

Trust Board

Minutes of the Trust Board meeting held in public on **Wednesday 13 May 2015** at **10:00** in the George Pickering Postgraduate Centre, The John Radcliffe Hospital.

Present:	Dame Fiona Caldicott	FC	Chairman
	Sir Jonathan Michael	JM	Chief Executive
	Professor Sir John Bell	JB	Non-Executive Director
	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
	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
Mr Peter Ward	PW	Non-Executive director	
In attendance:	Ms Clare Winch	CW	Deputy Director of Assurance
	Ms Susan Polywka	SP	Head of Corporate Governance
Apologies	Professor David Mant	DM	Associate Non-Executive Director
	Ms Eileen Walsh	EW	Director of Assurance

TB15/05/01 Apologies and declarations of interest

Apologies for absence were received from Professor David Mant, Associate Non-Executive Director, and Ms Eileen Walsh, who was represented by Ms Clare Winch, Deputy Director of Assurance.

No declarations of interest were made.

The Chairman welcomed Governors, public and staff to the meeting, and representatives from Monitor, Linzi Holden, Senior Manager, and Emma Bailey, Team Manager, who were attending to observe the meeting, as part of Monitor's assessment of the Trust. .

TB15/05/02 Minutes of the meeting held on 11 March 2015

Minutes of the meeting held on 11 March 2015 were approved as a true and accurate record of the meeting.

TB15/05/03 Matters Arising from the minutes

There were no matters arising that were not covered on the agenda.

TB15/05/04 Action Log

The Board reviewed the status of actions recorded on the Action Log

The Trust Board agreed the status of the actions presented on the Action Log.

TB15/05/05 Chairman's Business

The Chairman was delighted to report the appointment of Dr Bruno Holthof as the new Chief Executive of the Trust. Dr Holthof will be relocating to Oxford with his family, to take up his appointment from 1 October 2015. The appointment marked the culmination of a comprehensive search and selection process, which attracted a high level of interest from a range of excellent national and international candidates. The Chairman expressed her warm thanks to all those who contributed to the process.

The Chairman noted the large volume of papers, and explained that many of these had received detailed consideration in sub-committees of the Board and at the Trust Management Executive [TME], in advance of their presentation to today's meeting, and so might not require very much further detailed discussion. In order to maximise the benefit of the whole Board convening in formal session, it was intended to focus on the most important issues on the agenda which did require particular consideration. She asked that all those presenting papers focus the Board's attention on specific points for discussion.

TB15/05/06 Chief Executive's Report

The Chief Executive presented his report, highlighting the improved ranking for Oxford University Hospitals [OUH] clinical trials. Performance was measured against rigorous metrics set by the National Institute for Health Research [NIHR], and showed very significant improvements in responsiveness.

It was noted that the former OUH employee Staff Nurse Andrew Hutchinson had been sentenced to 18 years' imprisonment. Staff were shocked and horrified at his offences, and the betrayal of the patients in his care. Terms of reference were now agreed for a thorough internal review, which the Trust had been required to hold in abeyance pending conclusion of the judicial proceedings.

The Chief Executive also highlighted the Inaugural Nursing and Midwifery conference, held on 12 May 2015, as a celebration of nursing. Long service awards had been presented in recognition of nurses having 40 years or more service.

Mr Peter Ward, Non-Executive Director, asked for further feedback on '*Breaking the Cycle*' to establish the '*Perfect Week*'. The Chief Executive confirmed that the management approach which had been utilised for the *Perfect Week* were analogous to the management and escalation arrangements for a major incident, and as such were not sustainable for 24 hours a day, 7 days a week. However, the Trust was looking to learn lessons from what worked well to deliver sustainable improvement in operating efficiency. Whilst the week had not seen any significant reduction in the number of delayed transfers of care [DTCs] or flow through the wider health and social care system, efficiencies and capacity had been delivered within the hospital resulting in the achievement of the 4 HR access standard for the Emergency Department. Many operational inefficiencies had been identified and

addressed through the enhanced arrangements put in place. Overall the week was considered to be a significant success.

The Trust Board noted the Chief Executive's Report.

TB15/05/07 Patient's Story

The Chief Nurse acknowledged her thanks to the patient, who had presented his story by video link. It was proposed that, in the future, an external facilitator would be used to produce patient stories in digital format.

Significant learning points identified included:

- The importance of remembering that disease does not define the individual patient
- The value of considering preferred alternatives to hospital care
- The part that development of a respiratory action plan had played in empowering the patient, which could be applicable by analogy to patients with other chronic diseases.

Mr Geoffrey Salt, Non-Executive Director, suggested that the use of video should be deployed where appropriate, but not on every occasion. In answer to his question of how the Board could be assured of the positive impact of learning points identified, the Chief Nurse confirmed that a six-monthly report was provided to Quality Committee as follow up to patient stories previously presented.

The Director of Planning and Information proposed that, when refreshing the Trust's Information Management and Technology [IM&T] Strategy, this would take into account measures that could be taken to provide a better level of patient empowerment.

The Chief Executive emphasised the importance of co-ordinated care, particularly in relation to patients with long term conditions, who had sporadic acute exacerbations of their condition. He suggested that consideration be given to the introduction of Patient Passports, as had been introduced for patients with learning disabilities.

The Medical Director confirmed that work had been undertaken with clinicians in Neurology and Respiratory Services, to ensure that where appropriate a 'flag' was registered on the Electronic Patient Record [EPR], alerting the need for specialist input if the patient was admitted to the Emergency Department [ED].

The Trust Board noted the key issues highlighted in the patient's story.

TB15/05/08 Quality Report

The Chairman indicated that review of the Quality Report, and in particular its summary of the action being taken by the Trust to address *Never Events*, was one of the most important issues on the agenda which required particular consideration by the Board.

As such, the Medical Director gave a brief summary of positive improvements shown in the key quality metrics, including those in relation to:

- 96.97% of admitted patients receiving Venous thromboembolism [VTE] assessment in March; and
- 100% of patients receiving allergy reconciliation within 24 hours of admission

and areas in which there had been some deterioration, including in relation to:

- 84.88% of patients seen, assessed and discharged or admitted within 4 hours of arrival at ED;
- 76.81% of patients spending over 90% of their admission in the specialist stroke environment, although it was confirmed that they would still be on the stroke care pathway where appropriate

The Medical Director then focused the Board's attention on the rise in the overall number of Serious Incidents Requiring Investigation [SIRI] reported, coincident with a strong push to encourage higher levels of reporting, and to raise awareness of the appropriate threshold for escalation.

It was further highlighted that a total of seven *Never Event* investigations had been opened in 2014/15. It was confirmed that each event had been managed through the Trust's serious incident investigation process, and investigations into the two most recently reported events were on-going. Work was being undertaken to analyse whether there were any recurrent themes, or common factors. The events were reported to be dispersed across different departments. Although two of the events had related to wrong tooth extraction, root cause analyses indicated very different underlying causes.

In discussion, Ms Anne Tutt, Non-Executive Director, welcomed feedback on the *Never Events*, and noted that there had also been an apparently high number of SIRI (13) notified to the Oxfordshire Clinical Commissioning Group in April, three of which were described as involving the death of the patient. Mr Salt asked whether the increase in *Never Events* should be regarded as a symptom of deeper problems throughout the organisation.

The Medical Director responded that each and any *Never Event* was regarded very seriously. The question of the extent to which a number of events suggested an underlying problem required further analysis. With regard to SIRI, he emphasised that the circumstances giving rise to report as a SIRI might **not**, upon investigation, be found to have been causal in the adverse outcome (including death of a patient). The Trust had been working hard to encourage increased levels of reporting, so that investigation could be undertaken to identify the root causes of adverse outcomes, and other contributory factors, but also to identify instances where care could be improved to prevent future adverse outcomes, even if it had not caused the adverse outcome in the instant case. Professor Sir John Bell, Non-Executive Director, asked that a greater level of detail be provided in the minutes of the Quality Committee, to reflect the outcome of investigations, at the point of closure of SIRI. Levels of incident reporting had risen significantly (particularly since the introduction of electronic reporting), with the majority of incidents reported being categorised as causing low harm, or no harm to the patient. There was reported to have been a slow trend downwards in the level of reporting of incidents of moderate or greater harm.

The Chief Executive reported that a meeting had been held with the Trust Development Authority [TDA], to review the *Never Events*, and the TDA had indicated that it was satisfied that the Trust had been thorough in its investigations, and follow up Action Plans. The Trust would also be meeting with the Care Quality Commission [CQC] early in June, when it was expected that the CQC would require assurance of the measures being taken.

Mr Christopher Goard, Non-executive Director, asked whether the review of *Never Events* would be able to discern any systemic/cultural issues. The Medical Director confirmed that root cause analysis [RCA] did address attitudes and behaviours. Discussion was on-going as to the timeframe within which any broader review of the Trust's processes might be undertaken.

Mr Ward confirmed that the Quality Committee had reviewed the *Never Event* investigation process at its meeting on 27 April 2015, and expected a further update at its meeting on 10 June. It was recognised that there was a need to strike a balance between the importance of immediately identifying any patient safety or competency issues, and the need for thorough investigation, to derive robust conclusions.

The Chairman asked for early feedback from the Trust Management Executive's [TME's] further discussion and review, ahead of the formal report due to the next meeting of the Quality Committee on 10 June 2015.

Mr Salt welcomed the fact that the Quality Report now included a section covering the Trust's response to quality issues raised by OCCG.

The Chief Nurse then presented the part of the Quality Report relating to safe nurse staffing levels, highlighting the continuation of systematic on-going monitoring of nurse sensitive indicators. It was proposed that a report on any discernible trends, based on a review of twelve months' data, would be submitted to the Board at its meeting in July 2015.

Action: CS

A review of Acuity and Dependency had been undertaken, and it was confirmed that a case of need for additional staffing in priority areas was due to be considered by the TME at its meeting on 14 May 2015. The Trust was now also collecting data on care contact time, as required.

The outcome of Friends and Family Test was reported to have been slightly above the national average in the last six months, although the response rate had been just under 40%, and the Trust was in negotiation with Oxfordshire Clinical Commissioning Group [OCCG] as to whether this could be regarded as meeting the CQUIN target.

The Chief Nurse confirmed that there had been a slight increase in complaints from February to March 2015, notably in the Neurosciences, Orthopaedic, Trauma and Specialist Surgery [NOTSS] Division, although it was also noted that the level of responsiveness demonstrated by NOTSS was high, and there were few re-opened complaints against that division.

In discussion of the Quality Report, Mr Goard noted that divisional dashboards showed that the number of newly acquired pressure ulcers appeared to have been on the rise since Autumn 2014. The Chief Nurse confirmed that the threshold for reporting had been lowered, and the Tissue Viability team was focusing work on high risk areas.

Mr Ward noted a high level of escalation shifts on NOC Ward D, and asked whether this correlated to low cleaning scores. The Chief Nurse confirmed that the data for NOC Ward D was somewhat skewed by the re-deployment of staff. She confirmed that cleaning scores will be monitored through Monitor's assurance tool.

The Trust Board noted the Quality Report.

TB15/05/09 Integrated Performance Report – Month 12

The Director of Clinical Services presented the report, highlighting that the Trust remained on target to achieve a score of 3 against the Monitor framework for Q4, 2014/15. The principal challenges remained in relation to achievement of standards for 18 week Referral to Treatment [RTT] Admitted, 4 Hour ED and 62 day Cancer. It was confirmed that tranches 1 and 2 of winter funding had been extended to 30 April 2015, but winter funding was no longer available.

In discussion, Mr Salt asked whether the experience of the *Perfect Week* – in which the 4 hour ED standard had been achieved, notwithstanding the fact that there had been little reduction in the level of DTOCs – indicated that more could be done to sustain performance through improvement of the Trust's internal processes.

The Director of Clinical Services confirmed that improved processes for escalation and control did seem to have had a positive impact, but he emphasised that further granular analysis was required to understand the extent to which achievement of the 4 hour ED standard had been positively influenced by fortuitous factors, including improvements in the particular patient case-mix for the week (with a lower than usual proportion of frail elderly patients) and good weather.

The Trust Board noted the Integrated Performance Report.

TB2015/05/10 Financial Performance to 31 January 2015

The Director of Finance and Procurement presented the report, informing the Board of the Trust's draft financial position for the financial year 2014/15, whilst noting that the financial position was subject to audit.

Key points highlighted included:

- That the Trust achieved its plan for the year and thereby met its formal financial duty to break even;
- That the Trust met its financial duty not to exceed its external financial limit for the year; and
- That the Trust met its duty not to exceed its capital resource limit for the year

The Trust had delivered savings of £42.4m in the year, representing 92.2% of plan, of which only 5% had been non-recurrent. The delivery of cost improvement programmes [CIP] was recognised to be a major driver behind the Trust's ability to deliver its plan for 2015/16.

In discussion, Mr Goard recognised the achievement of delivering the plan for 2014/15, and expressed appreciation for the efforts required, but emphasised the importance of delivering on the transformation programme in 2015/16. The Director of Finance and Procurement acknowledged that operational pressures had limited the ability to deliver transformation in 2014/15, and it had taken some time to mobilise the transformation team, but it was hoped that further advances would be made in 2015/16.

Mr Ward congratulated the executive team on securing delivery of the financial plan. He noted debtor balances, as reported at page 15 of the report. The Director of Finance and Procurement explained that the Trust had managed cash slightly differently towards the end of the year, and confirmed that this was now resolved. Ms Tutt asked whether the reduction in cash balance was greater in March this year than last. The Director of Finance and Procurement commented that the degree to which capital had been impacted was more severe in this year, and lessons were being drawn to apply in-year in 2015/16, to achieve more stability.

The Trust Board noted the report on financial performance.

TB2015/05/11 Draft Annual Accounts 2014/15

The Director of Finance and Procurement presented the report on the draft Annual Accounts, as prepared for audit for the financial year 2014/15, in accordance with determination and directions given by the Secretary of State for Health. It was intended that this should give the Board the opportunity to raise any points for clarification points, to be responded to in a timely manner, so as to facilitate External Audit's review. Draft Audit Accounts had been reviewed by the Audit Committee at its meeting on 27 April, and the final Annual Accounts would be considered by the Audit Committee at its meeting on 3 June 2015. Subject to recommendation of the Audit Committee, the Board would then convene to approve adoption of the final Annual Accounts, due for submission by 5 June 2015.

The Trust Board noted the draft Annual Accounts 2014/15.

TB2015/05/12 Workforce and Organisational Development Performance Report, Quarter 4 2014/15

The Director of Organisational Development [OD] and Workforce presented the report, providing a summary of performance against the main Workforce Indicators at Q4 2014/15, highlighting a range of key work programmes and initiatives being led by the OD and Workforce directorate, including principal areas of focus for 2015/16.

In particular, it was noted that there had been:

- An increase in the substantive workforce capacity by 140 whole time equivalents (wte); part of a total in-year net increase of 542 wte. It was confirmed that the increase in Administrative and Clerical staff had been predominantly to support front-line clinical activity;
- An improvement in the vacancy rate from 8.1% in April 2014 to 5.7% in March 2015; and
- A levelling of the turnover rate in February and March, currently at 13.6%

Key work programmes were reported to be focused on areas including:

- Staff engagement and
- Recruitment and retention, including
 - Measures to address problems associated with transport to and from, and access on and off site; and
 - Measures to address the low pay issue, further details of which were being developed, for presentation to the Board at its meeting in July 2015

Action: MP

Mr Alisdair Cameron, Non-Executive Director highlighted the premium cost of agency staff as one of the biggest factors threatening delivery of the financial plan in 2015/16, and the Director of OD and Workforce confirmed that there was much work underway to reduce the pay bill for temporary staff.

Mr Salt reported that an issue raised recurrently by members of nursing and midwifery staff whom he met was the perception that development and training needs were not supported. The Director of OD and Workforce confirmed that this would be addressed further in the development of a multi-professional Education and Training Strategy.

Professor Bell expressed disappointment that only 60-61% of staff had said they would be likely to recommend the organisation as a place to work, although in Q4 78% had said they felt enthusiastic about their job.

The Trust Board noted the report, and confirmed its support for the key work programmes.

TB2015/05/13 Trust Business Plan 2015/16

The Director of Planning and Information presented the fourth draft of the Trust's Business Plan for 2015/16, together with a set of corporate objectives, which would not form part of the submission due to the TDA, but which would be developed further, before being submitted for the approval of the Trust Board at its meeting in July 2015.

Action: AS

Mr Cameron suggested that, in its commentary on delivery of operational performance standards, more explicit reference could be made to the factors limiting progress in the reduction of DTOCs.

Professor Bell congratulated the executive team on the relative strength of the Trust's financial position, but commented that beyond 2015/16 there were serious challenges facing all providers in the NHS, especially providers of specialist services in the acute sector.

The Trust Board noted the Trust's Business Plan 2015/16, and approved its submission to the TDA.

TB2015/05/14 Financial Plans 2015/16 Update

The Director of Finance and Procurement presented the paper, updating the Board about the main developments regarding the Trust's financial plans for 2015/16 since the Board approved a draft set of plans at its meeting on 11 March, subsequent to which updated plans were submitted to the Finance and Performance Committee at its meeting on 15 April 2015.

The Trust Board approved the updated financial plans for 2015/16.

TB2015/05/15 Operational Performance Trajectory, Q1/Q2 2015/16

The Director of Clinical Services presented the paper, updating the Trust Board on the forecast trajectory for operational performance in Q1 and Q2 2015/16, as approved by the Finance and Performance Committee at its meeting on 15 April 2015, under delegated authority of the Board. An extended trajectory, to reflect the forecast for operational performance in Q3 and Q4 2015/16 would be developed and presented to a future meeting of the Board.

Action: PB

Action Plans in relation to Urgent Care, Referral to Treatment and Cancer were presented for review, as the basis for the forward projection for Q1 and Q2 2015/16, which was noted to be based on the following assumptions:

- The RTT Non-admitted and Incomplete standards continue to be delivered in each month during Q1 and Q2.
- The RTT Admitted standard will be delivered in June 2015 and continue to be achieved in each month in Q2. Based on the way Monitor's Risk Assessment Framework calculates performance the Trust will receive a score of 1 in Q1 and nil in Q2 for this standard.
- The 62 day cancer standard will be delivered in June 2015 and continue to be achieved in each month in Q2. The Trust will therefore score 1 in Q1 and nil in Q2 for this standard.
- The 4 hour standard is not predicted to be met in Q1 and is forecast to be achieved in Q2. The Trust will therefore score 1 in Q1 and nil in Q2 for this standard too.

Overall, this gave a forward trajectory of a score of 3 for Q1 (RTT Admitted, 62 day, 4 hour), and Nil for Q2 in 2015/16.

In answer to points raised in particular by Mr Cameron, the Director of Clinical Services confirmed that implementation of the proposed Alliance Programme should be reflected in the trajectory of performance in Q3 and Q4 of 2015/16. In the meantime, significant inroads had recently been made to achieve improvements in the management of the ambulatory pathway, through development of digital platforms to support patients at home. It was recognised that deployment of Winter pressures funding in 2014/15 had been most effective in purchasing beds in the external Nursing Home sector. Escalation beds opened in the hospital had largely been offset by the number of established beds closed because they could not be staffed at minimum safe levels.

The Trust Board ratified the operational performance trajectory, as approved by the Finance and Performance Committee at its meeting on 15 April 2015, under delegated authority of the Board.

TB2015/05/16 Business Case for Relocation of Respiratory Inpatient and Cystic Fibrosis Services

The Director of Clinical Services presented the business case, as supported by TME, for the proposed reconfiguration of respiratory services to move the inpatient service to the John Radcliffe site, in line with the Trust's agreed strategy for the configuration of its services.

It was noted that the capital investment required for the reconfiguration of the ward on Level 7, estimated at £1,958k, would include extensive refurbishment, installation of medical gases, removal of asbestos and installation of ducting to allow future installation of mechanical ventilation. A derogation would be in place for a period of two years, following which a further assessment would need to be made regarding the installation of the mechanical ventilation. Initial capital investment would also cover the purchase of equipment for the move, including: replacement monitoring for the service's high dependency care beds, bedside EPR computers and the location of a lung function testing room within Blue Outpatients to support comprehensive lung function studies on respiratory patients, as well as other patients such as those with cardiothoracic disease who require the tests prior to surgery. It was confirmed that provision had been made for this proposal in the Trust capital programme.

Approval was sought for the capital and revenue investment required to support the relocation of Respiratory inpatient services and adult cystic fibrosis services to the John Radcliffe site. The Trust Board was further asked to support the continued work of the Medicine Rehabilitation and Cardiac [MRC] Division to realise efficiencies associated with improvements to patient flow as a result of the new location

The Trust Board confirmed its approval as sought for the business case, and the capital and revenue investment required to support the delivery of the relocation of Respiratory inpatient services and adult cystic fibrosis services to the John Radcliffe site.

TB2015/05/17 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.

It was noted that Monitor had re-started its assessment, as part of which its representatives were observing the meeting of the Trust Board. It was expected that Monitor's assessment would concentrate on the Trust's finances and strategy, before updating its work on quality governance and access and outcomes in May and June 2015.

The Trust Board noted the update.

TB2015/05/18 Update on Public Health Strategy

The Director of Planning and Information presented the paper, providing an update on the Public Health Strategy approved by the Board in March 2014, setting out the priorities for action against the strategy during 2015/16 in the three priority themes:

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

Professor Bell commended the progress achieved, but emphasised the importance of being clear about how success would be measured. The Director of Planning and Information confirmed that ethical approval was being sought for a study formally to evaluate the effectiveness of the *Here for Health* Centre.

In answer to Mr Salt's question, it was confirmed that the food and drink strategy had been linked to the work led by the Chief Nurse to develop the Trust's Nutrition Strategy for patients.

The Trust Board approved the public health priorities for 2015/16.

TB2015/05/19 Board Assurance Framework [BAF] and Corporate Risk Register [CRR] Year End Review

The Deputy Director of Assurance presented the paper, summarising changes to risk scores, and highlighting the addition of a new financial risk in relation to the impact of changes to the specialist services tariff. It was noted that further action was being taken to review risks that crossed organisational boundaries, and there was to be a further review undertaken of current risk scores and related risk targets.

The Trust Board noted the BAF and CRR.

TB2015/05/20 Board Certification of Organisational Capacity

The Deputy Director of Assurance presented the report, providing the Board with the opportunity to review the certification of organisational capacity, with supporting evidence as reviewed by the Audit Committee at its meeting on 27 April 2015.

Ms Tutt, as Chairman of the Audit Committee, confirmed that it had also previously undertaken a very detailed review of all the evidence in support of the Board Governance Memorandum.

The Trust Board approved the Board Certificate of Organisational Capacity, for submission under signature of the Chief Executive.

TB2015/05/21 Update on Quality Governance Framework [QGF]

The Medical Director presented an update on progress made in Quality Governance, asking the Board to consider whether the evidence presented justified favourable movement in the QGF scores from those previously determined by Monitor, to those now proposed, following review and recommendation of the TME.

The Chief Nurse reinforced evidence of the significant progress made in improving processes for escalating and resolving issues and managing quality performance.

Following review of the evidence provided, the Trust Board agreed the revised self-assessment score of 2.5 against the Quality Governance Framework.

TB2015/05/22 Update on actions from Historical Due Diligence [HDD] Assessment]

The Director of Finance and Procurement presented an update on progress in implementing actions identified in Historical Due Diligence (HDD) assessments undertaken by Deloitte LLP in 2012.

Mr Goard, as Chairman of the Finance and Performance Committee [F&PC], suggested that, in relation to the development of “mainstream” service line reporting (referred to in section 3.3 of the report), a review of the principal loss making services could be submitted for consideration by the F&PC at its next meeting on 10 June 2015.

Action: MM

The Trust Board noted the update.

TB2015/05/23 Equality, Diversity and Inclusion Annual Report

The Director of Organisational Development [OD] and Workforce presented the report, to provide assurance to the Board that the Trust is compliant with its responsibilities under the Equality Act 2010 and, in particular, the public sector equality duty. Progress made towards achieving the Trust's equality, diversity and inclusion objectives was highlighted, and the key priorities for 2015/16 were

identified. It was confirmed that future activity will continue to be informed by the provisions of the Equality Delivery System and the new Workforce Race Equality Scheme.

The Board agreed to support the establishment of the EDS2 grading panel, and of an Equality, Diversity and Inclusion Steering Group.

The Trust Board approved the Equality, Diversity and Inclusion Annual Report, for publication via the Trust website.

TB2015/05/24 Information Governance Annual Update

The Director of Planning and Information presented the report, providing assurance on the key issues and risks relating to information governance and data quality, highlighting in particular:

- Improvement in the overall attainment level in the Information Governance Toolkit to 91% in 2014/15; reaching top Level 3 rating in 33 requirements
- Improvement in the internal auditors' assessment in April 2015, to provide a rating of *significant assurance with minor improvement opportunities*; which would be tackled through the year's work plan, a key focus of which would be on the Information Asset Register
- Update on Cyber Security issues which had been considered by the Audit Committee at its meeting on 27 April 2015
- New legislation which will make it a criminal offence for an NHS body intentionally or negligently to fail to provide accurate and honest information that they must report as part of their statutory duties.

Mr Ward asked how it was proposed that Information Governance be applied in the work of the new Alliance Programme, and the Director of Planning and Information confirmed that a Working Group had been established to address how the Boards of both OUH and Oxford Health [OH] Foundation Trust could be assured in relation to governance issues, including information governance.

The Trust Board noted the update.

TB2015/05/25 Care Quality Commission [CQC] Inspection Action Plans Update

The Deputy Director of Assurance presented the report on progress on the Trust's action plans in relation to the compliance ('Must Do') and advisory ('Should Do') recommendations raised in the CQC's inspection reports. It was confirmed that the actions plans continued to be subject to on-going monitoring by the Assurance Team.

The Chief Executive highlighted that the Trust's progress would be reviewed by the CQC at its next quarterly meeting with the Trust, scheduled in early June 2015.

The Trust Board noted the update.

TB2015/05/26 NIHR Clinical Research Network [CRN]: Thames Valley and South Midlands Annual Plan 2015/16

The Medical Director presented the Annual Plan, which required the approval of the Board, as OUH hosted the Thames Valley and South Midlands CRN. He confirmed that its Annual Report was due to be submitted for consideration by the Board at its meeting in July 2015.

Action: TB

The Trust Board approved the Annual Plan.

TB2015/05/27 Register of Interests and Register of Gifts, Hospitality and Sponsorship

The Deputy Director of Assurance presented the paper, submitting the Register of Interests for Board members for inclusion in the Trust's Annual Report, and providing the Register of Gifts, Hospitality and Sponsorship for review.

Ms Tutt and Mr Goard both raised some corrections required to their respective entries on the Register of Interests, and it was agreed that amendments would be made to ensure accuracy of the Register.

Action: CW

The Trust Board noted the Register of Interests and the Register of Gifts, Hospitality and Sponsorship.

TB2015/05/28.1 Audit Committee Chairman's Report

Ms Tutt, Chairman of the Audit Committee, presented the report from the meeting held on 27 April 2015, the primary purpose of which had been the review of the draft Annual Accounts. Other issues of note reported included:

- Measures taken by the Trust in response to Internal Audit report on Sickness Absence;
- Cyber Security Report; and
- Outline strategy to evaluate the Trust's clinical audit programme

The Trust Board noted the report.

TB2015/05/28.2 Finance and Performance Committee Chairman's Report

Mr Goard, Chairman of the Finance & Performance Committee, presented the report from the meeting held on 15 April 2015, highlighting the Committee's focus on consideration of:

- the forecast of the Trust's year-end financial position for 2014/15 as at Month 11, in advance of the draft Annual Accounts being presented to the Board;
- the basis of the Trust's forecast performance against the access and outcome standards in Q1 and Q2, 2015/16; and
- review of the key risks identified in relation to financial and operational performance.

The Trust Board noted the report

TB2015/05/28.3 Quality Committee Chairman's Report

Mr Salt, Chairman of the Quality Committee, invited Mr Ward to present the report from the meeting held on 15 April 2015, as Mr Ward had chaired the meeting in Mr Salt's absence. Issues highlighted included:

- Review of *Never Events* and Serious Incidents Requiring Investigation [SIRI]
- Update on Diabetes care
- Review of the Quality Account, and quality priorities

The Trust Board noted the report

TB2015/05/28.4 Trust Management Executive Report

The Chief Executive presented the regular report on the activities of the Trust Management Executive [TME] at meetings held between 12 March and April 2015. Significant issues of interest were summarised for the Board, and discussions of key risks were highlighted, with attention drawn specifically to the discussion of potential risks in relation to:

- Implementation of NMC's requirements for revalidation of all nurses and midwives;
- Potential impact on quality of Cost Improvement Programmes [CIP], taking into account interaction between CIP, and the aggregation of risk across CIP
- Risks recorded by the Oxfordshire Clinical Commissioning Group [OCCG], to consider the extent to which these should be reflected in the Trust's risk register

The Trust Board noted the report.

TB2015/05/29 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 Trust Board noted the report.

TB2015/05/ 30 Any Other Business

There was no other business.

TB2015/05/31 Date of the next meeting

A meeting of the Board to be held in public will take place on Wednesday **8 July 2015** at 10:00 in the Postgraduate Education Centre, the John Radcliffe Hospital.

Signed

Date