

Trust Board

Minutes of the Trust Board meeting held in public on **Wednesday 14 January 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
	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
In attendance:	Ms Susan Polywka	SP	Head of Corporate Governance (Company Secretary)

TB15/01/01 Apologies and declarations of interest

Apologies for anticipated late arrival were received from Dame Fiona Caldicott, Chairman, who had been unavoidably detained in traffic. Mr Geoffrey Salt, Vice-Chairman, chaired the start of the meeting.

No declarations of interest were made.

The Vice-Chairman welcomed public and staff to the meeting.

TB15/01/02 Minutes of the meeting held on 12 November 2014

Minutes of the meeting held on 12 November 2014 were approved as a true and accurate record of the meeting, subject to the following amendment:

TB14/11/14 Progress Report on Public Health Strategy Action Plan for 2014/15

Professor Bell ... advocated the value of inviting specific input from the Nuffield Department of Primary Health Care Sciences, as *previously* led by Professor Mant.

TB15/01/03 Matters Arising from the minutes

TB14/11/10 Integrated Performance Report – Month 6

Mr Cameron asked whether further consideration might need to be given to additional measures that the Trust could take independently of the rest of the

health and social care system to improve operational performance. The Chief Executive advised that the Trust continued to work with its partners across the system but also kept opportunities for Trust specific actions under regular review.

TB2014/11/12 Winter Preparedness

The Chief Executive tabled a paper providing confirmation of the current additional bed capacity opened for winter pressures.

TB14/11/14 Progress Report on Public Health Strategy Action Plan for 2014/15

Professor Bell emphasised the importance of guarding against the danger of wasted investment in unproven public health interventions.

TB15/01/04 Action Log

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

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

TB15/01/05 Chairman's Business

[This item was taken after the mid-meeting interval, following the Chairman's arrival.]

On behalf of the Board the Chairman congratulated Professor Sir John Bell, Non-Executive Director on his appointment as Knight Grand Cross of the British Empire (GBE) in the New Year's Honours, in recognition of his services to Medicine, Medical research and the UK Life Science Industry.

The Chairman welcomed the appointment of Susan Polywka as substantive Company Secretary.

TB15/01/06 Chief Executive's Report

The Chief Executive presented his report, highlighting the announcement that the Trust had been designated to host one of eleven Genomic Medicine Centres across the country, which will lead the way in delivering the 100,000 Genomes Project. Professor Bell expressed his belief that genomics would be an increasingly important part of healthcare, and congratulated the team in having succeeded in its bid, in the face of tough competition.

Also highlighted was the appointment of Professor Debra Jackson as the new Professor of Nursing, jointly with Oxford Brookes University. The Chief Nurse expressed her delight at the appointment, and confirmed that the role should include developing the capability and capacity of nursing research framework between the two organisations.

The Chief Executive welcomed the joint initiative between OUH and Oxford Health NHS Foundation Trust to produce a new patient passport entitled 'Knowing me', that would travel with vulnerable patients throughout their care and across different health organisations. Sir Jonathan expressed the hope that this would help address one of the key findings of the independent inquiry, "Healthcare for All", that he had led in 2008 into access to healthcare for people with learning disabilities.

The success of the annual staff recognition awards held in December 2014 was noted, and all staff nominated by colleagues in recognition of their outstanding work with patients were congratulated.

The Trust Board noted the Chief Executive's Report.

TB15/01/07 Patient's Story

The Chief Nurse first acknowledged her thanks to the patient, whose story illustrated good practice, especially in in-patient care; but also highlighted lessons to be learned relating to staff attitude when providing information and explanations to patients.

The story highlighted the need to address concerns regarding communication about outpatient services, particularly in relation to access, and waiting times. Strategies such as texting and paging had been deployed, to improve communication.

The Board noted the key issues highlighted by the Patient Story, including:

- The importance of co-ordinated, care –in order to provide a positive experience for patients
- The importance of good communication from staff at all levels.
- Recognition of the fact that long waits in outpatients should be avoided by proper scheduling but when delays occur regular communication and explanations are important.
- Positive impact of planning the care to be given with the patient is important to allow patients to feel more in control of what happens to them during their treatment.
- Importance of integrating specialist physiotherapy services into the overall Head and Neck programme, a change that had already been implemented after this patient's treatment.

Mr Alisdair Cameron, Non-Executive Director, suggested that the story indicated the need for further review of the management of outpatient clinics. The Chief Executive suggested a tighter monitoring of waiting times experienced by patients was the best metric for monitoring clinics. The Chief Nurse and Director of Clinical Services would review this and report back to the Quality Committee later in the year.

Action: CS and PB

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

TB15/01/08 Quality Report

The Medical Director introduced the report, highlighting that the report now included divisional quality dashboards. The Board's attention was focused on areas in which performance had not achieved the target, including:

- Dementia - % of patients screened >75 admitted as an emergency
Progress continued towards the target of 90%.
- Vascular – % mortality following elective AAA repair
This was noted to have risen slightly above 5%, but was still below 6%

There had been 1 case of MRSA bacteraemia, resulting in the cumulative year to date total of 4 cases, of which one was deemed avoidable.

For the data period September 2013 to August 2014, the OUH Hospital Standardised Mortality Ratio [HSMR] value was 98.8, banded “as expected” using 95% confidence intervals, and being a reduction from the previous HSMR of 101.74. It was noted that there was no Summary Hospital-level Mortality Indicator [SHMI] publication during December 2014.

The Chief Nurse presented the section of the report relating to Patient Experience. Results from the Friends and Family Test [FFT] showed that the percentage of patients who would recommend their inpatient care (extremely likely/likely) was 95%, compared to the national range of between 100% and 77%. For maternity, the Trust's recommended score was 98%, compared to the national range of between 100% and 62%. The response rate from the Emergency Department [ED] was noted to have reduced from 16% in August, to 7% in October, and 10% in November, reflecting increasing winter pressures on the department. There had been no noticeable increase in complaints or PALS issues raised in relation to ED during that period. All FFT CQUIN targets had been met to date, and the patient experience team was implementing the project plan to support clinical areas to increase response rates in ED and for inpatients by the end of Quarter 4.

The number of new complaints was noted to have reduced from 106 in October to 81 in November, against a national trend of increasing complaints. The Trust achieved 97% of complaints responded to within 25 days, against the national target of 95%.

Nursing and Midwifery safe staffing levels were reported, with divisional data presented in dashboards provided in appendices. Fill rates for November were confirmed to be:

- 94.42% for registered Nurses/Midwives
- 94.79% for Care Support Workers (unregistered)

It was recognised that long term difficulties with the recruitment and retention of nursing staff could have a cumulative impact on staff morale and motivation, which could in turn impact on the quality of care delivered. The Chief Nurse confirmed that the triangulation of data with key indicators for pressure ulcers and patient falls did not indicate that there was any undue adverse effect on the quality of care, and the Medical Director confirmed that there had been no discernible step change in the rate of serious incidents reported. It was agreed that metrics of patient safety would be triangulated with staffing levels and reported through TME to the Quality Committee in due course..

In discussion, Professor David Mant, Associate Non-Executive Director highlighted the report that 83.4% of antibiotic prescriptions had specified indication and duration, against the standard of 88%, and suggested that the importance of achieving improved performance should be considered in the light of the reported avoidable case of MRSA. He also noted that the mortality rate following elective Abdominal Aortic Aneurysm [AAA] repair was reported at 5.56%, against the standard of no more than 3%. The Medical Director confirmed that there were no clinical grounds

for concern about the mortality rate following AAA repair, but that this would be kept under review.

The Director of Assurance noted that the incoming Deputy Medical Director would be chairing the Clinical Effectiveness Group, and suggested that in that role Dr Dollery might be asked to lead an examination of the process of mortality review, as applied throughout the divisions, to provide assurance to the Board as to the consistent application of the appropriate metrics. The Medical Director welcomed the suggestion, and proposed reporting back initially to the Quality Committee.

ACTION: TB

Professor Mant also noted that performance against the key indicator for the percentage of patients having their operation within the time specified according to clinical categorisation [CE20] had worsened from 'amber' to 'red', and the Medical Director confirmed that this was under active review within the divisions.

Ms Anne Tutt, Non-Executive Director, noted that differing scores were recorded in relation to different cleaning audits, and it was confirmed that these were measuring slightly different things. The benefit was that data could then be triangulated, although the downside was that it made it more difficult to identify common underlying trends. The Director of Development and the Estate reminded the Board that the results of any "cleaning" audit reflected more than the performance of staff employed or contracted as "cleaners. He confirmed that there had been no cost savings made through a reduction of investment in cleaning services.

Mr Christopher Goard, Non-Executive Director, welcomed the presentation of divisional data, subject to some refinement. Professor Bell stressed the importance of accurate and consistent data, and the Director of Planning and Information confirmed that action was being taken to improve data quality, as would be reported further under item **TB2015/01/14 Data Quality Update** below. The specific issue of reported medication errors was discussed and it was agreed that a report on the roll-out of electronic prescribing [ePMA], and its impact on the rate of reported medication errors should be provided to a future meeting of the Quality Committee.

ACTION: AS

The Medical Director pointed out that reports should include 'near misses', and incidents where there had been no harm suffered. It was anticipated that, as the roll-out of ePMA raised awareness, it might result in an initial increase in the rate of incidents reported in relation to medication errors.

Mr Peter Ward, Non-Executive Director commented that the Quality Report reflected some of the challenges related to pressures on capacity and flow. How effectively do our assurance systems reflect the inter-dependent nature of key quality and operational metrics, in responding to global pressure on the health system, ensuring that action taken in response to some actions does not worsen others. It was agreed

that the Medical Director, Chief Nurse, and Director of Assurance should consider this further, and report back to Quality Committee.

ACTION: TB, CS & EW

The Trust Board noted the Quality Report.

TB15/01/09 Integrated Performance Report – Month 8

The Director of Clinical Services presented the report, highlighting that the 18 week Referral to Treatment [RTT] incomplete standard was achieved in November 2015. 18 week RTT admitted performance was 82.79% (against 90% standard), and non-admitted was 92.88% (against 95% standard). This was in line with the nationally agreed programme for a 'managed failure' up to the end of November, during which all 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.

The standard for diagnostic waits had been met, as had 7 out of 8 cancer standards, but achievement of the 4 hour ED standard was recognised to represent a significant challenge, as was getting back on track for achievement of the standards relating to 18 week RTT admitted and non-admitted.

The Director of Clinical Services confirmed that the rate of cancellation of operations in the year to date was 0.5%. National media reports of a significantly higher level of cancellation had been based on unvalidated data, and were incorrect.

In discussion, Mr Alisdair Cameron, Non-Executive Director, asked whether the co-operation of other parties within the local healthcare economy was likely to be secured, to achieve the necessary improvement in the flow of patients. The Chief Executive reported that there was increased acknowledgement that pressure in the hospital was related more to flow than to absolute volume in activity, and that this caused particular difficulty in meeting the 4 hour ED standard. He reported that the Trust was due to attend a System-wide Resilience/Escalation meeting with NHS England, the Trust Development Authority [TDA] and Monitor on 15 January 2015.

Mr Christopher Goard, Non-Executive Director expressed disappointment in the increase in staff turnover rate, given that the staff were a crucial component of the Trust's ability to succeed. The Director of Organisational Development and Workforce confirmed that, while some of the increase reflected seasonal factors, there was still an underlying upward trend. Although the substantive workforce had been increased by 4%, the vacancy rate had increased. In answer to Mr Goard's question, he confirmed that exit interviews corroborated that key issues remained in relation to the cost of living, transport and access to the site. A number of interventions were being pursued, and a programme of overseas recruitment was progressing. A report would be provided to the Quality Committee in February 2015.

ACTION: MP

Professor Mant stated that it was evident how hard all Trust staff were working, in the face of significant, sustained pressure on services. The Board concurred with the Chief Executive's statement that the efforts of all staff to maintain high quality care should, acknowledged and the Chairman suggested that the Board's appreciation should be formally communicated to all staff.

ACTION: JM

Ms Tutt was pleased to note evidence that precedence was given to the quality of care, and patient safety, reflected by the fact that beds were closed, if they could not be staffed at least at a minimum safe level. The Director of Clinical Services confirmed that the internal bed stock was reviewed at least 3 times daily, and there was a newly revised protocol for authorising bed closure, in accordance with criteria which reflected the primacy of patient safety and quality of care.

The Trust Board noted the Integrated Performance Report.

[Dame Fiona was welcomed to the meeting, and it was agreed that she would take over as Chairman after the interval, for agenda item 12 onwards]

TB2015/01/10 Financial Performance to 30 November 2014

The Director of Finance and Procurement presented the paper, informing the Board of the Trust's financial position for the first eight months of the financial year 2014/15. The Trust was reporting a financial position £53,000 better than plan against its break even duty after the first eight months of the year, but only with the use of contingency, and non-recurrent benefits. Principal risks were identified as relating to pay expenditure, including bank and agency spend; and to activity-related income, with under-performance on specialist services. The Trust was confirmed to be within its Capital Resource Limit [CRL] for the year. It was noted that the Trust had requested a transfer of its CRL to future years in respect of the Welcome Centre, and Carbon Energy Fund, to take account of slight delays in their implementation.

In discussion, Mr Ward noted £5m overspend on bank and agency 'other' (non-clinical) staff. The Director of Finance and Procurement confirmed that this reflected difficulty in recruiting external expertise required in non-clinical areas.

Mr Ward also noted that the poorest forecast Cost Improvement Programme [CIP] performance related to the Transformation Programme, and it was confirmed that the need for additional capacity to develop this programme had been recognised, and progress was now being made in recruitment.

Mr Goard noted that additional control measures in relation to bank and agency spend had been withdrawn in December 2014, due to operational pressures. The Chief Executive confirmed that it had been necessary to take this decision because of the significant operational pressures at the time, but the very clear intention was that the additional controls should be re-introduced as soon as possible, when there could be increased confidence in staffing levels.

The Trust Board noted the report on financial performance.

TB2015/01/11 Parliamentary Health Service Ombudsman's [PHSO] Complaints Report

The Chief Nurse presented the paper, introducing this new report, published for the first time by the PHSO on complaints about acute trusts.

The report showed that there had been two complaints against the Trust which were fully or partly upheld by the PHSO. The rate of 3.41 PHSO investigations per 100,000 clinical episodes (referred to within the report as "clinical incidents") compared reasonably well with other trusts against which the Trust had benchmarked.

In discussion, Mr Ward noted that the five trusts reported to have the fewest complaints were all specialist hospitals, but it was the specialist services within an acute hospital which appeared to attract a disproportionately higher number of complaints. The Chief Nurse suggested that the provision of specialist services within an acute hospital setting was not in fact comparable to that of a specialist hospital.

The Trust Board noted the report

[Interval – after which Dame Fiona took the Chair]

TB2015/01/12 Updated Quality Strategy

The Medical Director presented the updated Quality Strategy, substantially building on what the Board had previously agreed, but aiming to clarify and further specify quality goals, quality priorities and measurable outcomes. He confirmed that the proposed amendments had been reviewed by the Clinical Governance Committee [CGC], the Trust Management Executive [TME] and the Quality Committee. The updated Quality Strategy was presented very much as a 'living document'. An implementation plan was being developed, to be informed by a trust-wide launch event on 20 January 2015, and a further report would be submitted to the Quality Committee at its meeting in February 2015.

ACTION: TB

The Medical Director welcomed Mr Goard's suggestion to consider reflecting Patient related outcome measures [PROMs] in the Quality Strategy, and/or in its implementation. Mr Salt stressed the importance of engaging clinicians with the roll-out and implementation, and the Chairman made the point that implementation would be an indicator of the Trust's commitment to the importance of quality.

It was agreed that the Summary on the front page of the Quality Strategy should be amended to read:

"... providing high quality services for the populations we serve ..."

ACTION: TB

The Board reviewed the updated Quality Strategy and noted the arrangements proposed for implementation, oversight and monitoring.

The Board approved the revised Quality Strategy

TB2015/01/13 Update on National Planning Guidance for 2015/16
[NB erratum - Page 7 at 6.3: £1.98 Billion]

The Director of Planning and Information presented the paper, providing an update on the framework for development of annual plans, by reference to presentation of the *Five Year Forward View* at Trust Board Seminar in November 2014. It was expected that £1.5b of the £1.98b additional investment would be fed into local commissioners and NHS England for specialised services. The Trust was considering making a bid against the Transformation Fund. A further report would be made to the Board in May 2015.

ACTION: AS

Mr Cameron suggested that ambitious transformational change would be required, and the Chief Executive concurred that it was likely to require the development of new models of care.

The Chairman expressed some optimism that the impressive achievements of the Academic Health Science Network [AHSN] and Academic Health Science Centre [AHSC] could be replicated, although it was felt that these had been delivered in part despite, rather than because, of central facilitation.

The Board noted the update report on National Planning Guidance for 2015/16.

TB2015/01/14 Data Quality Update

The Director of Planning and Information presented the paper, which provided an update on the Trust's data quality activities and performance, highlighting that the last four independent audits had delivered significant assurance. A programme of audits had been devised, as was described in the paper, to address issues identified. It was reported that proposals for a Performance Management Information Unit were being developed for consideration. On-going updates would be incorporated in the regular six-monthly information governance updates provided to the Board.

ACTION: AS

Professor Mant's suggestion that specific audits would need to be devised in respect of clinical data quality was accepted. The Chief Executive expressed the opinion that any centralised Performance Management Information Unit would need to have a section devoted to clinical information, whilst ensuring a consistent and coherent approach to data quality in both clinical and non-clinical information.

The Director of Planning and Information confirmed that he would submit a further paper, outlining the proposed direction of travel, for consideration by the Board at its next meeting.

ACTION: AS

The Board noted the update report.

TB2015/01/15 Update on FT Application

The Director of Planning and Information presented the paper, providing an update on progress in the Trust's application for authorisation as a NHS Foundation Trust. Feedback had been received from Monitor on its Quality Governance assessment, and the Trust had submitted its response, outlining measures proposed. It was noted that in some cases these were subject to approval by the Board. Feedback was awaited from the Executive challenge meeting held with Monitor on 12 January 2015.

In the meantime, the process for election of the shadow Council of Governors had commenced. There were 63 candidates for 15 public constituencies, all of which would have contested elections, and 25 candidates for Staff Governors. The Notice of Poll/Issue of Ballot packs was due on 27 January 2015. Plans were in place to provide induction and development of the shadow Council of Governors elected..

The Board noted the update report.

TB2015/01/16 Business Case for the replacement of a 16 Slice CT scanner in the John Radcliffe Radiology Department

The Director of Clinical Services presented the Business Case, which had been supported by the Trust Management Executive [TME]. The Board's approval was sought for the replacement of one of the two CT scanners currently in use on Level 1 Radiology at the JR, as operation of the current 16 slice CT scanner was becoming increasingly unreliable, given its age. It was proposed that the new scanner would be a modern technology 64 slice mid-range scanner. This offered significant benefits to patients, including improved image quality, and a faster image reconstruction process to facilitate more rapid review by clinical teams and radiologists. The modern technology was also able to produce optimum image quality with less radiation, and so the radiation dosage to the patient would be reduced by a minimum of 40%. It was expected that the new scanner should improve service continuity and reliability for the CT service across the Radiology Directorate, with minimal unplanned downtime. The Business Case also sought the Board's approval for the non-recurrent investment required to address displaced work during the period of installation, which was estimated to run from February to May, 2015. The preferred option, recommended for approval, was that interim capacity would be provided by an internal temporary scanner, and this recommendation was accepted.

The Board approved the Business Case.

In discussion, the Board was supportive of the clear case of need made for replacement of this equipment. The Chairman suggested that it would be helpful for members of the Board to be informed further of the process for deciding between competing priorities for investment in replacement equipment and its timeliness. The Chief Executive agreed to consider how best to provide that further information to the Board, or one of its sub-committees.

ACTION: JM

TB2015/01/17 Review of Trust's obligations under the Mental Health Act

The Director of Clinical Services presented the paper, providing confirmation that the provision of safeguards for patients detained under the Mental Health Act [MHA] was currently compliant, to enable the lawful detention of patients within the Trust under the MHA.

,It was confirmed that two Non-Executive Directors had been trained to undertake "Manager's Hearings" under the Act and one more was scheduled to be trained..

The Board noted the adequacy of safeguards provided for patients lawfully detained in compliance with the Mental Health Act.

TB2015/01/18 Introduction of Regulation 20: Duty of Candour

The Medical Director presented the paper, providing an overview of the new Care Quality Commission [CQC] regulation, and the actions required within the Trust to ensure compliance. The Medical Director emphasised that clinicians had previously been under an ethical duty, reflected in the 'Being Open' Policy, but the introduction of a formal regulation, following the *Francis Report*¹, required a more formal framework, and the modification of some existing policies.

Mr Cameron suggested that access should be available for advice and support that lay outside the immediate clinical hierarchy. The Director of Assurance advised that if "recognised complications" of a procedure transpired, resulting in moderate or greater harm to the patient, that would be subject to the duty of candour.

The Chairman recognised that there was much work to be done, and the Medical Director emphasised that this would be linked to taking forward the Quality Strategy.

The Board supported the work required to achieve and monitor compliance.

The Board noted the report

TB2015/01/19 Investment Policy

The Director of Finance and Procurement presented the paper, proposing the draft Investment Policy, which had been considered by the Audit Committee in November 2014, and recommended for submission to the Board for its approval.

Once adopted by the Trust, the Policy would not come into force until the date of the Trust's licensing as a Foundation Trust, but work on preparing the detailed procedures, and having them operate on a shadow basis, would be put in place in readiness.

The Board approved adoption of the Investment Policy.

¹ Found at <http://www.parliament.uk/business/publications/research/briefing-papers/SN06690/the-francis-report-report-of-the-midstaffordshire-nhs-foundation-trust-public-inquiry-and-the-governments-response>

TB2015/01/20 Annual Review of Standing Orders

The Director of Finance and Procurement presented the paper, outlining changes recommended to reflect changes agreed to the Terms of Reference of the Audit Committee and the TME, along with other minor updates as detailed in the schedule attached at Annex 1. The changes proposed had been reviewed by the Audit Committee in November 2014, and recommended for submission to the Board for its approval.

The Director of Finance and Procurement pointed out that, upon authorisation as an Foundation Trust, the Trust would be required to adopt a new set of Standing Orders and Standing Financial Instructions.

The Board approved the adoption of the revised Standing Orders/Scheme of Delegation/Standing Financial Instructions.

TB2015/01/21.1 Audit Committee Chairman's Report

Ms Tutt, Chairman of the Audit Committee, presented the report from the meeting held on 19 November 2014, outlining significant issues and key risks discussed, and in particular highlighting:

- Internal Auditors Final report on Clinical Guidelines; and
- Deep Dive reviews of
 - risk of failure to maintain quality of patient services, and of the
 - risk of failure to maintain operational performance

The Board noted the report.

TB2015/01/21.2 Finance and Performance Committee Chairman's Report

Mr Goard, Chairman of the Finance & Performance Committee, presented the report from the meeting held on 10 December 2014, highlighting the continued focus on monitoring and challenging the risks to performance.

He drew the Board's attention in particular to the Committee's consideration of the forecast of the Trust's year-end financial position for 2014/15, allied with its consideration of divisional performance, and its impact on the Trust's performance as a whole. The Committee was also monitoring the Trust's ability to work collaboratively across the local healthcare system.

The Board noted the report

TB2015/01/21.3 Quality Committee Chairman's Report

Mr Salt, Chairman of the Quality Committee, presented the report from the meeting held on 10 December 2014, highlighting in particular:

- Revised framework for escalation of issues relating to quality performance

- Proposals for analysing impact of delay on the quality of care
- Evidence of huge improvements in tissue viability
- Need for more focussed analysis of key issues in papers presented

The Board noted the report

TB2015/01/21.4 Remuneration and Appointment [R&A] Committee Chairman's Report

Professor Sir John Bell, Chairman of the R&A Committee, presented the report, highlighting that a comprehensive search plan had been agreed and implemented for the Chief Executive appointment process, with the aim of achieving a successful appointment in March 2015.

The Board noted the report.

TB2015/01/21.5 Trust Management Executive Report

The Chief Executive presented the regular report on the activities of the Trust Management Executive [TME] at meetings held between 13 November and 11 December 2014.

Significant issues of interest were summarised for the Board, and discussions of key risks were highlighted, with attention drawn specifically to the fact that the Trust had now responded to the consultation on the proposed tariff for 2015/16. In collaboration with others, reservations had been expressed about the potential adverse impact, in particular with regard to the provision of specialist services.

The Chairman asked what follow-up there would be to the briefing provided on the introduction of the ***Fit and Proper Person Test***. The Director of Organisational Development and Workforce confirmed that he was developing a pro forma for completion by all existing Board members, and this would be circulated.

ACTION: MP

Mr Salt asked whether the Better Care Fund proposal had been submitted by the due date of 9 January 2015, and the Chief Executive confirmed that it had, with the approval of the Health and Wellbeing Board (at which the Trust had been represented by the Director of Planning and information). This reflected agreement reached in principle, subject only to finalising agreement as to the baseline of activity against which changes would be measured.

The Medical Director highlighted assurance provided in relation to the Trust's Ebola preparedness, and suggested that it had been an example of good shared learning.

Professor Bell noted the significant volume of business covered by the TME, and the Chief Executive acknowledged that it was an on-going challenge to ensure sufficient time and space for strategic discussions. It was suggested that Board seminars often offered a good opportunity for such discussions, and Divisional Directors had been invited to attend part of the upcoming Seminar on 28 January 2015. It was noted that at the meeting of TME held on 8 January 2015, one hour had been dedicated to the consideration of "Innovation", following a presentation by Mr Goard,

and involving contributions from Professor Keith Channon, Director of Research and Development.

The Chief Executive highlighted plans for the wider circulation of a regular report from the TME, to be disseminated throughout the Trust.

The Board noted the report.

TB2015/01/22 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.

TB2015/01/ 23 Any Other Business

There was no other business.

TB2015/01/24 Date of the next meeting

A meeting of the Board to be held in public will take place on Wednesday **11 March 2015** at 10:00 in the Postgraduate Education Centre, the John Radcliffe Hospital.

Signed

Date