Trust Board
Minutes of the Trust Board meeting in public held on Wednesday 17 January 2018 at 10:00 in the George Pickering Education Centre, John Radcliffe Hospital.

Present: Dame Fiona Caldicott FC Chairman
Dr Bruno Holthof BH Chief Executive
Dr Tony Berendt AB Medical Director
Mr Paul Brennan PB Director of Clinical Services
Mr John Drew JDr Director of Improvement and Culture
Mr Jason Dorsett JD Chief Finance Officer
Ms Sam Foster SF Chief Nurse
Mr Christopher Goard CG Non-Executive Director
Ms Paula Hay-Plumb PHB Non-Executive Director
Mr Peter Knight PK Chief Information and Digital Officer
Professor David Mant DM Non-Executive Director
Mr Geoffrey Salt GS Vice-Chairman and Non-Executive Director
Mrs Anne Tutt AT Non-Executive Director
Ms Eileen Walsh EW Director of Assurance

In attendance: Ms Susan Polywka SP Head of Corporate Governance and Trust Board Secretary
Ms Janice Smith JS Interim Minute Secretary

Apologies: Professor Sir John Bell JB Non-Executive Director

TB18/01/01 Apologies, welcome and declarations of interest

The Chairman opened the first Board meeting of 2018, welcoming Governors, Members, public and staff to the meeting, and thanking the John Radcliffe Hospital for hosting the Trust Board.

She also took the opportunity to express the Board’s appreciation of all the efforts that members of staff were making to ensure the delivery of good care to patients, notwithstanding the pressures being felt across the NHS, and emphasised that staff had the full support of the Board.

Apologies for absence had been received from Professor Sir John Bell, Non-Executive Director.

In her capacity as National Data Guardian, the Chairman declared an interest in the General Data Protection Regulation (discussion of which is noted under TB18/01/21 below) but the interest was not one that gave rise to any conflict. No other declarations of interest were made.

TB18/01/02 Minutes of the meeting held on 8 November 2017

Minutes of the meeting held on 8 November 2017 were approved as a true and accurate record of the meeting.
TB18/01/03 Matters arising from the minutes
There were no matters arising that were not on the agenda, or covered in the Action Log.

TB18/01/04 Action Log
The Action Log was reviewed, and the status of actions agreed as recorded, subject to the following comments:

TB17/09/13 Overdue recommendations from Internal Audit
This action was proposed for closure, on the basis that TME is monitoring overdue recommendations from Internal Audit, as is referred to in the most recent report from the Audit Committee [TB2018.11].
The Chairman of the Audit Committee sought and obtained confirmation from the Chief Finance Officer that this would be kept under on-going review by TME.

TB17/07/21 Consultant Appointments
The Director of Improvement and Culture reported that the process for Consultant appointments was to be reviewed when developing the People Strategy and it was agreed that the date for completion of this action should be revised correspondingly.

The Board reviewed and agreed the status of actions as recorded.

TB18/01/05 Chairman’s Business
The Chairman advised the Board that the Council of Governors had approved the reappointment of Mrs Anne Tutt as Non-Executive Director until 30 November 2020. It was confirmed that Mrs Tutt would continue to chair the Audit Committee and the Investment Committee, and the Chairman thanked Mrs Tutt for her continued contribution.

The Chairman also confirmed that Mr Geoffrey Salt was to chair the Finance and Performance Committee and Professor David Mant has been appointed Chairman of the Quality Committee. She thanked them both for taking on these roles.

The next meeting of the Council of Governors was noted to be scheduled on Tuesday 30 January 2018 at the Said Business School in Oxford.

TB18/01/06 Chief Executive’s Report
The Chief Executive presented his report, remarking that the impact of winter pressures would be discussed further throughout the meeting, inasmuch as the prevailing circumstances contributed to the context within which reports on performance against operational, financial and quality standards had to be considered.

Other points highlighted included:
- Nearly 70% of frontline staff in the Trust had had their ‘flu vaccination;
- The response rate to the annual staff survey had increased, to 38.8% (up from 37.5% last year);
• More than 200 staff had attended the annual Staff Recognition Awards, held at Oxford Town Hall on 6 December 2017, when awards had been presented in eight award categories with more than 600 nominations received;
• At the QiC Diabetes Awards 2017, Angela Hargreaves and Pam Dyson, dieticians based in the Oxford Centre for Diabetes, Endocrinology and Metabolism at the Churchill Hospital, had won an award in the ‘Patient Care Pathway- Adults’ category;
• Congratulations also went to Rasmeet Chadha, who was named winner of the ‘Outstanding Ophthalmology Nurse or Allied Health Professional’ at the Ophthalmology Honours event held in London in December; and
• Thanks and best wishes for the future were offered to Mr Peter Ward, whose term of office as a Non-Executive Director had ended on 30 November 2017

The Chief Executive was also pleased to report that, since publication of his written report, the Endoscopy Unit at the Horton General Hospital was to be commended on having achieved accreditation by JAG [the Joint Advisory Group on Gastrointestinal Endoscopy].

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

TB18/01/07 Patient Perspective

The Chief Nurse presented the story recounted by two patients who had a shared experience of being treated with peritoneal dialysis (PD) by the Renal Unit at the Trust, and whose friendly and supportive relationship had developed after their attendance at a patient education session.

The Board noted that the story of their experiences highlighted in particular:

• The importance of emotional and practical support when living with renal failure, and dealing with the long term, life-changing and isolating impact of peritoneal dialysis therapy;
• The importance of patient involvement and patient education in enabling patients to manage their dialysis therapy, prevent infections and have a good quality of life;
• The importance of supportive friendship, in order to cope with the impact of long term renal failure and dialysis therapy.

Mr Christopher Goard, Non-Executive Director posited that such support was likely to be equally important for patients managing other long-term conditions, and the Chief Nurse reported that specialist nurses were encouraged to share experience and best practice.

The Director of Assurance commented that the holistic well-being of patients being cared for in many specialties often depended on the power of mutual support and lower level interventions, not just pure and/or highly technical clinical care.

Mr Geoff Salt, Non-Executive Director proposed that the key learning points should be referred to the Patient Experience Group, and the Chairman remarked that she would expect that Governors would be interested in reflecting on the learning points drawn from the experience of these patients.

The Board reflected on the patient perspective and noted the key learning points which had been drawn from it.
TB18/01/08 Quality Committee Report

Professor David Mant, Non-Executive Director and Chairman of the Quality Committee presented the regular report from the last meeting of the Quality Committee held on 13 December 2017; the first which he had chaired. He underscored that the key role for the Committee, of particular importance during times of financial pressure, was to assure the Board that there were no concerns relating to the quality of care or - if there were - that they were being addressed.

The Director of Assurance highlighted the establishment of a Clinical Ethics Advisory Group, to provide ethical advice (but not legal advice) to clinicians, and the Medical Director stressed the advisory role of the Group, which purposefully sat outwith the management structure. It is intended that the Group will produce an annual review of activity undertaken, and this should be available for consideration by the Clinical Governance Group, for report to the Quality Committee, and in turn to the Board.

Action: TB

The Board noted that the Quality Committee had undertaken its regular review of the risks associated with the temporary suspension of Maternity and Neonatal Services at the Horton General Hospital [HGH], and the contingency plan by which a Midwifery Led Unit had been established. At the time of the meeting in December, the result of the Judicial Review against Oxfordshire Clinical Commissioning Group’s (OCCG’s) 2-stage consultation process was not known. It could now be reported that, on 21 December 2017 Mr Justice Mostyn had ruled in favour of OCCG in the Judicial Review of its Transformation Consultation process. Leave to appeal had been denied, although that decision might itself be appealed.

It was further noted that the Secretary of State for Health had subsequently referred OCCG’s decision to close the Obstetric Unit at HGH permanently to the Independent Reconfiguration Panel [IRP];

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

TB18/01/09 Quality Report

The Medical Director introduced the Quality Report to the Board, before handing over to the Chief Nurse to speak specifically to the sections on safe staffing and patient experience.

Key quality metrics were observed to be stable, providing a reasonable level of assurance that outcomes remained good in relation to patient safety and quality, notwithstanding pressures experienced by staff. However, it was recognised that the Quality Report was designed to concentrate on dimensions of quality aside from the delivery of operational performance standards. As such, it did not necessarily reflect the extent of pressures currently felt in the Emergency Department [ED] which were affecting performance against the 4 hour ED standard, and which had led to an untypically high level of 12 hour breaches.

Other points highlighted by the Medical Director included:

- World Health Organisation [WHO] checklist compliance audits showed that 3 of the 5 clinical Divisions demonstrated compliance of less than 100%, and it was confirmed that actions were in place to deliver improved compliance;
• Test result endorsement and discharge summary timeliness remained an area that required improvement, with performance on both measures falling short of the targets set by Oxfordshire Clinical Commissioning Group [OCCG];
• 6 Serious Incidents Requiring Investigations (SIRI) had been declared in November 2017. 6 SIRI were sent to OCCG for closure and 6 SIRI were closed by OCCG;
• OUH remained 2 cases below the cumulative limit for C.Difficile;
• The Electronic Patient Record [EPR] surgical site surveillance infection (SSI) tool went live in November 2017 and was being piloted in cardiac surgery, neurosurgery and hepatobiliary surgery.

The Chief Nurse then presented the sections of the Quality Report relating to safe staffing and patient experience, highlighting the following points in particular:
• Safe staffing levels reported for nursing and midwifery staff across the Trust by ward, and by shifts, reflected continuing significant efforts to take mitigating action in respect of those shifts/wards that were initially identified as ‘at risk’, to ensure that patient safety was protected;
• To mitigate additional winter pressures, non-ward based nurses were being deployed to provide support on wards on a daily basis.
• Additional funding had also been secured which was being deployed to support a number of measures designed to mitigate winter pressures. These included the staff incentive scheme, under which eligible clinical staff employed by the Trust who work an additional 24 hours per month for three months will be paid at the flat rate plus a bonus of £500 per month.
• Recognising the potential for pressures on the emergency care pathway to have an adverse impact, a checklist had been introduced in the emergency department [ED], to record operational quality measures;
• Overseas recruitment campaigns were reported to have yielded 350 offers, of which 40 - 60% had been accepted, though it was recognised that it would take some time for all recruits to be in post.
• The Trust had received 98 new formal complaints in November 2017, down from 105 in October 2017 and 95% of all complaints had been acknowledged within 3 working days;

In discussion of the Quality Report, Mr Salt highlighted the encouraging level of public and staff engagement displayed at a Quality Conversation event held on 16 January, and remarked that it was important to consider what should be the Trust’s aspirations to achieve advances in the quality of care over the longer term, looking beyond current pressures.

Mr Salt also commended the Chief Nurse and Deputy Chief Nurse for the ways in which they were ensuring that results of the Friends and Family Test [FFT] were being used to provide valuable feedback about specific areas, to be considered along with the output of internal peer review, to identify instances of best practice.

Noting NHS Improvement’s declared intention to work with NHS England to roll out the four priority clinical standards for seven day services in hospitals to 100% of the population by April 2020, he suggested that this would be challenging for the Trust.

Mr Goard asked whether priority clinical standards for seven day services would fall within any CQUIN, and how delivery would be measured. The Medical Director advised that, as the Trust had been in the first wave of adoption of the 7 day working
programme, and been involved for a while already, he expected that delivery would be measured by NHSI.

Mr Salt also noted a reported increase in concerns raised regarding the car parking service over recent months, and expressed some disquiet that concerns were reported to relate, predominantly, to the rudeness of the staff in the car parking team. Where issues arose, they were apparently most often related to the point when a patient attempted to pay to leave the car park. All staff in the team were to undergo Conflict Resolution training (if they hadn’t already done so), to equip them to deal with vulnerable people in a more positive manner. The Trust is committed to supporting car parking staff in the discharge of their roles, and management of the issues will continue to be monitored.

Ms Paula Hay-Plumb, Non-Executive Director welcomed the richness of information provided by the Quality Report, but suggested that it would be helpful if key messages could be highlighted, *eg* to give more prominence to the marked improvement in FFT results in the ED in November 2017.

Ms Hay-Plumb also suggested that further clarification would be welcomed on the aspirations in undertaking a wider workforce review, and the Chief Nurse confirmed it was intended to consider the multi-professional workforce needs of the Emergency Department.

Mr Goard noted that vacancies, low temporary staffing fill rates, short notice sickness and short notice temporary staffing cancellations were all noted to be elements that contributed to ‘at risk’ and ‘minimum’ staffing levels reported; and that overall, it was recognised that the maintenance of safe staffing levels was fragile.

Given recent reports in the media of nurses doing 13 hour shifts, he asked where the Trust stood on this. The duty of care owed by the Trust to its staff was emphasised, and it was confirmed that no member of staff should be permitted to work more than 2 consecutive 12 hour shifts.

Professor Mant asked when the timeliness of discharge summaries could be expected to improve, given that he had understood that EPR had been expected to support improved performance. The Medical Director acknowledged that further improvement was required, but expressed some optimism that fundamental changes to the discharge flow process – including having pharmacists writing up prescriptions – should make a big difference, and that digital dictation should improve the speed of despatching letters. Under the new operating model and culture proposed for the Trust, accountability for the delivery of improved performance would be felt at the level of individual clinical services.

The Chief Information and Digital Officer submitted that some improvement in the timeliness of discharge summaries had been delivered following transparency in reporting. Increased automation helped, as would the introduction of voice recognition dictation, but it would still require the input of clinicians to dictate the discharge summaries.

Noting the Acuity and dependency review of nursing establishments November 2016-April 2017 at Appendix 4, Mrs Tutt asked if Divisional Nurses had now undertaken the further reviews as indicated, and the Chief Nurse confirmed that a report on the outcome would be included in her next report to the Board.

The Chairman drew discussion to a close.

*Action: SF*
The Trust Board noted the contents of the Quality Report.

**TB18/01/10 Quarterly Report on Learning from Deaths**

The Medical Director presented the Quarterly Report on Learning from Deaths, expressing his thanks to the Deputy Medical Director to whom responsibility was delegated for discharging this remit. The paper summarised the implementation of the revised OUH Standardised Mortality Review Policy and the learning identified in the structured mortality reviews.

In accordance with national guidance, publication to the Trust Board was required to show the data and learning points including:

- The total number of Trust in-patient deaths;
- Those deaths that the Trust has subjected to structured review;
- Of those deaths subjected to structured review; the total number of deaths considered to have more than a 50% chance of having been avoidable;
- The total number of inpatient deaths for patients with identified learning disabilities;
- The total number of deaths of patients with identified learning disabilities considered to be potentially avoidable.

In the first quarterly report on Learning from Deaths, it was reported that, of the deaths subjected to structured review, none had been considered to have more than a 50% chance of having been avoidable.

The report included mortality indicators, and it was confirmed that there had been no new outliers received by the Trust in this reporting schedule. The SHMI for the data period July 2016 to June 2017 was 0.93. This was rated as expected and has decreased from 0.94. The HSMR was 91 for September 2016 to August 2017. This was lower than expected and had decreased from 94.

The Director of Improvement and Culture suggested that care should be taken in communicating the report, which included some complicated data, and placed complex issues in the public domain.

The Director of Assurance commented that the Trust was already well advanced with regard to its engagement with bereaved families, and suggested that what mattered most to them was independence and transparency in any review undertaken, and demonstration of the organisation’s willingness to learn. The Medical Director agreed that there had been a real step change in the involvement of families in the review of deaths, but advised that this would be likely to have significant resource implications. Mr Salt highlighted that he was the Non-Executive Director designated to have oversight of the process, and confirmed that he would meet quarterly with the Deputy Medical Director and her team. He asked how the numbers of structured reviews carried out compared with elsewhere. The Medical Director replied that it was too early for benchmarking data, but this would be kept under review.

The Chairman drew the discussion to a close.

**The Board received and noted the contents of the report.**
TB18/01/11 Finance and Performance Committee Report

Mr Geoffrey Salt, Non-Executive Director and Chairman of the Finance and Performance Committee, presented the regular report from the last meeting of the Finance and Performance Committee held on 13 December 2017; the first that he had chaired.

He submitted that the key risks as identified at page 8 of the report reflected many of the principal issues, and points raised in discussion by the Committee had included the following:

- Persistent pressure on bed capacity was compounded by the impact of bed closures necessitated by the shortage of nursing staff, and continuing low levels of weekend discharges;
- Deteriorating A&E performance was recognised to be a whole system problem that required a whole system solution, one of the principal constraints on which remained the lack of capacity of home care support and treatment;
- To deliver the 2017/18 elements of the RTT improvement plan, recruitment on a recurrent basis would continue, and resulting activity should be added to the Trust's baseline from 1 April 2018;

With regard to financial performance, there had been a reasonable degree of confidence reported that the revised financial forecast to deliver a £5.2m deficit at year end would be met, but planning for 2018/19 was expected to be even more challenging, and it was considered essential that the system planned a way to work together for next winter to avoid as many difficulties as possible.

Mr Salt concluded by expressing the Committee’s appreciation of all that staff were doing to deliver high quality care notwithstanding operational and financial pressures.

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

TB18/01/12 Integrated Performance Report Month 8

The Director of Clinical Services presented the Integrated Performance Report (IPR) for November 2017, in which the key headlines on performance were summarised as follows:

- In November 2017, 2,372 people waited for over 4 hours in OUH’s Emergency Departments, down slightly from October 2017. Two patients waited for over 12 hours in an Emergency Department following a decision to admit;
- Four hour wait performance in November 2017 had improved slightly to 82.11%, but remained below the national standard of 95% and the trajectory level of 90%;
- Bed occupancy was noted to have remained high since late April. Bed closures due to reduced staffing and continuing low levels of weekend discharges remained matters of concern;
- Delayed transfers had fallen in October 2017 and reduced further to 8.88% of the Trust’s bed days in November 2017, mitigating to a certain extent the effect of bed closures;
- Elective admissions were above plan overall in November 2017, despite staffing shortages in wards and theatres posing a continuing risk to deliver OUH’s plan to
deliver additional elective activity. The Trust was 0.64% above its plan for elective admissions in the year to date and 0.96% ahead on first outpatients;

- Performance against the RTT standard had improved further in October 2017. Compared to the previous month, the number of people waiting on incomplete pathways reduced by 2.4% and the number waiting for over 18 weeks reduced by 4.4%;

- The six week standard continued to be met for patients awaiting diagnostic tests with a figure of 0.52% against the 1% standard in November 2017;

- Having met all cancer targets in August and September 2017, OUH did not meet the 62 day standard in October 2017.

Disappointment was expressed at the failure to meet the 62 day cancer standard in October 2017, but there were reported to have been a high number of late referrals from other hospitals.

The main concern related to performance in Emergency Care, which had been well below the 4 hour standard at both the John Radcliffe Hospital and the Horton General Hospital. There had also been an increase in patients waiting between 4 and 12 hours, and a cluster of 12 hour breaches in early January 2018.

In the light of national direction given by NHS England [NHSE], elective treatment had been postponed throughout January (other than for cancer), releasing capacity to cope with emergency pressures. It was reported that the national review panel was due to meet before the end of January, after which further advice was expected to be given about restarting elective operations, and the Trust would form its own view based on demand.

Noting the vacancy rates, Ms Paula Hay-Plumb, Non-Executive Director asked whether the Trust was able to map recruitment to where it was needed, and the Chief Nurse confirmed that a targeted overseas recruitment campaign had sourced a large group of theatre nurses, who were expected to arriving shortly.

The Board received and noted the contents of the Integrated Performance Report for Month 8.

**TB18/02/13 Financial Performance up to 30 November 2017**

The Chief Finance Officer presented the report on the Trust's financial performance. Although November’s EBITDA (at +£5.8m) was an improvement on October’s (at +£5m), financial performance had not improved sufficiently to deliver underlying recurrent EBITDA at a level that could be regarded as a sound basis for medium to long term sustainability.

Notwithstanding that the Trust’s performance compared favourably to many others, and was better than most in the Shelford Group, it was recognised that this was not good enough to meet the challenges that faced the NHS.

There had been an improvement in the rolling 3 month EBITDA, but the longer term aim remained an EBITDA margin of 8-10%, to generate the surplus needed to support investment.

An improvement of £3.5m cost in November was not related to activity (mainly PFI settlement) and this was offset by £1.7m for NHS activity and £1.0m other activity. Income of £84.5m was £2.8m lower than October 2017 and £1.2m below plan. At £48.0m, pay costs had reduced by £0.7m compared to October 2017, £1.6m above
plan. At £30.7m, non-pay costs had decreased by £2.9m from October 2017, £1.4m below plan.

EBITDA in month was £0.9m lower than the forecast of £6.7m. The Trust made a £1m surplus in Month 8 reducing the year to date Control Total deficit to -£13.2m, £5.8m behind plan year to date. Cash was reported at £35.6m, £15.5m above the plan. At £26.0m, capital expenditure was £5.0m ahead of plan: attributed to the £18m Energy Centre having opened earlier than originally planned within the year.

The Chief Finance Officer summarised the three main challenges: to improve the management of operational performance, linked to financial performance; to better deploy Trust resources, in particular staff; and to improve productivity and efficiency. Although there were more clinical staff on the books now than at the beginning of the year, these were not necessarily in the areas where they were most required.

In relation to capital expenditure, it was noted that the Trust continued to spend significantly below plan and the Board was advised to expect the forecast for capital spend to be revised further downwards, to reflect the slippage of schemes into 2018/19.

In considering the Trust’s financial performance up to 30 November, particular points raised included that broached by Mr Christopher Goard, Non-Executive Director, who sought confirmation of what action was being taken to address the adverse variance reported in relation to the Home Assessment and Reablement Team [HART]. It was confirmed that the leadership of the Medicine, Rehabilitation and Cardiac [MRC] division had developed a detailed recovery plan for HART, focusing on the recruitment of staff up to planned levels, and improvement of the proportion of time spent delivering care, rather than travel. Based on the actual time required by patients, the price of each episode of care exceeded that originally negotiated, and this was being addressed in discussion with commissioners.

Mr Goard also sought reassurance on the Trust’s cash position. The Chief Finance Officer confirmed that, while cash was under some pressure because of the shortfall in EBITDA, the position was not significantly behind expectations, because of the capital underspend.

Mrs Anne Tutt, Non-Executive Director endorsed the need to focus on improving underlying recurrent EBITDA as the key for long term sustainability. In the more immediate term, she asked what degree of confidence could be held that the financial re-forecast would be met for 2017/18, to deliver a -£5.2m deficit by year end, and to maintain an acceptable cash position. The Board’s approval of the financial re-forecast had been based on thorough scrutiny of the underlying position, factoring in known risks, to commit to what was regarded to be a challenging but realistic level of improvement in financial performance. In responding, the Chief Finance Officer acknowledged that there were risks to delivering the -£5.2m deficit at year end, including some new risks which had not been known at the time the re-forecast was agreed (notably, the cancellation of elective work throughout January). There had been delay in the delivery of some bottom-up improvements within the clinical divisions. The allocation of winter funding was expected to cover additional expenditure incurred on measures to alleviate winter pressures. Overall, he did not propose changing the re-forecast, which he felt the Trust should still be capable of delivering, albeit with more reliance on non-recurrent items than had been hoped. Efforts should remain focused on achieving the best possible EBITDA exit run-rate.
The Chairman drew discussion to a close, emphasising that the Board would be keeping the situation under close review up until the financial year end.

**The Board received and noted the contents of the report.**

**TB18/01/14 Audit Committee Report**

Mrs Anne Tutt, Non-Executive Director and Chairman of the Audit Committee presented the report of the last meeting held on 22 November 2017. She highlighted the main issues and key risks discussed, and the decisions taken, in a meeting that had focused on Internal Audit, and particularly reviews where there was partial assurance: implementation of Oracle Fusion and Consultant job planning. The Committee had also received an update on implementation of recommendations in an earlier review that had provided partial assurance in relation to Divisional financial management.

Progress in the implementation of all outstanding internal audit recommendations was being kept under close review, and Executive Directors would be required to account for lack of progress.

The Trust’s external auditors Ernst & Young’s proposed timetable of work for 2018 was agreed, under which an Audit Report and Annual Audit Letter was due to be produced in May 2018.

The Committee had received a report from the Medical Director on actions taken in respect of two separate Improvement Notices relating to Ionising Radiation [Medical Exposures] Regulations (IR[ME]R).

The following matters had been referred to the Board:

- A recommendation to provide exemptions on low value waivers; and
- A recommendation that regular Health and Safety Reports be submitted to the Trust Management Executive.

These recommendations were accepted by the Board.

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

**TB18/01/15 Trust Management Executive [TME] Report**

The Chief Executive presented the regular report to the Board on the main issues raised and discussed at the meetings held in November and December 2017, many of which had already been considered under earlier items on the agenda.

He confirmed that TME had given detailed consideration to the important topic of Equality and Diversity, and was keeping the Oracle Fusion investment under close review, to ensure that it would only ‘go live’ as and when risks were mitigated.

Professor Mant asked whether the review of patient acuity had revealed any areas where there were excess staff, and the Chief Nurse confirmed that, with a reduction in the birth rate, there were examples in the Women’s and Children’s Division where staff would be asked to undertake different duties.

The Director of Improvement and Culture added that overall the acuity review showed that the Trust had fewer nurses than required, and more unregistered health professionals. It also showed an apparent increase in the number of doctors, but this could be an anomaly related to the effect of the new junior doctors’ contract.

**The Trust Board received and noted the contents of the report.**
TB18/01/16 CQC Final Action Plan

The Director of Assurance presented a report to the Board in relation to the following reports published by the Care Quality Commission [CQC]:

- Inspection (in August 2017) of the Oxford Centre for Enablement [OCE] at the Nuffield Orthopaedic Centre [NOC]; and
- Inspection (in October 2016) of the John Radcliffe Hospital: Urgent and emergency services and Surgery services (report published in March 2017).

She explained that CQC had changed its approach and now tended to inspect individual services or aspects of care rather than the entire organisation.

The inspection of OCE had followed the report of a patient fall in July 2017, which had been declared and investigated as a SIRI. The CQC attended to inspect OCE in August 2017, and its final report of that inspection was published on 15 December 2017 (a copy of the report was attached to the paper). The SIRI report had identified a number of issues, on the basis of which an action plan had been developed. The Trust had been required to send a formal response to the CQC’s report by 8 January 2018, and had done so by cross-reference to the action plan developed. CQC had then carried out a follow up visit in November 2017, the report from which was awaited.

The action plan developed following inspection of the John Radcliffe Hospital in October 2016 had been extensively monitored, and there remained only a few actions to be completed, as detailed in the report.

The Board was further advised that in November 2017 there had been an unannounced inspection by CQC of maternity services at the John Radcliffe Hospital and at the Horton General Hospital. No major concerns had been raised in the immediate feedback, and the report was awaited.

The CQC had also visited the Trust from 20 to 22 November 2017 to inspect the Trust against the Well-Led domain, the report of which was also awaited, and had carried out a review of the Oxfordshire system in the week commencing 27 November 2017, the draft report of which was expected shortly, in advance of a quality summit that would be convened. The Director of Assurance assured the Board that the increased attention paid by CQC was indicative of the change in its approach to inspection, rather than to any particular concerns about the Trust.

Ms Hay-Plumb reported that she had recently attended a forum at which it had been stated that the CQC’s new approach was intended to facilitate better communication with trusts, and the Director of Assurance confirmed that the Trust very much appreciated the importance of its most constructive relationship with the local CQC team.

The Chairman thanked the Director of Assurance for all the hard work undertaken.

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

TB18/01/17 Equality, Diversity and Inclusion Progress Report

The Director of Improvement and Culture presented the report, which outlined progress made in relation to the Equality and Diversity objectives that had been agreed by the Board in July 2016, and provided assurance to the Board that the OUH is compliant with its responsibilities under the Equality Act 2010 and, in
particular the Public Sector Equality Duty (PSED), the Accessible Information Standard (AIS) and the Workforce Race Equality Standard (WRES).

As well as meeting its legal obligations, the Trust recognised that the delivery of equality and diversity objectives contributed to its mission to deliver compassionate excellence in healthcare.

Mr Salt noted the good work undertaken in the Eye Hospital Co-Production Project and asked whether this could be taken as a template to be followed in other services. The Director of Improvement and Culture advised that the impact had yet to be evaluated, but this would certainly be borne in mind.

Noting the key contribution that had been made by volunteers, the Chief Nurse confirmed her intention to review the volunteer strategy, and the Chairman endorsed the importance of recognising the value of volunteers.

The Medical Director remarked that the Board should take the lead in promoting equality and diversity, and asked whether it could be expected that the diversity of the Board might be improved through the recruitment of a Non-Executive Director [NED] to the vacancy that had arisen upon the expiry of Mr Peter Ward's term. The Chairman endorsed the importance of the Board showing leadership in this respect, and confirmed that there was diversity amongst the shortlist of candidates for the NED vacancy, with interviews scheduled before the end of the month. She commented that the Board would also wish to see greater diversity in Divisional leadership.

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

**TB18/01/18 Research and Development Governance and Performance Annual Report 2016/17**

The Medical Director presented the Research and Development Governance and Performance Annual Report for 2016/17, and expressed his thanks to the Director of Research and Development, Professor Keith Channon.

The report was considered to be very comprehensive, demonstrating the breadth and depth of work undertaken. The Trust was noted to host and partner with the University of Oxford, to sustain a good performance - including against NIHR metrics.

The Chief Finance Officer endorsed the assessment of the Research and Development Directorate as a huge success, but asked whether the deployment of staff into R&D was perceived to translate into operational pressure.

The Medical Director suggested that the situation was complex, with R&D opportunities sometimes being perceived to lure nursing staff away from the clinical front-line, but equally being recognised as something that could attract recruits to the Trust. Even R&D was reporting difficulty in recruiting, and an example of this was that nurses could not be recruited to run clinical trials at the Horton General Hospital. There is no evidence that nurses who want to do research will stay in general nursing simply because they are deprived of the opportunity to get a research post. It had to be recognised that many specialist research nurses also provided clinical support. There was clear evidence that, the more research a trust was involved in, the better the outcomes for patients.
Mr Salt remarked that members of his family, in common with many others, had benefitted from access to clinical trials in recent years, and he considered this to be a real benefit of living in Oxfordshire, with access to clinical trials and the likelihood of improved outcomes.

The Medical Director recognised that more could be done to recruit patients into portfolio studies, beyond those being lead in Oxford. However, the Chief Finance Officer emphasised that the overall rate of participation in clinical trials was tenfold that of many others.

The Chairman suggested that the benefit to the NHS from collaborations to translate research advances into clinical practice was now starting to be seen. The Chief Information and Digital Officer reported that SEND was regarded as an exemplar by the King’s Fund, and illustrated how good R&D could be commercialised. Again, the Chief Executive emphasised that the pursuit of commercialisation was not an end in itself, but the route to seeing research advances translated into clinical practice, for the benefit of NHS patients.

The Board received and noted the Annual Report.

TB18/01/19 Update on Postgraduate Medical Education

The Medical Director presented the update on Postgraduate Medical Education, highlighting that this related to qualified doctors who were undergoing further training, of whom there were 908 working at OUH. The report included a general summary of activity and results of the GMC mandatory survey for trainee doctors. The Trust rates quite well overall, but there were noted to be some areas of concern: Neurosurgery, Medical Oncology and Clinical Radiology had been reported by Health Education England local office to the South Director of Education and Quality.

Professor Mant asked if the Trust was doing enough to recruit into the areas where concerns had been raised. The Medical Director replied that concerns expressed sometimes could be related to the amount of resource going into the department, and sometimes to the culture of the department. When issues emerged, these were discussed directly with the trainees and leadership, in an effort to resolve the situation.

The Chairman asked that the Board be kept informed of relevant developments.

Action: TB

The Board received and noted the update.

TB18/01/20 Patient and Public Participation Strategy: Annual Review

The Chief Nurse presented the annual review of the OUH Patient and Public Involvement Strategy 2016-2019 which provided an update of achievements and work progress against the action plan for 2017.

This work was reported to have had a positive impact, and the Chief Nurse confirmed that she would be having further discussions with stakeholders about how to present patients’ stories. The Trust’s working relationship with Healthwatch was being further developed, and it was noted that HealthWatch were soon to have an intermittent presence on all four of the Trust’s main hospital sites.
The Board received and noted the Annual Review of the Patient and Public Strategy.

**TB18/01/21 General Data Protection Regulation**

The Chairman declared an interest in this item, in her capacity as National Data Guardian, but it was agreed that this did not give rise to any conflict.

The Chief Information and Digital Officer presented the paper about the General Data Protection Regulations / Data Protection Regulations 2018 which were due to have legal effect from 25 May 2018. The Trust’s position with regard to the new Regulations had been assessed, and an action plan prepared. The compliance of key suppliers had also been confirmed.

Key points were highlighted to include:

- Consent is to be considered in an explicit and time bound way;
- Pseudonymised data is introduced;
- Level of maximum fine is 4% global turnover which could be up to £40m fine for the Trust;
- The right to be forgotten was introduced (although this is not an automatic right in healthcare terms);
- The time for responding to Subject Access Requests was reduced to one month, with no fees chargeable for requests.

Mr Goard expressed appreciation for the level of assurance provided, but noted that the size of the potential penalties was huge, and he asked whether the Trust had adequate specialist expertise to address the issue. The Chief Information and Digital Officer responded that he was confident that, with the Chairman’s leadership and his own experience in this area, a well-trained team, and access to external expertise in the Trust’s external legal advisers, there should be adequate specialist expertise available; though it was of course still possible for staff to breach the Regulations and this will be kept under review.

The Medical Director expressed the hope that the scale of fines levied would be proportionate, and asked whether insurance could be obtained. The Chief Information and Digital officer advised that the legislation had not yet been finalised, so this was still a matter of debate. However, provided that the Trust could demonstrate that it had taken all reasonable steps within the law, then there was a reasonable expectation that the Information Commissioner would be proportionate when levying any fines.

The Chairman advised that helpful guidance was provided on the Information Commission Office [ICO] website, and asked that the Board be kept appraised of developments.

**Action:** PK

The Board received and noted the update on GDPR.

**TB18/01/22 Annual Review of Constitution and Reservation and Delegation of Powers and Standing Financial Instructions**

The Chief Finance Officer presented the paper which recommended that the Board approve changes to the Constitution and Standing Financial Instructions to reflect:
• The latest terms of reference for each of the Trust Board’s sub-committees as approved by the Board in July 2017;
• Changes in Executive Director’s responsibilities;
• An amendment to paragraph 24 of Annex 7 of the Constitution as set out in annex 1 of the paper to govern the authority to sign non-legally binding documents which implicitly commit the Trust or which create significant reputational risk.

Mrs Tutt confirmed that the Audit Committee had considered the changes proposed, and recommended their approval by the Board. Approval of the Council of Governors will also be required, and is to be sought at the meeting scheduled on 30 January 2018.

The Board approved the proposed changes to the Constitution and Standing Financial Instructions as set out in the paper.

TB18/01/23 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 Board received and noted the report.

TB17/09/24 Any Other Business

TB17/09/24i Carillion

The Chief Executive advised the Board that, following Carillion having gone into liquidation, the Trust had been reassuring all members of staff – whether directly employed by Carillion, or through an agency - that they would continue to be valued and needed by the Trust.

TB17/09/24ii Chemotherapy

The Medical Director reported that he would be advising the Board further on issues related to the provision of chemotherapy serves, but he could confirm that no treatment protocols had been changed.

TB18/01/25 Date of next meeting

A meeting of the Board to be held in public will take place on Wednesday 14 March 2018 at 10:00 in the Training Room at the Horton General Hospital, Banbury.

The Trust Board approved the motion that representatives of the press and other members of the public be excluded from the remainder of the meeting, having regards to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1(2) of the Public Bodies (Admissions to Meetings) Act 1960).