Trust Board
Minutes of the Trust Board meeting held in public on **Wednesday 10 May 2017** at **10:00** in the Training Room, Horton General Hospital.

**Present:**

Dame Fiona Caldicott FC Trust Chairman
Dr Bruno Holthof BH Chief Executive
Professor Sir John Bell JB Non-Executive Director
Mr Paul Brennan PB Director of Clinical Services
Dr Tony Berendt TB Medical Director
Mr Jason Dorsett JD Chief Finance Officer
Mr Christopher Goard CG Non-Executive Director
Mr Peter Knight PK Chief Information and Digital Officer
Mr Andrew MacCallum AM Interim Chief Nursing Officer
Mr Geoffrey Salt GS Non-Executive Director and Vice-Chairman
Mr Peter Ward PW Non-Executive Director
Ms Susan Young SY Interim Director of Workforce

**In attendance:**

Ms Clare Winch CW Deputy Director of Assurance
Ms Susan Polywka SP Head of Corporate Governance and Trust Board Secretary
Ms Marilyn Rackstraw MR Corporate Governance Manager

**Apologies**

Ms Eileen Walsh EW Director of Assurance
Mrs Anne Tutt AT Non-Executive Director
Professor David Mant DM Non-Executive Director

*The minutes are produced in the order of the agenda*

**TB17/05/01 Apologies and declarations of interest**

Apologies for absence had been received from Ms Eileen Walsh, Director of Assurance, who was represented by Ms Clare Winch, and from Ms Anne Tutt and Professor David Mant.

The Chairman welcomed Mr Andrew MacCallum, Interim Chief Nursing Officer, and Ms Susan Young, Interim Director of Workforce to their first meeting of the Trust Board since taking up interim positions.

The Chairman welcomed Governors, Members, public and staff to the meeting, and noted that the Board was pleased to be holding this meeting at the Horton General Hospital.

The Chairman declared an interest in the Information Governance and Data Quality Bi Annual Review, noted under **TB17/05/19** below, given her role as National Data Guardian. No other declarations of interest were made.

**TB17/05/02 Minutes of the meeting held on 8 March 2017**

The minutes of the meeting held on 8 March 2017 were approved as a true and accurate record of the meeting, subject to amendment to delete the final phrase from
the 2nd paragraph, 4th bullet point of minute reference TB17/03/10 Quality Report, which now reads as follows:

- 50% of bacteraemias were noted to be contaminants from blood samples. This had been identified as a quality improvement issue associated with poor techniques in taking blood cultures.

No other corrections were noted.

TB17/05/03 Matters Arising from the minutes

TB17/03/17 Staff Survey 2016

Mr Geoff Salt, Non-Executive Director confirmed that, following the last meeting of the Trust Board held in public on 8 March 2017, he had received confirmation from the then Director of Organisational Development and Workforce that the Trust’s overall staff engagement score placed OUH in the upper quartile.

There were no other matters arising that were not identified on the Action Log or agenda.

TB17/05/04 Action Log

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

TB17/03/17 Staff Survey

At the request of Mr Salt, the Interim Director of Workforce agreed to provide an update to the next meeting of the Board in July, specifically to report on measures taken to address the findings of the Staff Survey in relation to staff appraisals and staff engagement.

Action: SY

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

TB17/05/05 Chairman’s Business

The Chairman reported that a Council of Governors’ seminar had been held on 9 May 2017, at which the Chief Executive had updated Governors on Trust Finances. Governors had also received a presentation on safeguarding, and consideration had been given to how to interactions between the Trust Board and Governors might be further improved.

TB17/05/06 Chief Executive’s Report

The Chief Executive presented his report, highlighting that the Care Quality Commission (CQC) had now published its report rating the care provided at the John Radcliffe Hospital, following a two-day unannounced inspection undertaken in October 2016. He confirmed that his report from the Trust Management Executive under TB17/05/15 below would expand upon this, and provide an update on the measures being taken to ensure the delivery of quality, operational and financial performance standards.

The Chief Executive drew the Board’s attention to changes made by the Oxfordshire Clinical Commissioning Group (OCCG) to the timing for considering the outcome of
the Big Health and Care Consultation (Phase One of the Oxfordshire Transformation Plan). Due to the forthcoming General Election to be held on 8 June, and the additional period of purdah during which no commitment could be made to policy decisions with fiscal implications until the new government was elected and formed, OCCG would not make decisions on the proposed changes until 10 August 2017.

The Chief Executive reported that the new 64-slice CT scanner installed at the Horton General Hospital in March 2017 was now fully operational and would enable the Trust to provide cardiac CT imaging in Banbury, for the first time. The state-of-the-art scanner would also reduce waiting times, allowing more patients to be seen closer to home. Considerable investment had been made to provide this service at the Horton, including a full refurbishment of the treatment room.

Other issues of note included confirmation that the Trust had nominated Royal Berkshire NHS Foundation Trust as its Global Digital Exemplar “fast follower” and would now work with it to collaborate under the fast follower scheme. The collaboration would enable the Royal Berkshire to obtain NHS England exemplar funding for digitisation of £5m. Its future digitisation plans include clinical documentation rollout, e-prescribing, as well as infrastructure and enabling hardware to be developed.

The Trust remained in collaboration with partners, Oxford Health NHS Foundation Trust, Oxford Brookes University and the University of Oxford, to co-ordinate work on master planning of the estate. Key themes which were collectively recognised to be of importance to all of the partners included travel, car parking and affordable key worker housing.

The Trust had engaged with the local planning authorities to ensure that the local plan for Headington included the operational needs of the Trust. This included rebuilding the John Radcliffe Hospital theatres, replacing the renal ward, addressing critical care needs at the John Radcliffe, sorting out the growth needs for space due to demand in the Emergency Department and finally, the redevelopments on the Horton site to create a 21st century hospital fit for now and the future.

Mr Geoff Salt, Vice Chairman and Non-Executive Director noted the interest that the Trust’s Master Planning project had generated within the community and asked for confirmation of the associated timescales. Mr Peter Knight, Chief Information and Digital Officer reported that there were key processes that the Trust had to follow, with the initial step being to work with the local authority to look at logistics, which would be a 3-6 month process, following which a business case would need to be generated, so it was likely overall to be a 12-18 month process. He further emphasised that the Master Planning project encompassed all of the Trust sites, not just the John Radcliffe.

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

**TB17/05/07 Patient Perspective – Mr W**

The Interim Chief Nursing Officer presented the story, recounting the reflections of a patient who had been treated for Nodal Marginal Zone Lymphoma since 2003, to provide an opportunity to understand the patient’s experience of receiving treatment for cancer over a long period of time, and the impact on both him and his spouse.
The Interim Chief Nursing officer shared his reflections on the patient’s experience throughout the long-term relationship between the Trust and the patient, in which the patient’s family was also involved, and in which the patient had invested a significant time commitment.

The Interim Chief Nurse suggested that the patient’s experience had helped him to reflect on what it would mean to provide more treatment closer to home for more patients, alleviating the stress that could arise from practical difficulties such as those associated with parking.

Mr Peter Ward, Non-Executive Director noted the ‘to take out’ (TTOs) drugs target turnaround for outpatients was 90% of TTOs dispensed within 30 minutes, and queried whether the process could be ‘fast-tracked’ for long-term patients.

Professor Sir John Bell, Non-Executive Director noted that performance in March had achieved just 70% of TTOs dispensed to outpatients within 30 minutes, and asked whether this could be improved through increased digitisation/automation of the checking process. The Medical Director confirmed that a project to automate TTOs on the wards was to be undertaken.

Noting that the turnaround time for TTOs dispensed to inpatients had been achieved in March, Professor Bell remarked that at 90% of TTOs dispensed within 90 minutes, this might seem like a long time to many patients. Whilst it was reported that the Pharmacy team carried out a local survey on a monthly basis to gather and analyse feedback from outpatients, he suggested that more needed to be done to improve performance in this area.

The Medical Director accepted that the processes should be kept under review, to identify whether a better and more reliable service could be provided. However, he advised that the service could not meet all of the multiple demands for ‘fast tracking’.

The Trust Chairman acknowledged the pressures on the Pharmacy Department, and suggested that a report on the outcome of the project to automate TTOs on the wards should be provided to the Quality Committee in the first instance.

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

**TB17/05/08 Obstetric and Neonatal Services at Horton General Hospital**

The Director of Clinical Services provided an update on obstetric and neonatal services at the Horton General Hospital [HGH], following the decision taken on the grounds of patient safety that the Obstetric Unit at HGH should be re-designated as a Midwifery-Led Unit [MLU], on a temporary basis, with effect from 3 October 2016.

Consistent with the Board’s original decision that it was unsafe to continue the service of the Obstetric Unit at HGH without the ability to sustain a rota of 9 middle grade obstetric doctors, obstetric services remained temporarily suspended at HGH on the grounds of patient safety, and the temporary establishment of the MLU at HGH continued.

At the time of the Board’s original decision, it had also been agreed to suspend acceptance of tertiary out of area referrals, but the Director of Clinical Services advised that there had overall been a reduction in the number of births, and it was proposed that the JR could now accept out of area referrals.

The Trust Board supported resuming the acceptance of out of area referrals to the JR.
It was confirmed that the Quality Committee continued to keep under review the register of risks associated with the temporary suspension of Maternity and Neonatal Services at HGH, and the contingency plan under which an MLU had been temporarily established at HGH. The Quality Committee Chairman’s Report to the Board [TB2017.45] outlined the review of the risk register undertaken at the meeting of the Quality Committee held on 12 April 2017.

Focused recruitment efforts were reported to have continued. At the time of report, there were currently five doctors out of nine in post, with two further doctors due to take up post in June/July 2017. The current recruitment round was due to close on 28 May 2017 and it was emphasised that the guarantee of rotational shifts between the JR and HGH had been instrumental in guaranteeing recruitment to the appointments that had been made.

The Trust was aware that the Oxfordshire Joint Health Overview and Scrutiny Committee [HOSC] had referred the temporary closure of consultant-led maternity services at HGH to the Secretary of State for Health, to which the Trust had made a formal response.

Mr Ward enquired as to whether the Trust had an indication of the likely outcome of the referral, and asked if it was anticipated that this could give rise to any operational difficulties. The Director of Clinical Services reported that no response had yet been received, as this had been delayed by the period of purdah associated with local and general elections.

The Board received and noted the update on obstetric and neonatal services at the HGH.

**TB17/05/09 Quality Committee Chairman’s Report**

Mr Geoff Salt, Non-Executive Director and Chairman of the Quality Committee, presented the regular report to the Board, highlighting the following points:

- The Quality Committee Chairman and the Deputy Medical Director had attended a national conference held on 21 March 2017, at which publication of the ‘National Guidance on Learning from Deaths’ had been launched.

  It was emphasised that the Board must be assured that the process for identifying, reporting, investigating and learning from deaths was strong and comprehensive; and that Non-Executive Directors could challenge the translation of learning into action. A copy of the guidance had been circulated to all members of the Quality Committee, and was due to be considered in more detail at a future meeting of the Committee.

- Compliance with venous thromboembolism [VTE] risk assessment was noted to have improved, in particular in Gynaecology.

- The proposed Quality Priorities for 2017/18 had been discussed by the Patient Experience, Membership and Quality sub-committee of the Council of Governors at its meeting on 2 March 2017. Governors had selected VTE risk assessment as the quality indicator to be audited by the Trust’s external auditors in 2017/18.

- The Committee had considered a live demonstration of the outcome of work led by the Chief Information and Digital Officer to develop an integrated...
dashboard/“heat map”, presenting data on staffing, operational and financial performance, quality standards and patient outcomes. A breakdown by clinical directorates illustrated the possible real time data that could be provided, to show performance in various parts of the system (and flow through the system) at any one time.

- The Committee had asked that a comparative review be undertaken of performance data at all Maternity-led Units [MLUs] in Oxfordshire, and the findings submitted for consideration by the Committee.

The Committee Chairman confirmed that the Quality Committee would continue to focus on its remit to ensure that patient safety and the quality of care was not adversely impacted by measures taken to improve the Trust’s financial and operational performance.

Mr Christopher Goard, Non-Executive Director stressed the importance of developing the ability to produce credible forecasting information.

The Chief Information and Digital Officer confirmed that the “heat map” currently reported retrospectively on performance data, but future developments were planned which might support prospective forecasting.

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

**TB17/05/10 Quality Report**

The Medical Director introduced the report, initially highlighting the King’s Fund report published in March 2017, on public satisfaction with the NHS in 2016.

Other matters of interest highlighted by the Medical Director included:

- While the key indicator for falls of moderate or greater harm [PS12] was reported at zero for March 2017, the reported incidence of inpatient falls appeared to have risen, and would be monitored.

- A year-end report on progress was provided in relation to achievement of the Quality Priorities against the goals and targets set out in the Quality Account.

- It was noted that there had been 2 cases of C.difficile in March, against an internal monthly ceiling of 5.

  The OUH had finished the financial year with 53 cases of C.difficile which was 16 cases below the cumulative limit of 69 and an even better performance than the previous year.

- There had been no cases of MRSA bacteraemia during March 2017.

- In relation to documented compliance with the WHO surgical safety checklist, three out of the five clinical divisions demonstrated compliance of less than 100%, and it was confirmed that actions were in place to improve documented compliance.

- Test results and discharge summaries timeliness continued to be an area that required significant work. In March, 80.7% of discharge summaries were sent before or within 24 hours of discharge against a target of 88%. 78.4% of results were endorsed on EPR within 7 days against a target of 82%. Both indicators had therefore fallen short of the OCCG trajectories for March.
The Interim Chief Nursing Officer then presented the sections of the report relating to patient experience and safe staffing. In particular he highlighted:

- The response rates for the Friends and Family Test needed to improve
- There had been a deterioration in response rates for Complaints
- The fill rate for non-registered nurses for at risk wards had been below 90%, which needed to be further investigated – ‘at risk’ wards were having mitigation meetings on a daily basis.

Some concern was expressed in relation to the rate of complaints that had been reopened, emphasising the importance of striving to resolve the complaint in the first instance.

Mr Ward enquired as to the on-going challenges related to the delivery of ‘hard’ and ‘soft’ facilities management in the Private Finance Initiative (PFI) estate. The Director of Clinical Services reported that the Trust had submitted a revised schedule of maintenance work required to be undertaken by the PFI provider, and confirmed that terms had been negotiated under which all outstanding issues were resolved, subject to formal execution of the settlement agreement.

Mr Ward also noted that nurse staffing levels were not up to the recommended establishment on the Surgery & Oncology wards at the Churchill Hospital, and asked what particular challenges were faced in recruiting to these wards, and what could be done to mitigate the risk of staffing levels not being up to full establishment.

The Interim Chief Nursing Officer confirmed that the posts required specialist nurses, in relation to which the national vacancy rate was high, and it had been difficult to recruit the fill rate required. To mitigate the risks, patients were being co-located with like dependencies, and non-clinical staff were providing additional support as backfill, where appropriate.

Mr Salt noted the overall nurse safe staffing levels and the measures being put in place to mitigate, and emphasised the importance of ensuring that patient safety and the quality of care was not compromised.

The Medical Director highlighted a recent nationally mandated requirement to respond to a patient notification exercise related to cardiac bypass. He commended the huge amount of work undertaken by the Infection Control team, with the support of the Cardio-thoracic team and the Information Team. The exercise had identified incorrect coding, of which NHS England had been notified.

The Trust Chairman asked that the Trust Board acknowledge the hard work undertaken by the teams involved.

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

TB17/05/11 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 12 April 2017.

Particular issues highlighted for the Board included:
Risks with delivery of operational performance standards had been noted with detailed consideration of plans to improve performance in relation to the 4 hour ED standard, Cancer standards and the 18 week RTT standard.

The Director of Clinical Services had provided the committee with a plan based on analysis of demand, activity and capacity which highlighted the unprecedented system-wide challenges, particularly in relation to Emergency Department attendances and referrals.

The Trust Management Executive [TME] had been asked to develop proposed ‘phase 2’ plans to embed DTOC reductions in a sustainable way.

Emphasis had been placed on the need for further assurance as to the effectiveness of measures taken to improve operational and financial performance.

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

TB17/05/12 Integrated Performance Report Month 12

The Director of Clinical Services presented the report, highlighting the challenges in meeting core operational performance standards, including in relation to sustaining performance against the 4 hour Emergency Department [ED] standard. With 12,995 ED attendances in March, 87.1% of people had been seen and treated, admitted or discharged within 4 hours. This was 2.8% below the trajectory for the month. Bed occupancy overall was averaging between 95-98% and General / Acute beds were in excess of 98% occupancy.

In relation to the incomplete 18 week RTT standard, 49,352 people were waiting for elective treatment at the end of March 2017 and 4,751 had been waiting for over 18 weeks. It was confirmed that an RTT Improvement Plan had been developed, to assess the potential to create capacity to deliver elective activity in 2017/18 at a level required to deliver the national RTT standard on a sustainable basis and to avoid premium rate working. This had been presented to the Finance and Performance Committee at its meeting in April 2017.

It was noted that one of the eight national cancer waiting time standards had not been met in February. There had been improvement from January, notably in relation to two week waits, with 59 of 1,619 patients with suspected cancer waiting more than two weeks for a first outpatient appointment in February compared to 171 of 1,565 in January.

Delayed transfers of care in OUH beds rose to above 100 on 12 January and reached a peak of 156 on 9 March, which remained a concern. A system wide meeting had taken place on 9th May 2017, during which the current challenges around Social Care recruitment were highlighted.

It was noted that the current arrangements with the Home Assessment and Reablement Team [HART] had created negative patient flow. Discussions with Oxfordshire County Council were ongoing with regard to care packages that were in place, to ensure that they were in line with what had been agreed at the outset.

Mr Salt noted that despite investment made by the Trust in initiatives to manage patient flow, and avoid increased numbers of delayed discharges, and notwithstanding combined efforts made across the Oxfordshire healthcare system to understand and improve the situation, it was evident that the systems currently in place were not working adequately.
Dr Bruno Holthof, Chief Executive reported that the Trust was currently working in partnership with the University of Oxford to undertake further analysis of the patient groups presenting to the Trust, and gain a better understanding of the patient flow, to identify how the situation as a whole could be improved. It seemed clear that increased capacity of domiciliary care was needed, but it was important that the right structures were in place, to understand the impact of actions taken by the Trust upon the system as a whole.

The Trust Board received and considered the contents of the Integrated Performance Report Month 12.

TB17/05/13 Financial Performance up to 31 March 2017

The Chief Finance Officer presented the report, summarising the Trust's financial position up to 31 March 2017.

The year end results reported a £1m overall surplus, but the underlying position was worse, and significantly less than planned. The second half of the year had been worse than the first, with particularly weak financial performance in November to February.

Fewer than half of NHS provider trusts, and only a third of acute trusts, had reported any surplus, and cost improvements had been achieved representing 4.5% of controllable costs, which was higher than the tariff requirement of 2%, and above the NHS average of 3.9%. The Trust had achieved a reduction of £9.9m in agency staff costs.

Nonetheless, it was recognised that delivering financial performance in line with the current NHS average would not be sufficient to secure the Trust’s long term sustainability.

The Board was reminded that there had been an underlying deficit of more than £20m in 2015/16. The 2016/17 financial plan had been to eliminate that recurrently, and to make a £14m surplus non-recurrently to deliver the NHSI control total. This required cost improvement programmes of 6.9% (through a mix of recurrent and non-recurrent items) and revenue growth.

The block contract with OCCG in 2016/17 had reduced income by £4.6m compared to plan. Contributions on other contracts were £2.1m lower than plan. Net investment in improvements to the urgent care pathway was £2.1m more than planned. Cost improvements delivered were £13.5m lower than planned. Costs were £6.6m above plan, and £10.5m less Sustainability and Transformation Funding was secured than planned.

The lessons for financial management included the need to recognise that the Trust had committed to deliver a very challenging plan in 2016/17, to deliver a surplus target that was amongst the highest set in the NHS in England. The organisational culture had not been sufficiently aligned to meet the scale of that challenge.

Planned investments had tended to proceed without change, even if the savings designed to fund them had not been fully realised. Reserves which had been carried in previous years had been exhausted, and when the divisions were unable to deliver on challenging budgets set, there were no central funds to offset the shortfall.

Additional central controls on expenditure had now been implemented, and there was a series of initiatives aimed at improving clinical productivity and reducing back office costs.
Mr Ward sought assurance that the reduction in cash would not affect the Trust’s liquidity ratio. The Chief Finance Officer reported that he had commissioned a review of cash management processes, the outcome of which would be reported to the next meeting of the Audit Committee.

**Action:** JD

Mr Christopher Goard, Non-Executive Director noted that the Cost Improvement Programme [CIP] target had not been met, and asked whether the target had been set at an unrealistic level. The Chief Finance Officer acknowledged that the delivery of CIP had been challenging, and it was recognised that the extent of the challenge was not matched by the vehicle for delivery. He confirmed that the financial management structure of the Trust would be reviewed.

Professor Bell asked to what extent the financial reporting framework and NHS accounting practices encouraged an appetite to generate income, and whether there was evidence of there being an appetite for income-generation within clinical services. The Chief Finance Officer advised that budget managers should be furnished with good quality financial information, upon which to take decisions that would maximise efficiency.

**The Trust Board received and acknowledged the report on financial performance up to 31 March 2017.**

**TB17/05/14 Workforce and Organisational Development [OD] Performance Report Q4 2016/17**

The Interim Director of Workforce presented the report which provided a summary relating to OD and Workforce Performance for the Quarter 4 (Q4) period, 1 January 2017 to 31 March 2017, and noted the range of activity that had taken place.

It was noted that there had been a further increase in substantive workforce capacity during the reporting period, predominantly associated with clinical roles, and this had contributed to a reduction in the overall staff vacancy rate, from 6.8% to 6.3%.

Professor Bell welcomed the report as informative in describing the problems faced not only by the Trust, but by the system as a whole. He suggested that the Trust and its partners needed to be vocal about the facts, and raise the profile of the issues, as recruitment challenges represented one of the biggest risks to the healthcare system overall. The Trust Chairman agreed, and noted that the issues were being highlighted by NHS Providers.

The Director of Clinical Services highlighted that the full implications of implementation of the new junior doctors’ contract had yet to be felt.

Mr Salt emphasised the importance of being sensitive to the impact of the workforce challenge upon existing staff, who were working very hard to sustain a high quality service for patients. The Trust Chairman concurred in commending staff for all their efforts, and observed that these had been delivered in the context of a 1% cap on public sector pay.

The Board acknowledged the importance of providing appropriate support to staff, and ensuring adherence to the Trust’s values.

**The Trust Board received and acknowledged the report on workforce and organisational development performance in Q4 2016/17.**
TB17/05/15 Audit Committee Report

In the absence of Ms Anne Tutt, Chairman of the Audit Committee, Mr Christopher Goard, Non-Executive Director and Vice-Chairman of the Audit Committee presented the regular report from the meeting of the Audit Committee held on 27 April 2017.

Particular issues highlighted for the Board included:

- In reviewing the Draft Annual Accounts 2016/17, the Committee specifically noted that the net impairments of the PFI properties of £58.2m were reported in operating expenses, and had recommended that the presentation of this provision needed to be carefully considered. It was suggested that it be highlighted separately on the income and expenditure account with a full explanation.

- The Committee had considered the Draft Annual Governance Statement, and proposed amendments to ensure that the statement accurately reflected internal control issues that had been identified, and the actions taken to deal with them.

- The Committee continued to be concerned about the delay in implementation of the overdue actions arising out of internal auditors’ recommendations, and it had been agreed that the Directors with lead responsibility for each action would be asked to submit explanations for any delay. The Committee also supported the proposal that delivery of internal audit recommendations should be included as a performance measure within the ‘Heat Map’/Integrated Performance Dashboard that is being developed under the leadership of the Chief Information and Digital Officer.

- The Committee agreed the Internal Audit Plan for 2017/18, subject to advice from the Executive team on the appropriate prioritisation and scheduling of reviews planned.

- The Trust’s newly appointed counter fraud advisers, Grant Thornton, presented their draft work plan for 2017/18.

- It had been agreed that the BAF / CRR should be updated to reflect the ongoing financial issues that the Trust currently faced.

The Trust Board received and acknowledged the content of the regular report from the Audit Committee.

TB17/05/15 Trust Management Executive [TME] Report

The Chief Executive presented the regular report to the Board on the main issues raised and discussed at TME meetings held in March, April and May 2017.

It was noted that some of the issues had already been touched upon, but of those which had not items highlighted for the Board included:

- The CQC had now published its report following an unannounced inspection in October 2016, the overall findings of which were
  
  o that the rating for Surgery had improved from ‘Requires Improvement’ to ‘Good’; while
Urgent and Emergency Services retained their overall rating of ‘Requires Improvement’, with an increased rating in the domain of caring to ‘good’.

The Trust’s overall rating of ‘Good’ remains, and the positive overall tone of the report was extremely encouraging.

The Board joined with the Chief Executive in commending staff, whom it was felt should be rightfully proud of the many improvements the inspection found, particularly given ongoing heavy demand on the Trust’s services.

- TME had kept operational performance under review, informed by consideration of the Integrated Performance Report. Detailed performance improvement plans had been developed and were being kept under scrutiny in relation to:
  - Urgent care (including performance against the 4 hour ED standard); significant improvements made but volatile day to day
  - Cancer (including performance against the eight cancer standards); on schedule, and
  - Referral to treatment [RTT] (including performance against the 18 week RTT Incomplete standard)

RTT was reported to be the biggest challenge, with increased activity needed to meet current demand levels, beyond existing capacity. TME had agreed that recruitment to patient-facing roles should be prioritised and expedited. Under cost controls implemented, recruitment to non patient-facing roles was subject to restrictions.

Plans were being finalised to identify how much additional activity could be delivered within existing capacity, to attract increased revenue; and to quantify what additional capacity would be required in terms of outpatients, diagnostics, and theatre activity and associated staffing required.

Mr Ward noted that it was important to ensure that the restrictions on recruitment to non-clinical posts did not impede the implementation of other measures required as part of the work being undertaken across the Trust to improve performance standards.

The Chief Executive confirmed that it was intended to accelerate recruitment into patient facing roles, including nursing roles, and Divisional Directors were closely involved in the development and application of cost control measures, to ensure that clinical priorities were taken into account.

The Trust Board noted and acknowledged the content of the regular report from the Trust Management Executive.

**TB17/05/17 Revised Health and Safety Management Policy**

The Interim Director of Workforce presented the revised Health and Safety Management Policy for approval. She reported that there were no significant changes to note, but confirmed that the policy had been simplified and reduced in length with the aim making it more effective, and providing clarity in relation to roles and responsibilities.

Mr Ward noted that Southern Health NHS Foundation Trust was to face prosecution charges by the Health and Safety Executive [HSE], under Section 3 of the Health and Safety at Work etc. Act 1974, following investigation into the death of a patient.
under its care. He suggested that OUH should reflect upon the lessons learnt from that investigation, and ensure that these were taken into account in the development of OUH policies and procedures.

The Trust Board noted the revised Health and Safety Management Policy.

**TB17/05/18 Board Assurance Framework and Corporate Risk Register Year End Review**

The Deputy Director of Assurance presented the Board Assurance Framework [BAF] and the Corporate Risk Register [CRR], which had been reviewed by sub-committees of the Trust Board.

The BAF had been developed in consultation with Non-Executive and Executive Directors, and discussions had been held with the Business Planning Team to ensure that the BAF was focused towards achieving the Corporate Objectives and was developed in conjunction with the business planning process.

The CRR for 2016/17 had also been reviewed and updated with the help and support of Divisional Governance Leads and Executive Directors or nominated representatives.

The Chief Information and Digital Officer suggested that a distinction should be drawn between potential risks, and issues that arose when risks eventuated.

All members of the Board were invited to submit any additional items for inclusion in the CRR to the Deputy Director of Assurance.

The Trust Board noted the Board Assurance Framework and Corporate Risk Register Year End Review

**TB17/05/19 Information Governance and Data Quality Group Bi-Annual Review**

The Chief Information and Digital Officer presented the bi-annual review which set out the work that been undertaken within the Information Governance Data Quality Group over the second six months of the financial year 2016/17.

It was highlighted that there had been a steady increase in the rate of compliance over the last five financial years. The OUH had been recognised to be one of the top performing Acute Trusts for Information Governance in the UK in the financial year 2015/16. The finalized toolkit compliance rate was reported at 99%, and it was confirmed that OUH was the first Trust to have reached a 99% compliance rate.

In the second half of financial year 2016/17, the department had processed 217 requests made under the Freedom of Information Act [FOIA], which represented a reduction of 24 requests (241) compared with the first half of the year. It was noted that the statutory timeframe for responding to FOIA requests was 20 working days. The average percentage rate for closure of requests within 20 working days was 69.6%, a 16% reduction from the first half of the year. The reason for this reduction in compliance with the 20 working day timeframe was due to the complexity of submitted requests related to Trust projects, and a delay in receiving responses from Divisions.

Ongoing training was reported to be taking place within the Subject Access Request department.
It was also noted that two complaints had been made to the Information Commissioner’s Office [ICO] in the second half of 2016/17. The first complaint related to a failure to retain a copy of a referral letter sent to the Trust by a Primary Care Trust in 2011. The Trust had responded to the complainant and the matter was closed by the ICO with no further action. The second complaint related to a FOIA request regarding the disclosure of test results. The complaint was initially responded to in July 2016. However, the Trust was contacted by the ICO in December 2016 and asked to review legal arguments contained within the initial response made in July 2016. The Trust had provided a further response to the ICO in January 2017, and the matter was reported to be ongoing.

The Trust Chairman congratulated the Information Governance team for reaching 99% compliance with the toolkit.

The Trust Board noted the Information Governance and Data Quality Group Bi-Annual Review

TB17/05/20 Register of Interests and Register of Gifts, Hospitality and Sponsorship

The Deputy Director of Assurance presented the Register containing Board members’ declarations relating to 2016/17.

No potential conflicts of interest arose from the entries in both registers, and it was noted that the register would be included within the OUH Annual Report for 2016/17.

The Trust Board noted the Register of Interests and Register of Gifts, Hospitality and Sponsorship

TB17/05/21 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.

The Trust Board noted the report.

TB17/05/26 Any Other Business

There was no other Business.

TB17/05/27 Date of the next meeting

A meeting of the Trust Board to be held in public will take place on Wednesday 12 July 2017 at 10:00 am in meeting rooms 1-3, Cancer Centre, Churchill Hospital.

Signed …………………………………………………………………………………

Date ……………………………………………………………………………