### Title
- Foundation Trust update

### Status
- For information and decision

### History
- Regular updates to the Board

### Board Lead(s)
- Andrew Stevens, Director of Planning and Information

### Key purpose
- **Strategy**
- Assurance
- Policy
- Performance
### Executive Summary

1. The Trust’s application to operate as an NHS Foundation Trust continues to be assessed by the NHS Trust Development Authority (TDA).

2. This paper provides an update on matters considered by the Foundation Trust Programme Board at its meeting on 9 December and makes a proposal that the Trust’s draft Constitution is amended to treat volunteers as members of the public constituency rather than the staff constituency.

3. Topics considered with the TDA at December’s monthly meeting are also described.

### Recommendation

The Board is asked to note progress and to agree to treat volunteers as members of the Trust’s public constituency by means of two changes to the draft Constitution.
Foundation Trust update

1. Purpose
This paper provides an update on the Trust’s application for authorisation as an NHS Foundation Trust (FT) and on activities conducted since November as part of the FT Programme.

2. Foundation Trust application
2.1. The delay to the Trust’s FT application has been communicated to public members via a letter in November to those who have expressed interest in standing for election as a Governor and to all public members in December. Staff members have been kept informed of the anticipated timetable by means of team brief and updated intranet content. With confirmation having been received from Monitor that elections to the Council of Governors cannot take place until the Trust’s application is passed on by the NHS Trust Development Authority to Monitor, these communications explain that elections will not be initiated before June or July 2014.

2.2. A brief update on the application process is available on the Trust’s website via [www.ouh.nhs.uk/ft](http://www.ouh.nhs.uk/ft)

3. Foundation Trust Programme Board
3.1. The FT Programme Board met on 30 October. Notes are at Appendix 1.

3.2. At its meeting on 9 December the FT Programme Board:

3.2.1. Agreed a working timetable for the updating of the Long Term Financial Model and Integrated Business Plan, reflecting the timetable agreed by the Board in November and enabling an updated IBP to come to the Board at its March meeting;

3.2.2. Noted Monitor’s updated *Guide for FT applicants* and its implications, including that the TDA could be expected to set a ‘threshold’ at or before the point of referring the Trust’s application to Monitor, setting out what its performance needed to be against national standards prior to authorisation.

3.2.3. Noted progress on membership development and agreed a proposed update to the Membership Strategy for consideration by the Board.

3.2.4. Agreed a proposed approach to governor induction and training, incorporating three elements:

- formal training in generic skills for governors, provided through the Foundation Trust Network’s GovernWell programme;
- training sessions provided by Trust staff to introduce governors to key Trust functions and processes; and
• development for the Council as a group, provided by an external facilitator to assist them in establishing effective ways of working.

4. Constitution and membership for volunteers

4.1. At its 9 December meeting the FT Programme Board also considered an issue raised by the FT Membership Team relating to volunteers.

4.2. Under the draft Constitution agreed by the Board in 2012 and updated in January 2013\(^1\), volunteers form part of the staff constituency as part of the ‘non-clinical’ class within that constituency. This arrangement was originally agreed on the basis that volunteers are regarded as part of the team of people supporting care for OUH’s patients and visitors.

4.3. It has since become clear that this arrangement potentially disadvantages volunteers as potential governors, as they would be standing against employed members of staff.

4.4. Having volunteers in the staff constituency in fact represented a change to the national standard constitution.

4.5. It is therefore proposed that volunteers are no longer treated as within the staff constituency but as members of the public constituency, within the class (geographical area) where they reside. This change is not believed to pose any problems in terms of its compliance with the relevant legislation.

4.6. Two changes are therefore proposed to the draft Constitution:

4.6.1. Paragraph 8.3 be deleted

4.6.2. The final clause of paragraph 1.1.2 of Annex 2 be deleted (highlighted in italics below):

“1. There will be two classes of staff members within the Staff Constituency as follows:

1.1. groups of staff:

1.1.1. categorised in the trust’s Electronic Staff Record as administrative and clerical, estates and ancillary staff; and

1.1.2. employed by, or seconded to (under a retention of employment model) a Private Finance Initiative provider to provide services at any of the trust’s premises, or who work as volunteers for the trust

will be assigned to the ‘non-clinical’ staff class; […]”

---

5. Other activities

Preparing for elections

5.1. The Trust’s membership database will transfer to Membership Engagement Services (MES) in February 2014, allowing a period of operation with this database provider before elections take place.

TDA ‘Oversight’ meetings

5.2. Monthly meetings continue with the TDA, though which the Trust’s performance on operations, quality and financial standards is reviewed and the TDA is briefed on developments.

5.3. December’s meeting focused on areas of concern at performance against national standards, including:
   - A&E waits.
   - Delayed transfers.
   - Diagnostic waits.
   - Elective waits.
   - Cancer waits.
   - Never Events.

5.4. The Trust was complimented on progress made on vaccinating its staff against influenza.

5.5. The TDA advised that NHS England had held a ‘triangulation exercise’ on overspending against plan by the Wessex Area Team (including specialised health care provided by OUH) and was informed that OUH’s activity for Oxfordshire at month 7 was within 0.5% of the Trust’s plan.

5.6. The TDA noted that all Trusts would be expected to produce by the end of March a detailed 2-year operating plan, aligned with commissioner expectations and the national tariff. The fact that OUH was operating 86 beds more than on 31 March 2013 was recognised to require planned activity levels to be re-based.

6. Recommendation

6.1. The Board is asked to note progress and to agree to treat volunteers as members of the Trust’s public constituency, making the two proposed changes to the draft Constitution listed at paragraph 4.6 above.

Andrew Stevens  
Director of Planning and Information

Report Prepared By:  
Jonathan Horbury  
Foundation Trust Programme Director
Appendix 1

Oxford University Hospitals NHS Trust

Foundation Trust Programme Board

Notes of the meeting held on Thursday 30 October, 2013

Present: Sir Jonathan Michael (JM), Mark Mansfield (MM), Ted Baker (EB), Tony Berendt (TB), Sara Randall (SR) on behalf of Paul Brennan, Jonathan Horbury (JH), Melanie Proudfoot (MP), Geoff Salt (GS), Mark Trumper (MTr), Claire Winch (CW) on behalf of Eileen Walsh, Liz Wright (LW).

Apologies for absence were received from Andrew Stevens (AS), Eileen Walsh (EW), Paul Brennan (PB)

1. Notes of the meeting held on 18 September were agreed as a correct record.

2. Matters arising
   2.1. Messaging for staff (item 2.1): JH advised that information events for potential staff Governors had been held across the four sites, that 38 staff had attended and that the messages discussed at the September meeting had been included in presentations and/or discussion.
   2.2. Internal Audit Schedule and Risk Assessment Framework (item 2.2): Discussion had taken place with Internal Audit but a decision had yet to be made on use of remaining audit days for 2013/14. MM/JH/CW and EW would meet to consider items to be included. [MM/CW/EW/JH]
   2.3. Integrated Performance Report and Risk Assessment Framework (item 2.3) it was noted that the necessary metrics from Monitor’s new Risk Assessment Framework were being included into the integrated performance report. It was agreed that MM would forward the draft assessment report from internal audit to SR. It was agreed that JM should be sent a copy of all future draft internal audit reports. [MM]
   2.4. TDA and Self-Certification Mechanism (item 2.4): JH had made a proposal to the TDA.
   2.5. Horton General Hospital: recommendation from TDA to update the pathway for acute medical care (item 3.4): It was noted that with Oxfordshire CCG’s production of a County-wide health strategy appearing to be further delayed, it was unlikely to influence developments at the Horton General until 2015. The TDA’s Quality Visit, previous reports and recent national reports had suggested that updating the acute medical pathway was important and 2015 was felt to be too long to wait. A paper was being produced for TME by PB on a strategic direction for services at the Horton.

3. Schedule for updating LTFM and IBP – FT Timeline
   3.1. The meeting noted areas of concern raised by the TDA.
   3.2. It was noted that the CQC had confirmed that their inspection would take place during January-March 2014. A final date for a Board to Board meeting with the TDA was unlikely to be set until the CQC’s report had been received.
   3.3. It was agreed that members would be kept updated on progress and that a letter would be sent from JM during November to those who had expressed interest in standing as Governors to advise them of what was known about the electoral timetable [JH].
   3.4. JH would also check whether the requirement still applied to delay elections until referral of a Trust’s application to Monitor. [JH]
3.5. The Programme Board agreed the working timetable as proposed.

   4.1. The Programme Board discussed outstanding items and agreed their status and follow-up actions. JH would update and circulate the plan. [JH]
   4.2. An update on remaining actions would be provided to the next meeting. [JH]

5. FT Programme Risk Register
   5.1. It was noted that the risk to commissioner alignment remained serious and while mitigating actions had been taken and continued to be taken, it should still be regarded as a ‘red’ risk.
   5.2. The meeting received and agreed the updated risk ratings as proposed.

6. TDA Quality Visit follow-up
   6.1. EB advised that the Trust had responded to questions raised by the TDA following their visit and that there were no further outstanding actions.
   6.2. The Mortality Review Group would report to the Trust’s Quality Committee.
   6.3. JM asked that information about issues raised by the Quality Visit and action taken be provided to the Quality Committee in December and subsequently within Quality Reports to the Board. [EB]

7. Board programme relating to FT
   7.1. The meeting received the proposed Trust Board Seminar and Away Day programme.
   7.2. The Programme Board agreed to support proposed date changes for the March away day (moving it to 7-8 April). FT-related content for seminars in November and February was also agreed.
   7.3. With uncertainty about the date of a TDA Board-to-Board meeting unlikely to be resolved for some time, it was agreed that a further awayday should be added to the late April one, with aim of having an awayday available two weeks before the Board-to-Board.
   7.4. ES would re-work the proposal to consider with the Chairman and for Executive Directors on 4 November. [ES]

8. Next meeting
   Monday 9 December, 2013 at 9.00 – 10.30am.