Trust Board
Minutes of the Trust Board meeting held in public on Wednesday 14 September 2016 at 10:00 in the Training Room, Horton General Hospital, Banbury.

Present: Dame Fiona Caldicott FC Trust Chairman
Mr Paul Brennan PB Director of Clinical Services/
              Deputy Chief Executive
Professor Sir John Bell JB Non-Executive Director
Dr Tony Berendt TB Medical Director
Mr Peter Knight PK Chief Information and Digital Officer
Mr Christopher Goard CG Non-Executive Director
Mr Mark Power MP Director of Organisational Development
                  and Workforce
Ms Maria Moore MM Interim Chief Finance Officer
Mr Andrew Stevens AS Director of Planning & Information
Ms Catherine Stoddart CS Chief Nurse
Ms Eileen Walsh EW Director of Assurance
Mr Peter Ward PW Non-Executive Director
Mr Alisdair Cameron AC Non-Executive Director

In attendance: Ms Susan Polywka SP Head of Corporate Governance and
                  Company Secretary

Apologies: Dr Bruno Holthof BH Chief Executive
Professor David Mant DM Non-Executive Director
Mrs Anne Tutt AT Non-Executive Director
Mr Geoffrey Salt GS Vice Chairman & Non-Executive Director

The minutes are produced in the order of the agenda

TB16/09/01 Apologies and declarations of interest

Apologies for absence had been received from Dr Bruno Holthof, who was
represented by Mr Paul Brennan in his capacity as Deputy Chief Executive, from
Professor David Mant, Non-Executive Director, from Mrs Anne Tutt, Non-Executive
Director and from Mr Geoff Salt, Vice Chairman and Non-Executive Director.

The Chairman welcomed Governors, Members, public and staff to the meeting. She
explained that the Trust Board held its bi-monthly meetings on each of the four main
hospital sites in turn, and was pleased to be meeting on the Horton General Hospital
site on this occasion. Mr Peter Knight, Chief Information and Digital Officer, was
welcomed to his first meeting of the Trust Board.

There were no declarations of interest.

TB16/09/02 Minutes of the meeting held on 13 July 2016

The minutes of the meeting held on 13 July 2016 were approved as a true and
accurate record of the meeting, subject to the following correction at page 5:
“Peter Knight will commence his new post as Chief Information and Digital Officer in August. Mr Knight previously worked at the National Institute for Health Research (NIHR) Department of Health, where he had implemented the Cerner system.”

TB16/09/03 Minutes of the meeting held on 31 August 2016

Mr Peter Ward, Non-Executive Director highlighted that at the meeting held on 31 August 2016, the Trust Board had specifically asked to be provided with regular updates during the temporary suspension of obstetric and neonatal services at the Horton General Hospital, and asked that this be reflected in the minutes.

No other corrections were noted and subject to the addition of the point above, the minutes of the meeting held on 31 August 2016 were approved as a true and accurate record of the meeting.

TB16/09/04 Action Log

The Board reviewed the status of actions recorded on the Action Log, and noted the items due to close.

TB16/09/05 Chairman’s Business

The Chairman reported that following a competitive bidding process, £113.7m had been awarded to the National Institute for Health Research [NIHR] Oxford Biomedical Research Centre (BRC). The OUH NIHR Oxford Biomedical Research Centre would also be working closely with the newly awarded BRC in mental health at Oxford Health NHS Foundation Trust, bringing the total NIHR funding to the Oxford BRCs to £125m over the next 5 years. The Chairman congratulated all those involved in the process, and a formal letter of recognition would be sent on behalf of the Board to Professor Keith Channon, Director of Research and Development and Professor John Geddes.

TB16/09/06 Chief Executive’s Report

Mr Paul Brennan presented the report in his capacity as Deputy Chief Executive, highlighting particular points of current interest for the Trust Board to note, as follows:

- The Oxfordshire Clinical Commissioning Group [OCCG] would be leading public consultation on options to deliver care and treatment across Oxfordshire in innovative and transformative ways, but it was not now expected that public consultation on the Oxfordshire Sustainability and Transformation Plan would be ready to commence until December 2016 / early January 2017.
- The Trust had been selected as one of 12 NHS trusts designated a Global Digital Exemplar, in recognition of it being an NHS care provider which will deliver exceptional care, efficiently, through the world-class use of digital technology and information flows, both within and beyond our organisational boundary. Funding of up to £10m was to be made available to the Trust to harness the opportunities that digital technology offers, consistent with the ambition of the NHS to be “paper-free at the point of care”.
- While junior doctors’ industrial action had been cancelled in September, the strike planned for October 2016 was reported to be going ahead, and the Trust was working through the best way to manage this industrial action, which was expected to have a significant impact on the delivery of services.
Mr Alisdair Cameron, Non-Executive Director welcomed the award of the Global Digital Exemplar funding, and asked what plans the Trust had in place for using the funds, and when the Trust Board would be updated of further developments.

The Chief Information and Digital Officer reported that he and his team were now developing a business case to advance data analytics which would support the system of healthcare and research, in which the Trust hoped to provide national leadership.

Mr Ward noted the update on the Oxfordshire joint patient transfer plan, and asked what provision had been made to deal with the potential increase in delayed transfers of care over the winter period.

The Director of Clinical Services reported that, in the second stage of the plan, £4.5m had been invested in non-bed based ambulatory services to avoid unnecessary admission and to support patients in being discharged home. This included investment in the acute 'hospital at home', the recruitment of two Chief Registrars, forty nursing staff and enhancement of the Liaison Hub in support of those discharged to beds in the nursing home sector. Despite the investments that had been made, it had not yet proved possible to recruit staffing up to total establishment, but it was hoped that this would be resolved by November 2016.

It was further reported that the Trust had been awarded the tender let by Oxfordshire County Council for both the Oxfordshire Reablement Service [ORS] and for the Supported Hospital Discharge Service [SHEDS] from 1 October 2016.

Following up on the Chairman’s report of the successful BRC 3 bid, the Medical Director suggested that Professor Keith Channon be invited to a future meeting of the Trust Board held in public, to discuss the opportunities available through the clustering of themes, and to consider how they fitted into the key themes of the OUH Strategic Review.

**Action: SP**

The Chairman highlighted the success of the event held at St Hugh’s College on 7 September 2016, to provide an update on the OUH Strategic Review. This had reported on progress achieved in relation to each of the key themes, in the context of developing the Sustainability and Transformation Plan for Oxfordshire.

The Trust Board received and noted the Chief Executive’s Report.

**TB16/09/07 Update on implementation of the contingency plan for maternity and neonatal services at the Horton General Hospital [HGH]**

Mr Paul Brennan provided an update, in his capacity as Director of Clinical Services, confirming that the contingency plan agreed at the Extraordinary Meeting of the Trust Board on 31 August would be implemented with effect from 08:00 hours on 3 October 2016.

The Trust was committed to pursuing the recruitment of suitably qualified doctors in order to reinstate the obstetric service. The new advert recently placed expressed the salary offered more clearly, which was stated at £62,300 to £76,500 including 1A banding payment, and offered a term of appointment for a period of 12 months which could be extended by mutual agreement.

It was confirmed that arrangements were being put in place for a dedicated ambulance to be stationed at the HGH, and the Trust was exploring what additional support could be given to parents and families required to travel from Banbury to
Oxford during the period of temporary suspension of obstetric and neonatal services at HGH.

A page was to be added to the Trust website to cover the latest news from HGH, including a monthly update on the recruitment status and updates would be available on the HGH Facebook page and twitter account @OUH_Horton.

The Trust Board received and noted the update.

TB16/09/08 Patient Perspective

The Chief Nurse presented the patient perspective providing an insight into a patient’s experience of the implementation of an innovative approach to address delays and improve patient flow and experience.

The story provided an important opportunity to recognise the benefits of transferring patients to an environment that was suitable for rehabilitation, for example:

- Proximity to the patient’s home, enabling friends and family to visit regularly;
- A more therapeutic environment: care home and nursing home teams have more opportunities to develop a personalised relationship with patients, to provide care in an environment with a greater focus on long-term quality of life;
- Activities organised at care homes and nursing homes promote health and well-being as they encourage social interactions and the residents have an additional incentive to remain active;
- The food at the nursing home was appetising and Mr L felt this aided his recovery; and
- Mr L found that he recovered quickly once he was at the nursing home, and was able to go home sooner than planned.

Mr Christopher Goard, Non-Executive Director suggested that this patient’s perspective illustrated the value of reviewing the impact on patients whenever the Trust made changes to a service.

The Director of Clinical Services confirmed that a wider review of patients’ and carers’ experience of the Oxfordshire joint patient transfer plan had been undertaken, which also incorporated the views of staff. This had been considered by the Quality Committee, and was due to be presented to the Oxfordshire Health and Overview Scrutiny Committee [HOSC]. It was planned that the same methodology could be applied to review the impact of service changes implemented through the acute ambulatory, ‘hospital at home’ initiative.

The Chief Nurse endorsed the importance of seeking the views of patients.

Mr Ward noted that limitations on the availability of GP cover for all beds in the nursing home sector, and the reliance on medical cover coming from the JR or HGH, had resulted in the patient suffering delay in receiving medicines for a cold. The Chief Nurse confirmed that further efforts were being made to work in partnership with GPs.

Mr Cameron suggested that thanks should be given to the staff for all the hard work put in on the ground, to ensure the success of the Oxfordshire joint patient transfer plan, and the Chairman echoed this point, highlighted that it illustrated what could be achieved through multi organisational working.

The Trust Board reflected on the patient’s perspective, and noted the key learning points which had been drawn from it.
TB16/09/09 Quality Committee Chairman’s Report

In the absence of Mr Geoff Salt, Non-Executive Director and Chairman of the Quality Committee, Dame Fiona Caldicott presented the regular report from the meeting of the Quality Committee held on 10 August 2016.

Issues discussed at the last meeting held in August were highlighted to have included:

- Confirmation that the integrated action plan for medicines management had been implemented and was on track. There were noted to be estimated costs of £300k associated with the adoption of Digilocks, and this work was being prioritised. The Internal Auditors [KPMG] would be re-auditing areas where deficiencies had been identified, following which further report would be made to the Committee.
- The Committee heard of the problems in recruiting middle grade obstetric doctors at the Horton General Hospital [“HGH”] and considered the potentially adverse impact on the safety of the obstetric and special care services for new borns at HGH from the end of September 2016.
- The Chief Nurse showed a short film which detailed the experience of an OUH NHS FT employee who had been subjected to racism by a patient. The staff perspective illustrated the impact that this had on the whole team and highlighted the need to ensure that guidance and policies were implemented to support OUH staff and patients in relation to all aspects of discrimination.
- A new report was provided highlighting the work undertaken by the Diabetes Quality Group to improve diabetes care within the Trust. Significant improvements have been made in National Diabetes Inpatient Audits and Local Audits.
- The Director of Clinical Services presented a paper on Evaluation of initiative to reduce delayed transfers of care, the substance of which was due to be provided to HOCS in September.
- A presentation on analysis of key quality metrics in A&E and impact on quality of care was received, providing more robust evidence relating to the assessment of patient safety when ED activity is at its highest. Overall, there was no evidence of increased risk of mortality or length of stay associated with pressures in ED.
- The outcome of a review of Paediatric Spinal Surgery Services was presented, which showed that clear decision making was required and issues of poor communication were real and required direct, focussed intervention. A reflective event was held at the end of August, attended by Divisional Leads and relevant Executive Officers.

Areas upon which the Committee planned to focus at its meeting in October included:

- Regular report on Serious Incidents Requiring Investigation [SIRI] and Never Events
- Annual Report on Complaints and Patient Experience
- Annual Report on Safeguarding; and
- Update on measures to improve compliance with infection control standards.

The Trust Board received and considered the regular report from the Quality Committee.
TB16/09/10 Quality Report

The Medical Director and Chief Nurse presented the Quality Report, highlighting their respective areas, to provide information available within the organisation on the measures being taken in relation to quality assurance and improvement.

Particular points drawn to the Board’s attention included:

- Noting that an inspection had been undertaken at short notice by the Care Quality Commission [CQC] in August in respect of the Trust’s compliance with the Ionising Radiation [Medical Exposures] Regulations 2000 (IR[ME]R), following which an Improvement Notice had been issued. A detailed action plan had been produced, and would be presented to the Quality Committee at its meeting in October 2016;
- Test results and discharge summary timeliness continued to be an area of significant work. In July 76.7% of discharge summaries were sent before or within 24 hours of discharge and 75.9% of results were endorsed on EPR within 7 days.
- There was continued progress in the delivery of quality priorities;
- The audit results of 240 emergency admissions against the four priority standards for seven day services had been published, with the headline results showing a slip in % compliance from 100% for emergency patients for first Consultant review within a 14 hour period: the internal OUHFT consultant standards including ‘time to first consultant review’ being set at 18 hours;
- No Never Events had been reported in July 2016;
- 16 SIRI were reported in July; 7 SIRI were recommended for closure to OCCG;
- Against an upper ceiling of 69 for OUHFT apportioned cases of Clostridium difficile (C.diff) in 2016/2017 the cumulative total for this year was currently 25 against the internal cumulative limit of 23;
- The objective for 2016/2017 was zero avoidable Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemias. No cases of MRSA bacteraemia were apportioned to the OUHFT during July 2016. Work was ongoing to improve compliance with MRSA screening guidelines and cleaning audits. A number of proactive infection prevention and control (IPC) projects had commenced.
- Analysis of the changes in response rates and recommendation rates under the Friends and Family Test for Inpatients and Day Cases, Emergency Departments, Maternity, Children’s Services and Outpatients showed an increase in the overall recommend rate for inpatient and day case services, and a decrease in the not recommend rate. However, the response rate had decreased in inpatient areas.
- The field work for the National Inpatient Survey programme for 2016 had commenced in July 2016.
- There had been a very small decrease in the number of complaints received in July, compared to the previous month, three of which (out of a total of 101) had been graded ‘red’.
- The Chief Nurse highlighted a two year research project on the experience of people from black and minority ethnic (BME) communities in making complaints, to follow up evidence that fewer people from BME groups make complaints and their experience is less favourable than that of non-BME groups. It was intended that the findings from the project could support service improvements;
- The Swan Scheme was also highlighted, the aim of which was to improve the experience of patients at the end of their lives, and the experience of relatives and carers during this time;
The current status of nursing and midwifery staffing across the Trust by ward as well as by shifts was reviewed, noting the fill rates of actual shifts against those planned (including temporary staff) as:

- 94.93% for Registered Nurses/Midwives
- 88.16% for Nursing Assistants (unregistered)

This reflected an incremental decrease over the last 3 months, in line with decreased recruitment from the EU and the continuing turnover rate for nurses/midwives, with the highest attrition rate being in relation to band 5 staff nurses and nursing assistants.

It was noted that guidance recommended that Care Hours per Patient Day (CHPPD) be used in triangulation with quality metrics for effective and appropriate benchmarking.

The Chairman invited discussion of the Quality Report.

The Director of Assurance suggested that in reviewing the exception charts on key quality indicators, where narrative was provided on action taken to address any issue, it was important to identify whether or not the matter remained unresolved.

Mr Cameron challenged the reported performance on cleaning audits and process, and asked what measures were being taken to improve scores. The Medical Director confirmed that there remained inconsistencies between the standards of audits undertaken by PFI contractors, and those undertaken by nursing staff, and efforts were continuing to align the audit standards against which performance should be measured.

The Chairman noted the report of difficulty in recruiting to the PALS team, and asked that the Board be kept updated on the situation, given the importance of the role of PALS in supporting patients.

**Action: CS**

The Trust Board received and considered the content of the Quality Report

**TB16/09/11 Finance and Performance Committee Report**

Mr Peter Ward, Non-Executive Director and Chairman of the Finance and Performance Committee presented the regular report from the meeting of the Finance and Performance Committee held on 10 August 2016.

The following issues of particular interest were highlighted:

- The Integrated Performance Report for Month 3 had showed the following:
  - June 2016 had seen a higher than expected level of Emergency Department attendances. 88.2% of patients were seen, treated and discharged or transferred within four hours of arrival at the Trust’s Emergency Departments. This represented the highest performance since December 2015 and performance for Quarter 1 (at 87.6%) was ahead of the trajectory agreed with NHS Improvement.
  - The RTT Incomplete performance for June was 91.11%. This was below the 92% standard and the trajectory agreed with NHSI, but did not impact on access to the SET fund which would apply from Q2 onwards. April and May performance had been above the trajectory at 91.3% and 91.53% respectively.
• Delayed transfers had continued to reduce month on month, with 6.45% of the Trust’s acute bed days accounted for in June by people whose transfer was delayed. This was the lowest level experienced in Oxfordshire’s acute hospitals since June 2011 (since when it had usually been above 12%). Figures for the last week in June (w/e 3rd July 2016) showed delays in the OUH at 60 compared to 130 at the start of the DTOC project in November 2015.

➤ The Committee was informed that NHS Improvement had published (on 7 July) the criteria that would be used to determine whether Trusts could access the Sustainability and Transformation Fund (STF) money linked to control totals. For OUH, this would determine access to £5.1m per quarter, to be paid quarterly in arrears (with Quarter 1 to be paid in August, later than originally thought). Trusts would not be penalised financially for not meeting trajectories for Q1, with the requirement being to have delivered the control total and to have trajectories in place. However, from July 2016, 30% of STF would depend upon meeting the RTT Incomplete trajectory (12.5% of STF), 4 hour wait trajectory (12.5%) and Cancer 62 day waits (5%).

➤ The Committee received reports from the Clinical Support Services division and the Children’s and Women’s Division, which updated the Committee on current performance against the divisional cost improvement programmes [CIP] that had been agreed and on plans currently being implemented within each respective division to improve performance.

➤ The Committee considered the Trust’s financial position up to 30 June 2016, noting in particular:

- An EBITDA of £17.69m against the plan of £18.01m, an adverse variance of £0.33m.
- £1.83m surplus, £0.1m ahead of plan.

- A period-end cash balance of £57.44m, £29.1m below the plan
- CIP delivery of £7.77m, £2.8m below the year to date target
- Capital investment of £3.20m, £6.37m behind the plan, which was reported to be largely due to the timing of the milestones

➤ The Committee received an update on the capital allocation for 2016/17, and the process for reviewing the capital requirements for 2017/2020

➤ The Director of Clinical Services reported on the development of operational contingency plans, to address the risk that obstetric services could not safely be maintained at the Horton General Hospital [HGH] beyond the end of September 2016. The Committee noted that a decision as to whether the contingency plan would need to be implemented in full would need to be taken by late August 2016, in the light of the outcome of the latest efforts to recruit sufficient numbers of middle grade obstetric doctors to staff the rota at HGH with effect from 1 October 2016.

Areas upon which the Committee planned to focus over the next three months were noted to include:

- the integrated performance of the Trust;
- the financial performance against plan for 2016/17;
- in-year delivery of annual efficiency savings for 2016/17;
• Capital prioritisation for the Trust 2016/17 and planning for 2017/18

and monitoring of:

• Delivery of performance against divisional budgets and transformation plans, with clear accountability for financial performance by budget holder;
• Delivery against trajectories for improved operational performance and the delivery of access standards.
• Development of a contingency plan for maternity and neonatal services at HGH, and monitoring of its implementation, as appropriate.

The Trust Board acknowledged the content of the regular report from the Finance and Performance Committee

TB16/09/12 Integrated Performance Report Month 4

The Director of Clinical Services presented the report, in which the following key issues were highlighted:

• Attendances in the Trust’s Emergency Departments were 9.9% higher in July 2016 than in July 2015 and at their highest level since April 2015.
• 9.1% more emergency admissions took place to OUH in the month than in July 2015. This represented a slight rise on the first three months of the year, during which 8.1% more emergency admissions had been seen than in 2015.
• The percentage of OUH beds occupied by people experiencing delayed transfers of care rose from 6.5% in June to 8.9% in July.
• Despite this, cancellations in July affected no more than 30 of 8,122 admissions in the month, a better rate than experienced in January, February, March and May.
• 98 patients waited more than 6 weeks for diagnostic tests or imaging, meaning that OUH met the national standard of having no more than 1% waiting over 6 weeks.
• Four Clostridium Difficile cases were reported in June and six in July.
• One case of MRSA bacteraemia was reported in June (the second since April), but none were in July.
• Sickness and absence continued to run ahead of the Trust’s target of 3%, but the twelve-month rolling average in July continued the slow reduction seen since October 2015.
• The Trust’s Vacancy rate had risen since March to stand at 7.56% in July, representing 834 posts vacant out of 11,037.
• Expenditure on temporary staffing rose by £260,000 from June to July and the percentage of staffing expenditure accounted for by temporary staffing stood at 6.86% in July.

Mr Cameron remarked that the impact of industrial action taken by junior doctors seemed to have been well managed to date, but he asked what preparations were being made by the Trust to deal with the further strike currently planned in October. The Director of Clinical Services confirmed that plans were being made with Clinical Directors. It was proposed that there would be no wholesale advance cancellations, but rather patients would be warned of the risk of cancellation, depending upon what action transpired.

Professor Sir John Bell suggested that the biggest challenge for the Trust, which was shared by other large employers in Oxford including the Universities, was the difficulty to recruit and retain workforce. He suggested that a fundamental review
of the Trust’s workforce strategy should be undertaken, taking into account the scope for increased automation and other measures to improve productivity.

The Director of Clinical Services reported that work was being undertaken to improve theatres productivity, and that this methodology would be applied more broadly to the reorganisation of administrative functions, supported by increased automation and digital technology.

The Trust Board received the Integrated Performance Report for Month 12

TB16/09/13 Financial Performance up to 31 July 2016

The Interim Chief Finance Officer presented the report, informing the Board of the Trust’s financial position for the period ending 31 July 2016.

Key points highlighted included:

- There was a £1.82m shortfall in commissioning income for the year to date; the main adverse variances being reported to be driven by the following:
  - The contract with OCCG had been agreed as a ‘block contract’ totalling £317m; which was below the £320.5m the Trust had planned. Current activity levels were in excess of the £320.5m plan and if this trajectory continued this could result in a financial risk of between £4m to £7m. Therefore, plans would need to be put in place to minimise the risk of over-performance against the contract, taking into consideration the month 4 activity.
  - Further funding could be made available from the OCCG in quarter 4, once CCGs were allowed to access their non-recurrent allocations BUT this was not guaranteed.
  - Performance against non-OCCG commissioners was £1.5m under plan year to date.

- The current quarterly average pay expenditure was £46.40m. This was an increase of £0.05m compared to the run rate in quarter 1. There had been an increase in the use of temporary staff partially due to the staff turnover being greater than new starters, exacerbated by the effect of the summer holiday period.

- The increase in the quarterly average cost in 2016/17 compared to 2015/16 was largely explained by:
  - £1.1m additional costs for pay award and pension
  - Additional costs to recover activity lost during the junior doctor strike.

- The Trust had been set an agency cap by NHSI of £18.1m, and in order to achieve this, the Trust must spend below £1.5m per month on agency.

- At the end of July, the average monthly expenditure was £1.32m, with a cumulative expenditure of £5.3m, which was £1.6m below the cap for the period, however the trend was upward.

Cash was £50.24m as at 31 July, £35.13m below the plan. This was being driven by £42.36m lower than expected working capital movements, partly offset by a £7.2m
lower than planned net capital investment (due to slippage in the capital programme YTD). Gross capital expenditure at the end of July was £4.85m compared to a plan of £11.99m. The slippage was noted to be due to expenditure plans rather than project underspends.

Professor Bell noted that imports had been more expensive in this month than the previous month. He asked why this was, and if any further impact was expected. The Interim Chief Finance Officer confirmed that the position would be scrutinised when the contracts next came up for renewal.

The Trust Board received and acknowledged the report on financial performance

**TB16/09/14 Monthly Report to NHS Improvement: July 2016**

The Interim Chief Finance Officer presented the Month 4 report to NHS Improvement, and highlighted the following points:

NHSI had written to the Trust to confirm that the Trust’s ratings to be published for Q1 were:

- Financial Sustainability Risk Rating – 3
- Governance rating – Green

- Annual declarations had been signed on the Board’s behalf. The Annual Governance Declaration identified risks to future compliance with the national standard on 4 hour waits, on 52 week RTT waits and with the delivery of the 62 day cancer standard in Quarter 2.
- Feedback on the Annual Plan had been received. This noted that with up to £9m of CIP still to have deliverable schemes identified, a high level of risk remained to the achievement of the control total for 2016/17. The strengthening of financial governance through the devolvement of CIP ownership to Divisions was recognised and further information was requested. This is expected to cover plans and progress on Cost Improvement, waiting times for cancer treatment following urgent GP referral, waits for care in Emergency Departments, and waits for elective care (RTT). Subsequently, a site visit had been requested and was being organised for 23 September between NHSi, NHSE and OUH.
- Since mid-July, OUH had:
  - Advised NHSI of risk to its delivery of the 62 day cancer standard in Q2
  - Advised NHSI of contingency planning on its maternity services at the Horton General Hospital, of the development of proposals to an Extraordinary Board meeting on 31 August, and of the decision made.
  - Asked NHSI to confirm that provider STF payments are to be treated by CCGs as ‘pass through’ payments in accordance with NHSI guidance.
  - Sent NHSI its RTT and urgent care performance improvement plans.
  - Advised NHSI of an improvement notice received under the Ionising Radiation (Medical Equipment) Regulations 2000 and of action being taken.
Advised NHSI of an incident reported as a Never Event.

Dr Tony Berendt, Medical Director, referred to a report that had been published by NHS Improvement ‘Strengthening financial performance and accountability in 2016/17’. The document reinforced existing plans and set out a timetable for planning for the next two years. He noted that it was important for the Trust to undertake a detailed review of this, and to keep on top of it, and suggested that it be added to the agenda for a future Trust Board Seminar.

Action: SP

The Trust Board noted the report, including the Financial Sustainability Risk Rating for the period reported.

TB16/05/15 Trust Management Executive Report

The Deputy Chief Executive presented the regular report to the Trust Board, highlighting the following particular points:

- TME had considered specialised services which may be identified for Lead Provider Arrangements, under the theme of Focus on Excellence. Potential candidates suggested included HIV and Infectious Diseases, PET services and Microbiology. Divisional Directorates have been asked to feedback on sub-speciality data by September.
- The Trust’s strategic review of the Horton General Hospital, proposing an opportunity to design a 21st century hospital at Banbury, was considered. TME noted that this would feed into the Oxfordshire Transformation Programme pre-consultation business case, and subsequently into full public consultation.
- TME received a report on the recent CQC short-notice inspection of Radiology at the John Radcliffe Hospital which had resulted in the Trust being served with a Service Improvement Notice, in relation to failings which had included insufficient documentary evidence of training, audits and up-to-date policies.
- Peter Knight, Chief Information and Digital Officer was now in post and had picked up the relevant workstreams relating to the strategic review. TME was kept regularly updated on relevant developments in relation to the key themes.
- Catherine Stoddart, Chief Nurse noted that work on the access to Headington Masterplan was due to commence in October 2016.

Mr Paul Brennan, Director of Clinical Services, highlighted that the presentation provided on the impact of systemic pressure on the quality of care in the Emergency Department [ED] had shown that overall, there was no evidence of any major patient safety issues though ED attendances were noted to have increased by 11%, compared to the national average increase of around 3%’. He confirmed that the analysis undertaken showed that overall there had been a decrease in mortality.

Mr Ward asked if future reports from TME could provide more detail on any course of action being taken in response to issues that had been raised.

Action: PB/BH

The Trust Board noted the Trust Management Executive Report.
TB16/09/16 Strategic Objectives

The Director of Planning and Information, and Director of Assurance presented the paper, which provided an overview of the Trust’s strategic objectives, which had largely been developed from the new strategic themes for the Trust for 2016/17 and onwards. The proposed strategic objectives, linked to the new themes, were:

- ‘Home Sweet Home’: To redesign our services, in partnership with others, to achieve local health care integration, to deliver excellent care in the best settings for the patient.
- ‘Focus on excellence’: To prioritise investment in services; developing world class services to deliver excellence.
- ‘Go Digital’: To achieve digital transformation, to support excellent care and enable care to be delivered closer to home.
- ‘Master Planning’: To develop long term estates planning that sets out the strategic vision for the Trust sites for the next 40 years.
- ‘High Quality Costs Less’: To deliver our quality priorities and ensure continuous service improvement through efficient working practices.
- ‘Building Capability’: To develop the organisation’s ability to deliver our strategic objectives.
- ‘Delivering Sustainable Compliance’: To continue to deliver to the NHS constitution, national access standards and financial balance in a sustainable manner.

The development of the strategic objectives provided the Assurance Directorate with an opportunity to develop the Board Assurance Framework and Corporate Risk Register in conjunction and redefine the existing risks.

The Chairman asked that an update on development of the strategic objectives be provided to a future meeting of the Board.

Action: EW

The Trust Board noted the paper and approved the strategic objectives for the Trust for 2016/17

TB16/09/17 Annual Review of Serious Incidents requiring Investigation and Never Events 2015/16

The Medical Director presented the report describing the extensive change programme implemented in 2015/16 to improve the SIRI process and ensure that it was more open and transparent for staff, with rapid cross-divisional learning via the SIRI forum.

The report noted workshops and communication/teaching events, which had been held with frontline staff of all seniorities to help them to better acknowledge and learn from errors and improve practice in the future. Data was presented showing substantial improvement in duty of candour disclosure, suggesting that cultural change was well embedded.

Professor Bell suggested that it was not likely that any incident reporting system would ever identify all incidents that happened, and incident data needed to be
augmented by that produced by a global trigger tool. The Medical Director confirmed that incident reports could also be triggered within the EPR system, and the team was developing the facility for further automated reports.

The Director of Assurance emphasised that significant progress had been made in the reporting culture across the Trust, and that this was both borne out and further supported by the programme of Peer Review. It was suggested that an update on the Peer Review programme, and some of the key learning from the Quality Summits held, should be shared with the Board in Seminar.

**Action:** EW

The Trust Board noted the SIRI Annual Report.

**TB16/09/18 Update on Implementation of Junior Doctors’ Contract**

The Director of Organisational Development and Workforce provided the Trust Board with an update in relation to implementation of the new terms and conditions of service for NHS Doctors and Dentists in Training (England) 2016.

The provisions of the existing junior doctor contract had been widely acknowledged as being in need of reform, but the negotiations relating to the development and agreement of a new contract had been protracted and acrimonious. Consistent disagreement and the rejection of proposals had resulted in a high profile national dispute and associated industrial action on the part of the British Medical Association (BMA).

Whilst there was still disagreement between the main negotiating parties, and the prospect of further industrial action remained, employing organisations had been mandated to commence implementation of the new terms and conditions for junior doctors with effect from October 2017. Initial preparatory work had been undertaken locally, including data cleansing activity, and the appointment of a Guardian of Safe Working Hours (which was a national requirement). Concurrently, a governance framework had been established, which included an implementation project board and implementation working group, both of which included appropriate representation.

A number of challenges had been identified to successful implementation, but it was considered that the Trust was well-positioned to address these and other emergent issues.

The Trust Board noted the contents of the report and agreed to receive further periodic updates relating to the local implementation of the new contract.

**TB16/09/19 Director of Infection Prevention and Control Annual Report 2015-16**

The Medical Director presented the paper to the Trust Board to report on infection prevention and control activities within the Trust for the period April 2015 to March 2016.

It was highlighted that the Trust did not meet its challenging objective (of zero cases) for avoidable Meticillin Resistant *Staphylococcus aureus* (MRSA) blood stream infections in 2015-2016; however the Trust was within the upper limit for *Clostridium difficile* infection for 2015/2016. For 2015/2016, the OUH was set an upper limit of 69
cases of *Clostridium difficile* identified after three or more days of admission. The Trust had a total of 57 apportioned cases for 2015 / 2016, well below the upper ceiling, which represented a significant achievement.

It was highlighted that rates of surgical site infection (in cardiac, orthopaedics and trauma) were all at acceptably low levels. Audits of cleaning and hand hygiene indicated need for improvements, which were being addressed within next year’s action plans. Programmes of work to manage risks associated with decontamination and the estate were in place and progress was being made against plans.

**The Trust Board noted the Director of Infection Prevention and Control Annual Report 2015-16**

**TB16/09/20 Responsible Officer’s Medical Appraisal and Revalidation Annual Report 2015-16**

The Medical Director presented the paper, to provide assurance to the Board that the statutory functions of the Responsible Officer role were being appropriately and adequately discharged.

In particular, it was noted that the approval of the Business Case to procure a web-based revalidation management system had been approved. The procurement and implementation of a revalidation system was reported to be at its early stages and was not intended to be operational until April 2017.

**The Trust Board noted the responsible officer’s medical appraisal and revalidation annual report 2015-16.**

**TB16/09/21 Annual Audit Letter 2015/16**

The Interim Chief Finance Officer formally presented the Annual Audit Letter for the year ended 31 March 2016 to the Board. It was noted that the letter had been circulated when first issued by the Trust’s External Auditors, Ernst & Young, in July 2016.

The External Auditors had expressed an unqualified opinion on the financial statements for the Trust in respect of the period 1 April 2015 - 30 September 2015 as an NHS Trust, and for the period 1 October 2015 – 31 March 2016 as a Foundation Trust.

**The Committee received the Annual Audit letter, and noted its contents.**

**TB16/09/22 Raising Concerns (‘Whistleblowing’) Policy**

The Director of Organisational Development and Workforce presented the paper to inform the Trust Board of the inclusion of an additional reference within the Trust’s Raising Concerns (Whistleblowing) Policy. This reference related to the Freedom to Speak Up (FTSU) Guardian role, which was due to become mandatory to all Trusts by April 2017. It was confirmed that the Trust aimed to have appointed a local Guardian by November 2016, who would act in a genuinely independent capacity.

The Guardian would support the Trust in becoming a more open and transparent place in which to work, and would provide confidential advice and support to staff in relation to any concerns they had about patient safety.
The Trust Board approved the inclusion of the FTSU guardian reference within the Raising Concerns (Whistleblowing) Policy and approved the continued application of the Policy.

**TB16/09/23 Consultant appointments and signing 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.

**TB16/09/24 Any Other Business**

Mrs Anita Higham, Lead Governor, who was attending in the public gallery, stated that she wished to report that she had had a positive experience when attending the Emergency Department.

**TB 16/05/25 Date of the next meeting**

A meeting of the Trust Board to be held in public will take place on Wednesday 9 November 2016 at 10:00 am in Meeting Rooms 1-3, The Cancer Centre at the Churchill Hospital.

Signed ……………………………………………………………………

Date …………………………………………………………………….