

## Trust Board

Minutes of the Trust Board meeting held in public on **Wednesday 12 March 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
	Mrs Anne Tutt	AT	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
	Mr Christopher Goard	CG	Non-Executive Director
	Ms Liz Wright	LW	Acting Chief Nurse
	Mr Mark Power	MP	Director of Organisational Development and Workforce
In attendance:	Mr Eric Sanders	ES	Head of Corporate Governance
Apologies:	Mr Peter Ward		Non-Executive Director
	Mr Geoffrey Salt		Non-Executive Director

### TB14/03/01 Apologies and declarations of interest

The Chairman welcomed Mr Mark Power, Director of Organisational Development and Workforce to his first meeting of the Trust Board.

Apologies were noted from Mr Geoff Salt, Non-executive Director, and Mr Peter Ward, Non-executive Director.

No declarations of interest in the papers to be considered were declared.

### TB14/03/02 Minutes of the meeting held on 22 January 2014

The minutes were approved as a true and correct record of the meeting.

### TB14/03/03 Matters Arising from the minutes

There were no matters raised from the minutes.

### TB14/03/04 Action Log

The action updates were noted.

Alistair Cameron, Non-executive Director queried the timescales for providing an update on the implementation of seven day working. The Director of Clinical Services advised that a number of work streams were being undertaken including holding a risk summit to discuss 24/7 working. A full update to be provided to the Trust Board at a future meeting.

**TB14/03/05 Chairman's Business**

There was no Chairman's business to note.

**TB14/03/06 Chief Executive's Business**

The Chief Executive presented the report and highlighted:

- The Academic Health Science Network Board had met for the first time and leads for the six themes had been agreed;
- A new Clinical Chair had been elected to Oxfordshire Clinical Commissioning Group following the election in January 2014;
- The Health Overview and Scrutiny Committee of Oxfordshire County Council had supported the permanent cessation of emergency abdominal surgery at the Horton General Hospital;
- The CQC had completed their on-site inspection, and a draft report was expected to be received by the Trust in April 2014. The Quality Summit was scheduled for May 2014.

Mrs Anne Tutt, Non-executive Director queried whether there was a need to strengthen the Trust's approach to public engagement. The Chief Executive stated that the issues related to the Horton General Hospital had stemmed from 5-10 years of engagement with commissioners, patients and the public, and there were much improved engagement arrangements now in place.

The Director of Planning and Information advised that an updated protocol between community partners was being developed to provide a framework for similar decision making in the future.

The Trust Board noted the report.

**TB14/03/07 Patient's Story – Urology**

The Acting Chief Nurse presented the patient story and highlighted:

- The patient had a cognitive impairment and the story highlighted issues with communication, primarily related to discharge and resuscitation requests;
- Good progress was being made to complete the action plan. This focused on staff training, the appointment of a new ward sister who would have greater visibility of the ward sister, as would deputies particularly at the weekend;
- The story further identified the importance of undertaking cognitive assessments;

Mrs Anne Tutt, Non-executive Director queried the training available to staff to help them deliver bad news. The Acting Chief Nurse advised that training was available but could be rolled out further. The Medical Director advised that the story provided an example of how not to deliver bad news, especially as this was given by a junior member of staff, late into the evening.

The Director of Assurance asked that the training include guidance for staff where relatives had power of attorney.

Mr Alistair Cameron, Non-executive Director highlighted that the themes identified were applicable trust-wide and queried how this could be delivered across all staff

groups. The Acting Chief Nurse agreed and confirmed that a Complaints Summit had identified similar themes, particularly relating to communication. The outcome of this was the development of tailored training for different staff groups.

Professor David Mant, Associate Non-executive Director stated that there is no clear way to measure the outcomes as a result of the proposed actions. It was agreed that the action plan should be reviewed to include measurable outcomes where appropriate.

**Action: Acting Chief Nurse**

Dame Fiona Caldicott, Chairman stated that it was unclear from the story whether an apology had been given to the family of the patient. The Acting Chief Nurse was asked to follow this up and ensure this had happened.

**Action: Acting Chief Nurse**

The Trust Board noted the patient story.

### **TB14/03/08 Board Quality Report**

The Medical Director presented the paper and highlighted:

- There had been an increase in Serious Incidents Requiring Inspection for February relating to pressure ulcers. Each incident was being investigated;
- No deaths reviewed by the Mortality Review Group were considered avoidable. The Trust was participating in a national review which would provide a level of benchmarking against the Trust's performance;
- Good progress was being made against the quality priorities. However the target of the percentage of patients over the age of 75 being screened for dementia was still not being met.
- The Clostridium difficile ceiling for 2014/15 had been set at 67, ten fewer than the level for 2013/14;
- The Clinical Governance Committee had discussed two concerns raised by staff including ward nursing levels and staff availability.

Professor David Mant, Associate Non-executive asked whether there was a concern about the SHMI data for the Horton General Hospital. The Medical Director stated that there was no data available for single sites for other Trusts, therefore the Trust was unable to benchmark at that level of detail. Work was on-going to understand and address significance of the difference in the levels between the Trust's four main hospitals.

The Trust Board noted the report.

### **TB14/03/09 Peer Review Programme Implementation Update**

The Director of Assurance presented report and highlighted:

- The paper distilled the outcomes of the programme which had taken place between October-February 2014;
- There had been significant support internally and from patient and members of the public;
- The five clinical divisions had been reviewed by Multi-Disciplinary Teams;
- The good practice identified and areas for improvement were split between those items which were under the division's direct control and those which required a Trust wide response;

- A conference was being arranged for 24 April 2014 to consider the Trust wide themes identified through the programme and to consider how the programme could be further developed;

The Medical Director thanked Eileen Walsh and the Assurance team for their contribution and support for the management of the programme. The Medical Director also advised that the programme had provided an additional view of how the Trust operated at the front line. The programme had also been very positive from a staff engagement perspective.

Professor David Mant, Associate Non-executive Director asked about the confidence in the care provided across the hospitals at night. And at weekends The Medical Director advised that the issue of out of hour cover on all four sites was going to be reviewed shortly. A Risk Summit was due to be held at the end of March 2014 to consider the issues and identify mitigating actions.

Dame Fiona Caldicott, Chairman thanked organisers and staff who participated in the programme.

The Trust Board noted the report.

#### **TB14/03/10 Revalidation Progress Report**

The Medical Director presented the report and highlighted:

- The Trust was working to ensure that all doctors were aligned to a designated body;
- Recommendations relating to the revalidation of 170 doctors had been made and all had been accepted by the General Medical Council. A small minority of doctors had requested a deferral to allow for the further collection of evidence;
- The Trust planned to review 375 doctors in the second year of revalidation and the capacity to manage the increased workload was being reviewed;

The Trust Board noted the report and the good progress made.

#### **TB14/03/11 Integrated Performance Report**

The Director of Clinical Services presented the report and highlighted:

- The report presented information for January 2014;
- There had been good performance against the stroke, medical errors, and VTE targets. Performance against the A&E 4 hour, Delayed Transfers of Care and 18 Week Referral to Treatment targets were a concern;
- In the year, the Trust was deliberately failing the 18 week target as part of a plan to ensure sustainability in its delivery in the medium term. Further actions were being taken to address the size of the waiting list to ensure this was reset at a manageable level. This included undertaking additional theatre lists and offering patients treatment by alternative providers;
- Performance against the 4 hour target had been challenging over the winter period, but had been better than the previous year. Year to date the Trust's performance was 93% versus the target of 95%. The main obstacle to achieving the target had been maintaining patient flow, with an internal target set at 60 discharges per day to maintain adequate flow. The average rate of discharge had been approximately 30 per day.

The Chief Executive advised that the Trust had been in discussions with the NHS Trust Development Authority about operational performance and the actions being taken to move towards a position of sustained delivery of targets.

Mr Alisdair Cameron, Non-executive Director queried why some forecasts were always green when, using the example of theatre utilisation, the performance was trending downwards. The Director of Clinical Services advised that the measure included the availability of emergency theatre sessions, which had been increased to cope with increases in emergency activity but may not be fully utilised. Additional work was being undertaken at the pre-assessment stage to identify patients available at short notice to come in to utilise staffed theatres.

The Trust Board noted the report

#### **TB14/03/12 Update on progress with the Discharge Improvement Programme**

The Director of Clinical Services presented the report and highlighted:

- The approach to discharges was being rationalised through the implementation of a single corporate bed management process, policy, and new discharge form;
- Some differential internal systems were still in operation but were being addressed. The full implementation of the Electronic Patient Record would support the development of a real time bed state and therefore the management of resources;
- Other actions included improving the transfer lounge, enhancing the Supported Hospital Discharge Service and maximising utilisation;
- The Trust had fully utilised the winter funding monies and had purchased additional transfer capacity at weekends;
- The Trust had recently been designated as a general social care provider and has taken its first patient on a general social care package. This would support the increase in flow from the community hospitals which would in turn improve flow from the Trust.

Mr Chris Goard, Non-executive Director asked whether the home care provided by the Trust could be further expanded to help address the number of Delayed Transfers of Care. The Director of Clinical Services confirmed that if the Trust could fully recruit to the planned establishment the level of Delayed Transfers of Care would reduce by a third.

Mr David Mant, Associate Non-executive Director asked if there was confidence that the service would improve flow as opposed to filling an unknown gap in service provision. The Director of Clinical Services confirmed that the service was in place only to provide care for patients for the first 14 days, at which point their care would transfer to a longer term provider.

Dame Fiona Caldicott, Chairman highlighted that this was a significant issue and needed a whole system solution.

The Trust Board noted the report

**TB14/03/13 Finance Report to 31 January 2014**

The Director of Finance and Procurement presented the report and highlighted:

- The Trust was forecasting it would achieve its statutory targets including delivering a 1% surplus;
- There was pressure on the capital position and some slippage was possible, but this would be within agreed limits;
- The Trust continued to over perform on commissioning income. The Trust had agreed the level of over performance with NHS England in relation to its specialised service contract.
- There had been some improvement against the costs for bank and agency staffing and against debtors. One NHS debtor had become overdue, and had subsequently paid the balance owing.

Mrs Anne Tutt, Non-executive Director asked how confident the Trust was in the delivery of the forecast position, particularly in relation to bank and agency spend. The Director of Finance and Procurement advised that the early data for February 2014 showed a further reduction in bank and agency spend and therefore he was confident that expenditure would continue to be reduced.

The Director of Finance and Procurement was asked to include details on underlying trend information within the graphs or commentary in future reports.

**Action: Director of Finance and Procurement**

Mr Chris Goard, Non-executive Director queried whether it was correct that the Trust had undertaken £20m of additional work but made £1.5m less than if it had not undertaken the work. It was confirmed that the Trust had incurred additional costs as the unplanned work had required investment in additional capacity.

The Trust Board noted the report

**TB14/03/14 Safe Nursing Levels at Oxford University Hospitals NHS Trust**

The Acting Chief Nurse presented the report and highlighted:

- The Trust was using an evidence based tool, through which it had undertaken two data collections. A data quality assurance exercise had been undertaken in December 2013 and therefore there was confidence in the required skills mix and establishment.
- The information collected now needed to be aligned with the budget setting process for 2014/15;
- Staffing against the establishment would be monitored daily, in addition to which an in-depth acuity and dependency review undertaken every six months would ensure that establishments still reflected the needs of patients;
- An active recruitment campaign was underway to ensure that the Trust recruited to its establishment. Where vacancies existed these were filled with long line bank and agency staffing;
- Quality metrics had been developed to ensure triangulation between the quality of service delivery and the staffing levels;
- The Trust Management Executive had reviewed and approved investment in additional staffing to address the areas identified through the acuity and dependency review;

The Trust Board noted the report and approved the reporting process.

#### **TB14/03/15 Oxford University Hospitals NHS Trust's compliance position in relation to the Cavendish Report**

The Acting Chief Nurse presented the report and highlighted:

- The report included the Trust's consideration of the Government's response to the Cavendish report;
- Four key work streams had been identified with a focus on Clinical Support Workers;
- The Trust had demonstrated good compliance with the recommendations;

Mr David Mant, Associate Non-executive Director asked how many staff had been trained. It was confirmed that all new Clinical Support Workers were required to undertake the training and existing Clinical Support Workers were being required to complete the training.

The Trust Board noted the report.

#### **TB14/03/16 Organisational Development and Workforce Strategy**

The Director of Organisational Development and Workforce presented the revised Organisational Development and Workforce Strategy and highlighted:

- The document was an updated version of the Workforce Strategy previously approved by the Trust Board in September 2012;
- The document described the workforce priorities for the organisation for next five years;
- The document had been written as a high-level strategy document which could be easily understood;

Mr Alistair Cameron, Non-executive Director suggested that the document had a number of critical omissions including the options considered, how the priorities were selected and what the measures of success were. The Director of Organisational Development and Workforce agreed that further work was needed to address these gaps.

The Strategy was approved by the Trust Board subject to the amendments with gaps identified.

#### **TB14/03/17 Procurement Strategy for Oxford University Hospitals NHS Trust**

The Director of Finance and Procurement presented the draft strategy and highlighted:

- There was an increasing national focus on delivering savings through more efficient and effective procurement systems;
- The key focus of the strategy was on delivering efficiencies and reviewing the supply chain;
- The Trust was working closely with a number of other Trusts including the Shelford Group to review procurement approaches;

The Trust Board approved the Procurement Strategy and agreed that the Finance & Performance Committee should schedule a review of the Trust's procurement systems during 2014/15.

**Action: Head of Corporate Governance**

#### **TB14/03/18 Public Health Strategy for OUH NHS Trust**

The Director of Planning and Information presented the draft strategy and highlighted:

- The strategy had been developed with the support of the Public Health registrars, following support from the Trust Board;
- Priorities had been developed which were focussed and manageable;
- There was a need to ensure that a more established infrastructure was in place to help embed the approach;

The Chairman welcomed the development of the strategy and stated that it helped demonstrate the wider role which the Trust played in the community.

Professor Sir John Bell, Non-executive Director agreed that this was an important development but highlighted that the NHS lagged behind other systems in this area. Sir John further highlighted that the strategy did not the required investment or the return on investment.

The Director of Planning and Information advised that funding options were being investigated to support delivery of the strategy.

The Trust Board approved the Public Health Strategy.

#### **TB14/03/19 Equality & Diversity Annual Report – 2012/13**

The Director of Organisational Development and Workforce presented the Annual Report and highlighted

- The Trust had made a public commitment to comply with the Equality Act and the Equality Delivery System supports the evidencing of compliance;
- The report demonstrated that there has generally been improvement but there was further work to be done;
- The report was being presented later than expected as there had been challenge to the detail within the report by the Trust Management Executive which needed to be addressed prior to presentation to the Trust Board.

Mr Alistair Cameron, Non-executive Director asked that future reports provided assurance regarding differentials in pay between different staff groups.

The Trust Board noted the Annual Report.

#### **TB14/03/20 Foundation Trust Update**

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

- The Foundation Trust application process remained fluid and was impacted on by three variables
  1. The CQC inspection needed to be completed prior to the Monitor phase and signed off as adequate;
  2. Operational performance needed to be addressed and be sustainable;



3. There needed to be commissioner alignment with the plans for 2014/15;

The Trust Board approved the delegated authority and the revised governance rationale.

#### **TB14/03/21 Nomination of Responsible Officer for Medical Revalidation**

The Chief Executive presented the report.

The Trust Board approve the appointment of Dr Tony Berendt as “Responsible Officer” for revalidation, for the Trust.

#### **TB14/03/22 Annual Cycle of Business and Meeting Dates 2014/15**

The Director of Assurance presented the annual cycle of business and Trust Board meeting dates for 2014/15.

The Trust Board approved the cycle of business and meeting dates subject to the inclusion of patient engagement events within the calendar of meetings.

#### **TB14/03/23 Board Assurance Framework and Corporate Risk Register Report**

The Director of Assurance presented the report and highlighted:

- The detail contained within the report had previously been considered by the Trust’s sub-committees and the Trust Management Executive;
- The risks had been cross referenced to the themes identified through the peer review themes, the Integrated Business Plan and the outcomes from the Risk Summits;

The Trust Board noted the changes to the Board Assurance Framework and Corporate Risk Register.

#### **TB14/03/24 2013 NHS Staff Survey**

The Director of Organisational Development & Workforce presented the report and highlighted:

- The overall results were pleasing and the Trust benchmarked well with other Trusts. The Trust was better than average for 20 of the 28 key findings;
- The Trust was ranked in the top 20% for staff engagement;
- A joint action plan to address areas for improvement from the staff survey and the inpatient survey, when published, would be developed through engagement with staff.

Mr Chris Goard, Non-executive Director asked whether the detail of the staff survey results was available at a divisional level and whether the data had been triangulated against other metrics such as the Friends and Family Test, complaints and workforce key performance indicators. The Director of Organisational Development and Workforce confirmed that the staff survey results were available at divisional and speciality level and that these had been shared with the respective management teams so that actions could be developed. It was further highlighted that the process of triangulating the results with other key metrics was underway.

Mr Alistair Cameron, Non-executive Director suggested that the Trust should pay particular attention to the response to KF19, The Percentage of staff experiencing

harassment, bullying or abuse from staff in last 12 months. He was concerned about the level reported in this survey.

The Trust Board noted the staff survey results and agreed that addressing KF19 - should be a priority alongside KF24 - Staff recommendation of the trust as a place to work or receive treatment.

**TB14/03/25.1 Finance & Performance Committee**

The Trust Board noted the report.

**TB14/03/25.2 Quality Committee**

The Trust Board noted the report.

**TB14/03/25.3 Trust Management Executive;**

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

**TB14/03/TB14/03/26 Consultant Appointments and Signing of Documents**

The Trust Board noted the report.

**TB14/03/27 Any Other Business**

The Chairman thanked Professor Edward Baker for his contribution to the Board during his time with Oxford University Hospitals NHS Trust and wished him well in his new role with CQC.

**TB14/03/28 Date of the next meeting**

A meeting of the Board to be held in public will take place on Wednesday 14 May 2014 at 10:00 in the Postgraduate Education Centre, the John Radcliffe Hospital.