

## Trust Board

Minutes of the Trust Board meeting held in public on **Wednesday 22 January 2014** 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 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
	Mr Paul Jones	PJ	Interim 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
	Professor Sir John Bell	JB	Non-executive Director
	Professor David Mant	DM	Associate Non-executive Director
	Mr Alisdair Cameron	AC	Non-Executive Director
In attendance:	Mr Eric Sanders	ES	Head of Corporate Governance
	Ms Pauline Brown	PBr	Interim Deputy Chief Nurse
Apologies	Mr Christopher Goard	CG	Non-Executive Director
	Ms Liz Wright	LW	Acting Chief Nurse

### TB/14/01/01 Apologies and declarations of interest

Apologies had been received from Mr Christopher Goard, Non-Executive Director and Ms Liz Wright, Acting Chief Nurse.

No declarations of interest were made.

### TB/14/01/02 Minutes of the meeting held on 13 November 2013

The minutes were approved and signed as a correct record subject to the amendment of the minute TB152/13 Performance on Initiating Trials as follows:

“Professor David Mant, Associate Non-executive Director, suggested that the Trust ***should consider the unintended adverse consequences of performing*** less research, and the Trust should consider setting its own internal metrics to determine the quality of research being undertaken.”

### TB/14/01/03 Matters arising from the minutes

There were no matters arising from the minutes.

### TB/14/01/04 Action log

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

**TB/14/01/05 Chairman's Business**

The Chairman advised that the Trust Board was trialling the use of microphones at the meeting to improve the audibility of the conversation and debate.

**TB/14/01/06 Chief Executive's Report**

The Chief Executive presented the report and highlighted the following:

- The application for the Academic Health Science Centre had been approved and overwhelmingly positive feedback had been received from the international panel;
- Two Board appointments were confirmed as Catherine Stoddart, Chief Nurse and Mark Power, Director of Organisational Development and Workforce;
- Professor Edward Baker, Medical Director, had been appointed as Deputy Chief Inspector of Hospitals with the Care Quality Commission. Professor Baker would take up the new appointment on 1 April 2014 and he was thanked for his fantastic contribution to the Trust.

Geoff Salt, Non-executive Director, welcomed the funding awarded through the NHS Technology Fund and queried the timescales for delivering the projects. The Chief Executive advised that the dissemination of technology took time and needed to be piloted in local areas before wider roll out. The funding would allow the Trust to build on the pilots and rollout the technology across the organisation. The electronic prescribing initiative would support the reduction in clinical risk and support a move towards a paper-light clinical environment.

It was agreed that the patient experience benefits of technology change should be considered and a paper presented to the Trust Board.

**Action: Acting Chief Nurse**

Alistair Cameron, Non-Executive Director requested that a paper be presented to the Trust Board which provided a plan for the delivery of EPR and which included a progress update and forward look.

**Action: Director of Planning and Information**

The Trust Board noted the report.

**TB/14/01/07 Patient's Story**

The Interim Deputy Chief Nurse presented a patient's story which outlined the issues faced by a patient who had undergone an elective caesarean section for a twin delivery. Following the operation one baby had then required care within the special care unit during a stay of four weeks. The key issues highlighted by the story included timely access to senior medical staff, information on discharge and accessing pain relief. The patient had been very positive in her feedback of the antenatal care, midwives and breast feeding support. An action plan had been developed and was being progressed.

The Medical Director highlighted the need to be able to provide services seven days per week to ensure there were no inconsistencies in the quality of care being delivered. The Chief Executive supported a move towards seven day working and highlighted the need for the whole health and social care community to work together to deliver this.

The Trust Board agreed that an update on the development of seven day working would be helpful and the Director of Clinical Services was asked to provide an update on this area of work.

**Action: Director of Clinical Services**

Geoff Salt, Non-executive Director suggested that there were there other issues highlighted by the story. These included consistent support for the patient due to shift changes and handovers, the lack of escalation between medical staff, and communication between junior doctors. The Interim Deputy Chief Nurse advised that there was a reticence to contact senior level support however senior level nurse and clinical support were available. The Medical Director confirmed that junior doctors were reminded of the need to escalate concerns to senior staff as part of their induction into the Trust.

The Trust Board noted the story and the lessons learnt.

**TB/14/01/08 Monthly Quality Report**

The Medical Director presented the report and highlighted the following points:

- Work to review the nurse staffing levels on wards was progressing well;
- The Trust's SHMI had been confirmed at 0.95 for the twelve months to June 2013, which was below average and confirmed the Trust's downward trend to improve mortality rates;

Alistair Cameron, Non-Executive Director highlighted that performance against the Statutory and Mandatory Training indicator continued to be red and queried whether this represented a deficit of training building up within staff groups. The Medical Director advised that there had been some improvement but a more critical and in-depth review should be undertaken and reported back to the Trust Board.

**Action: Director of Organisational Development and Workforce**

Peter Ward, Non-Executive Director, queried whether the increase in the number of falls was linked to staffing issues. The Medical Director advised that this issue was under investigation and that the initial analysis suggested that there were no such themes in the data. The Trust Board agreed that this review should be presented at the Quality Committee following Clinical Governance Committee review.

**Action: Medical Director**

The Trust Board noted the report.

**TB/14/01/09 Learning from Complaints**

The Interim Deputy Chief Nurse presented the report and highlighted that it provided an update on themes from patient experience feedback and complaints. The report provided assurance that the organisation was learning from feedback.

David Mant, Associate Non-Executive Director, welcomed the focus on the content of complaints but flagged that the link to activity levels had been removed which had been helpful in understand variations in the numbers of complaints. He also advised that monitoring effectiveness was weak and there needed to be a clearer focus on monitoring the impact of changes.

Sir John Bell, Non-Executive Director, highlighted that he felt there needed to be a clearer trust-wide plan to address the institutional-wide issue of poor communication.

The Interim Deputy Chief Nurse advised that the Patient Experience Strategy described how the Trust would address these issues.

The Trust Board noted the report.

### **TB/14/01/10 Integrated Performance Report**

The Director of Clinical Services presented the report and highlighted:

- There had been further improvements in theatre utilisation and against the cancer targets;
- Performance against the diagnostic waits target and the 18 week referral to treatment target had deteriorated;
- The 4 Hour A&E target had not been achieved for November 2013;

The Director of Clinical Services advised that the performance against the cancer target had been affected by the planned upgrades to the radiotherapy machines. It had also been identified that there was a significant number of patients on incomplete pathways. A plan was being developed to address the backlog.

In relation to 4 Hour performance the target had not been achieved for Quarter 3. Performance had been impacted on by the high level of activity and the number of delayed transfers of care. It was however highlighted that the quality of care delivered had improved compared to the previous year. This had been supported by the appointment of additional consultants in the Emergency Department.

The Chief Executive queried the actions being taken to improve flow and reduce the number of delayed transfers of care. The Director of Clinical Services advised that the Trust was working in partnership with social services and community health services to address the issues.

David Mant, Associate Non-Executive Director, queried whether there was anything else that the Trust could do to help improve flow. The Chief Executive advised that the Trust was actively participating in the Urgent Care Board which was chaired by Oxfordshire Clinical Commissioning Group. This Board had responsibility for oversight of these issues.

Peter Ward, Non-Executive Director, queried performance against sickness absence and turnover and the trajectory for improvement. The Interim Director of Workforce advised that he was working with the clinical divisions to address the underlying problems. This included recruiting to vacancies as this would reduce pressure on existing staff. A proposal for an Employee Assistance Programme was also being developed and would be presented to the Trust Management Executive after it had been considered by the Workforce Committee in March 2014.

The Trust Board further discussed the issues relating to flow. It was noted that there was no short term solution to the issues available and that all partners needed to work collaboratively together to ensure that all required actions were completed.

The Trust Board noted the report.

**TB/14/01/11 Financial Performance**

The Director of Finance and Procurement presented the paper highlighting:

- The Trust was on course to meet its financial duties;
- Bank and agency staff were the major impact on the Trust's income and expenditure position, and this was linked to the activity above forecast;
- Capital expenditure was behind plan. However a number of large schemes were due to be completed during Quarter 4 which would improve the position.

Anne Tutt, Non-executive Director, requested that the impact of activity on the income and expenditure position was separated from the position presented so that other variances could be identified.

**Action: Director of Finance and Procurement**

Geoff Salt, Non-Executive Director, questioned whether there had been any change in the level of bank and agency spend. The Director of Finance and Procurement advised that there had been significant improvement in the Month 9 position due to a substantial number of recruitments. It was also confirmed that the winter pressures funding had been allocated against bank and agency staffing due to the short term nature of this funding.

Anne Tutt, Non-Executive Director queried whether the expenditure pattern seen in previous financial years would have a negative impact on 2013/14. It was confirmed that there had been a spike in the previous financial year due to the opening of escalation beds. The Trust had already opened its entire bed base this year and factored this into base budgets and therefore no adverse increase was anticipated.

The Trust Board noted the report.

**TB/14/01/12 Annual Education Report**

The Interim Deputy Chief Nurse presented the paper highlighting:

- That the report was the first integrated education report to be presented to the Trust Board;
- A large number of areas were covered including educational governance, funding, and the learning environment;
- The challenges and risks related to education were also covered, with a focus on potential cuts to funding and the implementation of educational reference costs.

David Mant, Associate Non-Executive Director welcomed the report and the detail provided in relation to medical training, but noted that the same detail was not available for non-medical training. The Interim Deputy Chief Nurse accepted the challenge and advised that this data would be collated for future reports.

Geoff Salt, Non-Executive Director, queried how the Trust was seeking feedback from junior doctors. The Medical Director advised that the Peer Review Programme was engaging with junior doctors and that Executive Directors actively spoke to junior doctors as part of the Executive Walkarounds.

The Director of Assurance requested that those risks within the report were quantified and added to the risk register.

**Action: Interim Deputy Chief Nurse**

The Chief Executive advised that there were national challenges in relation to educational funding and there were likely future reductions in allocations. The Trust Board noted that between 2012/13 and 2013/14 there had been a £2m reduction in funding. It was agreed that this issue would be considered in more detail by the Finance & Performance Committee.

The Trust Board noted the report and requested that the Chief Nurse should present an updated report in six months.

**Action: Chief Nurse**

### **TB/14/01/13 Patient Experience Strategy**

The Interim Deputy Chief Nurse presented the draft Strategy and highlighted:

- This was a new strategy and reflected the outcomes of a range of reports focusing on the NHS including the most recent Francis report;
- The key premise was the need to learn from feedback;
- The strategy was based around a number of themes including patient stories, the compassionate care programme and collecting feedback from vulnerable groups;
- Funding from Health Education Thames Valley of £250k had been received to support the programmes of work.

Alisdair Cameron, Non-Executive Director, queried whether having 4-5 programmes of work was too complex and whether a simplified approach would be more realistic. It was agreed that this was a challenging agenda which would be led by the Chief Nurse, but needed the engagement of all staff for delivery.

The Trust Board approved the Patient Experience Strategy.

### **TB/14/01/15 Outline Business Case: New Radiotherapy at Great Western Hospital, Swindon**

The Director of Clinical Services presented the business case and highlighted:

- The Strategic Outline Case was agreed by the Trust Board in July 2013 and had subsequently been reviewed and approved by the NHS Trust Development Authority;
- Three options had been considered to develop a satellite radiotherapy unit at the Great Western Hospital in Swindon and it was proposed that the option which included implementing two linear accelerators and space for a CT machine was progressed;
- A letter from the Chair of Swindon Clinical Commissioning Group had been received which was supportive of the development and confirmed that they would be able to support the Trust through non-recurrent funding. Recurrent funding would also be available subject to savings being made from reduced patient transport costs;
- Due to the significant level of charitable funding required, an independent assessment had been undertaken, which had confirmed confidence in the delivery of this funding;
- The Board of Directors of the Great Western Hospital were due to consider the proposal, subject to the approval by this Trust Board;

- It had initially been proposed to use the Procure21 procurement channel. However following discussion at the Trust Management Executive, other options were now being considered and the final proposal would be confirmed as part of the Full Business Case;
- The Trust Board was asked to commit £600k of funding to support the development of the Full Business Case;
- A letter had been received from NHS England which indicated that nationally, the number of linear accelerators exceeds demand. This was being reviewed as the Trust's analysis demonstrated a lack of capacity within the Swindon/Wiltshire area. It was agreed that this issue would be investigated prior to the development of the Full Business Case.

Dr Claire Blesing, Consultant Clinical Oncologist, provided the Trust Board with further detail on the service provided and an overview of the current demand and capacity constraints. Dr Blesing advised that the installation of a CT machine within the unit would support a further reduction in patient transport and improve patient experience.

Anne Tutt, Non-Executive Director, queried who would be required to cover any shortfall in charitable funding. The Director of Clinical Services advised that the Trust would have to cover any shortfall in charitable funding but he was confident that this would be delivered.

Peter Ward, Non-Executive Director, queried how patients had been, and would be, involved in the design of the unit. The Director of Clinical Services confirmed that local patient groups and GPs had been involved in the development of the plans. Patient representatives were also involved on the delivery board.

The Trust Board:

- Agreed to the key components of the Outline Business Case as described within paragraph 1.4.4;
- Approved the Outline Business Case subject to clarification from NHS England regarding the national capacity surplus, the decision of the Board of Directors of Great Western Hospitals NHS Foundation Trust and that spend not exceed £600k in the development of the Full Business case.

### **TB/14/01/14 Membership Strategy Review**

The Director of Planning and Information presented the results of the review of the Membership Strategy and highlighted that there had been good progress to recruit members. There had been targeted membership recruitment of hard to reach groups and the membership was broadly representative of the communities served by the Trust; however there were continued difficulties in recruiting younger males.

Members had also been engaged in Risk Summits and the Peer Review Programme.

The Trust Board noted the report and approved the updated Strategy.

### **TB/14/01/16 Annual Business Plan - Review**

The Director of Planning and Information presented the report and advised that good progress was being made in relation to the objectives set for 2013/14. The progress report was being utilised to inform the 2014/15 planning round.

The Trust Board noted the report.

### **TB/14/01/17 Update on National Planning Guidance**

The Director of Planning and Information presented the update on national guidance which was becoming increasingly complex. The key theme was managing the financial challenge, with a 1.5% reduction in tariff and an increase in the penalty regime. There was a need to deliver transformational change to be able to manage within the financial envelope.

Sir John Bell, Non-Executive Director, highlighted the difficulty of delivering transformational and innovative change within financial constraints. The Trust would need to accept a certain level of risk to be able to achieve this type of change.

The Trust Board noted the update.

### **TB/14/01/18 Foundation Trust Update**

The Director of Planning and Information presented the report and requested approval from the Trust Board to transfer volunteers into the public membership constituency as described within the Trust's draft constitution. The key risks to the NHS Foundation Trust application were confirmed as the outcomes from the CQC inspection in February 2014, maintaining operational performance and commissioner alignment.

The Trust Board noted the report and approved the amendments to the Constitution.

### **TB/14/01/19 Annual Review of Standing Orders**

The Director of Finance and Procurement presented the proposed amendments to the Trust Standing Orders. The changes had been reviewed and approved by the Audit Committee and primarily reflected the replacement of the Strategic Health Authority with the NHS Trust Development Authority.

The Trust Board approved the amendments to the Standing Orders.

### **TB/14/01/20 Declarations of Interests, Gifts and Hospitality Policy**

The Director of Finance and Procurement presented the policy which had been developed in response to the Bribery Act Risk Assessment undertaken by the Trust's Local Counter Fraud Specialist.

The Trust Board approved the policy and statement.

### **TB/14/01/21.1 Audit Committee Report**

The Chair of the Audit Committee presented the report and advised that the Committee had considered the Trust's approach to clinical audit. Further information on how audits were commissioned and how issues were escalated through the management structure had been requested.

The Committee had also discussed the Trust's approach to risk management and the deep dive review programme. A revised approach to the latter was being developed which would help the Committee focus on the key issues. The Internal



Auditors had been asked to review data analytics, private patients and pharmacy, with reports expected in the coming months.

The Committee Terms of Reference had been reviewed and a number of revisions proposed.

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

**TB/14/01/21.2 Finance & Performance Committee Report**

The Trust Board noted the report.

**TB/14/01/21.3 Quality Committee Report**

The Chairman of the Quality Committee presented the report and highlighted the work of Dr Ian Reckless to improve the quality of the Quality Performance Report.

The Trust Board noted the report.

**TB/14/01/21.4 Remuneration and Appointments Committee**

The Chairman of the Remuneration and Appointments Committee presented the report and highlighted that the Committee would be focusing on succession planning and the development of the Corporate Scorecard.

The Trust Board noted the report.

**TB/14/01/21.5 Trust Management Executive**

The Trust Board noted the report.

**TB/14/01/22 Consultant Appointments and Signing of Documents**

The Chief Executive presented the paper for information.

The Trust Board noted the report.

**TB/14/01/23 Any Other Business**

No other business was discussed.

**TB/14/01/24 Date of the next meeting**

The next meeting is due to be held on Wednesday 12 March 2014 at 10:00 in the Postgraduate Education Centre, John Radcliffe Hospital.

Signed .....

Date .....