

Trust Board

Minutes of the Trust Board meeting held in public on **Wednesday 10 July 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
	Professor Sir John Bell	JB	Non-Executive Director
	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	Deputy Chief Nurse
	Professor David Mant OBE	DM	Associate Non-Executive Director
In attendance:	Mr Eric Sanders	ES	Head of Corporate Governance
	Ms Camilla Mitchell	CM	Administrator for Corporate Governance (minutes)
Apologies	Ms Elaine Strachan-Hall	ESH	Chief Nurse

TB90/13 Apologies and declarations of interest

Apologies had been received from Ms Elaine Strachan-Hall, Chief Nurse.

No declarations of interest were made.

TB91/13 Minutes of the meeting held on 8 May 2013

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

- The Chief Executive suggested that the wording on page 4 'deterioration in the quality of care away from specialist wards' did not reflect the meaning of the concern discussed. The Trust Board recognised the advantages of specialist rather than general medical care however this needed to be balanced with bed occupancy and activity levels. The Trust Board agreed that the wording should be changed to reflect the advantages of specialist care rather than that there was a deterioration of care when specialist care was not available.
- The Chief Executive suggested that the reduction in pharmacy delays would best be monitored through pharmacy metrics through the Finance and Performance Committee.

- The Director of Development and the Estate commented that the paragraph on page 5 starting with 'The Chief Nurse...' regarding developing 'a more transparent scoring system' should be corrected. The system was currently transparent however the data came from multiple sources. The sentence should be changed to 'a more comprehensive and integrated scoring system'.

TB92/13 Matters arising from the minutes

There were no matters arising from the minutes.

TB93/13 Action log

TB70/13 – The Chief Executive suggested that following the adjustment of the minutes this item should be removed from the log.

TB47/13 – This action was considered by the Quality Committee in June and was agreed as completed.

TB94/13 Chairman's Business

There was no Chairman's business to report.

TB95/13 Chief Executive's Report

The Chief Executive presented the report and made the following points:

- The Oxford Academic Science Centre (OXAHSC) had been shortlisted as part of the authorisation process and was due to progress to the next phase.
- Data on surgical outcomes by surgeon had been published.

The Medical Director explained that data for a range of specialties had been published and that all of the surgeons from the Trust had excellent outcomes. The Medical Director noted that although this data was available to the public it was not in an easily accessible form.

The Trust Board agreed that the surgical outcomes data should be presented to the Trust Board as an addendum to the Quality Report.

Action (Medical Director)

- The Cavendish Report on training was due to be published and the Trust Board was reminded of the Trust's care support worker academy.

The Deputy Chief Nurse was asked to present a report to the Trust Board in September 2013 comparing the Trust's current approach with the recommendations from the Cavendish Report.

Action (Deputy Chief Nurse)

Peter Ward, Non-Executive Director, queried where the responsibility for the accuracy of the surgical outcome data rested. The Medical Director explained that the data was supplied by the professional societies, who had in turn sourced it from the individual clinicians. The Trust was given access to the data and had the opportunity to investigate any anomalous information. The Chief Executive highlighted that it was the Trust's responsibility to deliver safe care and this

responsibility could not be outsourced to any external body. It therefore needed to ensure that it accessed and understood the data.

The Chairman requested that future stakeholder events were communicated to the Non-Executive Directors for information.

TB96/13 Patient's Story

The Deputy Chief Nurse presented the patient's story informing the Board that:

- The story was an example of supported hospital discharge and the emergency department/social care interface;
- It was about an elderly lady who had had a fall at home and sustained a head injury;
- The story illustrated the patient pathway and highlighted the better care available using this pathway;
- Supported hospital discharge was a pilot scheme and the Trust would evaluate its performance and any learning would be used in future service developments.

Christopher Goard, Non-Executive Director, questioned the scalability of the scheme and asked how this would impact on patients during winter. The Director of Clinical Services advised that the service had already had a positive impact on patient flow and that further implementation of the service would be undertaken in the coming months to support operational delivery during the winter. A service assessment was being undertaken and this would be presented to the Finance and Performance Committee.

Action (Director of Clinical Services)

Alisdair Cameron, Non-Executive Director, questioned how to quantify the impact on delayed transfer of care patients (DTOCs). The Director of Clinical Services responded that the service had managed an average case load of 65 patients, of which 60 would have been DTOCs.

The Trust Board noted the patient story.

TB97/13 Monthly Quality Report

The Medical Director presented the report and highlighted:

- Mortality measures were within the expected range;
- The Quality Accounts had been signed off by the Quality Committee on behalf of the Trust Board;
- All but one of the CQUIN targets had been met;
- The numbers of incidents reported was increasing which suggested a strong reporting pattern and was encouraging, although the risk areas remained the same;
- Serious Incidents Requiring Investigation (SIRIs) were more than average in May 2013;

- Following the request from the Trust Board, the report included an update on progress to respond to quality concerns raised by staff;
- The Friends and Family Test (FFT) response target had been achieved;
- The Trust was achieving the targets for infection control;

Alisdair Cameron, Non-Executive Director, challenged whether the Trust was doing enough to deal with incidents of slips, trips and falls. The Director of Development and the Estate commented that a significant difference could be made by redesign of the ward environment, as 90% of falls occurred at the bedside.

Sir John Bell, Non-Executive Director, suggested that when the data presented in the report was triangulated, specifically HSMR, a rise in the number of incidents and the severity of incidents, this presented a worrying picture and sought assurance that the Trust did not have quality concerns which needed to be addressed.

The Medical Director confirmed that the Trust was within the expected range for HSMR, and was now reporting incidents at a similar level to its peer group.

The Deputy Chief Nurse expanded on the issue of pressure ulcer incidents which the Trust had predicted would increase, following improvements to reporting processes. In addition the number of category 1 pressure ulcers (the least severe) was increasing which demonstrated that early identification was improving.

It was also highlighted that the introduction of electronic reporting of incidents had simplified and accelerated the process and supported the Trust is capturing all incidents.

Peter Ward, Non-Executive Director, challenged the time taken to report or respond to a SIRS. The Medical Director advised that incidents were investigated and acted upon immediately however clarification of status as a SIRS may depend on the facts determined through the investigation.

Christopher Goard, Non-Executive Director, asked what was being done about the incidents of pressure ulcers given these represented over half of the SIRS's reported. The Deputy Chief Nurse explained that there was focussed training for ward staff to support the reduction in the incidence of pressure ulcers and that the action plan was reviewed on a fortnightly basis to ensure the Trust was on track.

Geoff Salt, Non-Executive Director, commented that complaints could be reduced dramatically by improving administration processes. The Director of Clinical Services responded that this was due to be addressed as part of the outpatient programme and that currently the capacity was not sufficient to meet demand.

The Trust Board noted the report.

TB98/13 Integrated Performance Report to Month 2

The Director of Clinical Services presented the report highlighting that:

- Key performance was on track in most areas;
- The cancer 62 day wait target had been missed and an action plan had been implemented to bring the target back on track;
- Diagnostic waits for orthopaedic ultrasound and MRI had exceeded the 6 week wait target and extra capacity had been implemented to support reduced wait times;

Peter Ward, Non-Executive Director, noted that theatre utilisation was reducing and asked whether this was a concern. The Director of Clinical Services responded that theatres would be operating at above target levels by September 2013.

Geoff Salt, Non-Executive Director, commented that cancelled operations were double the standard and asked when the Trust would achieve the standard and how this would be achieved. The Director of Clinical Services responded that cancellations had been due to bed capacity and that this issue was being resolved and improvement would be reported from June 2013.

The Board agreed that the report gave sufficient assurance.

TB99/13 Financial Performance to Month 2

The Director of Finance and Procurement presented the paper and explained that the figures for income for month 2 were not available when the report was written and therefore month 1 income figures had been used on a prorated basis. At the end of the first quarter a review with projections for the rest of the year would be made and would be presented to the Finance and Procurement Committee meeting on 14 August and to the Trust Board in September 2013.

Peter Ward, Non-Executive Director, questioned why private patient income was less than projected and if it was less than cost should it continue. The Director of Finance and Procurement responded that private patient and overseas patient income was a marginal cost and that the critical issue was that the Trust was failing to deliver the targets that it has set.

Geoff Salt, Non-Executive Director, noted that private patient income had been reducing over the last four years and asked whether this was due to a conscious decision or 'lethargy'. In response it was confirmed that the responsibility for private patients had been devolved to clinical divisions and they were devising their own business plans. The Director of Clinical Services commented that the decision to devolve responsibility to the clinical divisions had allowed greater flexibility and given greater ownership of the target.

The Trust Board noted the report.

TB100/13 NHS Trust Oversight Self-Certification Assurance Assessment

The Director of Planning and Information presented the paper.

Peter Ward, Non-Executive Director, challenged whether the Trust could say that it was meeting statement 11, specifically that plans were in place that were sufficient to ensure on-going compliance with all existing targets. The Director of Planning and Information responded that it was a balanced judgement on whether the Trust Board was sufficiently assured that it was making best endeavours to meet the targets.

It was highlighted that the Trust Board, having changed the frequency of its meetings, did not monitor the Integrated Performance Report on a monthly basis. The paper should be updated to reflect that the Finance and Performance Committee reviewed the report in the intervening months.

The Trust Board noted the report.

TB101/13 NHS Trust Oversight Self-Certification

The Director of Planning and Information presented the paper and highlighted:

- The Governance Risk Rating was Amber-Green reflecting the position against the 62 cancer wait target;
- The MRSA bacteraemia mentioned in the paper was not avoidable and therefore did not affect the rating;
- The Trust was Level 2 compliant with the majority of the Information Governance Toolkit standards with the exception of training. The current performance was 82 – 83% against a target of 95%.

The Trust Board ratified the submission.

TB102/13 Draft Trust Business Plan 2013/14

The Director of Planning and Information presented the Trust Business Plan for formal approval. The plan reflected the Trust's contractual commitments and was being used to develop Divisional plans.

The Director of Workforce commented on the corporate objectives on page 26-27 and confirmed that these were yet to be confirmed. Once these had been agreed they would be included in the plan.

The Board approved the Trust Business Plan 2013/14.

TB103/13 Foundation Trust Update

The Director of Planning and Information presented the paper and highlighted:

- The Trust had submitted its Integrated Business Plan (IBP) and Long Term Financial Model (LTFM) to the NHS Trust Development Authority (NHS TDA) on 1 July 2013;
- The IBP had been published on the Trust's website;

- The key changes in the IBP and LTFM addressed issues raised by stakeholders;
- The financial elements of the IBP and LTFM had been updated to reflect the 2012/13 outturn position;
- The Trust Board was due to meet with the NHS TDA in September who would then make a decision on whether the Trust was ready to proceed to the Monitor evaluation phase.

The Trust Board approved the IBP and Governance Rationale.

TB104/13 Engagement between GPs and OUH

The Director of Planning and Information presented the paper which was a result of discussion with GPs.

The Trust Board discussed the arrangements for “buddying” practices with operational managers and the option for having a central helpdesk to coordinate all GP enquiries. It was also noted that GPs were involved in service redesign, for example elective care pathway and delayed transfer of care patients.

The Trust Board discussed the use of electronic reporting systems and the desire to move towards the sharing of real time information about patients.

The Trust Board approved the paper.

TB105/13 Outpatient Reprofiting Project

The Director of Clinical Services presented the paper for information and explained the context that there were currently 630 consultants providing an average of two outpatient sessions a week with over 17,000 different clinic templates on the system. The project was an 18 month programme for a complete review of outpatient services for each specialty and consultant with the aim of:

- Matching demand and capacity;
- Simplifying the booking system;
- Clinics to be run 50 weeks per year;
- Senior authorisation would be required for future changes to ensure that the current situation did not reappear;

Geoff Salt, Non-Executive Director, commented that this project had the potential to be one of the most transformational programmes the Trust had implemented and asked how secure the milestones outlined in the programme of work were. The Director of Clinical Services responded that he was confident that the programme was realistic and a review at the end of August 2013 would be used to help inform the remainder of the programme.

Alisdair Cameron, Non-Executive Director, suggested that hospital site access should be a key consideration of the project to ensure that patients are able to attend appointments on time.

The Trust Board noted the work programme and agreed that project progress should be reported through the Finance and Procurement Committee.

TB106/13 Raising Concerns (Whistleblowing) Policy

The Director of Workforce presented the policy for approval and highlighted that there were three key routes for communicating concerns.

The Trust Board discussed the policy and agreed that:

- There needed to be clearer involvement of Non-Executive Directors within the escalation processes;
- The process for assuring the Trust Board, through the Audit Committee, needed to be clarified;
- The policy should be reviewed by the Trust Board after six months;
- There should be a specific requirement for staff investigating concerns to receive appropriate training;

The Trust Board approved the policy and asked the Executive Directors to consider the process and involvement of Non-Executive Directors.

Action (Director of Workforce)

TB107/13 Audit Committee Report

The Chair of the Audit Committee presented the Audit Committee Report covering the meetings held in May and June which included the review of the Annual Accounts and the Risk Deep Dive process.

The Trust Board noted the contents of the paper.

TB108/13 Finance and Performance Committee Report

The Chair of the Finance and Performance Committee presented the report from the June meeting and highlighted that there had been a step change in the approach to managing CIP delivery and the Trust Board should take assurance from this.

The Trust Board discussed the Terms of Reference and the Director of Workforce requested that an explicit reference should be made to the Committee's role in relation to workforce.

The Trust Board noted the paper and approved the Terms of Reference subject to the inclusion of the reference to workforce.

TB109/13 Quality Committee Report

The Chairman of the Quality Committee presented the report and sought guidance from the Trust Board as to whether a further independent review of the Trust's assessment against the Quality Governance Framework was required prior to the Monitor assessment phase.

The Medical Director advised that the internal auditors were due to review the Trust's assessment and a decision should be taken once the outcome of this latest review was known.

The Trust Board noted the report and approved the Terms of Reference.

TB110/13 Remuneration and Appointments Committee Report

The Chairman of the Remuneration and Appointments Committee presented the report and the Terms of Reference which had been amended to include the NHS TDA requirements related to the agreement of severance payments.

The Trust Board noted the report and approved the Terms of Reference.

TB111/13 Consultant Appointments and Signing of Documents

The Chief Executive presented the paper for information.

TB112/13 Any Other Business

Christopher Goard, Non-Executive Director, reported that he had attended the Health Service Journal's National Patient Safety Awards and the Trust's Psychological Support Team for Cardiac Patients had been highly commended. The Trust Board agreed to send congratulations to the team.

TB113/13 Date of the next meeting

The next meeting was due to be held on Wednesday 11 September 2013 at 10:00 in the Postgraduate Education centre, John Radcliffe Hospital.