

Trust Board

Minutes of the Trust Board meeting held in public on **Wednesday 11 September 2013** at **10:00** in the George Pickering Postgraduate Centre, The John Radcliffe Hospital.

Present:	Dame Fiona Caldicott	FC	Chairman
	Sir Jonathan Michael	JM	Chief Executive
	Mr Alisdair Cameron	AC	Non-Executive Director
	Mr Christopher 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 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
	Ms Liz Wright	LW	Acting Chief Nurse
In attendance:	Mr Eric Sanders	ES	Head of Corporate Governance
	Ms Camilla Mitchell	CM	Administrator for Corporate Governance (minutes)
Apologies	Professor Sir John Bell	JB	Non-Executive Director
	Professor David Mant OBE	DM	Associate Non-Executive Director

TB114/13 Apologies and declarations of interest

Apologies had been received from Professor Sir John Bell, Non-executive Director and Professor David Mant, Associate Non-executive Director.

No declarations of interest were made.

TB115/13 Minutes of the meeting held on 10 July 2013

The minutes were approved and signed as a correct record.

TB116/13 Matters arising from the minutes

There were no matters arising from the minutes.

TB117/13 Action log

The Trust Board agreed the updated status of the actions as presented.

TB118/13 Chairman's Business

The Chairman advised that the Government's response to the Information Governance Review Report, which she had authored, had been launched by the Secretary of State for Health, Jeremy Hunt.

TB119/13 Chief Executive's Report

The Chief Executive presented the report.

TB120/13 Patient's Story

The Acting Chief Nurse presented the patient's story which outlined issues faced by men who have prostate cancer, their treatment and the role of support groups, and further highlighted:

- That the story was chosen because it highlighted gaps in emotional and peer support such as when choosing treatment options and support for families;
- That the support group provided emotional support, from others who had been through the same issues;

The Chief Executive highlighted the issue of patient choice commenting that there should be a balance of informed patient choice supported by clinical advice on the available options.

Christopher Goard, Non-executive Director suggested a review of information provided to patients which should include statistical information to help patients make decisions. It was agreed to identify the number of support groups in operation within the draft Patient Experience Strategy.

Action: Acting Chief Nurse

The Trust Board noted the patient story.

TB121/13 Monthly Quality Report

The Medical Director presented the report and explained that from next month the format of the report would change to a more data driven format. The following points were highlighted:

- The SHMI data for the Trust was comparable with similar hospitals within the Shelford Group and the Trust's HSMR was around 100 with no difference between weekdays and weekends. Progress on embedding the mortality review programme was due to be presented to the Quality Committee in October 2013;
- Risk summits were planned to take place in October 2013, reviewing pneumonia and inpatient care of diabetes;
- There was an increase in the number of incidents reported, however the number of harm events had been maintained, which demonstrated an improved culture of reporting within the Trust;
- There were no new quality concerns raised by staff;

The Trust Board discussed the Friends and Family Test results and agreed that it would be helpful to include comparisons with peers. It was also highlighted that whilst 91% of respondents were likely to recommend the Trust, only 1% of respondents stated that they would not recommend the Trust.

The trajectory for the reduction in pressure ulcers was discussed. The incidence was increasing due to improved reporting at an early stage in the formation of ulcers. This had increased the number of reported pressure ulcers at level 1, with fewer at levels 2 and 3. It was agreed that a breakdown of the number of pressure ulcers should be included in future reports.

Action: Medical Director

The Trust Board noted the report.

TB122/13 Response to the Francis Inquiry

The Medical Director presented the paper stating that this was the third time the Trust Board had received an update on progress to address the recommendations from the Francis Inquiry, and the report had been further updated to include actions resulting from the Keogh and Berwick Reports. The following points were highlighted:

- The Keogh and Berwick reports reinforce the priorities already agreed by the Trust Board in its Quality Strategy;
- The Keogh report also emphasised the need for robust data analysis and improved data quality;
- The Trust was developing a programme of internal peer reviews in clinical services which would involve multidisciplinary teams, and would be supported by robust data sets and risk summits on specific risk areas;

The Chairman queried whether there was sufficient capacity within the organisation to achieve the stated plans. It was confirmed that plans were being developed, with clear priorities and timescales for delivery. The three key areas of focus were confirmed as the internal peer review programme, risk summits and mortality reviews.

The Trust Board supported the approach and highlighted the need to ensure that the right tone for the review process was set to ensure staff were engaged, and that objective measures of improvement were identified as a result of the processes.

TB123/13 Annual Report on Complaints 2012/13

The Acting Chief Nurse presented the paper and highlighted:

- There had been 864 complaints from April 2012 to March 2013;
- The system for managing complaints was being reviewed in line with the development of the Patient Experience Strategy, and was being supported by a series of Listening into Action events;
- Work was underway to ensure that ethnicity data was being collected to ensure that all groups within the community were able to raise complaints;

The Director of Assurance suggested an increased focus on how the Trust learns from complaints and how this is shared across divisions.

The Trust Board received the report.

TB124/13 Integrated Performance Report to July

The Director of Clinical Services presented the report and highlighted:

- All cancer targets had been achieved in June, with data for July still being validated;
- Good progress had been made to reduce diagnostic waits which had risen above 2000, but were on target to be reduced to the target level of 1% in September 2013;
- Delayed transfers of care remained high in August 2013;

The Trust Board received the report.

TB123/13 Financial Performance to July

The Director of Finance and Procurement presented the paper highlighting:

- The Trust had achieved its plan for the year to date. However there were a number of variances including over performance on commissioning income of £7.4m;
- The associated increase in activity had resulted in an increase in the cost of staffing, primarily linked to the use of agency staff;
- £12.4m of the Cost Improvement Plan (CIP) had been delivered and the Trust was forecasting to achieve the majority of its CIP for the year;

Peter Ward, Non-executive Director asked how the £7.4 million over performance had been split. The Director of Finance and Performance responded that 40% was related to the Oxfordshire Clinical Commissioning Group and 50% from the Wessex Local Area Team. The Trust was working closely with the commissioners to address the implications of the above plan activity above plan through the activity management plan.

Christopher Goard, Non-executive Director queried the cost of bank and agency staffing and whether this related to the timing of recruitment and what the forecast was for reducing this level of spend. The Director of Finance and Performance responded that there were three drivers:

- Planned specialist services developments where a business plan had been implemented but they have been unable to recruit the required staff;
- Additional activity;
- Turn over especially in pressured and specialised positions;

It was noted that the trend was improving. However the recent changes to processes, which require bank staff to be sourced through NHS Professionals, was being embedded and may not have a short term impact on reducing bank and agency spend.

It was noted that recruitment and retention was a key risk to the Trust, particularly given the rising activity, and the cost of living in Oxford.

The Trust Board noted the report with the need to urgently address the activity management plan.

TB124/13 NHS Trust Oversight Self-Certification

The Director of Planning and Information presented the paper highlighting:

- The Trust had reported green performance against the Governance Risk Rating for July 2013 with a Financial Risk Rating of 3;
- NHS Foundation Trusts would be required to change their reporting to be aligned with the implementation of the Risk Assessment Framework and the Trust was in discussions with the NHS Trust Development Authority about when to transition;

Anne Tutt, Non-executive Director queried the change in reporting related to the Information Governance Training requirement for staff, which the Trust was now declaring as compliant. It was confirmed that the Trust was confident that it had

plans in place to achieve the target and could therefore state that it was compliant with the statement.

The Trust Board noted the report.

TB125/13 Quarterly HR and Workforce Report

The Director of Workforce presented the paper highlighting:

- Sickness absence was above plan due to an increase in the incidence of colds and flu. The flu campaign was therefore critical in addressing this through Winter;
- A new appraisal tool was being rolled out across the Trust which would support the transition to linking incremental pay to performance;
- The Trust had been shortlisted for an HSJ award linked to statutory and mandatory training;

The Trust Board discussed the issue of medical representation at the leadership conferences. The issue had been noted and was linked to the amount of notice provided to clinicians so that this did not impact on clinical activity.

The Trust Board noted the positive impact and transformation in culture that Sue Donaldson had brought as Director of Workforce.

The Trust Board noted the report.

TB126/13 Winter Plan

The Director of Clinical Services presented the paper and advised that the impact of the Winter Pressure funding announced by the Secretary of State had not yet been incorporated into the plan. This amounted to £10.2m for the Oxfordshire health system.

Anne Tutt, Non-executive Director asked about the level of confidence in coping with the number of initiatives in the plan. The Director of Clinical Services acknowledged the risk as many of the developments were people based so recruitment was a key challenge.

The Trust Board noted the plan.

TB127/13 Annual Review of Risk Management Strategy Implementation

The Director of Assurance presented the paper and highlighted that the review considered the effectiveness of the implementation of the risk management strategy. The review demonstrated an improvement from level 2 to level 3 over the past 12 months.

The Trust Board discussed the required changes to increase maturity further to level 4 and noted that it would be challenging to embed risk management into day to day practice. However it noted that in some areas this had already been achieved.

The Trust Board noted the progress in relation to the Trust's overall risk maturity and approved the amendments to the Risk Management Strategy.

TB128/13 Foundation Trust Update

The Director of Planning and Information presented the paper highlighting that the NHS Trust Development Authority quality visit had identified areas for development and given positive feedback, particularly in relation to staff engagement and raising concerns.

The Board noted the paper.

TB129/13 Business Case for the Relocation and Development of Cardiology Outpatient Services

The Director of Clinical Services presented the paper highlighting that the business case proposed the creation of an echocardiography unit and consolidation with cardiac outpatients. The preferred option, option 3, would require an investment of £1,540k from capital and £604k from revenue funding. £600k of capital funding would be sourced from charitable sources and had been committed.

Anne Tutt, Non-executive Director queried why it had taken so long to get from the original to the current business case. The Director of Clinical Services explained that there had been concerns about the use of space and financing of the original plan. These issues had been addressed and the Trust Management Executive had reviewed it and recommended to the Trust Board to approve the revised case.

Following a question from Peter Ward, Non-executive Director it was confirmed that the required capital had been allocated within the approved capital program.

The impact on outpatients and the associated outpatient project was discussed. It was noted that the developments would release capacity in the central outpatients department and therefore would have an overall positive impact.

The Trust Board approved the business case based on the preferred option.

TB130/13 Development of a Public Health Strategy for OUH NHS Trust

The Director of Planning and Information presented the paper which proposed the development of a public health strategy for the Trust which would build on the staff health strategy. Priorities would be identified and would be presented to the Trust Board in January 2014.

The Trust Board approved the development of a 1 year public health strategy for the Trust and the statement of intent.

TB131/13 Finance and Performance Committee Report

Christopher Goard, Non-executive Director, presented the report highlighting that the Committee had focused on the issues of staffing costs, forecast performance to the end of the year and consideration of the associated risks.

The Trust Board noted the report.

TB132/13 Quality Committee Report

Peter Ward, Non-executive Director and Vice-Chairman of the Quality Committee presented the report and highlighted that the Committee had focused on the issues

related to mortality data and management of avoidable deaths, and workforce planning,

The Committee also received a report on how the Trust had managed the risks related to maternity staffing which had demonstrated the risk management system in operation.

The Trust Board noted the report.

TB133/13 Trust Management Executive Report

The Chief Executive explained that in recognition that the Trust Management Executive was a formal subcommittee of the Trust Board, a report from August was presented and further reports would be presented on a regular basis.

The Trust Board noted the report.

TB134/13 Consultant Appointments and Signing of Documents

The Chief Executive presented the paper for information.

The Trust Board noted the report.

TB135/13 Annual Cycle of Business

The Chairman presented the revised Annual Cycle of Business.

The Trust Board approved the Annual Cycle of Business.

TB136/13 Any Other Business

The Chairman expressed the appreciation of the Trust Board for the work of Sue Donaldson, Director of Workforce in her time at the Trust, and wished her well for the future.

TB137/13 Date of the next meeting

The next meeting is due to be held on Wednesday 13 November 2013 at 10:00 in the Postgraduate Education Centre, John Radcliffe Hospital.

Signed

Date