

## Trust Board

Minutes of the Trust Board meeting held in public on **Wednesday 12 November 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	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 Eileen Walsh	EW	Director of Assurance
<b>In attendance:</b>	Ms Susan Polywka	SP	Deputy Head of Corporate Governance
<b>Apologies:</b>	Ms Anne Tutt	AT	Non-Executive Director
	Mr Peter Ward	PW	Non-Executive Director

### **TB14/11/01 Apologies and declarations of interest**

Apologies for absence were received from Anne Tutt, and Peter Ward.

No declarations of interest were made at the outset of the meeting.

The Chairman declared an interest in item **TB2014/11/21 Update on Information Governance** below, although not one that was in conflict, as author of the Information Governance Review published in April 2013, which followed the original Caldicott Report published in 1997.

### **TB14/11/02 Minutes of the meeting held on 10 September 2014**

Minutes of the meeting held on 10 September 2014 were approved as a true and accurate record of the meeting, subject to the following amendment:

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

“....

In discussion of the on-going SIRI in the Breast Screening Service, Professor Sir John Bell asked if ... national data was available on the number of false **negatives** after recall for breast screening ... no definitive data was available nationally on what might be the expected rate of interval breast cancer **after assessment** ...”

**TB14/11/03 Matters Arising and Action Log**

There were no matters arising, other than were on the agenda, or on the Action Log.

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

**TB14/11/04 Chairman's Business**

The Chairman reported that the Chief Executive had notified her of his intention to retire from the NHS by mid-2015. It was anticipated that the appointment of his successor was likely to take some time. The Chairman thanked Sir Jonathan for his consideration in giving sufficient notice to allow for a rigorous recruitment process, to identify the right person to succeed him, and build on his many achievements.

**TB14/11/05 Chief Executive's Report**

The Chief Executive presented the report, highlighting the appointment of Dr Tony Berendt as the Trust's substantive Medical Director, and welcoming the significant contribution that he had already made across the full range of his responsibilities, as Interim Medical Director since April 2014.

Since preparation of the report, Professor Michael Sharpe had been awarded the accolade of Psychiatrist of the Year, by the Royal College of Psychiatrists, in recognition of his major contribution to psychiatry, and in particular his leadership and innovation in the area of psychological medicine. The Chairman suggested that the Board should write formally to express its congratulations.

**Action: Chairman**

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

**TB14/11/06 Patient's Story**

The Chief Nurse first acknowledged her thanks to the member of staff, and patient/client of the *Here for Health* clinic, and to the clinic team. It was noted that this represented a successful experience of the new drop-in service, to be considered in the wider context of the Trust's Health and Well-Being Strategy, and the Five Year Forward View issued in October 2014. It was submitted that the Trust was in the vanguard of those demonstrating a strong commitment to public health.

The key issue highlighted by this patient's story was the important and valued service of information, advice and support delivered by the *Here for Health* drop-in clinic, and the positive impact that this could have on a person's physical and mental health and well-being, including the potential reduction of their risk of chronic disease, or of complications associated with existing disease.

The Director of Planning and Information confirmed that a key theme within the Public Health Strategy was the expansion of *Here for Health* drop-in clinics, to take the clinics to where patients and staff were, and to "make every contact count". The Trust was seeking to register as a provider of brief intervention training, to systematise the approach throughout the process.

Professor Sir John Bell, Non-Executive Director remarked that research suggested that employers' investment in public health could yield a three-four fold financial return, over the longer term.

The Trust Board noted the key issues highlighted, and acknowledged the effect of the clinical team's intervention with this individual, as an example of achievable healthy behaviour change.

### **TB14/11/07 Quality Report**

The Medical Director introduced the report, focusing the Board's attention on areas in which performance had not reached target, as follows:

- Dementia - % of patients screened >75 admitted as an emergency  
There was reported to have been steady progress, linked to work across the divisions, to achieve full adoption of the Electronic Patient Record [EPR] screening tool, but it was acknowledged that the rate of progress had not yet been adequate;
- Statutory and Mandatory training - % required modules completed  
It was noted that the Director of Organisational Development and Workforce had presented a paper with planned actions and strategies to the Quality Committee in October 2014;
- % of patients having an emergency operation within the time specified according to clinical categorisation  
This was noted to be under active and on-going review, and consideration was being given to how to capture and track whether any delay had had any material impact on the quality of care.

The Medical Director also addressed indicators in relation to:

- Total number of newly acquired pressure ulcers  
It was noted that changes had been introduced, to improve the assessment of pressure ulcers, and to increase the local expertise in grading them appropriately. Whilst these changes were still being fully embedded, there was no trend analysis of the data.
- % of inpatient areas with initial cleaning score >92%  
It was confirmed that immediate action was initiated whenever the initial score was below 92%. The Medical Director suggested that this data should be considered alongside other measurements of cleanliness, to give a clearer picture.

The Medical Director highlighted business undertaken by the Clinical Outcomes Review Committee, which had engaged in review of significant national audits. It was noted that, at the request of the Trust Management Executive [TME], there had been a review of the Terms of Reference [ToR] of all the sub-committees addressing the Clinical Effectiveness and Outcomes functions of the Quality Strategy. Revised ToR of the key sub-committees of the Clinical Governance Committee [CGC] had been developed, and these were due to be submitted for approval through the committee structure in December 2014. It was further noted that this would be reflected in a 'refreshed' Quality Strategy, to be submitted for the Board's consideration at its meeting on 14 January 2015.

**Action: TB**

The Trust was reported to be on the same trajectory for the uptake of flu immunisation as had been achieved last year.

The Board noted and welcomed the Faculty of Public Health's briefing on how to understand hospital mortality rates, highlighting that it expressly stated that hospital mortality data must not be used to compare the quality of one hospital to another, for example in league tables. It was suggested that the briefing might be considered further at a future meeting of the Quality Committee.

**Action: GS**

The Chief Nurse then presented the section of the report which related to Patient Experience, by reference to the dashboard at Appendix 2.

Mr Geoffrey Salt, Non-Executive Director, emphasised the importance of front-line resolution of complaints where possible, to improve the experience of patients. He suggested that a sample of complainants be invited to report on their experience of the complaints process.

Mr Christopher Goard, Non-Executive Director, noted that the issue of access to Outpatients continued to be a recurrent theme in complaints received, and asked when it might be expected that the full benefits of an improved booking system would be reflected in a reduction in the number of complaints. It was confirmed that the full benefits had not yet been realised, as the directly bookable system had not yet been rolled out fully.

Professor David Mant, Associate Non-Executive Director, noted that 'care/nursing care' was reported to feature highly as a theme for complaints received across all divisions, and asked how these were addressed. The Chief Nurse confirmed that she worked with Matrons and through the Senior Nurses' Forum, to ensure that the team directly involved in any complaint addressed improvements required, but also that shared learning was disseminated throughout the Trust.

The Chief Nurse moved on to present the section of the report which related to Safe Staffing Levels, by reference to the dashboard at Appendix 3, highlighting that there was a larger proportion of early and late shifts running as 'minimum safe' than was the case for night shifts. This reflected the fact that it was generally easier to get bank and agency cover for night shifts.

The Director of Finance and Procurement suggested that the report of nurse sensitive indicators over a longer time period would provide clearer identification of any developing trends.

The Director of Assurance invited clarification of what action was taken when a shift was identified as being 'escalated'. The Chief Nurse confirmed that twice daily meetings were held between Senior Nurses, to review and take action which might include moving staff as appropriate; reviewing the skill mix and seniority of staff available; and closing beds if appropriate

The Chief Executive invited feedback from the Board on how the data on safe staffing levels might most usefully be presented and analysed, bearing in mind that there were some 4,000 staff per shift.

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

**TB14/11/08 Update on Care Quality Commission [CQC] Inspection Action Plans**

The Director of Assurance presented the paper, summarising the progress made against the Action Plans for compliance actions, and for advisory actions. It was noted that a monthly report was made to the TME, where there had been detailed discussion, in particular relating to the compliance actions where completion was delayed beyond the target date. A more detailed report on the steps being taken specifically to address CA2.1 *Recruitment into substantive theatres and sterile services: Deputy Manager Theatre vacancy* was due to be considered by the TME at its meeting on 27 November 2014.

The Board reviewed all action recorded as being taken in respect of compliance and advisory actions where completion was delayed beyond target, and noted that the CQC would be provided with an update on progress at its next quarterly meeting with the Trust in December 2014.

**The Trust Board noted the update on progress towards completion of the CQC Action Plans.**

**TB14/11/09 Update on Out of Hours Cover 'Care 24/7' Project**

The Director of Clinical Services presented the paper, which provided an update on progress made against the Action Plan approved by the TME in February 2014. It was confirmed that much progress had been made, with site leads identified at the Horton and at the Churchill, and interviews having been held for site leads at the Nuffield Orthopaedic Centre and the John Radcliffe. The biggest challenge identified related to arrangements for the handover of care, and the need for effective communication of relevant information, including in relation to transfer across sites.

In answer to a question asked by Professor David Mant, Associate Non-Executive Director, the Director of Clinical Services confirmed that the model for Out of Hours Cover was predicated on moving to a Clinical Team approach. The model was aimed at achieving adequate identification of patient need out of hours; appropriate clinical input; and actions taken within an appropriate timescale.

The Chief Executive reminded the Board that originally the predominant and primary objective had been to ensure that there was consistency across all sites in the provision of adequate out-of-hours cover; ensuring that trust-wide policies and procedures were implemented consistently.

The Chairman endorsed Mr Salt's comment that it would be helpful to have a little more detail on the broader context of the project, and its objectives, and it was agreed that a paper should be prepared for consideration by the Quality Committee at a future meeting.

**Action: PB**

**The Trust Board noted the update on Out of Hours Cover 'Care 24/7' Project.**

**TB14/11/10 Integrated Performance Report – Month 6**

The Director of Clinical Services presented the report, highlighting that the standard for diagnostic waits had been achieved in September, and pre-checked data indicated that it should also be achieved in October 2014. Cancer standards had been achieved, except in relation to the 62 day wait from urgent GP referral. It was noted that the standards relating to 18 week Referral To Treatment [RTT] were subject to a national programme during October and November 2014, under which trusts were required to work to reduce the number of patients waiting over 18 weeks, and long waiters over 52 weeks. The Trust was reported to have been successful in meeting the requirements of the national programme. At the end of October, it had treated slightly more patients than required over the previous three months. Having made a commitment to the Trust Development Authority [TDA] to eliminate long waiters by the end of March 2015, it was expected that this would be achieved by the end of November 2014, save for only two patients who had chosen to decline/delay their treatment. It was recognised that the main challenges were Delayed Transfers of Care [DTOCs], and responding to the A&E 4 hour standard. This standard had been met in August, but the Trust was not yet able to report on September, pending review of a data quality issue associated with an upgrade of the Electronic Patient Record [EPR]. It was not expected that the A&E 4 hour standard would be met in October.

The Chief Executive expressed a reasonable degree of confidence in the Trust's ability to sustain achievement of performance standards relating to areas over which it had more direct control. However, there was noted to be increasing evidence of pressure areas across the Oxfordshire healthcare system. The resultant lack of flow through the system, leading to a lack of flow through the hospital, produced significant pressure on A&E services. It was expected that performance against the A&E 4 hour standard would be the most difficult to deliver. The Trust would continue to try to address this through the pursuit of collaborative discussions with Oxfordshire Clinical Commissioning Group, Oxford Health Foundation Trust, the Local Authority and Social Services.

Mr Cameron suggested that further consideration might need to be given in another forum to additional measures that could be taken by the Trust alone, to try to resolve the problems which remained, in the face of all efforts made so far. The Chief Executive agreed, and suggested that the further extension planned of the Supported Hospital Discharge [SHDs] Programme should help, while continuing discussions with partners in local healthcare economy.

Mr Salt asked what lessons could be learned from the data quality issues associated with the EPR upgrade. The Director of Planning and Information confirmed that, while the primary aim of ensuring that operational safety of the system was maintained had been achieved, there had been a failure to update a reporting element, resulting in data being drawn from the wrong field. This had been resolved, and the experience assimilated to inform future upgrades and developments.

**The Trust Board noted the Integrated Performance Report.**

**TB2014/11/11 Financial Performance to 30 September 2014**

The Director of Finance and Procurement presented the paper, informing the Board of the Trust's financial position for the first half of the financial year 2014/15. The Trust was reporting a break even position, but with the caveat that it had used £6.1m of its contingency to support the year-to-date financial position. Clinical income was reported to be below the level expected. It was noted that £19.1m expenditure on bank and agency staff was associated with vacancies, which included a premium of up to 45% associated with payments to agency staff. The main risks were highlighted as relating to:

- Winter pressures – while planned investment had been implemented, the severity of winter conditions had yet to transpire;
- Target-related pressures – which had necessitated additional, unplanned investment eg to reduce diagnostic waits;
- Potential impact on delivery of savings – the target for which remained at over £43m.

It was confirmed that a report on budget setting for 2015/16 was due to be considered by the TME in November, and the impact on the Trust's recurrent financial position was due to be reported to the Finance and Performance Committee in December 2014.

**Action: MM**

Mr Goard welcomed the slight decline shown in bank and agency spend in August and September 2014. The Director of Finance and Procurement confirmed that, while it was too early to determine a sustainable reversal in the upward trend, the multi-disciplinary Workforce Utilisation Group was doing much to tackle this issue.

Professor Mant obtained confirmation that history, seasonality and working days had been factored into activity forecasts.

Mr Salt noted the reported underspend on the capital programme. It was confirmed that provision remained for substantial schemes which had been approved by the Board, including the Welcome Centre, Carbon Energy Fund, and EPR Re-procurement; all of which were proceeding. It was also noted that provision had been made for respiratory ward relocations. The Director of Clinical Services confirmed that respiratory services were being reviewed, and changes were proposed to address problems with part of the current estate, but he emphasised that the current environment for service delivery was confirmed to be safe.

With regard to the Capital Resource Limit [CRL], the Director of Finance and Procurement explained that this included funds which were not the Trust's to spend. It was recognised that the capital programme was not as fluid this year as it had been in past years, but it retained some flexibility. The Chief Executive suggested that the Board should receive exception reports of any significant in-year variation to the capital programme.

**Action: MM**

**The Trust Board noted the report on financial performance.**

**TB2014/11/12 Winter Preparedness**

The Director of Clinical Services presented the paper, setting out the Trust plans for delivering safe care over the coming winter, and the actions to manage the forecast activity profile for the period from October 2014 to March 2015. The Trust had phased in the programme to spend £2.1m allocated (against its bid for £2.6m), and NHS England had subsequently announced a second tranche of funding. Since it would not be possible to make up the shortfall in relation to activity which had already passed, it was hoped that agreement could be reached to use any additional allocation for other pressures, for example to achieve the A&E 4 hour standard.

Mr Cameron asked when all of the capacity increases planned would be fully operational. The Director of Clinical Services confirmed that the position was as follows:

Adams/Bedford (4 beds) F Ward HGH (3 beds) Churchill (5 day to 7 day beds – 8 beds)	All beds were released
OCE/NOC (10 beds)	Beds were anticipated to be operational by the end of November 2014
City/Comm JR (20 beds)	Additional capacity was dependent on the release of Ward 7E from December 2014.

Professor Bell suggested that, while an expansion in bed capacity was helpful, a dedicated pathway for care of the frail elderly might deliver more appropriate care, and achieve better flow. The Director of Clinical Services confirmed that medium term plans included the upgrading of wards on Level 7 to be 'dementia friendly', and that work was being undertaken to develop a model of care for those with more severe dementia, analogous to the stroke pathway. The objective would be to avert unnecessary admissions, and to invest in the provision of more therapy support in the Emergency Assessment Unit [EAU] and Emergency Department [ED]. The Chief Executive confirmed that in the longer term the Trust's work with Oxford Health FT would be crucial, to develop and deliver an integrated approach to care in the community, avoiding the need for the frail elderly to come into the acute hospital where possible.

**The Board noted the plans for Winter Preparedness.**

**TB2014/11/13 Dementia Strategy**

The Chief Nurse presented the proposed Dementia Strategy, highlighting that the principal objectives were to prevent avoidable admissions, and to deliver more appropriate care; with the secondary side-effect of delivering required improvement against Commissioning for Quality and Innovation [CQUIN] targets, to provide support for the work being undertaken.

Mr Goard noted that 30% of the CQUIN related to ensuring that carers feel supported, and it was confirmed that development of a Carers' Strategy would be an important part of the roll-out.



Mr Salt asked how success of the strategy would be recognised and measured, and the Chief Nurse confirmed that this would be related to CQUIN targets, focussed on improvement in the environment for care, via different pathways. Funding for refurbishment of wards was not in the capital plan, but the divisions were working with Charitable Funds to mount a major fundraising effort, which it was hoped would also help to raise awareness, and engage with the community.

The Director of Organisational Development and Workforce noted the provision made for staff training, and welcomed the link to the eLearning platform.

The Chairman welcomed the strategy, and noted that the TME would review the resource implications to support successful implementation, and delivery of the objectives.

**The Board approved the Dementia Strategy.**

#### **TB2014/11/14 Progress report on Public Health Strategy Action Plan for 2014/15**

The Director of Planning and Information presented the paper, describing progress made against the three priority themes of:

- Building capacity to promote healthy lifestyles to all patients, visitors and staff;
- Developing a health promoting environment;
- Embedding population health approaches within OUH.

The focus for the next six months would be on strengthening the infrastructure to support implementation of a stable policy, as the basis for developing a system-wide approach, consistent with what was advocated within the Five Year Forward View.

Professor Bell advocated the value of inviting specific input from the Nuffield Department of Primary Health Care Sciences, as led by Professor Mant, and the Director of Planning and Information confirmed that he would welcome help to analyse the evidence base.

**The Board noted the progress report.**

#### **TB2014/11/15 Business Case for Redevelopment of the Churchill Day Surgery Unit**

The Director of Clinical Services presented the Business Case, which had been supported by the TME. Key features highlighted related to patient privacy and dignity, and the development of pre-operative assessment to allow for more effective screening; and to develop a cohort of patients who could be available to be called in on short notice. It was proposed that the existing building's 'footprint' be used for the redevelopment. The capital programme for 2014/15 had made provision for £900k, so an increase in allocation was now sought to provide a total of £1.83m; though charitable trustees had indicated a desire to contribute £400-500K which, if secured, would abate the total allocation required.

Mr Cameron expressed some concern at the increase in allocation sought, and in particular the level of professional fees, and the level of contingency. The Director of Development and the Estate emphasised that the contingency needed to reflect the fact that, as a 'live clinical' area, there was limited opportunity to undertake a detailed survey in advance of the works. The expenditure of contingency should of course only be exercised against defined items but if inadequate contingent provision were made, there was a danger that the project might have to be halted, and the Board re-convened, to confirm its decision in relation to any additional expenditure requested.

It was agreed that the redevelopment should be subject to rigorous project management, and performance would be reported to the Finance and Performance Committee, in advance of the implementation review conducted upon conclusion of the project.

**Action: PB**

**The Board approved the Business Case.**

#### **TB2014/11/16 Replacement of John Radcliffe Radiology Level 2 Fluoroscopy Equipment**

The Director of Clinical Services presented the Business Case for the replacement of equipment which was over eleven years old, noting that Royal College of Radiologists' guidelines recommended replacement after seven to ten years' use. Approval was sought for capital expenditure of £1,400k, with additional revenue costs of circa £159k per annum for capital charges from 2015/16, and an increase in maintenance costs of £39k per annum from 2016/17.

Mr Cameron asked whether it was reasonable to expect that on-going demand would be sustained, and this was affirmed.

**The Board approved the Business Case.**

#### **TB2014/11/17 Review of Implementation of Expansion of Intensity Modulated Radiotherapy**

The Director of Clinical Services presented the implementation review undertaken relating to the Full Business Case for the expansion of Intensity Modulated Radiotherapy [IMRT], approved by the Board in July 2012. It was noted that this had been linked to the key national drive to increase the proportion of patients receiving radiotherapy via IMRT to 23%, and the Trust was reported to be treating almost 40% via IMRT. Whilst IMRT was not appropriate for all cancer sites, it was expected that the national target would be revised upwards from April 2015. Ultimately, the aim would be to treat 48%-54% of patients receiving radiotherapy via IMRT.

Professor Mant suggested that the implementation of this business case illustrated the value of developing a proactive strategy to identify where there was a need to recruit specific specialist staff groups. The Director of Clinical Services confirmed that this lesson had been learned, and a subsequent business case had built in plans to recruit additional therapeutic radiographers who were identified as necessary to its implementation.

The Medical Director asked that the identification of individual clinicians be removed from the paper, as unnecessary and inappropriate, and it was agreed that personal identifying information would be removed from the paper retained on the record.

**Action: SP**

**The Board noted the report.**

#### **TB2014/11/18 Review of Progress in Delivering 2014/16 Trust Business Plan**

The Director of Planning and Information presented the paper, summarising progress against the corporate objectives set out in the 2014/16 Trust Business Plan. Overall, it was reported that good progress had been made. The Director of Assurance highlighted that the implementation of Phase 2 of the Peer Review Process had been delayed, due to the diversion of resources required to deal with activity in relation to the Board Governance and Assurance memorandum, and the Quality Governance Assessment.

**The Board noted the report.**

#### **TB2014/11/19 Update on Foundation Trust Application**

The Director of Planning and information presented the paper, providing an update on the Trust's application for authorisation as an NHS Foundation Trust [FT]. Monitor's assessment was noted to be underway and on-going. Preparations were reported to be in train for the election of public and staff governors. Monitor had provided feedback on the Quality Governance Framework assessment, and the Medical Director was leading work underway to respond to the points raised.

It was proposed that the Trust's draft constitution be amended to include new Model Electoral Rules which would enable electronic voting.

**The Board noted the update, and approved the proposed amendment to the draft constitution.**

#### **TB2014/11/20 Annual Report on Safeguarding**

The Chief Nurse presented the report, providing a summary of the key issues and activity in relation to safeguarding children and adults, and identifying areas of development and challenge.

The improvement in staff training was highlighted, aiming for a target of 90% training on induction. It was noted that the Multi-Agency Safeguarding Hub [MASH] had been established to provide the opportunity for more co-ordinated management. Initially, this covered children's services with effect from September 2014, and was expected to cover adult services from January 2015.

Applications made under the Deprivation of Liberty Safeguards [DOLS] were noted to have increased to fifty between June 2013 and June 2014; compared to a total of 14 applications in the twelve months up to June 2013. This had not been unexpected in the wake of the Cheshire West case being pursued to the Supreme Court, judgment in which had been handed down in March 2014.

**The Trust Board noted the report.**

**TB2014/11/21 Update on Information Governance**

The Chairman declared an interest, although not one that was in conflict with this item, as author of the Information Governance Review published in April 2013, which followed the original Caldicott Report published in 1997.

The Director of Planning and Information presented the paper, which reported on the self-assessment of the Information Governance Toolkit undertaken in October 2014. It was anticipated that the Trust would score level 3 in forty-three out of forty-five toolkit standards, and the stated objective was to get as close as possible to level 3 in all of the toolkit standards.

The importance of appropriate information sharing was noted to be rising, and it was recognised that this needed to be safely facilitated rather than obstructed by information governance. It was noted that a cyber security audit had been undertaken in August 2014. An action plan was being developed, and a follow-up report was due to be provided to the Audit Committee.

**Action: AS**

Development of a new standard operating procedure to manage requests for disclosure under the Freedom of Information Act was reported, and it was noted that this was an area in which levels of activity had increased, placing a significant burden on the organisation.

Professor Bell advised that there was likely to be mounting political pressure to provide appropriate procedures for recognising and responding to individuals' requests for access to their personal data.

**The Board noted the report****TB2014/11/22 Quarterly report on Workforce and Organisational Development Performance**

The Director of Organisational Development and Workforce presented the quarterly report, providing information associated with key performance indicators [KPIs] for the period from July to September 2014.

There was reported to have been an increase in workforce capacity by 358 whole time equivalents [WTE], but there remained a shortfall of approximately 600 WTE in the permanent workforce establishment. There had been an increase in reported sickness absence, as had been anticipated, in association with better reporting through First Care. The level of sickness absence reported was confirmed to be better than the national average, and broadly consistent with other trusts in the Shelford Group. It was recognised that staff turnover remained a matter of some concern.

The Director of Assurance asked whether it would be possible to tabulate for the Board the quantitative and qualitative measures of success of interventions relating to the recruitment and retention of staff. Mr Salt stressed the importance of developing costed proposals relating to recruitment and retention, and commented that he would like to see the report include an assessment of productivity. The work being undertaken in staff engagement was welcomed.

The Director of Clinical Services noted that, notwithstanding the level of vacancies being carried, the level of recruitment activity during Q2 was reported to be higher than in Q1; although the number of applications had reduced for allied health professionals, and nursing and midwifery specialties. It was suggested that the recruitment process might be reviewed, to identify whether applicants who did not succeed in their primary application could be encouraged to apply/be considered for other vacancies.

Mr Goard noted the divisional results reported in relation to the Staff Friends and Family test, in particular with regard to the likelihood of recommending the Trust as a place to work, and suggested that this should be considered along with other data available from the Staff Survey, and Staff Focus Groups, to identify any areas where concerted effort might be required to improve the opportunities for personal development and leadership.

**Action: MP**

#### **TB2014/11/23 Annual Review of Assurance Strategy**

The Director of Assurance presented the paper, providing the results of the annual review of the Assurance Strategy, and a number of minor amendments which had been reviewed and supported by the TME.

**The Board noted the review, and approved the amendments to the Assurance Strategy.**

#### **TB2014/11/24 Annual Review of Risk Management Strategy**

The Director of Assurance presented the paper, providing the methodology and results of the annual review of the Risk Management Strategy and the implementation plan. The assessment had been translated into an overall view of risk maturity for the Trust, yielding an increased score of 80 (increased from a score of 77 last year), with the risk maturity level remaining at level 3.

It was submitted that this slight improvement in the score reflected good consolidation at corporate level, whilst recognising the need to make further advancements in embedding the approach throughout the divisions. This also chimed with Monitor's assessment that there was a deficit, relating to inconsistencies in divisional implementation of the agreed corporate approach, The Director of Assurance confirmed that this was to be tackled through a rolling programme of assurance now being undertaken with the divisions.

The current Risk Management Strategy was reported to be still valid, subject only to minor amendments to reflect current terminology used within the Trust. These changes had been reviewed and supported by the TME.

**The Board noted the review, and approved the amendments to the Risk Management Strategy.**

**TB2014/11/25 Mid-Year review of Board Assurance Framework [BAF] and Corporate Risk Register [CRR]**

The Director of Assurance presented the paper, providing the outcome of the mid-year review of the BAF and CRR, with changes proposed highlighted in red text.

Emerging issues were noted to include the introduction of regulatory changes in relation to the '*Fit and Proper Persons Test*' and the *Duty of Candour*. It was noted that the Board was due to receive a presentation on these regulatory changes from the Trust's external lawyers at its Seminar on 26 November 2014.

**The Board noted the review of the BAF and CRR, and accepted the changes proposed.**

**TB2014/11/26 Annual Audit Letter for the year ended 31 March 2014**

The Director of Finance and Procurement formally presented the annual audit letter, issued by the Trust's External Auditors Ernst & Young, to communicate the key issues arising from the work they had undertaken.

**The Board noted the Annual Audit letter.**

**TB2014/11/27.1 Finance and Performance Committee Chairman's Report**

Mr Goard, Chairman of the Finance & Performance Committee, presented the report from the meeting held on 8 October 2014, highlighting discussion of key risks including the risk of non-alignment with commissioners' plans, the risks associated with potential winter pressures, the current forecast of the Trust's year-end financial position, and the risks associated with delivery of the operational performance standards.

**The Board noted the report**

**TB2014/11/27.2 Quality Committee Chairman's Report**

Mr Salt, Chairman of the Quality Committee, presented the report from the meeting held on 8 October 2014, highlighting that the meeting had been observed by representatives from Monitor. Significant issues discussed were highlighted for the Board. It was noted that future business would include work required to address points raised by Monitor in its feedback on the Quality Governance Framework assessment.

**The Board noted the report**

**TB2014//27.3 Audit Committee Chairman's Report**

Mr Goard, Vice-Chairman of the Audit Committee, presented the report, highlighting significant issues and key risks discussed.

**The Board noted the report.**

**TB2014/27.4 Trust Management Executive Report**

The Chief Executive presented the regular report on the activities of the Trust Management Executive [TME] at meetings held between 28 August and 23 October 2014.

Significant issues of interest were summarised for the Board, and discussions of key risks were highlighted, with attention drawn specifically to consideration of actions taken in relation to out of hours paediatric airway cover.

**The Board noted the report.**

**TB2014/11/28 Consultant Appointments and Signings of Documents**

The Chief Executive presented the regular report on activities undertaken under delegated authority, and recent signing and sealing of documents, in line with the Trust's Standing Orders.

**The Board noted the report.**

**TB2014/11/29 Any Other Business**

There was no other business.

**TB2014/11/30 Date of the next meeting**

A meeting of the Board to be held in public will take place on Wednesday **14 January 2015** at 10:00 in the Postgraduate Education Centre, the John Radcliffe Hospital.