Trust Board

Minutes of the Trust Board meeting held in public on Wednesday 9 November 2016 at 10:00 in Meeting Rooms 1-3, Haematology and Cancer Centre, Churchill Hospital.

Present: Dame Fiona Caldicott FC Trust Chairman
Dr Bruno Holthof BH Chief Executive
Mr Paul Brennan PB Director of Clinical Services
Dr Tony Berendt TB Medical Director
Mr Alisdair Cameron AC Non-Executive Director
Mr Jason Dorsett JD Chief Finance Officer
Mr Christopher Goard CG Non-Executive Director
Mr Peter Knight PK Chief Information and Digital Officer
Professor David Mant DM Non-Executive Director
Mr Mark Power MP Director of Organisational Development and Workforce
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 Andrew Stevens AS Director of Planning & Information
Mr Geoffrey Salt GS Vice Chairman & Non-Executive Director
Mrs Anne Tutt AT Non-Executive Director

In attendance: Ms Susan Polywka SP Head of Corporate Governance and Company Secretary
Professor Keith KC Professor of Cardiovascular Medicine / Channon Consultant Cardiologist
Ms Janice Smith JS Governance Consultant, Capsticks
Mr Moosa Patel MP Head of Governance, Capsticks

Apologies Professor Sir John Bell JB Non-Executive Director

The minutes are produced in the order of the agenda

TB16/11/01 Apologies and declarations of interest

Apologies for absence had been received from Professor Sir John Bell, Non-Executive Director, who was attending the opening of the Crick Institute in London.

The Chairman welcomed Governors, Members, public and staff to the meeting. A warm welcome was extended to Derek and his daughter, who had helped to produce the patient story, reflecting experience in relation to the diagnosis of dementia of his wife Joan, discussion of which is noted under TB16/11/08 below.

Mr Jason Dorsett, Chief Finance Officer, was also welcomed to his first formal meeting of the Trust Board.

No declarations of interest were made.

TB16/11/02 Minutes of the meeting held on Wednesday 14 September 2016

The minutes of the meeting held on 14 September 2016 were approved as a true and accurate record of the meeting.
**TB16/11/03 Matters Arising from the minutes**
There were no matters arising that were not identified on the Action Log or agenda.

**TB16/11/04 Action Log**
The Board reviewed the status of actions recorded on the Action Log, and received the following update:

**TB16/03/17 Local Living Wage Proposal**
The Director of Organisational Development [OD] and Workforce provided an update relating to the impact of the local living wage on recruitment and retention of the Trust’s lowest paid members of staff.

A minimum hourly rate of £8.07 had been implemented for over 1,000 of the Trust’s lowest paid staff members. It was reported that 6 months after the implementation of the scheme the turnover of this staff group had stabilised; and therefore, the implementation of the Living Wage could, to date, be considered to have had a positive impact.

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

**TB16/11/05 Chairman's Business**
The Chairman reported on the meeting of the Council of Governors held on 20 October 2016, in Bicester, which had been attended by 14 (out of 29) Governors – including 1 (of 2) newly elected public Governors (for the constituencies of South Oxon and West Oxon respectively).

It was preceded by a Focus Group led by Capsticks Governance Consultancy, to give the Governors the opportunity to feed into the Board Review.

Business considered by the Council of Governors was reported to have included:

- An update from the Young People’s Executive, which included a report on the success of the YiPPee sponsored work experience programme;
- A review of Governor vacancies and the electoral system;
- Report from the Audit Committee (presented by the new Chief Finance Officer); and
- Consideration of the role of Lead Governor (further discussion of which was referred to the Joint Seminar held between the Council and the Board on 26 October).

The Chairman also reported that an unannounced Care Quality Commission [CQC] inspection had taken place in early October, which focused on the Emergency Department and Theatres at the John Radcliffe Hospital.

It was noted that a full draft inspection report was awaited from the CQC, but an overview of preliminary findings indicated much that was encouraging, including findings of a very strong positive learning culture in the Trust.

**TB16/11/06 Chief Executive’s Report**
The Chief Executive presented his report, welcoming the Chief Finance Officer, Mr Jason Dorsett who had joined the Trust in October, having latterly been the Director of Finance, Reporting and Risk at Monitor.

It was noted that this would be the last Trust Board meeting in public attended by Mr Andrew Stevens, the Director of Strategy and Planning, who was due to step down.
from the Board in January 2017; he would still continue to make a valuable contribution to the Trust in a continuing part-time role.

The recent Joint Seminar held between the Council of Governors and members of the Trust Board on 26 October was noted to have been constructive, with good engagement from all who attended. The benefits of joint working between Governors and Board members within an appropriate framework were recognised, and further on-going dialogue was to be promoted.

The Chief Executive also drew attention to the major operational change to the care delivered to Oxfordshire patients in their own homes following a merger with the Oxford Re-enablement Service previously run by Oxford Health NHS FT. The new Home Assessment Reablement Team [HART] had been launched in October to enable patients to leave home once medical needs were stable, or to remain at home after a minor accident or illness, rather than be admitted to hospital. It was expected this would continue to decrease the delays in transfer of care [DTocs].

Other issues highlighted by the Chief Executive included:

Following review of the recruitment situation regarding middle grade obstetric doctors in October, to ascertain whether there would be sufficient numbers to allow the obstetric-led unit at the Horton General Hospital [HGH] to re-open in January 2017, it was confirmed that it would not be possible to re-open the obstetric-led unit in January 2017, and therefore, the midwifery-led unit [MLU] contingency plan would remain until March 2017 whilst recruitment efforts continue.

It was noted that Oxford City Council had granted planning permission to commence work on the Energy Link carrying hot water, electricity and data between the John Radcliffe and Churchill Hospitals, on 28 November 2016. The OUH Estates Team and Vital Energi had been working to ensure the Energy Link work was well coordinated. A comprehensive communications programme had been planned to inform residents in Headington, patients, staff and key stakeholders.

The first phase of the OUH ‘Master Plan’ Estates Strategy to offer “Best Space for Patients” had been implemented in September/October, moving groups of OUH staff from Human Resources and Finance Departments to the new OUH@Cowley offices.

The National Institute for Health Research [NIHR] had awarded NIHR Oxford Biomedical Research Centre [BRC] a further five years of funding of £113.7m from 2017 – 2022. This was noted to be a significant increase of almost £10m, supporting research themes and delivering benefits to patients.

In discussion of the Chief Executive’s report, Mr Peter Ward, Non-Executive Director noted that staff had now been relocated to OUH@Cowley, and sought an update on whether there was a shuttle service between this and the other Trust sites, and whether space had been made available for staff to use when on cross-site visits. The Chief Nurse reported that it was more cost effective (at present) to use taxis on account, given that only 100 staff had moved at this stage. However, transport services would be reviewed at a later date to establish whether it would be financially feasible to have a shuttle service extended to the OUH@Cowley site. It was also confirmed that a dedicated space had been identified at Manor House on the John Radcliffe site, for the use of staff travelling from OUH@Cowley.

Mr Geoff Salt, Non-Executive Director asked the Director of Clinical Services to expand on the benefits of the HART initiative. Mr Brennan confirmed that HART provided an integrated service that adhered to a single set of protocols. Oxfordshire
County Council had commissioned 60% of service support for patients leaving bedded care and 40% for GPs to refer in, so that patients could be managed at home without admission. A significant recruitment campaign was underway and it was hoped and expected that the service would be operating on this 60/40 basis by March 2017.

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

**TB16/11/07 Update on obstetric and neonatal services at the Horton General Hospital [HGH]**

The Director of Clinical Services provided an update on the status of obstetric and neonatal services at the HGH, summarising the current situation in respect of recruitment.

It was reported that three Clinical Research Fellows were currently in post, though one was due to leave by the end of the calendar year. The latest completed recruitment round had resulted in four doctors being shortlisted and invited for interview; two of the four doctors had not attended, and following interviews one doctor had been offered a post. This doctor was due to start in February 2017. Another doctor who had been previously been offered a post, and who had been due to commence in November, had asked for time to reconsider their position.

A further recruitment round was on-going, with an advert having been placed in the British Medical Journal [BMJ] on 7 October 2016 which had closed on 26 October 2016.

The expectation was that there would be no more than four doctors in post by mid-to-late November 2016, out of the nine required to maintain the rota.

Based on the current Obstetric Trust grade doctors’ position, the Trust Management Executive [TME] had decided to retain the Midwifery-Led Unit [MLU] at the HGH until 5 March 2017, on the grounds of patient safety.

It had been agreed that the position would be reviewed again before the end of December 2016 to determine if it would be feasible to reopen obstetric services beyond 5 March 2017. Whilst every effort was being made to recruit middle grade obstetric doctors with rolling adverts, the market nationally was noted to be very challenging at present. There had also been significant challenges recruiting into the Deanery, with a 24% vacancy rate reported for posts which did have training recognition.

Mr Chris Goard, Non-Executive Director asked whether the Trust was doing enough to communicate progress in the on-going recruitment campaign. The Director of Strategy and Planning confirmed that regular monthly updates were provided on the Trust website. The Trust was also in communication with specific groups including the Community Partnership Network [CPN], representatives of the ‘Save the Horton’ campaign group and North Oxfordshire General Practitioners.

Mrs Anne Tutt, Non-Executive Director asked for clarification of the position in relation to the recruitment of nurses to staff the Special Care Baby Unit [SCBU]. The Director of Clinical Services confirmed that 12 whole time equivalent [WTE] nursing staff would be required to re-open the SCBU at Horton General Hospital [HGH]. There were 10 SCBU nurses currently in post. These staff members had been redeployed following the temporary suspension of SCBU at HGH, and the Trust was
working with them to establish their long-term career plans. A recruitment campaign was on-going.

Professor David Mant, Non-Executive Director noted the increased pressure on maternity services at the JR due to the temporary suspension of obstetric-led services at the HGH, and observed that the report of safe staffing levels on the Delivery Suite seemed to reflect a service under increasing pressure. The Chief Nurse reminded the Board that the dashboards within the Quality Report showed the position before mitigating measures were taken, and didn't reflect how staffing pressures were alleviated by the movement of midwifery staff within the hospital and community teams.

The Medical Director asked how individual members of staff were coping with the pressure from those opposed to the temporary suspension of services, and emphasised the importance of ensuring that the pressure exerted did not undermine the maintenance of recruitment standards. Only those doctors who met the appropriate standards and skills required could be appointed. The Director of Clinical Services agreed that the management of external pressures presented a challenging situation, and noted that this matter was due to be discussed at the next Community Partnership Network [CPN], where he would be urging that any campaign be directed at the Trust, and not at any individual member of staff.

In relation to the maintenance of recruitment standards, the process was being overseen by two senior obstetricians, and the advertisements made clear the level and experience required for appointment to the posts. All appointments would be subject to an eight week period of supervision and induction at the JR so that assurance could be provided that any doctor appointed could operate single handedly at HGH.

The Trust Board received and noted the update.

TB16/11/08 Patient Perspective

The Chief Nurse presented the account of a patient’s perspective, with thanks to Derek (Mr S) and his daughters, Sue and Heather for organising and taking part in production of a film (the link to which was provided in the paper), describing his wife Joan’s (Mrs S) diagnosis of dementia, her care and treatment.

The story highlighted the life that Joan had lived prior to her diagnosis, and the experience and knowledge that had been gained by Derek and his family during her illness.

It was noted that Derek and Joan had both had strong ties with the Trust, having been volunteers at Sobell House. Joan had been diagnosed with dementia in August 2008 at the age of 83 and sadly died shortly after undergoing an operation. In the film Derek made two key comments that he found important to recognise when caring for someone with dementia: “…don’t ask questions and they are always right.”

The film was noted to be very moving and the opportunities it had provided as a teaching tool were outlined, which included:

- Changes in the type of training used for staff
- Carers providing finger food for patients
- Tools to improve patients’ reminiscence through the use of Dementia Reminiscence Machines [DRMs]
Mr Ward asked whether the messages from patients’ stories were consistently being communicated across the Trust, and emphasised the importance of Trust-wide engagement. The Chief Nurse confirmed that this patient’s story had acted as an important learning tool, to encourage improvement in the rate of dementia screening, and the increased use of dementia friendly spaces, with additional support now being provided following the appointment of a dedicated Quality Improvement Dementia Nurse. Thanks to Derek’s willingness to share his experiences at Grand Rounds on all the hospital sites, the lessons learned from his and Joan’s story had been very powerfully and movingly shared with staff, to put the spotlight on care for people with dementia. The film would continue to be used as a powerful learning tool for staff, helping the Trust to ensure that the needs of people with dementia, their families and carers, were met with compassion, understanding and empathy.

Mr Salt suggested that the creation of further dementia friendly spaces should be considered within the long term estates strategy. Reference was also made to utilising the services of the Psychological Medicine Team, particularly in supporting staff and carers of patients diagnosed with dementia.

Alisdair Cameron, Non-Executive Director observed that the latest available data reported in the Quality Report showed that only just over 60% of patients aged >75 admitted as an emergency were screened for dementia (a national standard), and performance against the standard for dementia diagnostic assessment and investigation was reported at just under 89%. He questioned whether these were the right metrics, and suggested that it was important to know that care had been appropriate after the identification of dementia.

The Director of Assurance agreed that care for patients with dementia should go far beyond screening, and reported that findings of the Peer Review programme (with 12 out of 18 peer reviews completed at the time of report) did indicate an increased awareness and follow-up, since the implementation of dementia screening.

At the Chairman’s invitation, Derek commented that he had observed an immense improvement in staff awareness, and care of patients with dementia, since 2008.

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

**TB16/11/09 Quality Committee Chairman’s Report**

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 12 October 2016.

He highlighted the Committee’s discussion of key risks, including those relating to breaches of the Ionising Radiation [Medical Exposures] Regulations, in respect of which compliance with the Improvement Notice issued will be reported in due course.

Other issues highlighted included the level of complaints related to medical care, as reported in the Complaints and Patient Experience Annual Report 2015/16, in respect of which further analysis is to be undertaken. It was hoped that future reports could provide a complete analysis of all the information available to the Trust on the experience of patients and families, including compliments, which were rarely acknowledged within these reports.
It was noted that future business of the Committee would include an update on Tissue viability, and any issues raised by the regulators, NHS Improvement or CQC.

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

TB16/11/10 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:

- 10 out of 32 quality metrics had deteriorated since the last reporting cycle or were red due to breaching of the annual threshold, which included the number of hospital acquired thromboses identified and judged as potentially preventable.
- The number of Serious Incidents Requiring Investigation [SIRI] declared in September was reported to have increased, and the number of SIRI completed was equal to the previous month.
- Candida auris had recently been identified as a fungal pathogen with the ability to cause outbreaks, following which the Trust had conducted a search of C.auris isolates over the last 2 years, establishing that the majority of cases (4/5 in total) had spent time on Neuro ICU in 2015. Surveillance would now include full inspection of C.auris isolates and Public Health England had been made aware.
- An update was provided in respect of the Patient Experience Team’s projects, including one related to the Oxford Eye Hospital [OEH], focused on review of patient administration and car parking.
- Overall, Unify data showed the Trust had met safe staffing requirements in nursing in September 2016, since when a further 24 new starter midwives had taken up post.
- The Trust continued to submit Care Hours per Patient Day [CHPPD] data monthly with the Unify data, with efforts continuing to improve the accuracy of the patient bed board, and consequently of the CHPPD data, which was determined by the number of nursing hours divided by the number of patients in each ward at midnight.
- Late notice staff sickness in Children’s and Women’s Division had impacted on reduced levels of staffing which was a challenge to mitigate. However workloads were being continually reviewed and Senior Midwifery teams were actively monitoring and implementing the escalation policy; moving staff from the community and rotating them into JR Maternity Unit to increase acuity.

The Director of Assurance commented on the recent unannounced CQC visit, explaining that there had been a change in process from whole hospital inspections to unannounced inspections targeted on areas of risk identified in a previous inspection, or subsequently. Given that the preliminary findings had been largely positive, it was hoped that specific areas at the JR which had been rated as “requiring improvement” might be upgraded to “good” when the CQC issued its report, which was expected by the end of the year.

In discussion of the Quality Report, Professor Mant expressed some concern at the number of hospital acquired thromboses identified. The Medical Director confirmed that rigorous standards were applied to avoid hospital acquired thrombosis, and the hospital acquired thromboses [HAT] screen was required to be completed in every instance, to determine whether a VTE had been avoidable.
Professor Mant also voiced disappointment that there had been insufficient improvement in the timely issue of discharge summaries and in the endorsement of clinical test results. The Medical Director confirmed that efforts continued to be focused on delivering greater improvement, with a series of deep dives having been undertaken in three of the worst performing clinical areas, to identify and address the root causes of poor performance. A more targeted approach had been agreed with Commissioners, supported by the better management of Electronic Patient Record [EPR] data, though the pace of improvement was slower than anticipated.

The Chief Information and Digital Officer emphasised that implementation of the “Go Digital” programme would provide more integration of information with GPs, ensuring a more robust EPR system. The Director of Clinical Services also highlighted that GPs now had a 24 hour access line to the ambulatory care team, access to which was being monitored on a daily basis.

Mr Ward remarked upon the evident underperformance reported in the Cleaning Audits. He also raised concerns in respect of the clinical audit relating to theatre access which had decreased from 92% to 62%. The Medical Director stated a new electronic booking system had been introduced to allow better access to theatres. The Director of Clinical Services emphasised two programmes that were currently being piloted, which focused on productivity and identifying theatre speciality to the individual consultant(s). It was estimated this would improve productivity by 21%, with out of hours work incorporated into the existing theatre lists. This was to be monitored through report to the Trust Management Executive, and subsequently the Quality Committee.

Action: PB

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

**TB16/11/11 Complaints and Patient Experience Annual Report 2015/16**

The Chief Nurse presented this report which had been considered by the Quality Committee at its meeting in October 2016.

The following points were highlighted:

- Patient stories were noted to have the most impact when produced collaboratively with all parties, including action plans for improvements. These were increasingly influencing clinical practice.
- Attention was drawn to the CQC National Patient Survey Programme. The Trust’s performance was in line with the national average, with the exception of “noise at night from staff.”
- The Young People’s Executive [YiPpEe] had been revitalised in November 2015 by the Project Lead and Safeguarding Children’s and Patients’ Experience Lead.
- The Trust was trialling Activity Coordinators to improve the experience of those patients with dementia, cognitive impairment and delirium.
- It was reported that PALS had been under considerable pressure during the year, partly due to the difficulties in recruiting to vacant posts. Concerns had been raised by HealthWatch, Patient Voice and Locality GPs regarding the difficulty in accessing PALS. The service was noted to be over 20 years old and one of the quality priorities for 2016/17 was to review the service and its processes.

Mr Ward suggested that the Patient Experience team’s projects provided an opportunity for engagement with Governors, and the Chief Nurse confirmed that two Governors were involved with the Oxford Eye Hospital project. Mr Salt emphasised
the need to engage further with the range of groups involved in partnership working to identify common themes.

Professor Mant remarked that there was scope to present the report in a clearer format, to provide greater detail of actions taken and future objectives set.

The Director of Assurance pointed out that part of the content of this mandatory report was centrally prescribed, and the data upon which it was reporting was now over 8 months old. It was agreed that the Annual Report should in future be submitted for consideration earlier in the year.

Action: CS

The Trust Board noted the contents of the report.

TB16/11/12 Further actions to reduce agency spending

The Chief Finance Officer presented the paper, describing the further actions taken to reduce spending on agency staff, following further controls issued by NHS Improvement, as part of a national programme aimed at tackling agency expenditure across the NHS.

The Trust was noted to be regarded as an exemplar in the management of agency staff, and had hosted a visit from the Department of Health to show how the Trust had halved its agency spend. Given that the Trust was already complying with national controls, further improvement would come from local controls.

The Director of Organisational Development and Workforce highlighted the requirement for the Board to complete an agency self-certification checklist for submission by 30 November 2016.

Mrs Tutt asked that exceptions be reported against in future reports, and the Chairman asked that areas of non-compliance be included, stating the reasons.

Action: JD

The Chief Executive stated that the aspiration should be that no agency staff were working within the Trust. In order to achieve this objective, the Trust was working with Oxford Brookes University to provide locally trained nursing staff, and invest in both training and development for locally recruited staff.

The Trust Board noted the contents of the paper.

TB16/11/13 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 12 October 2016.

The following issues of particular interest were highlighted:

- Increased activity had been reported in the Emergency Department [ED] with 10% more emergency admissions having taken place than in August 2015.
- Two of the eight national cancer standards had not been met in July: 62 day waits from urgent GP referral and 31 day waits for first treatment.
- It was noted that Delays in Transfers of Care [DToCs] had simultaneously increased from 6.5% in June to 8.9% in July.
An EBITDA\(^1\) of £34.83m against the plan of £36.88m was reported, with an adverse variance of £2.05m.

Cash was reported at £54.54m at 31 August 2016, £30.84m below plan.

The Committee would be seeking assurance that these issues had been addressed.

**The Trust Board noted the contents of the report.**

**TB16/11/14 Integrated Performance Report Month 6**

The Director of Clinical Services presented the regular report, highlighting the challenges in meeting core performance standards, most notably performance against the 4 hour ED standard, which had deteriorated to 73.89% in October. The root cause had been identified to relate primarily to an increase in the number of breaches on minors side, due to the redeployment of staff to major cases.

On reflection, it was recognised that data reported had lacked the granularity required to enable sufficiently rapid identification of deterioration in performance. Significant changes had now been implemented, including reports provided at regular intervals during the day, reviewed by the Chief Executive, the Director of Clinical Services and the Chief Nurse. There was also broader engagement of staff in ED at the JR and at Horton General Hospital. At the time of report, both EDs were achieving 96-99% performance against the 4 hour standard, and a similar approach was being adopted to achieve improvements in performance against the 18 week Referral to Treatment [RTT] and Cancer standards.

It was recognised that the challenge remained to ensure that improvements achieved in performance would be sustainable.

**The Trust Board received and considered the contents of the report.**

**TB16/11/15 Financial Performance up to 30 September 2016**

The Chief Finance Officer presented this regular report, summarising the Trust’s financial position up to 30 September 2016.

Key points highlighted included:

- The Trust was reporting a retained surplus of £13.08m retained surplus, £1.1m adverse against a planned surplus of £14.18m
- The recurrent EBITDA was reported at £11.33m behind plan, and it was recognised that the underlying causes needed to be established to secure long-term financial sustainability
- Commissioning income showed a shortfall of £4.36m.
- There was a general level of overspending indicating the insufficiency of budget control.
- Despite operational changes in the bed base [associated with initiative to reduce the level of Delayed Transfers of Care] the Trust had not yet realised the productivity gains expected.
- Cash was £53.56m, £42.27m below plan, which was reported to be driven by lower than expected working capital movements; the key issues accounting for which were explained.

The Chief Finance Officer confirmed that he aimed to revise the format and content of the report on financial performance, and Mr Ward asked that it include data which

\(^1\) Earnings before tax, interest, depreciation and amortization
would provide assurance on the effectiveness of measures being taken by divisions to improve their EBITDA.

The Trust Board received and considered the contents of the report.


The Chief Finance Officer presented a summary of matters reported to NHS Improvement, and other liaison with the regulator.

The Trust Board noted the contents of the report.

TB16/11/17 Audit Committee Report

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 5 September 2016.

Particular issues highlighted included:

- The External Auditors [Ernst & Young] had provided 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.
- Progress reports were expected from the Internal Auditors [KPMG] and Counter Fraud at the next meeting of the Audit Committee on 23 November. The Audit Plan 2016/17 was aligned with the Committee’s service expectations to date.
- Referrals to Counter Fraud had increased compared to previous years.
- The Committee had received and accepted recommendations for changes to the Constitution, Delegation of Powers and Standing Financial Instructions and Counter Fraud and Bribery policies.
- Internal and External Auditors contracts were under review in advance of the tender process; it was recommended that the External Auditors should remain until the end of the financial year 2017/18, given that the Trust was only 18 months into Foundation Trust status.

The Trust Board noted the contents of the report.

TB16/11/18 Trust Management Executive Report

The Chief Executive presented the regular report of meetings held in September and October, highlighting the following points in particular:

- TME was promoting cross-divisional participation in work focused on improving performance in the urgent care pathway, the elective pathway for urology; the elective pathway for orthopaedics; and in relation to the endorsement of clinical test results and the issue of Discharge Summaries.
- TME had reviewed development of the Buckinghamshire, Oxfordshire and Berkshire West [BOB] Sustainability and Transformation Plan [STP], led by the Chief Executive of the Oxfordshire Clinical Commissioning Group [OCCG], endorsing the Trust’s position that while it was committed to delivering impact through transformation which could be represented as part of the BOB STP, it was not willing to dismantle effective collaborative work [eg clinical networks] which was delivering that impact, albeit that those initiatives / innovations might not adhere to the footprint of BOB STP.
• TME had also received updates on development of the Oxfordshire Transformation Programme, and awaited confirmation of whether that would be ready and approved by NHS England for OCCG to embark on Phase 1 of a public consultation by January 2017.

• TME would monitor delivery of the action plan developed to improve performance against the 4 hour ED standard, 18 week Referral to Treatment [RTT] and Cancer standards.

The Chief Executive confirmed that the lessons learned through addressing these performance areas would be applied as appropriate across the organisation.

The Trust Board noted the Trust Management Executive Report.

TB16/11/19 Workforce and Organisational Development [OD] Performance Report Q2 2016/17

The Director of OD and Workforce presented this regular report relating to OD and Workforce performance for Q2, covering the period from 1 July 2016 to 30 September 2016. A number of key issues were highlighted including:

➢ Between Q1 and Q2, the number of substantive staff in post had increased by c.80 full time equivalents [FTE]. The planned increase was reported to be attributable to the recruitment to substantive posts in the medical, clinical support and allied health professional staff groups.

➢ 90 FTE staff transferring from their employment with Oxford Health NHS Foundation Trust Reablement Services to the OUH Home Assessment and Reablement Team [HART] had further increased the substantive workforce.

➢ Due to an uplift in the overall budget establishment at the beginning of Q1, the 2015/16 out-turn vacancy rate increased by over 3%. The Q2 performance was reported to be consistent with the downward trend in underlying vacancy rate since Q1 2014/15.

➢ Q2 total pay expenditure remained £1.5m below plan. The six months year to date agency expenditure totalled £7.9m, which was £2.2m below the Month 6 ceiling level. This compared with expenditure on agency staff totalling £15.6m at the mid-point the previous year (a reduction of £7.7m; 50%).

➢ Staff turnover remained static, at 14.7%, the highest levels of turnover being within the clinical support and administrative and clerical staff groups. This reflected national pressures and the influence of the strength of the local economy. It was noted that a paper was due to be submitted to Trust Management Executive proposing key initiatives to address the challenges faced in relation to staff turnover in lower NHS pay bands.

➢ Sickness absence continued to reduce, with the current rate at 3.3%, marginally above the 3.2% Trust target.

➢ Statutory and mandatory training compliance rate was 85.3% against a target of 90%, a marginal improvement of 0.2% compared to the previous reporting period.

➢ Annual appraisal compliance improved in Divisions but remained an area of under-performance (70% against the Trust target of 90%); with the compliance rate for non-clinical areas being the lowest.

➢ New work was being undertaken relating to staff engagement and recognition – further detail would be provided to the Trust Board in the Q3 report.

The on-going challenges associated with staff retention were highlighted by Mr Salt, who challenged whether there was any realistic prospect that the staff turnover rate
would be reduced, and this was echoed by Mr Ward. Mr Cameron suggested that the situation was likely to worsen in the wake of Brexit, and urged that some scenario planning should be undertaken.

The Chief Nurse confirmed that immediately after the EU referendum, there had been a decrease in the numbers of staff recruited from the EU, however numbers were now slowly increasing.

**The Trust Board noted the report.**

**TB16/11/20 BRC3**

The Board welcomed Professor Keith Channon, who provided an update on opportunities associated with the award of Biomedical Research Centre [BRC] funding.

He confirmed that £113.7m had been allocated for investment in medical research, with funding renewed for the National Institute for Health Research [NIHR] Oxford BRC for a further five years. It was recognised that the award reflected the quality and scale of the OUH-University of Oxford partnership in medical research, and all those involved in the highly competitive process were to be congratulated. The funding would support research themes including cancer, genetics, neurology, infection, musculoskeletal, stroke and surgery.

Additionally, research would be undertaken in mental health at Oxford Health NHS Foundation Trust, bringing the total NIHR funding allocated to Oxford BRCs to more than £125m over the next five years.

The Chairman extended an invitation to Professor Channon to provide further updates to the Board on the research themes at a future date, and asked that this be arranged in liaison with the Medical Director.

**Action: TB**

**The Trust Board noted the update on BRC3.**

**TB16/11/21 Annual Review of Risk Management Strategy**

The Director of Assurance presented the regular annual review of the Trust’s Risk Management Strategy, noting that this had been approved for a three year period by the Trust Board in September 2015.

It was noted that the Trust’s risk maturity level remained at 4, having increased from a score of 46 in 2012, to 83 in 2016. It was hoped that the level of risk maturity would be further improved by better Risk Register software, and development of the Board Assurance Framework and Corporate Risk Register in relation to the Trust’s new strategic objectives.

Two areas that would be focused on in the next year were the risks associated with partnership working, and risk handling, and recognising the need to do more to support staff in embedding processes for the sustainable management of risk.

Mr Ward challenged whether the reported deterioration in ED performance during October indicated that the risk maturity of the organisation should be reassessed. The Director of Assurance submitted that the level of risk maturity was not determined only by the ability to detect, but also by the ability to respond, and demonstrate organisational learning.
The Peer Review Programme was noted to provide a different way of identifying risks by learning from others, which the participating clinical directorates reported to be an effective tool for minimising risk.

The Trust Board noted the results of the Trust’s overall risk maturity assessment and approved minor amendments made to the revised Strategy.

**TB16/11/22 Safeguarding Annual Report 2015/16**

The Chief Nurse presented this regular Annual Report, highlighting the key achievements, and outlining the next steps proposed.

Safeguarding Children Activity had increased, with an additional 346 consultations to the team, and an increase of 272 to the liaison service. Safeguarding Adult Activity had also increased, with 299 consultations. 38 safeguarding alerts had been raised about OUH services, including 32 Section 42 information requests (under the Care Act 2014), related to such issues as pressure ulcers, lack of information passed on to care homes, and poor discharge processes.

A key challenge to the Trust was reported to be the rapidly growing and international nature of the safeguarding agenda for vulnerable adults; particularly surrounding modern slavery, human trafficking and female genital mutilation [FGM], as well as the impact of domestic abuse on patients and staff. It was emphasised that a systematic approach was required to respond to these growing areas and a number of objectives would be developed during 2016/17 to meet the needs of these patient and staff groups.

Professor Mant asked if it would be possible for future reports to provide more information about the quality and impact of all the work that was being undertaken to safeguard children and adults, and the Chief Nurse confirmed that she would convey this to the Oxfordshire Safeguarding Board.

**Action: CS**

The Trust Board noted the contents of the report.

**TB16/11/23 Health and Safety Annual Report 2015/16**

The Director of Organisational Development and Workforce presented the report, summarising the principal activities associated with the promotion and management of health and safety issues between 1 April 2015 and 31 March 2016.

It was confirmed that all in year key objectives were achieved. Statutory and mandatory inspection requirements within the operational estates function had been met within prescribed timescales (save only for electrical installation condition testing at the Horton – where compliance was achieved, but out of timescale).

Current key priorities were highlighted, with the focus of activity being to encourage and support an organisational culture in which a positive and proactive approach to health and safety management is developed and maintained.

Mr Cameron encouraged the Trust to consider focusing on a simple, single measure, such as the number of hours lost due to health and safety incidents per 100,000 hours worked, as this had been shown to be an accurate barometer of good practice, and an effective driver to reduce harm to staff over a 2-3 year period.

Mr Ward suggested that it was particularly important to promote health and safety when implementing significant service changes, and the Director of OD and...
Workforce confirmed that this had been borne in mind when implementing the move of staff to OUH@Cowley.

The Trust Board noted the Health and Safety Annual Report.

**TB16/11/24 Board Assurance Framework [BAF] and Corporate Risk Register [CRR] Mid-Year Review**

The Director of Assurance presented this report, summarising developments in the BAF and CRR during 2016/17, and highlighting that the updated BAF was work in progress, which it was intended should act as a more effective tool to provide assurance on the adequacy of plans to deliver the Trust’s new strategic objectives over the next 3 to 5 years. Board members would be given the opportunity to consider this further at the Away day scheduled on 30 November 2016.

New risks escalated to the CRR were noted to include:

- The risk of failure to demonstrate compliance with the Improvement Notice issued in relation to Ionising Radiation [Medical Exposure] Regulations 2000;
- The risk of lower quality care for patients as some policies and standard operating procedures had not been updated in accordance with Trust policy; and
- The risk of potentially being unable to sustain the Emergency Department middle grade rota due to recruitment difficulties.

It was noted that the risk score associated with Emergency Department [ED] performance had been increased to 20, to reflect the deterioration in performance reported in October. A series of actions had been implemented to establish control and improve performance in a sustained manner.

Mr Ward suggested that where risks had materialised, for example the risk that the required level of cost improvement programmes was not delivered, and the risk of failure to deliver against the trajectories required to secure sustainability and transformation funding, the narrative description of those risks should be revised.

The Trust Board noted the on-going development of the new Board Assurance Framework and approved the changes to the CRR, risk scores and escalated risks.

**TB16/11/25 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.

The Trust Board noted the report.

**TB16/11/26 Any Other Business**

There was no other business.

**TB16/11/27 Date of the next meeting**

A meeting of the Trust Board to be held in public will take place on Wednesday 18 January 2017 at 10:00 am in the Postgraduate Centre at the John Radcliffe Hospital.

Signed ………………………………………………………………………..

Date ………………………………………………………………………..