

Trust Board

Minutes of the Trust Board meeting held in public on Wednesday, 8 May 2013 at 9.00am in the George Pickering Postgraduate Centre, The John Radcliffe Hospital.

Present:	Dame Fiona Caldicott	FC	Chairman
	Sir Jonathan Michael	JM	Chief Executive
	Professor Sir John Bell	JB	Non-Executive Director
	Mr Alisdair Cameron	AC	Non-Executive Director
	Mr Chris Goard	CG	Non-Executive Director
	Mr Geoffrey Salt	GS	Non-Executive Director
	Mrs Anne Tutt	AT	Non-Executive Director
	Mr Peter Ward	PW	Non-Executive Director
	Professor Edward Baker	EB	Medical Director
	Mr Paul Brennan	PB	Director of Clinical Services
	Mr Mark Mansfield	MM	Director of Finance & Procurement
	Ms Elaine Strachan-Hall	ESH	Chief Nurse
	Ms Sue Donaldson	SD	Director of Workforce
	Mr Andrew Stevens	AS	Director of Planning & Information
	Mr Mark Trumper	MT	Director of Development and the Estate
	Ms Eileen Walsh	EW	Director of Assurance
In attendance:	Mr Eric Sanders	ES	Head of Corporate Governance
	Mr Adewale Kadiri	AK	Deputy Head of Corporate Governance (minutes)
Apologies	Professor David Mant OBE	DM	Associate Non-Executive Director

TB64/13 Apologies and declarations of interest

Apologies had been received from Professor Mant, Associate Non-Executive Director. No declarations of interest in the papers to be presented were made.

TB65/13 Minutes of the meeting held on 13 March 2013

The minutes were approved and signed as a correct record subject to the following comments and amendments:

- The Chief Nurse asked that the bullet point at the top of page five be amended to read: "Education across sectors, as many of the ulcers reported in hospital had developed prior to admission";
- The Chief Nurse also asked that the first sentence in the first paragraph on page five be amended to replace the words "...from one month to the next" with should read "between divisions";
- Alisdair Cameron (Non-Executive Director) observed that the action for the Director of Workforce to present a paper on introducing flexibility into the recruitment processes had not been included on the action log. The Director of Workforce noted the link to the workforce cost improvement programme, and agreed to present a paper to the Board;

Action (Director of Workforce)

- It was confirmed that the additional Board meeting to approve the annual accounts would take place at 5pm on the 6 June 2013.

TB66/13 Matters arising from the minutes

The Chief Executive provided the Trust Board with an update on joint working arrangements with the University of Oxford and highlighted:

- The agreement had now been in place for 18 months, and in that time, the relationship between the two organisations had improved significantly;
- The Joint Strategic Partnership Board is chaired alternately by the Chairman of the Trust and the University's Vice-Chancellor, and has a number of sub-groups, including the joint executive group. This structure allows issues to be addressed and resolved at the appropriate level.

Following discussion, the Chief Executive confirmed that it had not been necessary thus far to escalate any issues to the Joint Strategic Partnership Board. Sir John Bell agreed that the relationship now was as good as he could remember, but he noted that issues ought to be escalated more frequently to support timely resolution.

The Trust Board agreed to consider, in more detail at a seminar session, the detail of the joint working arrangements and the escalation of issues through the joint working governance structure.

Action (Director of Assurance)

TB67/13 Action log

The Trust Board discussed the action updates and confirmed those actions which were indicated as being closed. Further discussion was noted as follows:

TB47/13 – The Chair of the Quality Committee (Geoffrey Salt) confirmed that the analysis of the methodology for carrying out cleaning assessments would be presented to the June 2013 meeting of the Quality Committee. The Chief Executive confirmed that the timing of the paper, presenting the dashboard giving details of performance of non-clinical services, to the Finance and Performance Committee would be agreed with the Chair of that Committee.

TB68/13 Chairman's Business

The Chairman did not report any Chairman's Business.

TB69/13 Chief Executive's Report

The Chief Executive presented the report for discussion.

Anne Tutt (Non-Executive Director) informed the Trust Board that she had attended one of the Trust's leadership events, and had found it very encouraging. She noted that around 250 people had attended over the two days, and asked if there were any patterns of non-attendance. The Director of Workforce explained that the divisions had originally identified 650-700 attendees but that this had been reduced for the first two events. The feedback from the first day was that there had not been many medical leaders in attendance, but this had been rectified for the second event.

Geoffrey Salt (Non-Executive Director) queried the timeliness of the communication of the delay in completion of the Neonatal Intensive Care Unit, to the Trust Board. The Chief Executive confirmed that the potential delay had been reported to the Trust Board in December 2012. The Director of Development and the Estate added that a post-build report would be presented to the Trust Board following completion of the NICU expansion project, highlighting lessons to be learnt for other similar schemes

Action (Director of Development and the Estate)

The Board resolved to **note** the contents of the Chief Executive's report.

TB70/13 Patient Story

The Chief Nurse presented the patient story and informed the Board that:

- This was the first time that a patient story from the Board's forward plan had been shared;
- This was a recent story which had been presented as a journey through one of the Trust's services. It was rich in content and contained many learning opportunities, mainly in relation to coordination, communication, attitudes and behaviour;
- The story had commended staff for the care provided;
- The care episode had taken place in February 2013, at a time when services were extremely busy;
- Lessons from the story were being shared at senior levels, and the Trust Board was asked to discuss and comment on the points raised.

Sir John Bell (Non-Executive Director) drew attention to the role that the NHS 111 service had played in this case and the broader impact on the delivery of NHS services. He was concerned that inappropriate decisions may be being made due to the high levels of activity, and that this could impact on the Trust. It was noted that issues about that service had been discussed at the NHS England Board the previous week.

The Medical Director explained that urgent steps were being taken to improve the Trust's emergency services, and stated that this patient story highlighted the pressure that the service had been under at the time. The demands on the service had now eased, but there were issues that needed to be resolved prior to the next winter. He also noted the problems highlighted around access to medicines to support timely discharge. A new dispensing robot was being brought on-line and it was anticipated that this would address the issue of timeliness and ensure more accurate dispensing of medicines.

Chris Goard (Non-Executive Director) commended the story, but asked how the Board could be assured that learning from such experiences was helping to improve services. The Chief Nurse explained that the Quality Committee followed up on actions from patient stories and that these would be collated and presented in the form of an annual report to the Trust Board.

Alasdair Cameron (Non-Executive Director) commented that when the hospital was full and patients had to be admitted to wards less than ideal for their needs, the quality of care provided tended to deteriorate. This was not specific to the cardiac service, and had been raised on a number of occasions, including in relation to end of life care. The Trust Board requested that an analysis of the reasons for the deterioration in the quality of care away from specialist wards be presented to a future Board meeting

Action (Director of Clinical Services)

It was agreed that a further report would be presented to the Trust Board on steps being taken to reduce pharmacy delays at discharge.

Action (Director of Clinical Services)

The Board resolved to **note** the patient story.

TB71/13 Quality Report

The Medical Director presented the first part of this report and highlighted:

- The latest SHMI mortality measurement had been released in April 2013, covering the 12 months to September 2012. The Trust's rate was below the average, and had been falling consistently. The HSMR rate for weekend admissions was also within the expected intervals;
- Three Serious Incidents Requiring Investigation (SIRIs) had been reported during March 2013;
- The increase in incident reporting since the introduction of Datix in April 2012 had been sustained, indicating an active and productive use of the system. The Trust's figures, based on data submitted to the National Reporting and Learning System, were in line with the national average. The Trust was keen to encourage a high incident reporting culture. The pattern of incidents reported was also in line with other Trusts.
- Staff were being encouraged to raise concerns, and the Medical Director referred the Board to paragraphs 10 to 13 of the report which highlighted the four concerns that had been raised by staff since the last Trust Board meeting. Each of these was being addressed, and it was confirmed that the Medical Director and Director of Clinical Services would be meeting with the Consultant Ophthalmologists to discuss improvements to their service.

Alasdair Cameron (Non-Executive Director) asked that the Board be informed on progress to address these concerns.

Action (Medical Director)

- Although 92 cases of *Clostridium difficile* (C. diff) had been reported, following validation, the final figure for 2012/13 was 85, which was within the agreed threshold. This represented a significant reduction from the figure in the previous year;
- Four MRSA cases had been identified during the last financial year, against a threshold of seven;

The Chief Nurse presented the second part of the report and highlighted that:

- Following concerns being raised about nurse staffing in Neurosciences, she had commissioned a report on what was being done to address this;
- The Friends and Family Test results for March 2013 indicated that 93% of the patients who had responded were either likely or extremely likely to recommend the Trust. However, the Net Promoter Score was calculated differently, and gave the Trust a score of 71%;
- The challenge was to increase the number of people completing the survey, particularly in the Emergency Department, with the aim that the response rate would be increased to 20% by the end of the year.

The Medical Director observed that the Trusts with the highest Net Promoter Scores tended to be single specialty organisations, and emphasised the importance of making useful comparisons. It was suggested that consideration be given to the performance of the Shelford Group Trusts.

The Chief Nurse confirmed that she would be reviewing the cleaning scores with the Director of Development and the Estate, and that she would be working with infection control and the cleaning contractors to develop a more transparent scoring system. This report would be presented to the June 2013 meeting of the Quality Committee.

Action (Chief Nurse/ Director of Development and the Estate)

Peter Ward (Non-Executive Director) noted the time lag between the date when two of the SIRIs had occurred and when they were subsequently declared as SIRIs. The Medical Director undertook to look into this and report back to the Quality Committee.

Action (Medical Director)

In response to a question about the link between pressure ulcers and staffing within the EMTA division, the Chief Nurse explained that the Trust was in the process of recommencing detailed work in this area. The professional view was that frailty would have an impact on the level of pressure ulceration and that people with dementia had a higher level of dependency. She emphasised that care was safe, but agreed that there was a need to look more closely at staffing levels. There was to be no Cost Improvement Programme (CIP) on ward staffing this year.

The Chief Nurse noted the higher level of complaints that had been received by the Children's and Women's and Neurosciences Divisions. She stated that these were largely associated with appointment times, and she had received detailed briefings about this issue from both divisions. She agreed to share this with interested Board members.

Chris Goard (Non-Executive Director) referred to improvements in the quality of performance information, and wanted this to be put into a strategic context. He noted the comment in paragraph 48 of the report that the Trust's inpatient survey results were about the same as other Trusts in the CQC report, but he enquired whether this was what the Trust was seeking to achieve. The ambition to be one of the top 20%

of Trusts for quality had been set out in the Quality Strategy, and he suggested that more explicit reference be made to actions to be taken to achieve this.

Anne Tutt (Non-Executive Director) asked if existing processes for capturing staff quality concerns were adequate in light of the recommendations from the Francis Report. The Chief Executive explained that the current arrangements were being reviewed, and he stressed the importance of openness and transparency in this regard, but also that the loop must be closed through the taking of appropriate actions.

Alasdair Cameron (Non-Executive Director) noted the intention to review the Emergency Department Admission Strategy and asked for a progress update on this. The Medical Director stated that staffing patterns had been changed in response to the winter pressures to ensure that the appropriate staff were at the front door. In the longer term, a different service model needed to be designed for frail and elderly patients in conjunction with the CCGs and social services.

The Director of Clinical Services added that a Geratology service would be based within the Emergency Assessment Unit (EAU) from 08:00 to 22:00 seven days a week, and extra investment was being made to ensure the continuity of this service. The plan would be to get all ambulatory patients assessed at the front door, and direct them to the EAU and not the Emergency Department. A role to assist patients in navigating this new system was being filled.

The Director of Assurance highlighted that the complaints and incident sections of the reports were insufficiently focused on outcomes, improvements and learning. She advised that questions ought to be asked about whether actions that had been put in place were having an effect and whether the available information provided the Trust Board with assurance that improvements were being made.

Geoffrey Salt (Non-Executive Director) referred to paragraph 55 of the report in relation to the areas where there had been difficulties in recruiting staff. He advised that the next report ought to focus on the local recruitment position now and look three to five years ahead. The Director of Workforce informed the Board that two major pieces of work on recruitment and retention were to be presented to the Workforce Committee and she stressed the importance of addressing both of these issues together.

The Board resolved to **receive** the report and **note** its contents and the actions being taken.

TB72/13 Quality Priorities 2013/14

The Medical Director presented this paper and highlighted:

- The priorities had been considered in detail by the Quality Committee and had been subject to consultation with patients and staff;
- The priorities had taken account of national guidance, as set out in the National Outcomes Framework, national CQUIN priorities and local priorities;
- Issues that had been highlighted by patients and staff included safer care in surgery, which covered Never Events, surgical site infections, surgical care of elderly patients and the consent process.

The Director of Clinical Services clarified that the high impact and nationally mandated CQUINs had been agreed, but that the Trust was still in discussion with Oxfordshire CCG on local CQUINs. He expected this process to be completed within the next week. The Trust Board asked that the locally agreed CQUINs were presented to the Board for approval once they had been agreed with Oxfordshire CCG.

Action (Director of Clinical Services)

Following discussion, the Board resolved to **approve** the three headline priorities, subject to the local CQUINs being agreed. The Board also resolved to **note** the processes in place to deliver the priorities in 2013/14.

TB73/13 Immediate actions arising from the Public Inquiry into the Mid-Staffordshire NHS Foundation Trust

The Medical Director presented this report and highlighted:

- The government's response contained five themes and that these were different from those identified within the Francis Report. He highlighted the key actions under each theme, and subsequently drew the Trust Board's attention to the seven priorities for the Trust:
- The Trust had progressed the work on developing its culture, through Delivering Compassionate Excellence and the leadership events. More needed to be done, however, reflecting the requirement for radical change within the NHS;
- In relation to the raising of concerns, it was noted that this did happen at Mid Staffordshire, but nothing had changed as a result. This represented a challenge, and the idea that had previously been put forward to get the views of a group of say 30 complainants during a discussion could be considered. It was not clear that the paper based approach to complaint resolution was working;
- The CQC was working to implement a new set of fundamental standards and the implications of these on the Trust's assurance systems, would have to be reviewed;
- The Health and Safety Executive would play a greater role in addressing failures in the NHS where their remit allowed;
- There was a requirement within the Francis Report for each Trust to state publicly whether they were in agreement with the 290 recommendations.

The Trust Board held a discussion about the implications of these proposals for the Trust. It was agreed that the right things were being done but that more was required to ensure that all staff understood the Trust's values.

The Trust Board noted the possibility of criminal sanctions against directors, and concern was expressed that this could dissuade people from wanting to serve as Non-Executive Directors.

Chris Goard (Non-Executive Director) referred to the action to review the Trust's clinical staffing models, and stressed the importance of staff engagement in this regard. The Director of Workforce agreed to provide two examples of work that had been done with divisions to the Finance and Performance Committee in August 2013..

Action (Director of Workforce)

The Director of Clinical Services added that the Trust's workforce planning was integrated with its business planning processes and focused on the period 9-10 months in advance. It was focusing on frontline clinical care, but this did not always mean that more staff were needed.

The Director of Assurance agreed to present a briefing to the Board on the issue of criminal sanctions being issued against Trust directors and other staff.

Action (Director of Assurance)

The Board resolved to **note** the government's initial response to the Francis Report. It was also **agreed** that TME would consider the recommendations set out in paragraphs 22 to 30 of this paper, and present an action plan to the Board.

Action (Chief Executive)

TB74/13 Update on review of the Midwifery led Unit in Chipping Norton Action Plan

The Director of Clinical Services presented the update on the review and highlighted that the action plan was being updated and monitored every fortnight, and it was confirmed that positive progress was being made. The Trust Board was asked to decide if it would be appropriate to reconsider the unit's reopening date in light of the fact that the action plan was on track.

The Chief Executive informed the Trust Board that he and the Trust's Head of Midwifery had met the Prime Minister (in his role as MP for Witney) and had informed him that it was unlikely the unit would be reopened before 1 July 2013.

In response to a question as to what would happen if the issues that led to the closure of the unit resurfaced, the Director of Clinical Services stated that the actions would be reviewed during the third week of June 2013 before the unit reopened. He also confirmed that an early warning system was being implemented to maintain assurance on the quality of services provided at the Trust's geographically dispersed

units. The Director of Clinical Services agreed to provide updates to the Board at 6 months and 12 months following the unit's reopening.

Action (Director of Clinical Services)

The Board resolved to **note** the progress that had been made in response to the recommendations from the review. The Board also **agreed** to **retain** 1 July 2013 as the date to reopen the unit for births.

TB75/13 Pressure Ulcer Prevention Report

The Chief Nurse presented this report and highlighted:

- There was a CQUIN requirement to reduce all pressure ulcers across the health economy by 50%, and emphasised the need for staff to have skill in detecting the early signs of ulceration;
- Work had already started on a policy and protocol, and a mattress replacement exercise had been completed at the John Radcliffe site, with work on-going at the other hospitals;

The Trust Board discussed the achievability of 50% reduction in pressure ulcers. The debilitating impact that this condition had on patients was acknowledged, and it was agreed that there was a need to take all necessary steps to address it. There had been a hiatus in progressing this work, as the nurse consultant role in tissue viability had been vacant since 2011. Options for an alternative model were being appraised, and in the meantime, the Tissue Viability Advanced Nurse Practitioner working within the MARS division had agreed to a secondment from April 2013 to support the development of a Trust-wide service. The Trust Board agreed that the target was indeed challenging, and the Chief Nurse agreed to provide updates to the Quality and Clinical Governance Committees.

The Board resolved to **note** the contents of the report.

TB76/13 Foundation Trust update

The Director of Planning & Information presented the update and highlighted:

- The Trust was now required to submit its application to the TDA on 1 July 2013. NHS South of England had highlighted three areas of work to take place before formal consideration by the NHS TDA:
 - Sustain performance up to 1 July 2013;
 - Update the Integrated Business Plan and the Long Term Financial Model following discussions with commissioners regarding contract agreements for 2013/14;
 - Complete actions in response to the Trust Board observation carried out in March 2012 and on Board development;
- Sessions had been organised for prospective public governor candidates, and these had been well attended. The approach for prospective staff governors had been adjusted and sessions were to be arranged later in the year.

Peter Ward (Non-Executive Director) enquired how performance against the Trust's biggest risk areas would be assessed. The Director of Clinical Services stated that

there was an expectation that most areas of performance, including the Emergency Department waits target, would be achieved in May 2013.

The Trust Board discussed the Emergency Department wait target performance nationally, and the approach that Monitor had taken at a nearby NHS Foundation Trust.

The Board resolved to **note** the progress made, and to **agree** arrangements for agreeing the revised Integrated Business Plan and Long Term Financial Model.

TB77/13 Accountability Framework for NHS Trust Boards

The Director of Planning & Information presented the paper and informed the Trust Board that this guidance described how NHS Trusts would be performance managed and how they would be supported to progress towards NHS Foundation Trust authorisation.

The guidance also described the approval mechanism for major capital schemes and organisational reconfigurations, including mergers and acquisitions. Ms Donaldson added that the pay implications within the guidance would be picked up via the Remuneration and Appointments Committee.

It was noted that a Board to Board meeting was to be held with the TDA following submission of the Trust's application, and was likely to take place in July or August 2013.

The Board resolved to **note** the contents of the framework.

TB78/13 NHS England Business Plan 2013/14 to 2015/16

The Director of Finance presented this paper, and explained that the Trust's accountability, as highlighted in the previous paper, was to the NHS TDA, but that NHS England (formerly the NHS Commissioning Board) had a role in outlining priorities to commissioners and providers. He set out the important elements from the Trust's perspective as follows:

- Choice and competition – this was a continuation of the existing policy, and it was noted that a move towards competition locally was now evident;
- Specialist services - there was an expectation of a renewed drive towards national outcome measures and greater national specification;
- Review of the funding formula for CCGs – this would be important for Oxfordshire CCG and impact on local accountability;
- Pricing - the link between funding formulas and the pricing mechanism, both of which had previously been considered separately.

The Board resolved to **note** the contents of the Business Plan.

TB79/13 Integrated Performance Report Month 12

The Director of Clinical Services presented this report and highlighted areas of good performance:

- VTE risk assessments for all 12 months achieved at 3.1% above target;
- MRSA – 4 cases reported in year against a trajectory of 7;
- RTT Admitted and Non-admitted targets achieved at Trust level and across all specialities;
- The Trust's financial position at year end was above plan and the planned surplus was achieved;

In terms of areas for improvement, it was noted that the period from January to March 2013 had been difficult, and although the 4 hour Emergency Department waits target had been achieved in Q2 and Q3, it had not been met in Q4. The number of delayed discharges had started at 200, had fallen to 92 during the year, but had subsequently risen again to 188. Diagnostic waits for orthopaedic ultrasound and MRI had exceeded 6 weeks, but recovery plans were in place and on track to deliver no waits above 6 weeks by June 2013.

It was agreed that as the number of C. diff cases recorded had been reduced from 92 to 85, the Trust's risk rating ought to be Amber/Green rather than Amber/Red.

The Board resolved to **note** the contents of the report.

TB80/13 Financial Performance for 2012/13

The Director of Finance presented the report and reminded the Board that the figures were draft and subject to the outcome of the external audit currently underway. He confirmed that the Trust had achieved its targeted £3.6 million surplus. The Trust had also met both its External Financing Limit and Capital Resource Limit.

The Board congratulated the Director of Finance for achieving delivery against the key aspects of the plan. Anne Tutt (Non-Executive Director) asked that the Finance and Performance Committee be allowed to interrogate these results in more detail, including the extent to which the Trust's contingency funding had been utilised. The Director of Finance stated that a detailed analysis of the results would be conducted and presented to the Trust Management Executive (TME) in May 2013, and that a similar report would be presented to the Finance and Performance Committee in June 2013. It was acknowledged that for the future meetings the Trust Board required more information on the underlying position.

Action (Director of Finance)

Peter Ward (Non-Executive Director) enquired about changes to the management to Cost Improvement Programmes, in response to which the Director of Finance made the following points:

- There was a need for firmer and more granular plans, and this had already been reflected in the 2013/14 programme;
- A renewed focus on recurrent and non-recurrent savings was to be maintained by the CIP steering group;
- There was recognition of the fact that some programmes take longer to deliver. The steering group was now focusing on the 2014/15 programme;

The Chief Executive observed that achieving 92% delivery against the CIP target represented good performance.

The Board resolved to **note** the contents and conclusions of the report.

TB81/13 NHS Trust Oversight Self-Certification

The Director of Planning & Information presented the report and informed the Trust Board that the March 2013 Governance Risk Rating should be amended to Amber/Green to reflect the improve position against the C. diff target.

The Board resolved to **note** and **receive** the report.

TB82/13 Care Quality Commission Inspection Report

The Director of Assurance presented the inspection report from the CQC following their recent visit, and congratulated staff in the relevant clinical areas on the confirmation that the standards inspected were being met. She stated that some areas for improvement had been identified, and that an action plan to address these would be developed and monitored through the Clinical Governance Committee and monitored by TME.

The Board resolved to **note** and **receive** the CQC report.

TB83/13 Board and Sub-Committee Effectiveness Review

The Director of Assurance presented the report and highlighted:

- The Trust Board had agreed to review the effectiveness of the arrangements that had been put in place for the conduct of Board and sub-committee business after three cycles of meetings;
- The paper addressed the requirements identified in the BGAM and HDD reports and that the Trust's arrangements had been reviewed against the Monitor Code of Governance and the Intelligent Board Good Practice Guidance;
- The review had been conducted by way of a structured questionnaire completed by Audit Committee members and other attendees, a series of interviews held with members of the Quality and Finance and Performance Committees, as well as a desktop review of the cycle of business and Terms of Reference of each sub-committee;
- The overall theme emerging from this work was that there had been significant improvements in the effectiveness of the sub-committees, but there was still room for improvement, including:
 - Reducing the amount of paperwork which remained overwhelming;
 - Creating a sharper focus on gaining assurance;
 - Improving the scheduling of meetings such that the sub-committees received up to date information and were able to effectively support the Board;

The proposed way forward including the three proposed options were discussed.

Alasdair Cameron (Non-Executive Director) noted that under the present timetable of ten Board meetings, much work was being delegated to the sub-committees whose meetings had heavy agendas and tended to overrun. He was not convinced that a move to fewer meetings would work, unless these were all day meetings. The Chief Executive agreed that the Trust Board members needed more time together, and he contended that the move to six formal meetings a year would achieve this as the Trust Board would have the whole day to conduct its business.

In response to a question about practices at other Trusts, the Director of Assurance advised that there was no consensus on this subject within the Shelford Group.

The Chief Executive suggested that the Board could accept the proposal on the basis that its effectiveness be reviewed after three cycles of meetings.

Peter Ward (Non-Executive Director) suggested a reduction in the size of the Trust Board packs in favour of shorter papers containing an electronic link to the information sitting behind them. The Director of Assurance agreed and confirmed that the new Head of Corporate Governance was being tasked with reviewing and resolving this issue.

The Board resolved to:

- **Agree** to the proposal to move to six Trust Board meetings per year;
- **Agree** to the frequency of sub-committee meetings as set out in paragraph 10.1 of the paper;
- **Approve** that Terms of Reference of the Board sub-committees be made available on the Trust website, and that a further review of the Code of Governance is undertaken once the Trust is authorised as an NHS Foundation Trust;
- **Agree** that the next annual report should include a description of each director's skills, expertise and experience; and
- **Approve** that a programme of work, led by the Head of Corporate Governance, involving relevant Executive Directors, is undertaken to review the content of regular reports to the Trust Board with a view to reduce the amount of duplication.

TB84/13 Annual Governance Statement

The Director of Assurance presented this paper, attaching the latest draft of the Annual Governance Statement (AGS), and she advised that the Head of Internal Audit's Opinion was awaited.

The Chief Nurse referred to page five of the statement and indicated that the Trust Board had agreed that the Medical Director had lead responsibility for quality and this should be reflected in the AGS.

In relation to attendance at committee meetings, the Trust Board was reminded that Non-Executive Directors were able to nominate substitutes if they were unable to attend meetings, and asked for clarification as to whether this had been taken into account in the relevant sections of the AGS. The Director of Assurance was asked to review and resolve the issues raised.

Action (Director of Assurance)

The Board resolved to **approve** the draft AGS for signature by the Chief Executive subject to the areas for clarification above and any other material issues coming to light before 6 June 2013.

TB85/13 Register of Interests and Register of Gifts and Hospitality

The Director of Assurance presented this paper.

The Chief Nurse asked that her connection with South Warwickshire CCG be reflected in the Register of Interests.

The Board resolved to **note** the contents of the attached Registers.

TB86/13 Report from Board sub-committees**(a) Audit Committee**

The Chair of the Audit Committee (Anne Tutt) presented the report and highlighted that the risk deep dive process was underway. She acknowledged that it was not perfect, and that it would be subject to continuous review. She also informed the Trust Board that a number of Internal Audit reports that had been scored as limited assurance had been received, and that the relevant Executive Directors had attended the meeting to report on what was being done to address the issues raised. She indicated that the Committee was to work with the Quality Committee on the Trust's response to winter pressures.

(b) Finance and Performance Committee

The Chair of the Finance and Performance Committee (Chris Goard) presented this report and highlighted that the Committee had approved its objectives for 2013/14.

(c) Quality Committee

The Chair of the Quality Committee (Geoffrey Salt) presented the report and commented on improvements in the quality of the debates taking place at the Committee, and cited the discussion on changes to the outpatient system as an example of this.

The Board resolved to **note** the contents of all three reports.

TB87/13 Consultant appointments and signing of documents

The Chief Executive presented the regular report to the Trust Board on the use of delegated authority regarding the appointment of consultant medical staff, the signing of documents and the use of the Trust Seal.

The Board resolved to **note** the contents of the report.

TB88/13 Any Other business

There was no other business.

TB89/13 Date of the next meeting

A meeting of the Trust Board to be held in public will take place at 9.00am on Wednesday 10 July 2013 in the George Pickering Postgraduate Education Centre, the John Radcliffe Hospital.

The Board then considered and approved the following motion:

“that representatives of the press and other members of the public are excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity on which could be prejudicial to the public interest (Section 1(2) of the Public Bodies (Admissions to Meetings) Act 1960”.