

## Trust Board

Minutes of the Trust Board meeting held in public on **Wednesday 10 September 2014** at **10:00** in the George Pickering Postgraduate Centre, The John Radcliffe Hospital.

<b>Present:</b>	Dame Fiona Caldicott	FC	Chairman
	Sir Jonathan Michael	JM	Chief Executive
	Professor Sir John Bell	JB	Non-Executive Director
	Dr Tony Berendt	TB	Interim Medical Director
	Mr Paul Brennan	PB	Director of Clinical Services
	Mr Alisdair Cameron	AC	Non-Executive Director
	Mr Christopher Goard	CG	Non-Executive Director
	Mr Mark Mansfield	MM	Director of Finance and Procurement
	Professor David Mant	DM	Associate Non-Executive Director
	Mr Mark Power	MP	Director of Organisational Development and Workforce
	Mr Geoffrey Salt	GS	Non-Executive Director
	Mr Andrew Stevens	AS	Director of Planning & Information
	Ms Catherine Stoddart	CS	Chief Nurse
	Mr Mark Trumper	MT	Director of Development and the Estate
	Ms Anne Tutt	AT	Non-Executive Director
	Ms Eileen Walsh	EW	Director of Assurance
	Mr Peter Ward	PW	Non-Executive Director
	Ms Liz Wright	LW	Acting Chief Nurse

**In attendance:** Ms Susan Polywka SP Deputy Head of Corporate Governance

**Apologies:** No apologies received

### **TB14/09/01 Apologies and declarations of interest**

No apologies for absence were received.

The Chairman noted that Professor Keith Channon, Director of Research and Development, and Director of the Biomedical Research Centre, had been invited to attend to present the NIHR Oxford Biomedical Research Centre [BRC] Report (agenda item 18), and the Annual Research and Development Governance and Performance Report (agenda item 19).

The Chairman welcomed representatives from Monitor, Richard Knight, Team Manager, Provider Appraisal, and Jon Dines, Analyst, who were attending to observe the meeting, as part of Monitor's assessment of the Trust's Quality Governance Framework.

No declarations of interest were made.

### **TB14/09/02 Minutes of the meeting held on 9 July 2014**

It was reported that page 1 of the minutes had been re-issued, to correct a typographical error, to delete the words "*apologies given*" after the name of Mr

Alisdair Cameron, Non-Executive Director. Subject to this correction, the minutes were approved as a true and correct record of the meeting.

### **TB14/09/03 Matters Arising and Action Log**

There were no matters arising, other than were on the agenda, or on the Action Log. It was noted that the Executive Lead for the first action recorded should now be stated as the Chief Nurse.

**Subject to this correction, the Trust Board agreed the updated status of the actions as presented.**

### **TB14/09/04 Chairman's Business**

There was no Chairman's business to report.

### **TB14/09/05 Chief Executive's Report**

The Chief Executive presented the report, highlighting examples of collaborative working across strategic partnerships. He also expressed congratulations to Professor Janet Beer, upon her appointment as Vice-Chancellor of the University of Liverpool, and invited the Board to join him in welcoming the appointment of Mark Mansfield as Deputy Chief Executive.

Mr Geoffrey Salt, Non-Executive Director, asked whether further detail could be provided on the Transformation Programme, perhaps within the forum of a Trust Board Seminar.

**The Trust Board noted the Chief Executive's Report.**

### **TB14/09/06 Patient's Story**

The Chief Nurse first acknowledged her thanks to the patient whose story had been chosen, and to the Trauma team who had treated him.

This patient's story represented the experience of being admitted to multiple wards, and undergoing multiple operations. Co-ordination of the patient's care had been vital, and had depended crucially upon the role of the Nurse Consultant in Trauma, to improve continuity for the patient. Review of the patient's experience had prompted a re-evaluation of shift configuration, and specifically the quality of handover between shifts.

In answer to a question from Peter Ward, Non-Executive Director, the Chief Nurse confirmed that consideration of this patient's story was linked to the review of safe nurse staffing levels. In particular, it suggested the need for improved handover between shifts.

In answer to a question from Chris Goard, Non-Executive Director, it was recognised that patients could become frustrated at repeatedly being asked the same questions. Whilst it was important to preserve double-checks where appropriate, the Chairman suggested that it might be helpful if patients were given an explanation of why there

was sometimes a need to repeat the same questions. [Post meeting note: there are posters displayed to this effect in the Trust.]

Professor David Mant, Associate Non-Executive Director, praised the way in which the report of this patient's story triangulated with other data sources, and asked how the conclusions drawn would be fed back. The Chief Nurse confirmed that feedback would be provided through the Senior Nurses' meetings; linked with the Discharge Assurance Group.

Mr Salt suggested that the Quality Committee should ensure that it followed up on past patient stories, to check that feedback had been disseminated, and action plans completed.

**Action: CS**

**The Trust Board noted the patient story, and the issues that it highlighted.**

### **TB14/09/07 Quality Report**

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

- There had been six SIRIs in August
- There was one notable on-going SIRI in the Breast Screening Service, in respect of which it was reported that:
  - The recall process was almost finished;
  - Internal investigation was on-going, to complete full root cause analysis;
  - Assurance was provided that measures had been taken to guarantee patient safety.
- There had been four Quality Walk rounds in August
- A summary of work underway in the area of clinical effectiveness was provided at section 5 of the report.

In answer to a question from Alisdair Cameron, Non-Executive Director, the Interim Medical Director confirmed that the dip in performance against the metric for antibiotic prescribing (% of prescriptions where indication and duration was specified) was not considered to represent the beginning of a downward trend. It was expected that performance would recover. Performance against the metrics relating to statutory and mandatory training showed no significant improvement in the percentage of modules completed overall, but there had been an improvement in the percentage of modules completed by Honorary contract holders. The Director of Organisational Development and Workforce confirmed that work was being undertaken to review statutory and mandatory training, including work to map the required competencies of Honorary contract holders. It was noted that this issue would be further discussed at the Quality Committee at its meeting on 8 October 2014.

In answer to a question from Anne Tutt, Non-Executive Director, relating to the Commissioning for Quality and Innovation [CQUINs] (and noting that improvements had been reported in relation to the standard on Dementia), the Interim Medical Director confirmed that the focus was on achieving a rating of green on all targets.

The Chief Nurse confirmed that the Dementia Strategy had been discussed at the Quality Committee in August 2014,.

In discussion of the on-going SIRI in the Breast Screening Service, Professor Sir John Bell, Non-Executive Director, asked if the Interim Medical Director could comment on whether national data was available on the number of false positives after recall for breast screening. It was confirmed that such data was very limited, and no definitive data was available nationally on what might be the expected rate of interval breast cancer. Assurance was given about the film reading process; concerns had related to performance in the assessment process. Mr Salt commended the Interim Medical Director for his leadership and management of a matter that was of great importance to patients, and to the Trust.

In general discussion of the indicators used in the report, the Director of Assurance suggested that more explanatory narrative was needed particularly for those indicators where performance was off-trajectory, including plans to improve performance. .

**Action: TB**

**The Trust Board noted the Quality Report.**

#### **TB14/09/8 Nursing and Midwifery Staffing- Acuity and Dependency Review and Nurse Sensitive Indicators**

The Chief Nurse presented the report, which had been considered by Divisional Directors and the TME, and which was now presented for consideration by the Board. In particular, Board members' attention was drawn to the conclusion that the findings of the acuity review indicated a need to review staffing establishments on three wards in Surgery and Oncology. In response to a question from Mr Cameron as to how quality issues were triangulated with staffing issues, the Chief Nurse confirmed that the Quality Committee also reviewed reported incidents by ward, and with reference to Human Resources [HR] metrics and nurse sensitive indicators of patient care. Divisional Nurses took into account complaints and HR metrics when triangulating data.

In response to a question from Mr Goard, relating to the association between the highest levels of quality and safety, and a higher proportion of registered nurses, the Chief Nurse confirmed that the recruitment and retention strategy should be focussed on reducing staff turnover, and reducing dependency on agency staff.

Professor Mant asked whether there was an underlying problem in Maternity and Midwifery staffing. The Chief Nurse clarified that data reporting didn't reflect the appropriate transfer of staff from Midwifery-led units, to support other parts of the service, but there was acknowledged to be a national problem with midwifery recruitment.

The Director of Assurance noted that one of the compliance actions given by the Care Quality Commission [CQC] had related to maternity staffing, and confirmed that the risk was rated as significant on the Corporate Risk Register. There was

continued focus within the Division on the maintenance of adequate numbers of midwives.

Mr Salt emphasised the importance of going beyond mere staffing numbers, to look at whether staff were well-led, well-motivated, well-engaged and productive. The Chief Nurse confirmed that the Leadership Programme would help address these issues.

The Director of Assurance expressed support for the intention to have real-time data available to clinical managers when systems have been developed.

**The Trust Board noted the Report.**

### **TB14/09/9 Annual Report on Complaints and PALS**

The Chief Nurse presented the report, which had been produced to comply with the requirement of NHS organisations to publish an annual report on complaints received, lessons learned and actions taken as a result of complaints. The report was also required to cover the effectiveness of the Trust's management of complaints.

The Chief Nurse highlighted the following points in particular:

- Overall, the number of complaints had increased (from 0.7% to 0.75% of FCEs); this reflected a national trend
- The main subjects of complaints were:
  - Appointment/admission/discharge
  - Outcome of care
  - Communication
- Neurosciences, Orthopaedics, Trauma and Specialist Surgery [NOTSS] was the division noted to have the highest number of complaints, and the highest in proportion to the number of finished consultant episodes [FCEs], though it was reported that there had been a reduction in the last quarter, with an improvement in Outpatients, following a successful Listening Event
- The Trust had met the target of responding to 95% of all formal complaints within 25 working days (or within an extension agreed with the complainant)

In answer to a question from Mr Goard, the Chief Nurse confirmed that, subject to the centrally prescribed requirements for format, consideration could be given in the future to providing more context/comparison with other similar trusts. She confirmed that the report was fed back through Clinical Directors, and through the Senior Nurses' Group.

In answer to a question from Mr Cameron, the Director of Clinical Services confirmed that the work undertaken particularly in Ear, Nose and Throat [ENT] and Ophthalmology outpatients, was beginning to yield positive results. This was translating into a reduction in complaints about appointments in those areas, although it was expected that there might still be legacy of complaints relating to previous practices.

The Chairman made the point that a better understanding was needed of what was the threshold for senior management intervention, and how 'red' complaints in particular were followed up.

Mr Salt added that there should be some reflection of the large number of compliments and commendations made to staff throughout the Trust, though the Chief Executive pointed out that it would be difficult to mandate a mechanism for capturing all of these centrally.

**The Trust Board noted the Annual Report on Complaints and PALS.**

**TB14/09/10 Care Quality Commission [CQC] Inspection Action Plan – Advisory Actions**

The Director of Assurance presented the paper, following the report presented to the Board in July 2014, which had reported on the Action Plan to address compliance actions raised by the CQC. That Compliance Action Plan had been submitted on 12 June 2014, and the Action Plan to address Advisory Actions had subsequently been submitted on 31 July 2014. On 14 August 2014, the CQC had confirmed acceptance of both Action Plans.

It was stated that implementation of both Action Plans was being monitored monthly at TME, and further report would be provided to the Board at its meeting on 12 November 2014.

**Action: EW**

The Director of Planning and Information confirmed that both Action Plans had also been provided to the Oxfordshire Health Overview and Scrutiny Committee [HOSC], and that external stakeholders were being briefed as appropriate

In answer to a question from Mr Salt, the Director of Assurance confirmed that the CQC had still not defined the mechanism by which it would follow up the delivery of Action Plans, beyond promoting open and constructive dialogue, to encourage the Trust to report on its internal monitoring.

**The Trust Board noted the Report.**

**TB2014/09/11 Integrated Performance Report – Month 4 (July 2014)**

The Director of Clinical Services presented the report on performance up to the end of July, 2014, indicating that at that time the Trust remained on track for delivering operational performance as agreed with the Trust Development Authority [TDA]. The Trust continued to achieve the performance standard for non-admitted Referral to Treatment [RTT]. Diagnostic waits (which had at one point numbered over 2,500) had now been reduced to 101, achieving the standard of <1%. There had been some improvement against the 95% standard for A&E 4 hour wait. It was noted that the Trust was still not meeting the incomplete RTT target, and it was anticipated that the standard would not be met in July.

52 week waits in Spinal Surgery continued to present a problem. It was reported that another major centre had just submitted its request to stop doing complex spinal

surgery. The number of delayed transfers of care [DTOCs] continued to be too high, representing a significant risk.

The Director of Clinical Services went on to give an indication of the performance likely to be reported for August 2014. This included achievement of the standard for A&E 4 hour wait, the standard for six week diagnostic waits and the 31 day Cancer radiotherapy standard. However, it was noted that RTT had been difficult over the holiday period and that DTOCs had increased to 156 in the 1st week in August, which had had an impact across the Trust. A&E was noted to have been on red or amber alert for almost all of the time.

Mr Cameron asked whether the decision taken a few weeks ago to give additional flow capacity was yet having the desired effect. It was confirmed that this was on track, although the decanting of the Community Ward on Level 7 of the JRH was a matter for Oxford Health and thus not directly under this Trust's control

It was asked that the consistency of data in the Integrated Performance and the Finance reports be reviewed.

**Action: PB & MM**

#### **TB2014/09/12 Financial Performance to 31 July 2014**

The Director of Finance presented the paper, informing the Board of the Trust's financial position for the first four months of the financial year 2014/15. It was confirmed that the Trust continued to deliver against plan as at Month 4, but with the caveat that the Trust had used £6.4m of its contingency to support its year-to-date financial position. The main challenges were highlighted as being:

- The control of pay budgets; to reduce the level of dependency on agency staff, and the associated premium costs of employment. Discussions were well underway to implement necessary remedial measures; and
- Increase in activity, but decrease in income. If local activity were to crowd out specialist activity; and/or if non-elective activity were to crowd out elective activity, this would have an adverse impact on Income and Expenditure.

Risks to the end of the year were identified as including:

- Winter pressures;
- Challenges regarding non-elective activity;
- Control of pay bill;
- Delivery of CIPs.

Mr Goard praised the strengthened management of cash over the last year. In answer to his question concerning the proportion of debtors outstanding for more than 40 days, the Director of Finance confirmed that this reflected a couple of particular disputes, rather than a wider underlying problem, and it was expected that the position would have improved by the end of Month 5.

Mrs Tutt welcomed the explanation of the extent to which case-mix contributed to the position on income. She asked what level of confidence there was that the controls on pay costs would have sufficient effect, soon enough. The Director of Finance recognised that it was difficult to give a guarantee, but confirmed that measures being introduced would include:

- Only allowing resort to agency staff when there was absolutely NO other alternative (this measure would be coupled with efforts to improve resources available through the Staff Bank);
- Review/rationalisation of rates of pay;
- Deployment of available staff to greatest possible effect.

The Director of Finance confirmed that all of these measures had been developed in close communication with the divisions, and with their co-operation. It was recognised that this issue probably constituted the most significant area of financial risk for the Trust.

Mr Cameron suggested that, while it was necessary and appropriate to focus on measures required to re-balance for this year, the apparent longer-term NHS-wide trend for costs to out-strip income should be considered further. The Chief Executive suggested that he discuss this further with the Director of Finance.

The Director of Assurance reported that all the issues which had a bearing on the scoring of risk in relation to financial performance were kept under review, and the Corporate Risk Register would be presented to the Audit Committee at its meeting on 17 September, 2014.

Professor Mant suggested that there was an unprecedented increase in the demand for non-elective services, and supported the need for an effective strategy for the transformation of services.

Professor Sir John Bell congratulated the Executive team on its achievement, within an incredibly hostile financial climate, but concurred with the submission that the only way to tackle increasing challenges in the medium to long term would be through transformation of the Trust's profile of services, and of the staff employed to deliver them.

**The Trust Board noted the report.**

### **TB2014/09/13 Better Care Fund [BCF]: Update**

The Director of Clinical Services presented the paper, to provide an update to the Board on the implementation of the BCF policy. It was reported that Oxfordshire County Council recognised that the anticipated demographic shift would increase pressure on the social care budget, and £8m would be required just to preserve the current level of services. Additional guidance had been issued four weeks ago, emphasising that any proposal needed to specify very clearly where the resource was coming from; and to demonstrate how, overall, 7 day working would be



extended. Proposals were required to be submitted by 19 September 2014, and discussions were on-going.

The Chief Executive reported that the prospect of reaching agreement seemed remote at the moment, partly because Oxfordshire Clinical Commissioning Group's [OCCG's] proposals envisaged that healthcare providers would be willing to accept block contracts for the next year, which the Trust was not. Further, there were no credible proposals to reduce non-elective admissions by the minimum 3.5% required. If no agreement could be reached across the local system, then it was understood that a further round of discussions would be initiated with NHS England.

Mr Cameron strongly supported the Trust's position in resisting pressure to agree to a proposal which was not deliverable.

The Chief Executive confirmed that the Trust would be seeking to align proposals going forward with a collaborative approach to integrated, transformational care. He further confirmed that the Trust would make it clear that it could not support any detailed proposal without the express support of the Board.

**The Trust Board noted the report.**

#### **TB2014/09/14 Foundation Trust Update**

The Director of Planning and Information presented the paper, emphasising that the objective of achieving Foundation Trust status was not regarded as an end in itself, but as an important tool to enable the Trust to achieve its broader strategic objectives.

It was reported that the TDA had asked Monitor to bring forward its Quality Governance Framework assessment, in the hope that it might reduce the time necessary to undertake its full assessment, dependent on the decision taken by the TDA Board at its meeting on 18 September 2014.

It was reported that the outcome of the TDA's Readiness Review had been to conclude:

- Re Quality – the 'good' rating following the CQC inspection was welcomed
- Re Performance – the TDA was satisfied with good progress made; the Trust now needed to concentrate on sustaining that level of performance
- Re Finance – the Trust had shown a solid track record over last 3 years; it now needed to continue work to sustain financial performance.

There were recognised to be significant challenges, both locally and nationally, but it had been indicated that the recommendation to the TDA Board on 18 September 2014 would be that Trust should formally be handed over to Monitor. Work was already underway to refresh and update the Integrated Business Plan [IBP] and Long Term Financial Model [LTFM], in dialogue with external stakeholders; and to establish the necessary governance structure. Elections for public and staff governors were provisionally arranged for the end of 2014/early 2015.

The Chief Executive reported that he had been contacted by the Regional Director of the TDA, to give the opportunity for the Trust Board to confirm whether it did indeed still wish its application for Foundation Trust status to be considered by the TDA Board at its meeting on 18 September, 2014. At the invitation of the Chairman, members of the Board confirmed that they recognised the challenge of sustaining performance, with rising demand on services, but stated that they considered that as a Foundation Trust it should be better able to manage that challenge, and support the advancement of the Trust's objectives. The Chief Executive confirmed that the challenge wasn't likely to get any easier if the Trust were to defer its application, and that robust mechanisms had been put in place to meet challenges identified. The Director of Assurance pointed out that there would be risks in not proceeding with the application, which might impact adversely upon patients and the public, as well as staff. The Director of Clinical Services suggested that sustainability in the medium to long term would depend upon strategic transformational change, and would require everyone to be very clearly focussed on what needed to be done. It was suggested that it should be agreed by the Board which were the two or three key strategic areas upon which to focus, and that these could be considered further at a future Trust Board seminar.

Mrs Tutt suggested that the Trust was in as good a position as it ever had been, and was prepared as an organisation to proceed. She took encouragement from the clear recognition of the challenges, to ensure that the Board and Executive team were developing mitigating actions where required, on the basis of clear and timely identification of issues as they arose.

It was agreed that the Chief Executive would confirm that the Board wished the TDA formally to consider its FT application, in the hope that the TDA would recommend that the Trust be handed over to Monitor.

**The Trust Board noted the report.**

#### **TB2014/09/15 Membership Strategy Update**

The Director of Planning and Information presented the paper, setting out the Trust's progress against its Membership Strategy and associated action plan, and providing a breakdown against the measures used to gauge how representative the membership was of the community.

It was reported that the Trust was meeting its targets in terms of numbers, and the diversity of its membership, but it was recognised that more work could be done to recruit younger members. Mr Ward suggested that more efforts might be made to recruit from the large student population in Oxford, and the Director of Planning and Information confirmed that this was to be addressed in a more structured way.

**The Trust Board noted the report.**

**TB2014/09/17 NIHR Biomedical Research Centre [BRC] Report**

The Chairman welcomed Professor Keith Channon, and invited him to present the report. Professor Channon confirmed that the Oxford BRC was a translational research partnership between the OUH Trust and the University of Oxford, supported by an award by NIHR of £95m over five years, from 2012-17. It was the largest of the five centres in the UK, which sought to build on academic strengths, applied for patient benefit. Funding support had enabled the release of time and resource, to focus on the delivery of clinical research, engendering a real culture change, to realise research outcomes of positive patient benefit. Examples given included the use of genomics to diagnose human disease, and the application of biomedical engineering to data processing as applied to 'track and trigger'.

Mr Cameron asked whether there was an opportunity to do more in the sphere of data management, to improve the management of performance over time. Professor Channon recognised the challenge in having a necessarily clinically focussed Electronic Patient Record [EPR] which would also address and deliver against research needs. He was also extremely mindful of the importance of guaranteeing appropriate information governance, but was able to report that data was being shared successfully between all five BRCs, to secure greater research benefit.

The Interim Medical Director suggested that the key themes for the Trust included:

- Informatics
- Diversity, Leadership and Talent Management
- Modernisation and Innovation
- Alignment of new BRC themes with clinical business

The development of Innovation was noted to be scheduled for further consideration at an upcoming Trust Board seminar.

Mr Goard commented that the research thrust had two main objectives: to improve patient outcomes; and wealth creation. Professor Channon concurred that one expectation was the generation of health and wealth, and that opportunities were being taken proactively for external wealth generation, with partnerships having been formed with spin-out companies. There was also the opportunity for cost-saving and efficiencies through the uptake of innovation, and the BRC wanted to work harder to foster the pulling in of innovations, as well as these being pushed out by the BRC.

Mr Salt suggested that the local population should be heartened by the very many research strands outlined, and that there was the opportunity for more progress through the combination of research with the Trust's quality programme, and with the AHSN and other partners. The Director of Clinical Services commented that it was hoped that over the next couple of years the implementation of more research-based protocols could reduce resources required. The Chairman expressed the hope that there would be further dialogue between the Trust and the BRC.

**The Trust Board noted the report.**

**TB2014/09/18 Annual Research and Development Governance and Performance Report**

Professor Channon presented the report, which covered the entire breadth of clinical research, of major strategic and reputational importance to the Trust. It was noted that the Trust had a close partnership with the University of Oxford in clinical research, exemplified by the NIHR BRC and the Biomedical Research Unit [BRU], and that the Trust hosted the NIHR Local Comprehensive Research Network and the Academic Health Sciences Network [AHSN]. Through the Academic Health Science Centre [AHSC], there were also formal joint working agreements with the University of Oxford and Oxford Brookes University. The Trust hosted more than 1400 clinical research studies, including approximately 300 clinical trials. The Trust's Research and Development [R&D] activities were underpinned by almost £50m funding. Tangible benefits for the Trust included the fact that R&D activities helped to attract the brightest and best clinical leaders.

Professor Channon highlighted the need to meet the challenges of performance benchmarks set by the NIHR, and ensure robust governance and effective delivery of clinical research.

The Director of Development and the Estate commented that, before applying for the next round of BRC funding, consideration should be given to what capital investment might be required.

The Interim Medical Director emphasised the importance of the Board having proper sight of R&D Governance. It was agreed that a six-monthly report should be made to the Board, with a quarterly report to the TME.

**Action: TB**

**The Trust Board noted the report.**

**TB2014/09/16 Leadership and Talent Development Strategic Framework**

The Director of Organisational Development and Workforce presented the paper, which proposed a framework within which the Trust should be able to demonstrate that services in the future are well-led, with the objective of attracting, developing and retaining good talent, aligned to the Trust's key values. The Framework aimed to link leadership and performance with employee engagement.

In answer to Mr Ward's question as to what would be the key outcome measures, the Director of Organisational Development and Workforce responded that the Trust should be able better to articulate what was expected from its leaders, to achieve greater consistency in the quality of leadership. The Chairman referred to section 14 of the Strategic Framework, which was headed "*What will success look like?*"

The Director of Assurance suggested that it would be important to consider what would be the evidence that we had achieved a return on investment.

Mr Cameron suggested that the Trust might need to focus limited resources on some key priorities, and Professor Bell suggested that data from the Staff Survey could be used to identify areas of greatest concern, where work could be concentrated.

The Chairman suggested that the Strategic Framework could provide the broad background, within which focus would initially be focussed on the near-ground. The Board confirmed its support for the Strategic Framework on that basis, and that the programmes and initiatives proposed in it should focus on delivering measurable improvement in the development of leadership and talent.

**The Trust Board noted the report.**

#### **TB2014/09/17 Annual Report on Emergency Preparedness Resilience and Response**

The Director of Clinical Services presented this annual report on the Trust's preparedness for emergencies, highlighting updates that had been approved to the Major Incident Policy, and to the Business Continuity Management Policy. It was also noted that the Influenza Pandemic Policy had been updated in the light of new Guidelines issued by NHS England in 2014. NHS England Thames Valley had confirmed in December 2013 that it accepted the Trust's self-assessment. This showed the Trust to be fully compliant with 111 of the 119 core standards, with evidence that it would become fully compliant on all 119 core standards by 31 March 2015, and this remained on-track.

It was noted that the status of Service Continuity Plans, as shown in Table 1, had improved since last year's report, on which the status of some plans had been rated red. It was confirmed that the aim was to continue that improvement, to move from amber to green where possible.

Mrs Tutt welcomed the report, and suggested that it should be submitted to the Audit Committee for formal consideration.

**Action: PB**

**The Trust Board noted the report.**

#### **TB2014/09/20 Annual Health and Safety Report**

The Director of Development and the Estate presented this annual report, highlighting that the biggest single category of incidents reported related to slips, trips and falls, reflecting the nationwide picture.

**The Trust Board noted the report.**

#### **TB2014/09/21.1 Finance and Performance Committee Annual Report 2013/14**

Mr Goard, Chairman of the Finance and Performance Committee [F&PC] presented the report, highlighting that the Committee had in particular focussed on operational

performance, financial performance and planning for winter pressures. It was planned that review of the divisional compact letters would identify what were the major risks, upon which the Committee would focus its attention.

**The Trust Board noted the report**

#### **TB14/09/21.2 Quality Committee Annual Report 2013/14**

Mr Salt, Chairman of the Quality Committee presented the report, to report on the activities of the Quality Committee.

**The Trust Board noted the report**

#### **TB14/09/21.3 Trust Management Executive**

The Chief Executive presented the regular report on the activities of the Trust Management Executive [TME].

**The Trust Board noted the report.**

#### **TB14/07/22 Consultant Appointments and Signings of Documents**

The Chief Executive presented the regular report on activities undertaken under delegated authority, and confirmed that the document signed under seal, reported under Reference 14/14, had in fact been signed by the Chief Executive and Mr Geoffrey **Salt** (not Goard, as erroneously recorded). The record would be corrected accordingly.

**The Trust Board noted the report.**

#### **TB14/09/23 Any Other Business**

There was no other business.

#### **TB14/09/24 Date of the next meeting**

A meeting of the Board to be held in public will take place on Wednesday **12 November** 2014 at 10:00 in the Postgraduate Education Centre, the John Radcliffe Hospital.