Trust Board

Minutes of the Trust Board meeting held in public on Wednesday 13 July 2016 at 10:00 in Seminar Rooms 4A/B in the George Pickering Education Centre, at the John Radcliffe Hospital.

Present: Dame Fiona Caldicott FC Chairman
Dr Bruno Holthof BH Chief Executive
Professor Sir John Bell JB Non-Executive Director
Dr Tony Berendt TB Medical Director
Mr Paul Brennan PB Director of Clinical Services
Mr Christopher Goard CG Non-Executive Director
Mr Ken Hutchinson KH Interim Director of Organisational Development and Workforce
Professor David Mant DM Non-Executive Director
Ms Maria Moore MMo Interim Chief Finance Officer
Mr Geoffrey Salt GS Vice-Chairman, Non-Executive Director
Mr Andrew Stevens AS Director of Planning & Information
Ms Catherine Stoddart CS Chief Nurse
Ms Anne Tutt AT Non-Executive Director
Ms Eileen Walsh EW Director of Assurance

Mr Peter Ward PW Non-Executive Director

In attendance: Mr John Burbeck JB Acting Chairman, Worcestershire Acute Hospitals NHS Trust
Ms Susan Polywka SP Head of Corporate Governance and Company Secretary

Apologies Mr Alisdair Cameron AC Non-Executive Director
Mr Mark Power MP Director of Organisational Development and Workforce

The minutes are produced in the order of the agenda

TB16/07/01 Apologies and declarations of interest

Apologies for absence were received from Mr Mark Power, who was represented by Mr Ken Hutchinson, and from Mr Alisdair Cameron, Non-Executive Director.

The Chairman welcomed Governors, Members, public and staff to the meeting.

She also welcomed the attendance of Mr John Burbeck, Acting Chairman, Worcestershire Acute Hospitals NHS Trust, and welcomed Ms Maria Moore to her first meeting of the Board in her role as Interim Chief Finance Officer.

There were no declarations of interest.
TB16/07/02 Minutes of the meeting held on 11 May 2016

The Chief Nurse drew the Board’s attention to page 6 where it stated:

“The Chief Nurse suggested that the Peer Review programme should provide an opportunity to address the long-standing question of how best to manage outliers.”

It was noted that the Chief Nurse had referred to the Peer Review programme providing an opportunity for learning rather than resolving this issue.

No other corrections were noted and the minutes of 11 May 2016 were approved as a true and accurate record of the meeting.

TB16/07/03 Matters Arising from the minutes

The Chairman referred to item TB16/05/20 Information Governance Data Quality Group Bi-Annual Review in which she had previously declared an interest.

It was noted that the report entitled “Review of Data Security, Consent and Opt-Outs” was published on 6 July 2016 and copies could be provided for Board members.

TB16/07/04 Action Log

The Board reviewed the status of actions recorded on the Action Log, and received the following updates:

**TB16/03/08 Quality Report – Paediatric Spinal Surgery**

The Medical Director confirmed that he was in receipt of the finalised draft report produced by Professor Jim Wright, commissioned by the Trust following the temporary suspension of aspects of elective paediatric spinal surgery.

The report concluded that there were no major concerns about the quality of care, but highlighted the need to improve communication within multi-disciplinary teams (MDTs); difficulties in doing so being attributed in part to the complex nature of the care pathways for children with complex needs.

The report would be submitted for consideration of the Quality Committee at its next meeting in August.

To ensure that lessons were learned, an event was being organised which would include executive and divisional level representation, as well as the participation of Professor Wright as author of the report, and the relevant MDTs, to enable them to share their experiences.

The Board endorsed the importance of ensuring that front-line clinicians were aware of the issues that had been raised.

**TB16/03/09 Quality Report – Potential for systematic pressure to impact on quality of care**

The Director of Clinical Services confirmed that analysis had now been undertaken of key indicators identified by the Royal College of Emergency Medicine, to gauge whether delays in A&E and delayed transfers of care (DToCs) were having an adverse impact on the quality of care. He further
confirmed that the outcome of this analysis would be submitted to the Quality Committee and Trust Management Executive in August. It was noted that the analysis had focused on 3 key indicators:

- Increase in 7 and 10 day mortality
- Increase in length of stay when patients admitted
- Delays in administration of intra-venous antibiotic treatment

Assurance was given that during times when the Emergency Department’s (ED) workload was at full capacity, there had been a decrease in mortality which correlated with a slight increase in the length of stay; there was no indication of problems with IV treatment. Overall, no safety concerns were reported during times when the ED was under increased pressure.

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

**TB16/07/05 Chairman’s Business**

The Chairman reported on the fourth meeting of the Council of Governors held on 1 July 2016 at the Corn Exchange, Witney. The meeting had been attended by 18 governors (out of a total of 28).

Key items discussed had included:

- an update on the Transformation Programme, in advance of the Governors’ Seminar covering this topic on 28 July;
- confirmation of the arrangements for forthcoming by-elections in South Oxfordshire and West Oxfordshire;
- a statement on the Trust’s actions to support non-British EU staff following the EU referendum;
- the final recommendations from the Membership Working Group and the results of the Rest of England and Wales Constituency members’ survey;
- verbal reports on the work of the Nominations and Remuneration Committee and the Young People’s Executive;
- the terms of reference for the Membership, Patient Experience & Quality Committee and the Performance, Workforce & Finance Committee; and
- the role of the Lead Governor and future schedule of meetings for the Council.

The Chairman highlighted that the Council of Governors was next due to meet on 20 October 2016 at 6:30pm at Banbury Town Hall.

**TB16/07/06 Chief Executive’s Report**

The Chief Executive presented his report, highlighting progress in the Oxfordshire plan for the joint transfer of patients ready to leave acute care.

It was reported that the total number of patients delayed in OUHFT beds had dropped from eighty seven on 7 April, to fifty seven by 23 June 2016. Whilst this
was a significant improvement on last year’s figures, the Chief Executive emphasised that it remained the Trust’s aim further to reduce the total number of patients delayed.

It was noted that OUHFT had a successful recruitment day on 14 May, resulting in the Supported Hospital Discharge Service making a number of conditional offers to candidates, subject to dedicated checks. It was highlighted that 70% of the candidates recruited did not have health or social care backgrounds; a greater impact is expected once successful recruits take up their posts.

It was reported that a major event had taken place on 6 June, as part of a series of engagement events planned during the summer entitled The Big Health and Care Conversation involving local people interested in healthcare in Oxfordshire. It gathered views on ways to develop sustainable, high quality care closer to home. Four patient groups were being focused on:

- Women’s and Children’s;
- Elective and Non-Elective Pathways;
- Mental health; and
- Learning disabilities.

Staff and the public were also contributing their views on new models of healthcare within Oxfordshire, including what services could be provided at the Horton General Hospital in Banbury. It was noted that the Trust was working in conjunction with the Oxfordshire Clinical Commissioning Group (OCCG), other NHS organisations within the region, and the Community Partnership Network (CPN) to discuss all possible options.

A formal public consultation was due to take place in the autumn.

Peter Ward, Non-Executive Director, asked whether the Trust had engaged with partners and what the shared clinical vision was between GPs (in primary care) and hospital doctors (in secondary care). The Director of Clinical Services confirmed that both he and the Director of Planning and Information had given presentations to GPs within the region, formally and informally. The North Oxfordshire Locality Group was due to be consulted at a meeting to be held in 2-3 weeks’ time, which would be chaired by Dr Paul Park, a GP and OUH Governor; a seminar was also scheduled for 14 August with local GPs to discuss the transformation programme in more detail.

It was highlighted that the strategic review of the configuration of services, and its potential impact on the Horton General Hospital, was completely transparent and there had been consultation with staff, the public and professional colleagues within and outside of the Trust as options were being developed. Media coverage had not always reported accurately on the information available within the public domain.

The Director of Planning and Information reaffirmed the statements made by the Director of Clinical Services, confirming that consideration of the configuration of services at the Horton General Hospital was embedded within the work being undertaken, led by the Oxfordshire Clinical Commissioning Group [OCCG], to
develop the Oxfordshire Transformation plan. This was reflected in the fact that GPs were involved at both a local and system-wide level.

The Chief Executive then highlighted the following changes in relation to the Trust’s Executive Directors:

- Mark Mansfield, former Director of Finance and Procurement, had left the Trust at the end of May 2016. It was reported that Mr Mansfield had been made an offer of employment within the NHS, details of which were expected to be announced publicly in the near future;
- A new Chief Finance Officer had been recruited and was due to commence in post in October 2016;
- 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) where he had implemented the Cerner system.
- Andrew Stevens, Director of Planning and Information, will become Director of Strategy – his management portfolio in information will transfer over to Peter Knight.

It was noted that the Trust had signed its contract with NHS England which principally covered the Trust’s specialised services. Negotiations were still taking place in respect of the contract with OCCG for local services. The key focus of discussions was transformation of the urgent care pathway for the frail elderly, to enable a more integrated way of delivering care in Oxfordshire.

The result of the recent EU referendum was highlighted, in relation to its expected impact on the ability to recruit and retain staff from within the EU. A letter had been sent to all staff on behalf of the Chairman and Chief Executive, to provide reassurance, and to acknowledge the important contribution provided by both international and EU staff throughout the Trust. Similar assurances had been provided by the Secretary of State for Health, as well as the Chief Medical Officer and Chief Nurse from the Department of Health.

The Board’s attention was drawn to the final published report relating to the incident in the Oxfordshire Breast Screening Service (OBSS) in July 2014. It was highlighted that corrective actions and specific learning had already been incorporated into standard practice.

It was noted that the Trust had recently submitted its full application to National Institute of Health Research (NIHR) for a further five years of funding through the NIHR Biomedical Research Centres Competition. An international review panel will take place on 18 July 2016.

It was reported that the Hill Launch event by Oxford AHSN took place on 22 June. The initiative focused on developing new digital apps to solve healthcare challenges, and the event had been attended by patients, clinicians, designers, researchers and
business leaders. The Trust hosted the initiative, and it was noted that a series of events were due to be held over the summer of 2016.

The Chief Executive also drew the Board’s attention to the following:

- Staff Recognition Awards which would take place towards the end of the year. There was noted to be a rigorous selection process, culminating in a very rewarding event for all staff nominated, given the express recognition of excellence. All Board members were encouraged to nominate staff.

- Ronald McDonald House Charity (RMHC): it was confirmed that planning permission has been granted to construct a new building at the John Radcliffe Hospital to provide overnight accommodation of parents of inpatient children.

The Trust Board noted the Chief Executive’s Report.

TB16/07/07 Patient Perspective

The Chief Nurse presented the story of VB, who had autism, and was 10 years old at the time of admission to the Emergency Department (ED) at the John Radcliffe Hospital, following a scooter accident resulting in a large wound to VB’s leg.

The key learning points identified included:

- the importance of play specialists and the expertise they provide in managing and facilitating treatment of children with learning disabilities as well as allaying the concerns and anxiety of parents; and

- some concern in respect of the knowledge base of staff about autism and learning disabilities in general, particularly as VB had to undergo a second assessment which he may not have needed.

It was noted that VB had taken part in a video in respect of this story, to be used for educational purposes, but permission had not been granted for this to be shown in public.

It was highlighted that staff would receive training from the Autism Society to develop their skills and knowledge in this specialist area.

Professor David Mant, Non-Executive Director noted that this story highlighted wider issues regarding child patients, in relation to the high levels of anxiety they often experience in a healthcare setting. He asked whether this could be addressed on a wider basis. The Chief Nurse stated it was an important point and that play specialists played a key role in diversion strategies for all children as well as acting as a means of support for parents.

Dr Tony Berendt, Medical Director noted that VB had to undergo a second assessment due to one doctor making a treatment plan and another doctor changing it before realising the original plan of action was correct. He submitted that this highlighted the difficulties sometimes encountered in modern clinical practice, where it was not possible to have continuous care and treatment with the same clinician; making it all the more important that clinicians could have faith in the clinical judgements of colleagues.
The Chairman confirmed the importance of the Board viewing the video in private, to provide a better understanding of diagnostic incidents, particularly in respect of patients with autism, given its increased prevalence and familiarity with the condition.

The Trust Board reflected on the patient’s perspective, and noted the key learning points which had been drawn from it.

**TB16/07/08 Quality Committee Chairman’s Report: including Annual Report 2015/16**

Mr Geoff Salt, Non-Executive Director and Chairman of the Quality Committee presented the regular report from the meeting of the Quality Committee held on 8 June 2016, together with the Quality Committee’s Annual Report 2015/16, including revised Terms of Reference for approval of the Board.

It was noted that the meeting of the Quality Committee in August was due to be observed by the Vice-Chairman and Chief Nurse from Frimley Health NHS Foundation Trust, as well as by Governors.

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

- development of the prototype report of key data analytics produced through Orbit+ software linked to metrics in the Quality Report. The Deputy Medical Director had produced the first set of 5-7 key metrics and further data was expected at a subsequent meeting of Quality Committee; the aim being to identify whether pressures in the system are having an adverse impact upon quality of care;
- outcome of the junior doctors’ national ballot relating to their contract;
- consideration of the constant challenge of gaining assurance as to whether the Trust was learning from patient experiences; and

Some improvement had been noted in issuing discharge summaries before or within 24 hours of discharge, but concerns were expressed that the Trust was still not managing to address this important issue adequately. The Director of Planning and Information noted that this was also being tackled through the “Focus on Excellence” project.

It was reported that Mr Geoff Salt and the Director of Assurance had attended a Cleaning Audit, which was found to be immensely beneficial in identifying action taken, and what were the fundamental issues that needed to be addressed. It was highlighted that staff needed to take more ownership of what was done on and around wards, even if certain work was contracted outside the Trust.

The Trust Board received and considered the regular report from the Quality Committee.

The Trust Board received and considered the Quality Committee’s Annual Report 2015/16, and approved the revised Terms of Reference.
TB16/07/09 Quality Report

The Medical Director introduced the report, which included an update on the Trust’s Quality Priorities, noting that progress had been made in medicines’ safety and in improved recognition, prevention and management of Acute Kidney Injury (AKI).

The recently published NICE Guidance on sepsis ("Sepsis: Recognition, diagnosis and early management") was being integrated into the work stream, with an electronic sepsis screening tool having been designed and implemented for adults to replace the paper screening tool in ED and EAU, as part of the SEND project to monitor vital signs together with a sepsis triggering score, which would provide immediate advice on whether a patient required urgent medical attention.

Improvements were reported in relation to the endorsement of results on EPR and e-messaging within 24 hours of discharge. The latest data for May 2016 showed that 76.4% of discharge summaries were sent before or within 24 hours of discharge, increased from 73.3% reported for April. There had also been an improvement in results endorsed on EPR, with 74.7% endorsed within 7 days.

The Medical Director confirmed that a Never Event had been declared on 20 June, when a patient had received an incorrect optical lens insertion during cataract surgery. This had been corrected before the patient left theatre. The outcome of a full root cause analysis was awaited.

An upsurge in the number of C.Difficile [C.Diff] cases had been noted in May, when 11 cases had been reported against an internal monthly ceiling of 6. These cases were not related in space or time. Genomic research was being undertaken.

The Medical Director highlighted the impressive results of national audits presented at the Clinical Effectiveness Committee, which included:

- Improvements in the National Diabetes Inpatient Audit (NaDIA). This was encouraging given there had been some concerns within this area.
- TARN Clinical Report indicated a reduction in the length of stay for all patients and the number of patients readmitted to critical care had reduced.
- Lung Cancer – Oxford has the highest resection rates for lung cancer with no excess deaths in England. The Oxford model had been presented nationally as an exemplar centre.

Overall, the Medical Director pointed to encouraging improvements in the quality metrics.

Discussions then turned to the sections of the Quality Report produced by the Chief Nurse, relating to:

- Patient experience;
- Nursing and Midwifery safe staffing; and
- Patient Advice and Liaison Service [PALS] and Complaints.

In relation to the Friends and Family Test [FFT], it was reported that the Emergency Departments [ED] FFT feedback showed a slight decrease in the percentage of those that would recommend care from 83% in April to 81% in May. There was also a decrease in the recommend status on in-patient wards in May. Strategies implemented to support improved practice and patient experience included:

- More information leaflets available in department;
- New notice boards explaining waiting times and patient flow;
- New departmental signage has been ordered; and
- Improvements to vending machines (coffee and healthy snacks).

The Trust received the highest response rate for EDs in the Thames Valley Area, however, the response rates for maternity FFT had decreased from 19% in April to 12% in May; though there had been an increase in recommend rates to 98%.

In relation to PALS and Complaints, it was highlighted that there had been a decrease in the total number of complaints received in May. In this reporting period, NOTSS Division had received the highest level of complaints across the Trust (at 41.5% of the total complaints). Concerns persisted in relation to the quality of outpatient administration, although some improvement was being seen though roll-out of the direct booking system.

Reports on nurse safe staffing levels reflected a shortfall in recruitment of nursing staff experienced in paediatric oncology and neurosurgery, mitigated by the closure of beds on an intermittent basis.

In discussion of the Quality Report, Mr Peter Ward, Non-Executive Director, asked whether the level of complaints received by the NOTSS Division reflected any systemic problem. The Medical Director acknowledged that the NOTSS Division was an extraordinarily busy service, which included the majority of surgical specialties. It served a high volume of vulnerable patients, and had come under increasing pressure due to demographic growth. The complaints received were not linked to SIRI, and while it was true that the most recent Never Event had occurred in ophthalmology, the majority of Never Events did relate to surgical incidents. It was not thought that the complaints reflected any systemic problem in NOTSS, though the need for individual vigilance was emphasised, to deliver absolute reliability.

Professor Sir John Bell, Non-Executive Director highlighted the paradigm shift in ophthalmology within the last eight years, and suggested that the medical developments in treatments had not been matched by the resources provided.

Professor Bell raised a further point in relation to the rate of compliance with guidelines for antibiotic prescribing, and was assured that antimicrobial stewardship would link into CQUINs.

Mr Christopher Goard, Non-Executive Director noted that, while the total number of newly acquired pressure ulcers had been dropping, it had increased by a third since May. The Chief Nurse confirmed that this was directly related to an increase in activity, and it was hoped that the increase would be reversed.

The Chairman noted the striking statistic relating to patients who were admitted to the Surgical Emergency Unit (SEU) that did not require surgery (74%), and the Director of Clinical Services confirmed that this was broadly consistent with the national average conversion to theatre of 70% / 30%.

The Chairman noted that the CQC had notified Trusts that it would be carrying out an investigating deaths survey to explore how Trusts identify, report, investigate and learn from deaths of people using their services. The Trust’s response would be provided to the Quality Committee and circulated to the Board when available.

The Trust Board received and considered the Quality Report.
TB16/07/10 Finance and Performance Committee Report: including Annual Report 2015/16

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 8 June 2016, together with the Finance and Performance Committee’s Annual Report 2015/16, including the revised Terms of Reference for approval of the Board.

He confirmed that the Committee was systematising its information and reviewing the way in which this was presented in order to identify the trends that were driving consideration of the risks associated with finance and performance as well as its accountability on delivering transformation. Thanks were given to Ms Maria Moore, Interim Chief Finance Officer for the work she had undertaken.

The following issues of particular interest were highlighted:

- A revised trajectory on performance against access targets had been updated in line with revised national guidance. Progress against the trajectories for performance in relation to access standards will be monitored throughout the year;
- An updated assessment relating to finance performance on earnings before interest had been undertaken. Information was by division in order to have accountable budget holders within divisions, which was proving to be culturally challenging;
- Performance against the A&E 4 hour standard showed an improvement at 87.55% in April, against an expectation of performance at 85.6%;
- The Trust was reporting an EBITDA of £5.55m, against the plan of £5.51m, with a favourable variance of £40k, however, given the changes the Trust was due to undergo in the next year this was been monitored closely.

Some of the areas which the Committee will be focusing over the next three months include:

- The integrated performance of the Trust;
- Capital prioritisation for the Trust 2016/17;
- Monitoring of performance against divisional budgets and transformation plans with clear accountability for financial performance against the budget holder; and
- Delivery against revised trajectories for improved operational performance and the delivery of access standards.

The Trust Board received and considered the regular report from the Finance and Performance Committee.

The Trust Board received and considered the Finance & Performance Committee’s Annual Report 2015/16, and approved the revised Terms of Reference.

TB16/07/11 Integrated Performance Report Month 2

The Director of Clinical Services presented the report, in which the following key issues were highlighted:
There was concern regarding the increased activity in admissions and attendances at A&E – non-elective admissions were up 10% on May in the previous year and nearly 10% up on the previous month. The normalised position was reported at 3-4%.

Delayed transfer of care (DToCs) had continued to reduce within the Trust itself – the number of patients delayed was running at 60 but varied from 58-60. The downward trend demonstrated the service changes taking place with the ED and Wards. There had also been recruitment of 52 whole time equivalent (WTE) Support Workers (as mentioned by the Chief Executive) who would be fully operational within the Discharge Service by mid-August following their induction.

The Oxfordshire Clinical Commissioning Group (OCCG) had been supportive with a £900,000 investment in the hub. This was fully operational and a single manager would be appointed in the future reporting to the MRC Divisional Head of Nursing and Governance.

The aim remained to decrease DToCs by a further 50%.

The Trust was reported to be meeting standards required of it to receive "general" Sustainability and Transformation (STP) funding.

Staff recruitment had improved since January and the vacancy rate was reported at 3.6%, but turnover was still increasing.

Professor Bell suggested that the full effects of the result of the EU referendum on the Trust’s finances would need to be considered by the Finance and Performance Committee.

The Trust Board received and considered the Integrated Performance Report.

TB16/07/12 Financial Performance to 31 May 2016

The Interim Chief Finance Officer presented the report, informing the Board of the Trust’s financial position for the first two months of the financial year 2016/17.

Key points highlighted included:

- At the end of month 2, the Commissioning income was £1.4m below plan; however caution was emphasised as traditionally there are uncertainties associated with Commissioning income at month 2. These uncertainties had been further compounded by the junior doctors’ industrial action in April, with the loss of elective activity estimated to be circa £1.5m.

It was noted the quarterly average pay expenditure since April 2015 had shown a flat run rate and two factors were noted to have caused this:

- Agency spend was ahead of trajectory by £1m.
- Divisional delivery had been understated.

Cash flow was reported to have decreased by £10.53m in the month of May to £66.73m. The decrease was noted to be related to payment runs exceeding income received, due to lower than anticipated income from commissioners and outstanding VAT receipts from HMRC rather than activity delivered.
It was reported that the Trust was behind on the capital programme with gross capital expenditure at £1.42m year to date for May compared to a plan of £5.92m. The slippage was noted to be due to expenditure plans rather than project underspends.

The Trust Board received and considered the report on financial performance.

**TB16/07/13 NHS Improvement Review of Performance**

The Interim Chief Finance Officer presented the report, and highlighted the following points:

- The Financial Sustainability Risk Rating (FSRR) submitted for May included metrics being gathered by NHS Improvement as part of their follow-up to Lord Carter’s review of productivity and efficiency in the NHS. The report would be taken to the Board’s sub-committees in due course.
- A site visit took place in May to examine the Trust’s financial plan for 2016/17. At the time of report, formal written feedback was awaited.
- The FSRR for period to 31 May 2016 is 3.

The Trust Board noted the report, including the Financial Sustainability Risk Rating for period to 31 May 2016.

**TB16/07/14 Audit Committee Report: including Annual Report 2015/16**

Mrs Anne Tutt, Non-Executive Director and Chairman of the Audit Committee presented the regular report from the meeting of the Audit Committee held on 25 May 2016, together with the Audit Committee Annual Report 2015/16, including revised Terms of Reference for approval of the Trust Board.

She reported the Committee’s primary focus at its meeting on 25 May 2016 had been to review and make recommendation to the Trust Board on whether to adopt the Annual Accounts for 2015/16. It was noted two sets of accounts had been audited: the first document covering the period from 1 April 2015 to 30 September 2015 prior to the authorisation of foundation status and the second document covering the period from 1 October 2015 to 31 March 2016 when the Trust had been authorised as a Foundation Trust.

It was noted that the Head of Internal Audit [KPMG] had given “significant assurance” on the overall adequacy and effectiveness of the organisation’s framework of governance, risk management and control, which was considered very encouraging.

The External Audit [Ernst & Young] was reported as very satisfactory and no significant issues had been raised.

All teams involved were given thanks for their work and the resulting positive outcome for the Trust.

The Trust Board received and considered the regular report from the Audit Committee.

Mrs Anne Tutt also drew the Board’s attention to the Audit Committee Annual Report 2015/16, and the revised Terms of Reference.
Key points highlighted included:

- 100% attendance record for the members of the committee and therefore all meetings were quorate;
- There were areas of limited assurance following an internal audit but it was noted this may have been due to the auditors looking at more clinical matters than in previous years; it highlighted the importance of operational issues that needed to be addressed.
- Updates from the Counter Fraud Service showed controls were in place and that minor recommendations needed to be actioned in the upcoming year.

It was noted that the cycle of business 2016/17 had been erroneously omitted and it was confirmed that this would be included in future reports.

The Trust Board received and considered the Audit Committee’s Annual Report 2015/16, and approved the revised Terms of Reference.

**TB16/07/15 Trust Management Executive Report: including Annual Report 2015/16**

The Chief Executive presented the regular report to the Board on the main issues raised and discussed at meetings held in May and June 2016.

The Director of Planning and Information was invited to provide an update on work undertaken in relation to the key theme of Focus on Excellence, as part of the OUH Strategic Review, within which the Clinical Reference Group [CRG] had raised the following points:

- Clinical inter-dependencies had to be recognised; and
- World class centres of excellence could only be built on a sound foundation of excellence in core services.

The Trust Board received and considered the regular report from TME.

The Trust Board received and considered TME’s Annual Report 2015/16, and approved the revised Terms of Reference.

**TB16/07/16 Inpatient Survey 2015**

The Chief Nurse presented this report, highlighting that the response rate had been slightly higher than the national average, and the Trust was measuring about the same as other Trusts on the highest and lowest scoring questions.

The Chief Nurse drew the Board’s attention to the fact that patients were asked to complete the survey six weeks’ post-discharge, raising some question about the reliability of detailed recollection.

Concern was expressed in relation to “Q67: Did staff tell you told who to contact if worried about condition/treatment once home?” as the Trust had received a marked decrease on performance score, indicating patients do not feel safe if their condition deteriorates once home.
It was noted that the percentage of call bells answered within two minutes was 45% in 2014 and 52% in 2015. The percentage of call bells answered within five minutes remained the same at 83%. Although this brought the Trust closer to the national average, Professor Mant challenged the lack of sufficient improvement.

It was confirmed that the Trust priority for 2016/17 was reducing noise at night from both staff and patients. Key strategies being implemented were reported to include:

- The Trust’s Critical Care Departments have given a grant to research noise in Critical Care Units. Doctors with the Trust will implement the “Sleep Sure” project which involves trialling the use of eye masks and ear plugs over a period of 10 weeks to aid patient sleep, and therefore their recovery; and
- ICU will trial headphones and monitor decibel readings for staff.

It was highlighted that improvements in nutrition and hydration were part of the Commissioning Quality and Innovation [CQUINS] Programme for 2016/17.

The Trust Board received and noted the contents of the National Inpatient Survey 2015.

TB16/07/17 Update on End of Life Care Strategy

The Medical Director presented this paper, providing an update on the strategy for developing and sustaining high standards of care for patients at the end of life, seeking the Board’s approval to enact the strategy and presentation of an Annual Report 2015/16 and Annual Plan 2016/17 to the Quality Committee in August.

It was highlighted that a significant amount of work had been undertaken on this aspect of care for a long period of time, both strategically and operationally. The Board’s attention was drawn to the document Priorities of Care for the Dying Person which set out a framework of five priorities, which clinicians should address to ensure systematic quality care. It was confirmed the strategy was built to mirror the five priorities of care of the dying person in order to mirror individual clinical and organisational action.

Mr Salt asked how the Trust would be able to measure whether the strategy’s aims had been achieved. The Medical Director confirmed this would be monitored though National End of Life audits, patient experience and family tests (internally) and KPIs would be developed to provide an overall analysis.

Professor Mant suggested that KPIs should be incorporated into the strategy. This was resisted by the Medical Director, on the grounds that the monitoring of KPIs was an operational issue, and the Chairman suggested that the operational proposal could constitute an appendix to the Strategy, before it was submitted for further consideration by the Quality Committee at its meeting in August 2016.

The Trust Board approved the End of Life care strategy and submission of the Annual End of Life Care Report 2015-16, and End of Life Care Plan 2016-17.

The Director of Clinical Services presented this regular report, highlighting a summary of minor changes to the Major Incident Policy, Business Continuity Policy and Hospital Evacuation Policy, following the annual review process.

It was noted that the development of Trust plans had been informed by debriefs held after a number of “live” internal and external emergencies, including the loss of heating at the Churchill Hospital, continued planning for infectious pathogens (i.e. ZIKA virus, Middle East Respiratory Syndrome [MERS] and Viral Haemorrhagic Fever [VHF]), the building collapse at Didcot Power Station, and a response to a suspicious package.

The Trust Board endorsed the Annual Report and approved the revised EPRR policies as summarised.

TB16/07/19 NIHR Clinical Research Network [CRN]: Thames Valley and South Midlands Progress Report

The Medical Director presented the report, notifying the Board of the significant improvements made to increase the efficiency in the initiation and delivery of clinical research. Overall, recruitment performance across the 6 Divisions and 30 Specialities in 2015-16 was above expectations with over 44,000 participants recruited to studies, exceeding the LRCN target of 40,000, the highest recruiting network per head of population, despite funding being the lowest of the Local Clinical Research Networks [LCRN] per patient.

A remaining priority for 2016-17 is increasing participation in commercial Portfolio studies across the region as the LCRN is one of the lowest recruiting regions.

The Annual Plan 2016-17 (Appendix 2) was noted to be a standardised template and sets out the priority activities to support the delivery of the plan which has set an overall target of recruitment of 43,000. It was confirmed the NIHR had approved the plans which reflected the good standing of functioning of the network.

The Trust Board noted and approved the Annual Report.

TB16/07/20 Equality, Diversity and Inclusion Annual Report 2015/16

The Interim Director of Organisational Development [OD] and Workforce presented the report, to provide assurance to the Board that the Trust was compliant with its responsibilities under the Equality Act 2010 and, in particular, the public sector equality duty. Progress made towards achieving the Trust’s equality, diversity and inclusion objectives was highlighted, and the key priorities for 2016/17 were identified.

The methodology of the new mandatory requirements for reporting on Equality Delivery System 2 [EDS2] and the Workforce Race Equality Standard [WRES] was highlighted, noting that a patient panel had been chaired by the Chief Nurse and attended by 40 members of the public, patients and Foundation Trust members and Governors. A workforce panel had been chaired by the Interim Director of OD and Workforce. Two meetings were held with the panels on the day: the initial meeting to
grade the Trust on its performance and the second to identify and reassess gaps in the evidence.

Reference was made to Appendix 3 – Public and Workforce Grading Outcomes, in particular the red outcome for Goal 4: “Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.” The results of staff surveys had also indicated ongoing problems in respect of discrimination. It was confirmed that action had already being taken in the form of Bullying and Harassment Support Colleagues, statutory and mandatory training in Equality and Diversity and a specific suite of training for line managers on addressing bullying and harassment.

The Chairman requested an update on the action plan to a future meeting of the Board, upon the return of the Director of Organisational Development and Workforce.

Action: MP

The Trust Board approved the Equality, Diversity and Inclusion Annual Report, for publication via the Trust website.

TB16/07/21 Consultant Appointments and Signing of Documents

The 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. It was noted that twenty-two appointments had been made.

Mr Geoff Salt, Non-Executive Director stressed the importance of value-based interviewing, in which the Young People’s Executive [YiPpEe] had been involved.

The Trust Board noted the report.

TB16/07/22 Any Other Business

Junior doctors’ contract

The Director of Clinical Services highlighted that, following the result of the recent ballot, the Secretary of State for Health would implement the new revised contract from 1 October 2016. Letters had been sent to junior doctors due to start in August so that they were reassured an offer of employment stood.

Freedom to Speak Up Guardian

The Chairman highlighted that interviews would be taking place on 12 August 2016, for the post of the Freedom to Speak Up Guardian.

TB16/07/23 Date of the next meeting

A meeting of the Board to be held in public will take place on Wednesday 14 September 2016 at 10:00am in the Training Room, at the Horton General Hospital.

Signed…………………………………………………………

Dated…………………………………………………………