Trust Board
Minutes of the Trust Board meeting held in public on Wednesday 11 March 2015 at 10:00 in the George Pickering Postgraduate Centre, The John Radcliffe Hospital.

Present: Dame Fiona Caldicott FC Chairman
Mr Mark Mansfield MM Deputy Chief Executive, and Director of Finance and Procurement
Dr Tony Berendt TB Medical Director
Mr Paul Brennan PB Director of Clinical Services
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
Ms Anne Tutt AT Non-Executive Director
Mr Peter Ward PW Non-Executive director

In attendance: Ms Clare Winch CW Deputy Director of Assurance
Ms Susan Polywka SP Head of Corporate Governance (Company Secretary)

Apologies: Sir Jonathan Michael JM Chief Executive
Ms Eileen Walsh EW Director of Assurance
Professor Sir John Bell JB Non-Executive Director
Mr Alisdair Cameron AC Non-Executive Director

TB15/03/01 Apologies and declarations of interest
Apologies for absence were received from Mr Alisdair Cameron and Professor, Sir John Bell, and from Sir Jonathan Michael, who was represented by Mr Mark Mansfield, Deputy Chief Executive and Director of Finance and Procurement, and Ms Eileen Walsh, who was represented by Ms Clare Winch, Deputy Director of Assurance.

No declarations of interest were made.

The Chairman welcomed public and staff to the meeting.

TB15/03/02 Minutes of the meeting held on 14 January 2015
Minutes of the meeting held on 14 January 2015 were approved as a true and accurate record of the meeting.

TB15/03/03 Matters Arising from the minutes
There were no matters arising that were not covered on the agenda.
TB15/03/04 Action Log
The Board reviewed the status of actions recorded on the Action Log

The Trust Board agreed the status of the actions presented on the Action Log.

TB15/03/05 Chairman's Business
The Chairman reported that the Secretary of State for Health, Jeremy Hunt, and Nicola Blackwood, MP for Oxford West and Abingdon, had visited the Children's Cancer Service on Thursday 5 March 2015.

TB15/03/06 Chief Executive's Report
The Deputy Chief Executive presented this report, in the absence of the Chief Executive. He highlighted meetings of the Ministerial Committee on Winter Pressures which leaders of the Oxfordshire Health and Social Care System had been invited to attend, principally to explain actions taken locally to reduce Delayed Transfers of Care [DTOCs] at the OUH. While some progress had been made, further work was necessary to achieve the required reduction in DTOCs.

With regard to proposals for the national tariff, the Deputy Chief Executive reported the Board's decision to accept neither the Enhanced Tariff Option [ETO], nor the Default Tariff Rollover [DTO]. DTR would therefore take effect by default. The Trust was currently working very hard with commissioners, to agree a deliverable contract.

Mr Geoffrey Salt, Non-Executive Director, welcomed the appointment of Professor Alistair Fitt as Vice Chancellor of Oxford Brookes University, and expressed the hope that there would be an opportunity for members of the Board to meet informally with him.

The Trust Board noted the Chief Executive’s Report.

TB15/03/07 Patient’s Story
The Chief Nurse acknowledged her thanks to the family of infant twins, who had been cared for in the New-born Care Unit [NCU] at the John Radcliffe for over two months. The family had been very keen to share their story, which overall reflected a positive tone, with some significant learning points, including:

• The value to parents of clinical staff having frank conversations on difficult subjects, at a time when a family is likely to feel very vulnerable; and
• The importance of recognising the impact on the whole family of long term hospitalisation.

It was noted that this patient story had been used as a case-study in the compassionate care programme.

Professor David Mant, Associate Non-Executive Director, was encouraged by the evidence of co-ordinated, compassionate, proactive and family centred care, which had such a positive impact on patient experience. He suggested that it was important to ensure that this approach was equally maintained when unexpected problems arose in a neonatal infant.
The Director for Development and the Estate suggested that the impact on a family of long term hospitalisation might be ameliorated by practical measures, such as providing access to library facilities in which to work.

The Chief Nurse confirmed that she was undertaking a review of practice in other trusts, to determine how patient stories might best be presented, to inform the Trust Board’s deliberations. The outcome of her review would be presented to the Quality Committee at its next meeting in April 2015.

**Action: CS**

**The Trust Board noted the key issues highlighted in the patient’s story.**

**TB15/03/08 Quality Report**

The Medical Director introduced the report, covering the following sections:
- Key quality metrics
- Patient Safety and Clinical Risk
- Quality Walk Rounds
- Clinical Effectiveness
- CQUINS; and
- Infection Control.

before handing over to the Chief Nurse to cover the sections relating to:
- Patient Experience
- Complaints; and
- Nurse Safe Staffing.

Of the **key quality metrics**, the Medical Director highlighted:
- Sustained achievement of >95% of admitted patients receiving venous thromboembolism [VTE] risk assessment;
- Slow improvement in the % of patients aged >75 admitted as an emergency who were screened for dementia;
- Continued efforts to improve the % of required modules of Statutory and Mandatory training completed;
- The latest quarterly audit of compliance with antimicrobial guidelines had indicated a deterioration in compliance, and this would be kept under close review, along with the results of the next quarterly audit of the % of antibiotic prescriptions where indication and duration were specified;
- With effect from January 2015, there had been a planned change of use of John Radcliffe [JR] / West Wing [WW] theatre sessions, to accommodate all the vascular lists at the JR, and improve access for emergency patients. The impact of the change was being monitored through key indicator CE20 (% of patients having their operation within the time specified according to clinical categorisation), a report on which would be included in a future Quality Report

With regard to **patient safety and clinical risk**, the Medical Director highlighted that efforts had been made to increase awareness of the threshold for reporting any potential Serious Incident Requiring Investigation [SIRI], with provision to de-escalate if appropriate. This had resulted in an increase in the rate of reporting, with
11 SIRI notified to the Oxfordshire Clinical Commissioning Group [OCCG] during February 2015.

With regard to **clinical effectiveness**, the Medical Director confirmed that there was increased scrutiny on the process and outcomes of mortality review.

With regard to **Infection Control**, the Trust remained on track to meet the *Clostridium Difficile [cDiff]* objective for 2014/15. There had been one MRSA Bacteraemia which had been deemed ‘avoidable’ in January 2015.

The Chief Nurse then presented the remaining sections of the Quality Report, focusing first on **Patient Experience**, highlighting the dashboard at Appendix 2 to the report. She confirmed that the CQUIN targets for the Friends and Family Test [FFT] had been met, but there was continuing difficulty in achieving FFT response rates, particularly in the Emergency Department [ED].

The total number of **complaints** was noted to have decreased, year on year. The recurrent issues raised, including Care/Nursing Care and staff attitudes, were being addressed in the Compassionate Care Programme.

The Chief Nurse presented **nurse and midwifery staffing levels** within the Trust for December 2014 and January 2015, highlighting that there had been an increase in the number of shifts running at minimum safe staffing levels, reflecting an increase in the vacancy rate. Shift by shift assessment continued to be undertaken, to identify any mitigating measures required. This included escalation to an Executive Director to review bed numbers and consider all alternatives, to ensure the appropriate level and skill mix of nursing and midwifery staff, in compliance with the national guidance.

The Chairman then invited questions and comments on the Quality Report from Board members. Mr Peter Ward, Non-Executive Director, noted the deterioration in the percentage of routine radiological investigations achieving the 5 day reporting standard (though performance remained above the threshold of 95%). The Medical Director confirmed that this would be kept under close review. Mr Ward also noted the commentary on the Safe Staffing Dashboard relating to the Neurosciences, Orthopaedics, Trauma and Specialist Surgery [NOTSS] Division, which implied that temporary agency workers often started work without having undergone training to administer medication safely under ePMA. The Chief Nurse confirmed that dedicated training days were offered for bank and agency staff, and the Director of Planning and Information reported that bank and agency staff could now be provided with access to eLearning, to undertake training remotely, before taking up post. However, given the shortages of nursing staff, it was not advocated that completion of ePMA training be made a pre-condition of taking up a temporary post, except where significant patient safety issues had been identified.

Mr Christopher Goard, Non-Executive Director, noted the dip in performance against key quality indicators CE07 (% of patients accessing specialist stroke environment within 4 hours of arrival), and CE12 (% of patients receiving primary angioplasty within 60 minutes of arrival). The Director of Clinical Services confirmed that performance against CE07 in particular had been affected by the pressure on other
hospitals in the Thames Valley, resulting in the South Central Ambulance Service [SCAS] bringing a higher number of out-of-Oxford patients to the OUH Stroke Unit.

Ms Anne Tutt, Non-Executive Director, asked if the narrative provided with the trend graphs on selected metrics could be expanded where necessary. For example, if it was reported that performance was under further investigation, to stipulate when and where the outcome of that investigation would be reported.

**Action: TB**

Mr Salt highlighted that the Quality Committee was reviewing the key quality metrics, and this would be given further consideration at its meetings in April and June 2015. He was encouraged that 98% of respondents (albeit of a small sample) had confirmed that they would recommend the ED. With regard to presentation of the Quality Report, Mr Salt commented that the key findings of SIRI identified recurrent, rather generic themes. The Medical Director agreed that similar themes did tend to recur, and the Trust had to persevere in its attempts to reach over 11,000 staff when implementing and embedding organisational learning. Mr Salt also commented that the presentation of the section on Clinical Effectiveness could be clearer, specifically in relation to mortality review, to do justice to all the work that was being undertaken. The Medical Director reported that the process of mortality review was to be overhauled, and it was recognised that more work was needed to streamline the process, and focus on the outcomes thereof.

The Chairman noted that an important role of the Quality Report was to provoke questions and constructive challenge. She asked whether the Acute Medicine/Geratology vacancy rate, referred to in section 6.4 of the Report, was indicative of particular local problems, or a more widespread national shortage. The Director of Clinical Services confirmed that there was a national shortage in the specialty, but there was also a need to review how the Trust’s team was structured, so as to maximise the chances of successful recruitment to the vacant posts. For example, it was recognised that some degree of sub-specialisation might need to be offered, to attract candidates of sufficient calibre. The Medical Director highlighted how successful the innovation of providing physician input to the care of surgical patients had been, delivering improvements in the safety and quality of patient care.

The Chairman noted that the Clinical Effectiveness Committee had rejected the list of ten trusts suggested by Dr Foster for peer comparison; indicating that it would advise on a list of peers which would constitute appropriate comparators for mortality indicators. She asked that, when this alternative list was reported, clarification of the rationale for preference also be provided.

**Action: TB**

Mr Ward commented on the relatively high numbers of complaints in the NOTSS Division, and asked when delivery of the Outpatients Re-profiling Project, and other measures, could be expected to translate into a reduction in the number of complaints made in the NOTSS Division. It was confirmed that the data reported related to January 2015, which was too soon to judge the effects of delivering the re-profiling of outpatients. The Medical Director pointed out that, when expressed as a percentage of finished consultant episodes [FCEs], the NOTSS Division had
achieved a significant reduction in complaints from 0.12% in October 2014, to 0.05% in January 2015, placing it at the mid-point of performance across the five clinical divisions. The level of complaints against all five clinical divisions, in absolute numbers, and as a percentage of FCEs, was kept under review by the Quality Committee.

The Trust Board noted the Quality Report.

**TB15/03/09 Integrated Performance Report – Month 10**

The Director of Clinical Services presented the report, highlighting that the Trust had achieved the overall score of 4 against the Monitor framework for Quarter 3 2014/15, in line with performance as forecast.

The 18 week Referral to Treatment [RTT] Incomplete and Non-Admitted standards were achieved in January 2015, as was the standard for diagnostic waits. Seven out of the eight cancer standards were achieved in December 2014, and in Q3 overall.

18 week RTT admitted performance was 84.17% (against the 90% standard), in line with the national requirement to focus on reducing the number of patients waiting over 18 weeks. The 4 hour ED standard of 95% had not been met, with outturn for January 2015 at 83.45%, and neither had the 62 day cancer standard been met in December 2014.

As highlighted in the Chief Executive’s report, there was significant ministerial focus on the need to reduce the number of DTOCs and increase flow through the healthcare system. The ambitious target of a 50% reduction in 4 weeks, set by the Cabinet Office, had not been achievable, and work was continuing.

The Director of Clinical Services reported on the increased acute bed capacity, as part of the Winter Plan, and confirmed that the procurement of 29 beds in Nursing Homes, to release beds on the post-acute unit, would remain in place until 31 March 2015. A further 27 escalation beds were operational within the Trust, all of which were embedded in acute medicine, with appropriate levels of established staffing. Difficulties in recruiting specialist staff, which was recognised to be a national problem, had led on occasion to some specialist beds having to be closed in areas such as surgery, haematology, and trauma. The difficulties in meeting safe staffing levels were confirmed to be due to a lack of supply, and not to a lack of funding.

Initial feedback from a visit undertaken by the Helping People Home team on Friday 6 March 2015, had highlighted capable and knowledgeable clinical staff, demonstrating a grip on the situation. The Trust was commended for innovative measures, such as the input of physicians to the care of surgical patients.

In discussion, Mr Salt echoed praise for all the measures taken, but noted that the level of DTOCs remained too high, despite all efforts and notwithstanding additional funding for winter pressures. The Director of Clinical Services reported that the schemes funded as part of ‘winter pressures’ were now expected to be funded until at least the end of April 2015. In the longer term, he suggested that efforts needed to be focused on increasing the capacity of complex domiciliary care, to support more patients being discharged directly home, rather than suffering delay waiting for a community bed.
The Deputy Chief Executive (Director of Finance and Procurement) suggested that there was an emerging consensus across the health community that difficulties in meeting the 4 hour ED standard were ultimately caused by delayed discharges, and the consequent lack of flow through the system. Although it might seem that all the measures taken had failed to reduce the number of DTOCs, he suggested that, without these measures, it was likely that the number of delays would have been seen to have all but doubled in real terms over the past two years.

Mr Ward sought specific assurance that the threshold for cDiff cases was not likely to be breached. It was confirmed that there was a cumulative total of 53 cases up to the end of February 2015 (equating to an average of fewer than 5 cases per month), against the annual threshold of 67 cases. The annual threshold should not be breached, unless there were more than 14 cases reported in the month of March.

The Trust Board noted the Integrated Performance Report.

**TB2015/03/10 Financial Performance to 31 January 2015**

The Director of Finance and Procurement presented the paper, informing the Board of the Trust’s financial position for the first ten months of the financial year 2014/15. The Trust was reporting a financial position £36,000 better than plan against its break even duty after the first ten months of the year, but only with the use of contingency, and non-recurrent benefits. The Trust had spent £31.9m on pay bank and agency staff costs in the first ten months of the year.

Operational pressures had impacted on the Trust's financial position, particularly given the lack of operational equilibrium across Oxfordshire’s healthcare system. There remained significant risks to achieving the year end position, which continued to be managed. Notwithstanding the significant pressures on income and expenditure, the Trust remained on track to meet its cash position. There was recognised to be some volatility in the capital programme, but the Trust was forecast to meet its Capital Resource Limit [CRL] for 2014/15.

The Director of Finance and Procurement confirmed that the Trust should meet its key financial duties for 2014/15. It was expected to break even, not to exceed its external financing limit for the year, and not to exceed its capital resource limit for the year.

In answer to Mr Ward’s enquiry, the Director of Finance and Procurement confirmed that the £31.9m spent on pay bank and agency staff costs included an average 46% premium cost in respect of commercial agency staff, compared to a 6% premium in respect of bank staff. Ms Tutt commented that this clearly suggested that priority should be given to filling vacancies from the bank over agency, wherever possible. The Director of Organisational Development and Workforce confirmed that the bank’s capacity had been increased. Bank rates of pay had been increased, in an effort to attract more staff to join the bank, but the pool of all available staff was finite. The Chief Nurse pointed out that the Trust had also to keep in mind the total number of hours worked by permanent, substantive nursing staff, who might also be working additional hours for a bank or agency at this Trust, and/or neighbouring trusts.
Mr Goard noted that £33.4m in savings had been delivered in the first ten months of the year, representing 90% of the year-to-date plan, and asked whether the Board could have confidence that 100% of the savings programme would be achieved by year end. The Director of Finance and Procurement confirmed that the nature of some of the schemes had been reviewed, in the light of operational pressures, and it was expected that the financial projections should be delivered in total without any further measures.

The Trust Board noted the report on financial performance.

**TB2015/03/11 Final Report on Theatre Safety Review Action Plan**

The Director of Clinical Services presented the report, providing an update on delivery against the action plan agreed for implementation in November 2013, to address the recommendations made as a result of the review conducted into the safety and culture of theatres. Actions remained outstanding in relation to:

- Programming of the pre-assessment triage protocols into the EPR, work on which would continue as part of the EPR Benefits Realisation Programme; and
- Reduction in the turnover of staff in the JR Theatres to within 11% Turnover rates remained high, at between 13% - 18%, with turnover particularly high at band 5. Recruitment and retention issues were being addressed through an action plan driven by the Clinical Support Services [CSS] Division.

It was proposed that, to avoid confusion and duplication of effort, the outstanding actions would be addressed and reported as part of the Update on the Action Plan relating to issues of concern raised about Theatres, and reported to TME.

The Trust Board noted the report and agreed that outstanding actions be followed up as proposed.

**TB2015/03/12 Update on Foundation Trust Application**

The Director of Planning and Information presented the update on the Trust’s application for authorisation as an NHS Foundation Trust. It was expected that Monitor would complete its assessment of the Trust once it had evidence that performance against access standards had achieved the level required for authorisation, and that progress had been demonstrated on the actions agreed in response to assessment of the Trust’s quality governance arrangements.

The regulator had also asked that, before late April, the Trust “update its plans for the impact of latest commissioning intentions and the latest outturn position” and made progress on “downside planning and/or mitigating actions in relation to other areas [including] consideration of income risk, cost improvement plans, the prioritisation and management of interdependencies of the capital programme and workforce and organisational issues.”

Specific issues for examination were expected to be the anticipated impact of tariff changes once known; the affordability for commissioners of activity growth; the impact of the Better Care Fund; planning for the impact in 2015/16 of Divisional expenditure beyond plan in 2014/15; managing the delivery of transformational change; improving (non-financial) reporting on CIPs; and having “sufficiently detailed
“analysis” supporting “detailed workforce and operational plans” as increased capacity was needed to deliver planned activity.

It was noted that the shadow Council of Governors was now in place. All public and staff governor seats had been filled through competitive election, and nominated governors had been identified by all organisations except for the University of Oxford and the Young People’s Executive. Initial induction days were planned during March and April 2015. The Chairman had congratulated all appointed and elected governors, and expressed appreciation of the early indications given of their enthusiasm and commitment.

The Board’s attention was drawn to drafting changes and proposed amendments to the Trust’s draft Constitution, based on feedback received from Monitor’s lawyers.

The Board’s agreement was sought to delegate authority to the Finance and Performance Committee to review and approve the further information required for submission to Monitor in late April (before the next scheduled meeting of the Board in May 2015).

The Trust Board noted the update provided.

The Trust Board approved the amendments proposed to the draft Constitution.

The Trust Board agreed to delegate authority to the Finance and Performance Committee to approve further information required for submission to Monitor, in advance of the next meeting of the Board in May 2015.

TB2015/03/13 OUH Nursing and Midwifery Strategy 2015-2018

The Chief Nurse presented the proposed Strategy, the goal of which was to ensure outstanding nursing and midwifery practice, with an internationally recognised reputation for excellence, through the pursuit of five strategic themes:

- Excellent nursing and midwifery clinical practice
- Career enhancing education and professional development
- Leading practice development and research
- Exceptional Nursing & Midwifery Leaders
- Innovative nursing & midwifery models for the future.

The Chief Nurse thanked Ms Tutt for her contribution to development of the Strategy, and paid tribute to over 150 nurses (Bands 5 – 8) who had been involved in the consultation process. It was planned that the Strategy would be launched on International Nurses’ Day, on 12 May 2015.

The Chairman welcomed the paper, which succinctly addressed both general and specific issues. Ms Tutt expressed her full support for the Strategy, and commented that she had been inspired by the compassion and commitment shown by those who had participated in the very positive process of consultation. This was echoed by both Mr Goard, and Mr Salt, who commented that the Strategy was to be commended for its clarity, and for its ambitious aspiration, coupled with practical proposals.
The Medical Director confirmed that he was committed to working closely with the Chief Nurse in implementing the Strategy. The Director of Organisational Development and Workforce confirmed his full endorsement, and commented that it should be complemented by the multi-professional Education and Training Strategy, which was due to be presented to the Board in July 2015.

Professor David Mant, Associate Non-Executive Director, asked that the opportunity be taken to involve the University of Oxford, as well as Oxford Brookes University.

The Director of Clinical Services highlighted that the age profile by headcount of the current staff showed that 45% were aged 41 years or over, and it should be borne in mind that the retirement age of nurses and midwives was 55 years of age.

Mr Peter Ward, Non-Executive Director, suggested that if savings could be made in Bank and Agency costs, there should be an opportunity to offer a concrete commitment to protected time for continuing professional development, and for handover.

The Trust Board approved the OUH Nursing and Midwifery Strategy 2015-18.

TB2015/03/14 Business Case for the Refurbishment of the bed-based areas of the Emergency Assessment Unit at the John Radcliffe

The Director of Clinical Services presented the business case, seeking approval for capital and revenue investment to refurbish and reconfigure the bed-based area within the Emergency Assessment Unit (EAU) at the John Radcliffe Hospital, to increase capacity, improve patient flow and deliver significant qualitative improvements in single sex accommodation, privacy and dignity and patient safety within the unit.

The context within which this business case was presented was outlined. The Director of Finance and Procurement confirmed that this would be the last, and biggest, in a series of five distinct projects to develop the EAU. Earlier development, which focused on the ambulatory component of care, had been below the level of investment which required approval of the Board.

Mr Salt reported that he had witnessed significant improvements on his recent visits to the EAU, and a very high level of positive engagement from staff. It was recognised that levels of staff satisfaction were closely linked to the quality of the working environment.

The Trust Board approved the Business Case.

TB2015/03/15 Board Assurance Framework [BAF] and Corporate Risk Register [CRR]

The Deputy Director of Assurance presented the report, highlighting changes made to the BAF and CRR, following review by the Trust Management Executive [TME], Audit Committee, Quality Committee, and Finance & Performance Committee. The outcomes of Deep Di ves undertaken by the Audit Committee were reflected in the level of assurance recorded in relation to Principal Risk 2 [PR2] (Failure to maintain financial sustainability), and PR4 (Failure to achieve sustainable contracts with commissioners).
Professor Mant noted that the risk score in relation to failure to deliver national A&E targets remained at 16, with likelihood and consequence both scored at 4 (out of 5). The Director of Clinical Services confirmed that this remained subject to review, in the light of progress against the combined Urgent Care Action Plan, and taking into account regular quality impact review.

The Director of Finance and Procurement, and Director of Planning and Information, confirmed that the risks associated with national tariff proposals, and anticipated shifts in activity, would be addressed further at the Board Seminar in March 2015.

**The Trust Board noted the changes made to the BAF and CRR, and identified further anticipated changes on the horizon.**

**TB2015/03/16  2014 National NHS Staff Survey**

The Director of Organisational Development and Workforce presented the paper, summarising the Trust’s performance against the National NHS Staff Survey’s 29 Key Findings, and comparing this performance with the 2013 Survey outcomes, and with the outcomes for all acute trusts.

It was noted that the response rate of 31% was 14% below the 2013 response rate, and in the lowest 20% of acute trusts. This trend was also reflected in the average response rate for all trusts, which had reduced from 49% in 2013, to 42% in 2014.

Against 24 of the 29 Key Findings, there had been no change between the Trust’s 2013 and 2014 outcomes. For three Key Findings, the outcomes had worsened:

- percentage of staff believing the Trust provides equal opportunities for career progression or promotion;
- percentage of staff receiving health and safety training in the last 12 months; and
- percentage of staff receiving equality and diversity training in the last 12 months.

The Trust’s staff engagement score was consistent with the previous year, and was in the highest (best) 20% of all acute trusts.

Further analysis of outcomes was being undertaken at Divisional, directorate, specialty and staff group level, to inform the development and implementation of a response plan. This was intended to increase the likelihood that demonstrable improvements could be made before the issue of the next Survey in September 2015.

Mr Salt commended the succinct and informative report, and welcomed progress made in those areas where the Trust compared most favourably with other acute trusts, including:

- staff motivation at work;
- staff job satisfaction;
- low percentage of staff experiencing physical violence from staff in the last 12 months;
- high percentage of staff feeling satisfied with the quality of work and patient care they were able to deliver; and
- high percentage of staff able to contribute towards improvements at work.
Mr Goard expressed disappointment at the reduction in the percentage of staff reported to believe that the Trust provided equal opportunities for career progression or promotion. The Director of Organisational Development and Workforce confirmed that this was being followed up. The Trust’s commitment to providing equal opportunities for career progression and promotion was evident in the Nursing and Midwifery Strategy, and in the Education and Training Strategy, as well as in recruitment and retention measures.

The Trust Board noted the report.

**TB2015/03/17 Trust Procedures for Raising Concerns**

The Director of Organisational Development and Workforce presented the paper, outlining proposals to review the Trust’s procedures for raising concerns, in the light of the recent publication of the 'Freedom to Speak Up' Review report[^1] [the Review]. Further guidance was awaited from the Care Quality Commission [CQC], the Trust Development Authority [TDA] and Monitor regarding the implementation of the Review actions. In the interim, a thorough assessment of the impact of those actions on the Trust’s existing Policy and procedures would be undertaken, informed by the emergent regulatory guidance. All changes proposed to the Trust’s Raising Concerns Policy would be presented to the Trust Board at a future meeting.

**Action: MP**

The Trust Board noted the proposals for review of the Trust’s procedures for raising concerns.

**TB2015/03/18 Annual Cycle of Business and Meeting dates 2015/16**

The Deputy Director of Assurance presented the proposed annual cycle of business, identifying the reports which would be regularly presented for consideration, together with the agreed dates for the Trust Board meetings to be held in public for 2015/16.

It was noted that the Trust Board would receive other reports throughout the year on areas of risk or interest, and the cycle of business would be kept under regular review to ensure that the Trust Board was receiving accurate and timely reports on its own business and the external environment within which it operates.

The Trust Board approved the Annual Cycle of Business 2015/16, and noted the Trust Board meeting dates for 2015/16.

**TB2015/03/19.1 Audit Committee Chairman’s Report**

Ms Tutt, Chairman of the Audit Committee, presented the report from the meeting held on 18 February 2015, outlining significant issues and key risks discussed, and in particular highlighting:

- the request that Executive Directors actively review all overdue, outstanding recommendations, for report to the next meeting of the Committee;
- presentation of four draft reports by the Internal Auditors, in relation to:

Financial Management – giving significant assurance with minor improvement opportunities
CIP – giving significant assurance with minor improvement opportunities
Recruitment – giving significant assurance with minor improvement opportunities
Sickness Absence – giving partial assurance with improvements required – this had found FirstCare to be a well-designed, robust system which provided the mechanisms for control

- Deep Dive reviews of
  - risk of failure to maintain financial stability, and of the
  - risk of failure to achieve sustainable contracts with commissioners

- referral to the Board of proposals for review of the recommendations made by the independent review ‘Freedom to Speak Up’.

The Trust Board noted the report.

**TB2015/03/19.2 Finance and Performance Committee Chairman’s Report**

Mr Goard, Chairman of the Finance & Performance Committee, presented the report from the meeting held on 11 February 2015, highlighting the Committee’s focus on the Trust’s financial position, and on development of the financial plan for 2015/16.

The Trust Board noted the report

**TB2015/03/19.3 Quality Committee Chairman’s Report**

Mr Salt, Chairman of the Quality Committee, presented the report from the meeting held on 11 February 2015, highlighting the Committee’s key role in providing assurance to the Board that operational and financial pressures were not having an adverse impact on the quality of care delivered. To that end, the Committee had approved proposals for assessing the potential quality impact of under-achievement of access performance targets in 2014/15 and 2015/16, and supported the methodology and indicators proposed in relation to:

- Emergency access (4 hour ED target)
- Access to emergency theatres
- Delayed Transfer of Care [DTOC]

Mr Salt also highlighted the Committee’s work in responding to Monitor’s feedback on the Quality Governance Framework assessment.

Other specific issues considered included:

- The aims and objectives of the Care 24/7 Project, in the context of national guidance. A follow-up paper would be submitted to the next meeting of the Committee, to summarise the actions taken, and changes implemented to date; to gauge progress made to date, and the distance still to go; and
- Risks associated with the challenge of staff recruitment and retention, which it was recognised required further and more detailed consideration by the Board.

The Trust Board noted the report
TB2015/03/19.5 Trust Management Executive Report
The Deputy Chief Executive presented the regular report on the activities of the Trust Management Executive [TME] at meetings held between 8 January and 26 February 2015. Significant issues of interest were summarised for the Board, and discussions of key risks were highlighted, with attention drawn specifically to TME’s close monitoring of operational and financial performance, including progress made by the clinical divisions towards delivery of the ‘stretch’ targets set, to help meet the Trust’s target for the year, and to mitigate the underlying financial pressure going forward into 2015/16.

Mr Ward noted that TME had considered the substantial increase in the Trust’s total contribution payable to the NHS Litigation Authority [NHSLA] in respect of the Clinical Negligence Scheme for Trusts [CNST], and other schemes (covering occupiers’ and employers’ liability claims). The Director of Finance and Procurement confirmed that the Trust was following up with the NHSLA, in an effort to understand more fully the basis upon which the contribution had been increased to £30.669m for 2015/16, (being £10.64m, or 53%, more than in 2014/15). The impact of the increase would be managed collectively, rather than at specialty level, but ultimately would have to be abated by additional cost improvements.

The Chairman noted the agreement to implement a mechanism by which funds to support Consultant PAs dedicated to educational supervision were to be administered by the Post Graduate Medical Education [PGME] Centre, vired back to Divisions, and asked that the Board receive an update on implementation in due course.

Action: TB

The Trust Board noted the report.

TB2015/03/20 Consultant Appointments and Signings of Documents
The Deputy Chief Executive presented the regular report on activities undertaken under delegated authority, and recent signing and sealing of documents, in line with the Trust’s Standing Orders.

The Trust Board noted the report.

TB2015/03/21 Any Other Business
There was no other business.

TB2015/03/22 Date of the next meeting
A meeting of the Board to be held in public will take place on Wednesday 13 May 2015 at 10:00 in the Postgraduate Education Centre, the John Radcliffe Hospital.

Signed …………………………………………………………………………..

Date ……………………………………………………………………………..