Trust Board
Minutes of the Trust Board meeting held in public on Wednesday 9 July 2014 at 10:00 in the George Pickering Postgraduate Centre, The John Radcliffe Hospital.

Present: Dame Fiona Caldicott FC Chairman
Sir Jonathan Michael JM Chief Executive
Mr Tony Berendt TB Interim Medical Director
Mr Paul Brennan PB Director of Clinical Services
Mr Alisdair Cameron AC Non-Executive Director
Mr Christopher Goard CG Non-Executive Director
Professor David Mant DM Associate Non-Executive Director
Mr Mark Power MP Director of Organisational Development and Workforce
Mr Geoffrey Salt GS Non-Executive Director
Mr Andrew Stevens AS Director of Planning & Information
Ms Catherine Stoddart CS Chief Nurse
Mr Mark Trumper MT Director of Development and the Estate
Mrs Anne Tutt AT Non-Executive Director (from item 16)
Ms Eileen Walsh EW Director of Assurance
Mr Peter Ward PW Non-Executive Director
Ms Liz Wright LW Acting Chief Nurse
Mr Kevin Davis KD Senior Business Partner Finance (deputising for Mr Mansfield)

In attendance: Ms Georgia Denegri GD Interim Head of Corporate Governance
Ms Susan Polywka SP Deputy Head of Corporate Governance

Apologies: Professor Sir John Bell JB Non-Executive Director
Mr Mark Mansfield MM Director of Finance & Procurement

TB14/07/01 Apologies and declarations of interest
Apologies were received from Professor Sir John Bell, Non-Executive Director, Ms Anne Tutt, Non-Executive Director (who arrived in time for item 16), and Mr Mark Mansfield, Director of Finance and Procurement, who was represented by Mr Kevin Davis, Senior Business Partner, Finance.

The Chairman noted that Professor Gary Ford, Chief Executive of Oxford Academic Health Sciences Network [AHSN] had been invited to attend to present the Oxford AHSN Annual Report.

No declarations of interest were made.

TB14/07/02 Minutes of the meeting held on 14 May 2014
The minutes were approved as a true and correct record of the meeting subject to the following amendments:

- TB14/03/08 Update on Inpatient Diabetes Service, first bullet point, third line: should be amended to read “…. a Serious Incident requiring investigation …”;}
- TB14/05/09 Board Quality Report: should be amended to read “It was also confirmed that areas of work for CQUINs had been confirmed for 2014/15”.

TB14/07/03 Matters Arising

Update on NHS England’s consideration of radiotherapy capacity

The Director of Clinical Services reported that the outcome of NHS England’s review of national radiotherapy capacity was still awaited, pending the outcome of two clinical trials underway, but not yet reported. The studies would clarify optimum treatment fractions and hence overall capacity of Radiotherapy treatment required by the NHS. The Trust’s business case for the Radiotherapy Centre in Swindon awaited confirmation of support from NHS England prior to submission to the NHS Trust Development Authority [TDA].

TB14/07/04 Action Log

The Trust Board agreed the updated status of the actions as presented.

TB14/07/05 Chairman’s Business

There was no Chairman’s business to report.

TB14/07/06 Chief Executive’s Report

The Chief Executive provided a verbal report to the Trust Board, highlighting the following issues:

- The Director of Planning and Information had presented a report on the Trust’s performance to the Oxfordshire Health Overview and Scrutiny Committee [HOSC] on 3 July 2014. A copy of that report was available on the HOSC website, and could be circulated to the Board on request. The report had been generally well received, and HOSC had in particular congratulated the Trust on the result of its Care Quality Commission [CQC] Inspection. HOSC had also been pleased to note that, in the year since it had been re-opened, the Cotswold Maternity Unit had re-established itself well. It was already exceeding the planned levels of activity set, and was achieving good engagement with members of the local community.

- The Chief Executive was due to make a presentation to the Health and Wellbeing Board on 17 July 2014 in relation to the Trust’s CQC Inspection Visit and Report.

- The Trust’s Executive Team had recently hosted a visit from senior Executives of Imperial College Healthcare NHS Trust [Imperial]; the only other member of the Shelford Group which was not yet a foundation trust. It was a positive, collaborative meeting, which provided the opportunity to share experiences with regard to CQC Inspection, and the timetable for the application for Foundation Trust status.

- An initial meeting had been held with the new Chief Executive of the Oxfordshire Clinical Commissioning Group [OCCG], Mr David Smith, who had expressed considerable interest in understanding the Trust and its services. A visit had been planned to the John Radcliffe site in the week commencing 14 July 2014, and
future visits to the Horton Hospital, Churchill Hospital and Nuffield Orthopaedic Centre had also been arranged.

- The Trust Board’s attention was drawn to the recently published guidance, issued jointly by NHS England, TDA, Monitor, and the Association of Directors of Adult Social Care on operational resilience across health and social care. The arrangements for 2014 linked the planning for winter pressures with sustainable delivery of elective care. Submissions against the central allocations of funding made to Clinical Commissioning Groups [CCGs] were required by the end of July 2014. The Board would be briefed on the submission and on funding allocations when released.

The Trust Board noted the Chief Executive’s Report.

TB14/05/07 Patient’s Story

The Chief Nurse first acknowledged her thanks to the patient whose story had been chosen. Selection had been made in accordance with criteria approved by the Quality Committee, as representing patients’ experience of the Trust’s outpatient processes, which the Trust was committed to improving.

In presenting the individual patient’s story, the main point highlighted was that:

- The predominant issue was one of communication, and specifically the need to make provision for alternative and enhanced methods of communication as required, to meet the needs of a variety of patients with a range of disabilities.

Other points highlighted included:

- The need to make adequate provision for ease of access by patients and relatives with reduced mobility;
- The need to ensure that staff were confident in their ability to approach people with disabilities, and facilitate adjustments as required;
- The need to provide, wherever possible, proactive notification of any specific need, prior to the patient accessing the Trust’s services.

Professor David Mant, Associate Non-Executive Director, welcomed what he felt were several good ideas proposed in the action plan, and asked whether these would be rolled out for application in outpatient departments across the Trust. The Chief Nurse confirmed that the Outpatient Quality Committee was seeking to extend the measures Trust-wide, although each outpatient department would have the opportunity to consider whether those proposed were appropriate in their particular area.

Mr Goard, on behalf of Anne Tutt, Non-Executive Director, asked how the patient had been given an appointment at 07:30 on a Sunday, at a time when the Eye Hospital Emergencies Department was shut. The Chief Nurse confirmed that this had been the result of human error, and mechanisms had been put in place to minimise the risk of any recurrence.

Mr Geoffrey Salt, Non-Executive Director, commended the existing examples of good practice in outpatient departments across all four sites, and suggested that it would be important to build on best practice. He went on to ask how the Trust Board would be kept informed of progress in development of a strategy to improve patients’ outpatient experiences, and the Chief Nurse confirmed that this was due to be
reviewed by the Trust Management Executive [TME], and would subsequently be reported through the Quality Committee.

The Chairman asked that a formal letter of appreciation be sent on behalf of the Trust Board, to the patient and her relative, in acknowledgement of how helpful it was to receive prompt, direct and detailed feedback, to enable issues to be addressed.

**Action: Chief Nurse to draft letter to be sent on behalf of Trust Board**

The Trust Board noted the patient story, and accepted the recommendations made.

**TB14/07/08 Quality Report**

The Interim Medical Director presented the report and highlighted the following points:

- The data reported was the most recent that was available. In some instances this related to May, and in others to June 2014;
- Three serious incidents had required investigation this month; It was to be noted that one of the serious incidents requiring investigation [SIRIs], described in Table 1 of Page 4 of the report had been mis-described, and a correction would be submitted for the record;
- There had been four Quality Walk Rounds in June 2014;
- The Trust’s Quality Governance Framework [QGF] had been audited by KPMG, which agreed with the Trust’s self-assessment score of 2;
- With regard to CQUINs, the subject areas had now been agreed; formal receipt of agreement in relation to the milestones provided was awaited.

In response to a question from Mr Goard, the Interim Medical Director confirmed that the most recent Dr Foster data was still awaited.

Mr Peter Ward, Non-Executive Director, asked what measures were being taken to increase the response rate to the Friends and Family Test in the Emergency Department, and in Maternity, which were noted to be two of the areas in which the Trust registered lower net promoter scores. It was suspected that, within the low response rate, negative feedback was disproportionately represented.

The Interim Medical Director confirmed that a coin drop box system had been introduced in the Emergency Department, and the Chief Nurse reported that posters were also now being introduced, which it was hoped would encourage greater uptake.

The Chief Nurse advised that the low response rate in maternity may have been related to the requirement on women to respond across the continuum of their care, from the pre-natal through to the post-natal period, which created a time lag. It was confirmed that a coin drop box system had now been introduced, to help improve response rates. An electronic system was also being introduced, particularly for use in the community, as part of the post-natal process.
In response to a question from the Chairman, the Chief Nurse confirmed that the Trust’s response rate compared favourably to other trusts, and the CQUIN target for the quarter had been achieved.

Mr Salt, asked if the Director of Clinical Services would be able to provide an update on the outcomes from the Out-patient Re-Profiling Project to the Quality Committee.

The Director of Clinical Services confirmed that the detailed work had been completed, and was being translated into templates which would be due to go live in September 2014. He confirmed that it was hoped and expected that demonstrable improvements might be seen by November 2014, and the two key indicators by which impact would be measured were:

- An increase in the number of appointments that could successfully be made through ‘Choose and Book’; and
- The availability of directly bookable appointments to GPs.

It was pointed out that both of these would depend upon an increase in capacity in outpatients.

Mr Salt then asked if the Chief Nurse could provide an update on development of the Dementia Strategy. The Chief Nurse confirmed that this was due to be considered by the Quality Committee at its meeting on 13 August 2014. In the meantime, a range of activities was being pursued, and different levels of training were being offered. All the work undertaken was being overseen by the Dementia Strategy Group, which was chaired by the Deputy Chief Nurse.

Professor Mant requested some clarification regarding the categorisation of complaints, and asked whether it was possible to identify complaints clearly which gave grounds for serious concern about the outcomes of care.

The Interim Medical Director confirmed that all responses provided by the clinical and managerial teams responsible were reviewed before being forwarded to the complainant.

The Chief Nurse advised that complaints were rated as ‘Red’, ‘Amber’ ‘Green’ [RAG rated] according to severity, in accordance with a national standardised system.

Mr Goard suggested that there would be value in linking the choice of patient stories to areas of concern highlighted through the complaints process.

The Chairman asked if further detail could be provided to illustrate why a number of SIRIs were reported as “not closed” due to the OCCG and Specialist Commissioning requiring further assurance. It was agreed that this should be referred for more detailed discussion at the meeting of the Quality Committee on 13 August 2014.

**Action: Interim Medical Director**

Mr Goard asked for guidance in interpreting the meaning of cleaning scores reported, so as better to understand their significance. The Interim Medical Director explained that scores of less than 80 were those that gave most concern, and he could confirm that in every such case immediate action had been taken to rectify the
situation. The Director of Development and the Estate pointed out that the scores represented an assessment of both domestic and nursing activity.

The Trust Board noted the Quality Report.

**TB14/07/09 Theatre Safety Review Action Plan Progress Report**
The Director of Clinical Services presented the report, which provided an update on progress against the action plan reviewed by the Clinical Governance Committee [CGC], and by the TME. He confirmed that all actions due to have been undertaken by June 2014 had been completed, with the one exception of the computerisation process for pre-operative assessment. All actions were programmed to have been completed by October 2014 at the latest.

The Chairman asked if a further breakdown could be provided of the figures in relation to vacancy levels.

**Action: Director of Clinical Services**

Mr Ward asked what was expected to be the impact on theatre utilisation rates of all the work being done in response to the theatre safety review. The Director of Clinical Services confirmed that, so far, there had been a significant increase in theatre utilisation rates at the Churchill, but much less so at the John Radcliffe, where there was a higher proportion of emergency surgical cases.

In response to a question from Mr Salt, the Director of Clinical Services confirmed that theatre staff appeared to be satisfied that the measures stipulated in the Action Plan were achieving their stated aims. It was recognised that there was an on-going need to address issues relating to cultural behaviours, and adherence to discipline and rules. Some demonstrable improvement had been seen at the Churchill theatres.

Mr Goard asked whether any more might be done to develop a longer term plan for the development of nurse training to feed into nurse recruitment, including the recruitment of specialist groups such as theatre nurses. The Chief Nurse confirmed that the Trust was in dialogue with Oxford Brookes University, and other providers of nurse education.

The Chief Executive reminded the Board that the Trust was not in a position directly to commission training, which was a matter for Health Education England [HEE]. The Director of Organisational Development and Workforce represented the Trust on HEE Thames Valley, in which capacity he would continue to reinforce the Trust’s needs with regard to a pool of appropriately trained staff from which to recruit.

Professor Mant pointed out that the retention of staff was also important. The Chairman commented that she had noted that exit interviews seemed to indicate that insufficient provision was being made for career progression. The Director of Organisational Development and Workforce had led a risk summit on Recruitment and Retention, and the Chief Executive suggested that this should be considered further at the Trust Board Seminar on 23 July 2014.
Action: Interim Head of Corporate Governance to include in agenda for Trust Board Seminar on 23 July 2014

Action: Director of Clinical Services to provide final report to Trust Board at its meeting on 12 November 2014.

The Trust Board noted receipt of the report, progress against the action plan and the timeline for further report.

TB2014/07/10 CQC Inspection Report
The Director of Assurance presented the report. This was provided for the information of the Trust Board, and formally to record the Action Plan in relation to Compliance Actions which had been submitted to CQC as required on 12 June 2014. As yet, no feedback had been received from the CQC.

A second action plan was now being drafted to address the ‘should do’ actions, and this would be reviewed by the TME at its meeting on 24 July 2014, prior to its submission to CQC as required on 31 July 2014. As had previously been agreed, this submission would be made by the Chief Executive on behalf of the Trust Board.

The Director of Assurance reminded the Trust Board that the CQC Inspection Report had also identified 51 areas of good practice, and work was underway to extract the lessons that could be learned from these areas, so that good practice could be shared across the Trust. Further report would be provided through the Quality Committee.

In response to a question from Mr Salt, the Director of Assurance reported that the CQC was working on a mechanism for follow up of Action Plans submitted, details of which were awaited. It was hoped that a clearer indication would emerge shortly.

The Trust Board noted the report.

TB2014/07/11 Nursing and Midwifery – Staffing Levels Report for March, April and May 2014
The Chief Nurse presented this report, and highlighted the following points:

- The planned hours compared to actual hours of registered nurses [RNs] and clinical support workers [CSWs] was 93% for RNs and 88% for CSWs;
- A quality impact assessment had been undertaken for ‘escalation shifts’ highlighted in red. There had been no associated patient impact in respect of any of those shifts. Divisional feedback had been provided and was included within the report;
- 6-monthly acuity and dependency assessment had been undertaken in May 2014, and would be presented to the Trust Board at its meeting on 10 September 2014.
The Chief Nurse acknowledged the work of all divisional nurses and matrons in what has been a comprehensive process, and confirmed that the Trust had complied with national requirements.

The Interim Medical Director emphasised that those shifts categorised as having “minimum” staffing were safe, as they had the minimum safe level of staffing.

The Chief Executive made the point that the data was not related to activity levels, which made it difficult to interpret. Having set establishment based on average requirements, it must be recognised that there would be a lower than 100% fill rate when needs were lower as activity was lower such as over a bank holiday.

The Trust Board noted the report and the recommendations therein.

TB2014/07/12 Integrated Performance Report

The Director of Clinical Services presented the report, highlighting that key areas of concern remained the A&E four hour standard, and the Cancer standards, both of which had a clear plan for delivery to be achieved in August. Other points to note included:

- The non-admitted and incomplete standards for Referral to Treatment [RTT], forecasted to achieve in June, were achieved in May;
- There had been a further reduction in diagnostic waits;
- The aim had been to improve the A&E 4 hour standard by 1% per month on average. In May and June the improvement achieved had been 0.6%, in the context of a 7% increase in the number of patients compared to last year, with a disproportionate increase in the number of evening admissions, and action was being taken to respond to this;
- Delayed transfers of care remained too high;
- The Theatre Utilisation for Emergency Surgery indicator will need to be reviewed as new standards had been set to ensure that emergency patients were treated sooner. To deliver on this, additional urgent theatre lists were being provided on four days, rather than two. As direct consequence of this, there would be a level of standby capacity, meaning utilisation levels would fall, but patients would be treated sooner, which was part of the Trust's broader surgical plan, incorporating what was included within the CQC action plans.

Mr Goard noted that delayed transfers of care, as a percentage of occupied beds, had been gradually reducing over the last 12 months. The Director of Clinical Services confirmed this was regarded as being statistically significant, and was seen as a representative indicator that measures were proving effective, but rate of reduction was fairly slow.

Mr Salt sought reassurance that a focus on the achievement of performance standards did not risk any loss of focus on the quality of care, patient experience, and financial performance. The Director of Clinical Services confirmed he was leading regular sessions to review performance against plans, and to check that there were no unintended consequences, nor adverse impact on the quality of care or patient experience. He suggested that the performance standards were inherently
quality indicators, and that the measures that had been introduced should deliver qualitative improvements.

The Director of Planning and Information reported that this was reflected in the promotion and communication of the Trust’s strategy, to emphasise the importance of achieving a transformation of the way in which care was provided, so as to deliver the quality agenda, the financial agenda and the performance agenda together, rather than regarding those agendas as being in conflict.

The Trust Board discussed and noted the report.

TB2014/07/13 Financial Performance
The Senior Business Partner, Finance presented this report on behalf of the Director of Finance and Procurement, which informed the Trust Board on the financial position up to the end of May 2014.

It was confirmed that, in relation to the income and expenditure position, this was on track with the plan agreed by the Board with the TDA. Trust Board members were however reminded of the uncertainties traditionally associated with reports made in the early months of the financial year. It was noted that £1.5m of contingency had been released.

One of the key financial challenges emerging this year, as had been seen before, was the level of use of bank and agency staff. As part of the overall transformation programme, efforts were being made to reduce that reliance, for example through reviewing the ability for more flexible deployment of staff across the organisation.

The Director of Planning and Information reported the intention to have a ‘hard close’ of the financial position at the end of Quarter 1, both externally with each of the commissioners, and internally back into the organisation. On that basis, issues would be identified for escalation and referral back to the Trust Board if and as appropriate.

The Trust Board noted the report.

The Chairman invited the Chief Executive of the Trust to provide an introduction of the Chief Executive of Oxford AHSN, Professor Gary Ford, who had been invited to attend and participate in discussion of the Oxford AHSN’s first Annual Report.

The Chief Executive of the Trust reminded the Trust Board that the Oxford AHSN was one of 15 AHSNs in England, and was hosted by OUH Trust.

The Chief Executive of Oxford AHSN outlined the vision, mission and licence objectives as set out in the Annual Report, and reported on progress made in activity to date, including the first Partnership Council meeting held on 18 June 2014. The main programmes being undertaken were reported to include the establishment of ten clinical networks, and establishment of the Clinical Innovation Adoption Programme. Challenges identified included the need to improve the level of
engagement with primary care providers, and the need to address the Public Health agenda.

Mr Salt expressed the hope that the Trust Board, including Non-Executive Directors, might be given more opportunity to engage with Oxford AHSN, and this was welcomed.

The Chairman thanked Professor Ford for attending.

**The Trust Board formally received the Annual Report of the Oxford AHSN.**

**TB14/07/15 Foundation Trust Update**
The Director of Planning and Information presented the paper, which provided an update on the Trust's application for authorisation as an NHS Foundation Trust [FT].

The Trust Board noted the outcome of the meeting held with the TDA’s Board on 9 June 2014, as confirmed by letter from the TDA’s Chief Executive dated 26 June 2014. The Trust’s FT application would be submitted to the Board of the TDA at its meeting on 18 September 2014, with a recommendation for the Trust to proceed to the next stage of consideration by Monitor, provided that the Trust was on track to deliver sustainable performance against the key national service standards in Q2 2014/15. In the meantime, the TDA had asked that Monitor commence its Quality Governance Framework [QGF] assessment, with the intention that this could reduce the time for the assessment phase at Monitor.

The Director of Planning and Information confirmed that, in anticipation of a positive outcome from the meeting of the TDA Board in September 2014, plans were being mobilised to appoint a shadow Board of Governors.

**The Board noted the report.**

**TB2014/07/16 Quality Account**
The Interim Medical Director presented the Quality Account for 2013/14, which was published on 30 June 2014, which was the date set for publication across the NHS.

The Interim Medical Director commended the Quality Account to the Trust Board, as a thorough and useful account of the work undertaken to achieve progress against the Trust’s quality priorities.

The Chairman congratulated those who had contributed to its preparation, and suggested that some of the observations made in the external review statements should be considered further by the TME.

**The Trust Board formally approved the Quality Account for 2013/14.**

**TB2014/07/17 Quality Indicators for the Educational Environment: Post-graduate Medical Education**
The Interim Medical Director presented the paper, which provided an update to the Trust Board on the management of postgraduate medical education. It was confirmed that while there are already structures in place to supervise work in this
area, it was proposed that there now be a more transparent work programme, subject to oversight by the TME, and reported as appropriate to the Trust Board.

The major areas for focus were reported to include Board level engagement, clinical leadership, clinical training engagement, and safe supervision.

Mr Ward asked whether specific measures were being taken to support improvements in the clinical leadership provided by senior doctors.

The Interim Medical Director confirmed that a range of clinical leadership opportunities was being offered to trainees, and a programme was being developed for newly appointed Consultants. The Director of Organisational Development and Workforce reported that he would be presenting a strategy to the Trust Board at its meeting in September 2014, which would include measures to develop leadership across the organisation.

The Trust Board received the report, and confirmed that it had noted the management action taken.

**TB2014/07/18 Review of the Trust’s Risk Appetite**

The Director of Assurance presented the proposed Risk Appetite statement, as had been widely considered through the Trust’s committee structure, and which was now submitted for formal approval by the Trust Board.

Mrs Tutt expressed her appreciation of the high quality of work that had gone into producing the statement, and reported that in her experience this represented best practice.

The Trust Board approved the Risk Appetite Statement.

**TB2014/07/19.1 Audit Committee Annual Report 2013/14**

Mrs Tutt, Chairman of the Audit Committee, presented the report, highlighting the following points:

- that the reference at section 4.3 should be updated, to reflect that an unqualified opinion **had now been** received in relation to the annual accounts for 2013/14; and
- that items to be considered for more detailed review in 2014/15 would include:
  - processes for raising concerns;
  - further development of the process for deep dive reviews;
  - policy framework; and
  - Registers of Interests, Gifts, Hospitality and Sponsorship.

The Trust Board noted and approved the Audit Committee’s Annual Report 2013/14, and approved the revised Terms of Reference.

**TB2014/07/19.2 Finance and Performance Committee Annual Report 2013/14**

Mr Goard, Chairman of the Finance and Performance Committee [F&PC] presented the report, highlighting the following points:
That the Committee would continue to oversee divisional financial performance, to provide assurance to the Trust Board with regard to the financial performance of the clinically-led, divisional management structure;

That regular Divisional Presentations were henceforth going to be made to the entire Trust Board, in seminar or other sessions;

Mr Ward suggested that the objectives and Terms of Reference might be revised slightly, to reflect more strongly the primary role of the F&PC in providing assurance to the Trust Board that the clinically-led divisional structure was working well with regard to financial performance.

The Trust Board noted and approved the Finance and Performance Committee’s Annual Report 2013/14, and approved the revised Terms of Reference, subject to consideration of the further amendment suggested.

**TB14/07/19.3 Quality Committee Annual Report 2013/14**

Mr Salt, Chairman of the Quality Committee presented the report.

The Director of Assurance pointed out a typographical error in recording meeting dates in the membership and attendance record on page 3 of the report, and it was noted that meetings had been held on 9 October 2013, and 11 December 2013. It was agreed that the record would be corrected; and also that the attendance of deputies at the meeting held on 11 December 2013 would be double-checked.

Mr Ward suggested that the objectives might be revised slightly, to add explicit reference to the Quality Committee’s role in tracking the Trust’s quality objectives.

The Trust Board noted and approved the Quality Committee’s Annual Report 2013/14, and approved the revised Terms of Reference, subject to consideration of the further amendment suggested.

**TB14/07/19.4 Trust Management Executive**

The Chief Executive presented the regular report on the activities of the Trust Management Executive [TME], and confirmed that its most recent meeting held on 26 June 2014 would be included in the report to the next meeting of the Trust Board.

The Trust Board noted the report.

**TB14/07/20 Consultant Appointments and Signings of Documents**

The Chief Executive presented the regular report on activities undertaken under delegated authority, and confirmed that the third Consultant appointment listed (on page 3 of the report), had been of a Consultant in **Anaesthesia**, and the record would be corrected accordingly.

The Trust Board noted the report.

**TB14/07/21 Any Other Business**

There was no other business.

**TB14/07/22 Date of the next meeting**
A meeting of the Board to be held in public will take place on Wednesday 10 September 2014 at 10:00 in the Postgraduate Education Centre, the John Radcliffe Hospital.