSMR figures. A detailed action plan was in place, and retrospective reviews were being conducted.
22. The Director of Midwifery reported that the smoking cessation service, as part of the Saving Babies' Lives bundle, was relatively new and that data from the first six months was under review. The programme was offered to all women who smoked at the time of booking, and initial data suggested that 6-10% of these women had successfully stopped smoking. The importance of working with women to support take up of the service was emphasised.

TB24/11/06 Patient Perspective

23. The Chief Nursing Officer introduced Ms Catherine McNeill, Health Promotion Practitioner, Here for Health, who had joined the meeting to share Helen's story as she was unable to attend in person.
24. In 2022, Helen was diagnosed with Type 2 diabetes and later with MASLD (Metabolic Dysfunction-Associated Steatotic Liver Disease) during a hepatology appointment. Initially, she struggled with breathlessness and fatigue, almost resigned to a decline in her quality of life.
25. Helen was offered an appointment at Here for Health (HfH) where she discussed lifestyle changes.
26. Helen started by adjusting her food choices, particularly reducing salt consumption. As her confidence grew, she made further changes to her meals and snacks and increased the length and briskness of her walks with her dogs. She found it easier to climb stairs and began Pilates, which improved her health markers but then plateaued.
27. Helen started using the gym, attending three times a week, and also encouraged her son to take proactive steps. These changes significantly improved her liver function and she was eventually discharged from the metabolic hepatology clinic, and her medication was reduced.
28. Helen's journey inspired her to share her experiences with family and friends, improving her management of Type-II Diabetes to the point where her GP reduced her insulin dosage.
29. Helen's story highlighted the transformative impact of lifestyle changes and personalised support on health outcomes. The referral from the Hepatology Team to Here for Health (HfH) was crucial in enabling Helen to change her lifestyle. The importance of treating people as individuals, not just patients as supported by HfH,

exemplified how care could help people take control of their lives and shift towards prevention alongside acute care.

30. The Board expressed its thanks to Helen for sharing her experience and to Catherine for presenting her story.

TB24/11/07 Maternity Service Update Report [TB2024.91]

31. Ms Redfearn joined the Board for this item.
32. The Chief Nursing Officer provided an update on maternity activities. The final part of the three-year delivery plan for Maternity and Neonatal Services would be presented to TME on 28 November.
33. The Trust had made significant progress in the Maternity Safety Support Programme (MSSP) with the establishment of a senior midwifery leadership team and refurbishment of an intrapartum bereavement room. A progress review was scheduled for December 2024 in collaboration with the regional Chief Midwife and Integrated Care Board (ICB).
34. The Safety, Quality, and Patient Experience review had been completed. The report would be shared for review and comment before being reported back to the Board in public.
35. In relation to the Antenatal and Newborn Screening (ANNB) Action Plan, mitigation measures were in place and the process was on track. The Maternity Evidence Group was focused on completing actions and integrating audit and evidence into standard work. The Board heard that while antenatal and postnatal screenings continued as usual, the underlying governance and monitoring practices were being strengthened.
36. There had been a significant reduction in vacancies and the service was aiming to be fully staffed by the end of January, working towards the goal of a 1:22.9 staffing ratio.
37. There had been a significant reduction in the red flags for delays in induction of labour which had halved from the previous month. This downward trend had continued since the implementation of the relevant quality priority in May 2024.
38. From the following month, recruitment and retention data was to be shown across the whole hospital for a more comprehensive view of safe staffing. The annual maternity report to the Board in January was to include this information.
39. BadgerNet was noted to be fully implemented but with some documentation challenges. A documentation audit group had been set up to address these issues and improve accessibility.
40. The Go Live date for the neonatal project was scheduled for January 2025, with progress being tracked. Meanwhile, work on the Electronic Patient Record (EPR) was ongoing.
41. The Board commended the notable successes of the Equality Diversity and Inclusion (EDI) Midwives, noting the importance of managing activity bulges more effectively.

42. The Board noted the progress made on the impact of C-sections out of area referrals. The group was examining options with a paper to be presented to the Trust Management Executive (TME) on C-section demand, flow, and capacity.
43. All perinatal deaths were reviewed by the Board and future reporting was being considered with a view to putting more in the public domain.
44. Progress was noted on Horton Midwifery Led Unit CQC action plan with changes to triage for early labour and the implementation of specialty clinics. Triage might be moved out of maternity services to a central system. The HGH Dossier Update was to be presented to Trust Management Executive (TME) on 28 November 2024.
45. The Board noted this update.

TB24/11/08 National Inpatient Survey [TB2024.92]

46. The Chief Nursing Officer presented the National Inpatient Survey 2023 report which recognised the Trust as one of the highest performers in the region.
47. The Trust had received positive feedback on patient waiting times for beds, feeling safeguarded upon discharge, and meal availability outside set hours. Areas for improvement included discharge processes and food quality. Results from individual wards were discussed, and an action plan to maintain and improve at both Trust and local levels had been established. A patient and carer experience forum was now in place.
48. The Board noted that currently, there were two fully onboarded patient partners, with a third joining soon. The goal was to have 14, with ongoing efforts to ensure proper onboarding. Success with patient safety partners required good selection and onboarding. Patient representatives and patient partners were also present in other forums.
49. The Chief Nursing Officer confirmed that she believed that a specific reporting framework for discharge work was necessary. Focus on discharge processes and a deep dive at the Integrated Assurance Committee (IAC) was recommended.
50. Concerns had been raised about food quality despite meeting dietary needs and it was noted that there were inconsistencies among the four different providers. The CNO suggested involving community and patient groups to review Patient-Led Assessments of the Care Environment (PLACE). The role of soft FM providers and general standards within the NHS were discussed, highlighting collaboration with NHSE to ensure the standards set for the four main NHS providers.
51. It was noted that a deep dive on nutrition had recently been undertaken by the Integrated Assurance Committee. Ms Christley highlighted that the Trust had recently reinstated protected mealtimes.

TB24/11/09 Learning from Deaths Report Q1 [TB2024.93]

52. The Chief Medical Officer presented this report which outlined key learning from mortality reviews for Q1 2024/25, included the latest mortality data, and outlined actions taken on highlighted concerns.
53. The SHMI and HSMR were both rated 'lower than expected' with no new outlier alerts. An outlier alert from the National Hip Fracture Database was being investigated due to discrepancies with other data sources as noted above.
54. All deaths were undergoing appropriate review and the Medical Examiner (ME) feedback route had been strengthened to highlight good practice and areas for improvement.
55. According to Model Hospital data, the Trust was in the top quartile for the number of doctors in the organisation. In making any changes to the workforce it would be important to consider mortality data, alongside metrics such as pressure ulcers (PU) and falls, but it was recognised that this was a crude and lagging indicator.
56. The Board noted the report.

TB24/11/10 Guardian of Safe Working Hours Q2 Report [TB2024.94]

57. The Chief Medical Officer presented this report which provided context and assurance regarding safe working hours for OUH Resident Doctors.
58. The accuracy of the data had been affected by software configuration issues which had been a national challenge.
59. The Board noted some progress but no major changes.

TB24/11/11 Freedom to Speak Up Annual Report [TB2024.95]

60. The Lead Guardian for Freedom to Speak Up (FtSU) presented the report which covered FTSU activities from April 2023 to March 2024. The report included anonymised data, themes from concerns raised, and examples of how speaking up had made a difference.
61. During 2023/24, the FTSU team engaged with 3800 staff through various events and initiatives. 95 cases were opened, a slight increase from 94 in 2022/23. The majority of cases related to staff safety and wellbeing, with 23% involving inappropriate attitudes and behaviours, and 23% related to bullying and harassment.
62. Also highlighted was the procurement of the Work in Confidence (WiC) anonymous 2-way Speak Up channel, an external platform for anonymous reporting with an official launch planned. The NHS England's FTSU guidance included the reflection and planning tool to identify gaps and the actions needed to enhance FTSU arrangements and support staff.
63. A reduction in reported issues attributed to more robust Ulysses reporting, with patient safety concerns being appropriately routed through other systems.

64. On completion of the reflection and planning tool, emphasis was on engagement of staff in leadership training, breaking down barriers for internationally educated staff, addressing the identified resource gap and changing culture to provide psychological safety. It was suggested that reporting be received more frequently than annually, possibly through the Integrated Assurance Committee (IAC).
65. Future plans were to include the integration of active bystanders work into the Better Leaders programme, regular reporting cycles on the progress of Work in Confidence (WiC) with initial meaningful data expected in three months and build into the half yearly report.
66. The Board noted the report.

TB24/11/12 Integrated Performance Report M6 [TB2024.96]

67. The CEO noted the need to ensure balance by focussing on both positive and negative aspects of performances.
68. The Trust had achieved a reduction of 350 WTE in temporary staffing, with a focus on rates and numbers to deliver total savings, though reaching the in-year target of 700 was considered unlikely. A detailed report on overall staffing numbers was to be presented to the IAC, considering the impact of training doctors and other factors.
69. During M6 the Trust had achieved the performance threshold for the Faster Diagnosis Standard (FDS) but a drop was noted in 62-day standard performance.
70. Cost Improvement Plans (CIPs) had been identified above the required level, focusing on both pay and non-pay areas and with the emphasis now on delivery.
71. Sickness rates had increased during winter due to COVID and flu having previously reduced from 4.6% to 3.5%. A new process to address sickness absence earlier had been introduced. Mental health was one of the top reasons for longer-term absence with COVID and flu driving short-term absences.
72. Emergency Department (ED) performance indicated a successful turnaround with a focus on avoiding unnecessary attendance, enhancing workforce, and timely specialist input. The Trust was optimistic but not certain that performance would remain on plan. The Chair noted the need to quantify factors affecting patient discharge. The Board noted that figures indicated good performance in diverting patients, suggesting that pressures related to acuity.
73. Reportable RIDDOR incidents showed a theme of slips. All incidents were investigated locally and preventive actions were taken. No specific linking factor had been identified from these incidents.
74. The Board praised the helpful and improved narrative in relation to safe staffing.
75. The Board noted the report.

TB24/11/13 Finance Report M6 [TB2024.97]

76. The Chief Finance Officer introduced this report and provided an overview of Income and Expenditure (I&E) and cashflow. The report for M6 indicated a £25.8m deficit which was worse than planned. However, the underlying deficit showed improvement compared with the previous month. With the inclusion of national deficit funding, the Trust's financial plan for the year had been revised to achieve a close to breakeven position.
77. Significant savings had been made on temporary staffing, although the WTE reduction achieved was below the target. Efforts were ongoing to reduce bank and agency staffing to further support the headcount reduction target.
78. The Value Weighted Activity (VWA) plan had been developed with the aim of exceeding the national target, although the current performance showed that income growth was lagging behind the plan. This posed a significant financial challenge and also had an impact on elective performance, although the two were not entirely correlated. The Board noted that it would be necessary to consider the impact on next year's performance during the planning process. If the Trust planned for less activity then it would need to deliver more savings or have a larger deficit.
79. The Chief Finance Officer noted that the Trust continued to accrue for a proportion of the income from contracts with commissioners that remained to be finalised.
80. The Board sought additional granularity regarding the composition of the £16m retained deficit in order to better understand the underlying issues. This deficit was largely attributed to the Trust spending above plan.
81. A concern was raised about the impact of headcount reduction on administrative resources since it was essential to avoid cutting posts that facilitated critical operations and drove income. It was confirmed that the Trust was looking at administrative vacancies to ensure that these areas were being staffed appropriately. The need to ensure that the income position was transparent to budget holders in this context was highlighted.
82. Effective online tools were available for managers to look into service-level details for value-weighted activity, though not all managers used these tools consistently. Additionally, income sources could be varied and complex and some were not picked up by these tools.
83. A question was raised regarding whether the R&D figures represented profit or an underspend. It was clarified that this represented profit from commercial trials, which included modest overheads although after covering trial and administrative costs, the remaining income was limited.
84. A new slide was included on underlying expenditure which showed an overspend on nursing and midwives and efforts were ongoing to provide more detailed underlying data. There was an underspend in the 'other staff' category which include all administrative and clerical staff along with other corporate and non-clinical roles. It was noted that no concerns had been raised that administrative roles were being backfilled

by with nursing staff, though it was recognised that the gaps could be creating an additional burden. Establishment reviews would assist in assessing this and findings would be integrated into the 2025/2026 plan.

85. The Chief Estates and Facilities Officer gave assurance regarding the capital expenditure position which was significantly below the planned figure. Most of this related to the MK Radiotherapy scheme which was expected to be completed in the coming weeks, catching up on 60% of the backlog. Some schemes had been reprofiled to the end of the year.
86. The Board noted the report.

TB24/11/14 Board Assurance Framework and Risk Appetite Proposals [TB2024.98]

87. The Chair noted that some further refinement was required on the narrative regarding strategic risk.
88. The Trust Board noted the report.

TB24/11/15 ICB Annual Report [TB2024.99]

89. The Deputy Chief Executive Officer noted OUH contribution to this in relation to quality and health inequalities.
90. The Trust Board noted the report.

TB24/11/16 BOB Acute Provider Collaborative Update [TB2024.100]

91. The Trust Board noted the report.

TB24/11/17 Winter Preparedness Plan [TB2024.101]

92. The Chief Operating Officer presented this plan, highlighting the broad focus which was not just on urgent care for winter but was also critical for cancer and elective care. Of the 10 high-impact interventions, the Trust had focussed on four key areas in line with national requirements.
93. On Elective and Cancer Recovery Plans, staff wellbeing, with good rota planning and maintaining focus in the last quarter were key to success. The Trust's diversity of sites was seen as an opportunity.
94. The Trust Board discussed the relevant high-impact interventions and took assurance from the evidence of collaborative efforts among Oxfordshire's health, social care, and voluntary sector partners. These efforts aimed to improve care pathways and reduce length of stay, with a focus on conveyance avoidance and enhancing care at home.

95. To understand how the system operates, the Board suggested that it would be helpful to see a model spreadsheet which allowed the impact of changes in capacity and demand to be anticipated.
96. The Board approved the winter plan.

TB24/11/18a Trust Management Executive Report [TB2024.102]

97. The Board noted the report.

TB24/11/18b Audit Committee Report [TB2024.103]

98. The Trust Board noted the report.

TB24/11/18c Integrated Assurance Committee Report [TB2024.104]

99. The Trust Board noted the report.

TB24/11/18d Consultant Appointments and Sealing of Documents [TB2024.105]

100. The Board noted the Medical Consultant appointments made by Advisory Appointment Committees under delegated authority and noted the signings that had been undertaken in line with the Trust's Standing Orders since the last report to the Trust Board at its meeting on Wednesday 11 September 2024.

TB24/11/19 Any Other Business

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

TB24/11/20 Date of Next Meeting

102. A meeting of the Trust Board was to take place on **Wednesday 15 January 2025**.