

Trust Board

Minutes of the Trust Board meeting held in public on **Wednesday 9 September 2015** at **10:00** in the George Pickering Postgraduate Centre, The John Radcliffe Hospital.

Present:	Dame Fiona Caldicott	FC	Chairman
	Mr Mark Mansfield	MM	Deputy Chief Executive and Director of Finance and Procurement
	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
	Professor David Mant	DM	Associate Non-Executive Director
	Mr Christopher Goard	CG	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
Mr Peter Ward	PW	Non-Executive director	
In attendance:	Ms Clare Winch	CW	Deputy Director of Assurance
	Ms Maria Moore	MTM	Deputy to the Director of Finance and Procurement and Director of Operational Finance
	Ms Susan Polywka	SP	Head of Corporate Governance
Apologies	Sir Jonathan Michael	JM	Chief Executive
	Ms Eileen Walsh	EW	Director of Assurance

TB15/09/01 Apologies and declarations of interest

Apologies for absence were received from Sir Jonathan Michael, who was represented by Mr Mark Mansfield, Deputy Chief Executive and Director of Finance and Procurement, and from Ms Eileen Walsh, who was represented by Ms Clare Winch, Deputy Director of Assurance.

Apologies for late arrival had been received from Mr Christopher Goard, Non-Executive Director and Chairman of the Finance and Performance Committee. The Trust Chairman proposed that consideration of items **TB 15/09/10** to **TB15/09/14** be deferred until after his arrival. This was agreed.

The minutes reflect the order of items on the agenda.

No declarations of interest were made.

The Chairman welcomed Governors, public and staff to the meeting, and welcomed the attendance of Ms Maria Moore, Director of Operational Finance, to present items 13 and 15 on the agenda.

TB15/09/02 Minutes of the meeting held on 8 July 2015

Minutes of the meeting held on 8 July 2015 were approved as a true and accurate record of the meeting, subject to an additional paragraph under **TB15/07/06 Chief Executive's Report**, to record the following:

“A review of investigations into Never Events reported during 2014/15 had been commissioned, to be undertaken by Professor Brian Toft.”

TB15/09/03 Matters Arising from the minutes**TB15/07/06 Chief Executive's Report**

The Medical Director reported that Professor Toft had indicated that he hoped to produce his report in October 2015.

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

TB15/09/04 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.

TB15/09/05 Chairman's Business

The Chairman confirmed that she had no business to report on this occasion.

TB15/09/06 Chief Executive's Report

The Deputy Chief Executive presented the report, highlighting in particular confirmation that the new Welcome Centre was expected to be fully operational by the end of September 2015. As the main entrance to the John Radcliffe, this area would provide a much improved environment for the thousands of patients and their families who passed through it every week, and an excellent first impression of the hospital.

It was also highlighted that the Trust was due to hold its Annual General Meeting on Thursday 17 September at Tingewick Hall, to provide an opportunity for the Trust to talk about all the work being undertaken, and for staff and members of the public to communicate what mattered to them. Staff and members of the public were encouraged to attend.

Mr Peter Ward, Non-Executive Director, noted the reported success of the data centre transfer, as part of the Electronic Patient Record [EPR] change of supplier from BT to CERNER over the weekend of 11 July 2015. Welcoming the success of the transfer, Mr Ward suggested that it might now be timely to undertake a review of staff engagement with EPR. The Director of Planning and Information confirmed that the Trust was embarking on a consultation with staff on the strategy for Information Management and Technology [IM&T], to ask staff what they wanted IM&T to deliver, and how their needs could best be supported. Proposals for the future development of the IM&T strategy were being prepared and would be submitted for further consideration by the Board at its meeting in January 2016.

Action: AS

Mr Geoffrey Salt, Non-Executive Director, endorsed the Chief Executive's thanks to all involved in delivering the new Welcome Centre, and suggested that publicity should make it very clear that this had been delivered without any capital outlay from the Trust, and on the basis that it would generate revenue for the Trust.

Professor David Mant, Associate Non-Executive Director, highlighted the excellent achievement of the University of Oxford having once again being ranked by final year medical students as the best for the quality of its course, out of all medical schools in the country. He pointed out that the medical school had also been rated as number one for Postgraduate Medical Education, and suggested that this was an amazing achievement, to be celebrated. The Chairman concurred, and confirmed that she had written to the Director of Clinical Studies, Dr Tim Lancaster, to express her thanks and congratulations. She suggested that a formal letter of thanks should now be sent, on behalf of the Trust Board.

The Trust Board noted the Chief Executive's Report.

TB15/09/07 Patient's Story

The Chief Nurse presented the story of an adult male patient's experience of day surgery in the Litchfield Day Surgery Unit. The story recounted the patient's negative experience of pre-operative fasting before day surgery, compounded by failures in communication. In particular, the story was recognised to provide an important opportunity to reflect on:

- The complexities of communication between theatre and nursing staff, and between clinicians and patients;
- The impact of long periods of fasting on patients with lengthy waits for surgery, and the importance of avoiding unnecessary dehydration;
- The fine balance between achieving maximum patient comfort during day surgery, and the avoidance of delays in surgery, ensuring best use of the team's resources;
- Communicating with compassion when day surgery patients had to be informed that their surgery was being cancelled, and required re-scheduling;
- The importance of staff understanding the personal circumstances of patients, and the impact of delays and cancellations.

Despite a good outcome of the surgical procedure, the patient's overall experience had left him feeling dissatisfied.

Mr Ward suggested that a breakdown in communication between clinicians and the patient often arose from poor communication between members of the clinical team. The Chief Nurse acknowledged that poor communication could arise from uncertainty or misunderstandings, and noted that the *Perfect Theatre Week* undertaken in July 2015 had identified measures to improve communication, and the timing of surgery. The Director of Clinical Services confirmed that, on the basis of the outcomes of the *Perfect Theatre Week*, measures which were being considered included:

- The need to "lock down" theatre lists further in advance, than had become usual practice;

- Separation of day surgery from inpatient elective surgery;
- Separation of emergency from elective surgery.

Mr Salt welcomed the patient's story, and suggested that it went to the heart of delivering compassionate care. Whilst it was the Trust's stated objective that staff of all disciplines should be committed to delivering compassionate care, and should recognise that communicating regularly and fully with patients was integral to that, the story illustrated that it could not be claimed that this was universally achieved. He suggested that attendance at the Delivering Compassionate Care training course could be targeted at staff working in areas where deficiencies had been identified.

The Trust Board reflected on the patient's story, and noted the key learning points which had been drawn from it.

TB15/09/08 Quality Committee Report

Mr Geoffrey Salt, Non-Executive Director and Chairman of the Quality Committee presented the regular report from the Committee's meeting held on 12 August 2015.

Issues highlighted for consideration by the Board included:

- The presentation received by the Committee on the delivery of training related to Delivering Compassionate Care;
- Verbal update received on the *Perfect Theatre Week*, held from 13 to 19 July 2015, with the objective of identifying means by which improvements could be made to elective and non-elective patient pathways for theatres;
- Plans to review and clarify the objectives of the programme for executive quality walk rounds;
- Confirmation that an independent review of *Never Events* reported by the Trust in 2014/15 was underway;
- Update received on proposed quality metrics for monitoring to assess the potential quality impact on individual patients of the under-achievement of access performance targets;
- Presentation of the proposed draft OUH Patient and Public Involvement Strategy 2016 - 19, which it had been agreed should be submitted to the Trust Board, and circulated to the shadow Council of Governors;
- Presentation of the Quarter One report on Workforce and Organisational Development Performance, which it was noted would be circulated to all members of the Board as background reading in advance of the Trust Board Seminar scheduled for 23 September, at which there was to be a presentation on staff engagement.

The Director of Organisational Development and Workforce was invited to comment on plans for the further roll-out of training related to Delivering Compassionate Care. He confirmed that a targeted approach was being pursued, to reach those members of staff for whom the training would be most valuable, in areas where it would be of most benefit to patients.

The Trust Board acknowledged the regular report from the Quality Committee.

TB15/09/09 Quality Report

The Medical Director introduced the report, highlighting improvement against target thresholds in relation to:

- CE04 92.34% dementia diagnostic assessment and investigation;
- CE16 Zero unscheduled returns to theatre in gynaecology

A narrative explanation was provided for the deterioration in performance against target in relation to three indicators, together with a summary of actions being taken. The Medical Director highlighted additional information provided in relation to Serious Incidents Requiring Investigation [SIRI], to inform the Board about the increased workload taken on by divisional and corporate teams in relation to the management of SIRI. The establishment of a weekly forum to review all SIRI reported was related to a positive improvement in reporting throughout the organisation. The process by which SIRI were reviewed and considered for closure by Oxfordshire Clinical Commissioning Group [OCCG] was described in detail.

Reporting on infection control, the Medical Director reminded the Board that there was zero tolerance for any cases of MRSA bacteraemia deemed to have been avoidable, and this objective had been failed following determination that a case of MRSA bacteraemia reported in June was deemed "avoidable." In relation to Clostridium difficile (C.diff), the ceiling for 2015/16 was 69 cases and the Trust was currently on the cumulative limit up to July 2015 (23 cases in total); expecting to be below the ceiling of 69 cases for the whole of 2015/16. It was noted that compliance with antimicrobial guidelines in antibiotic prescribing was reported at 95.53%, rated as "Amber," and that this had deteriorated from "Green" in the last reporting period.

The Medical Director also drew to the Board's attention the summary of the Quality Account, and "Sign up to Safety" poster, provided as appendices to the Quality Report.

The Chief Nurse then introduced the sections of the Quality Report which related to patient experience, including:

- Friends and Family test;
- Complaints;
- Nursing and midwifery safe staffing.

In relation to the Friends and Family test, the response rate was reported to have improved significantly with the introduction of text messaging and interactive voice messaging in August 2015, although it was appreciated that these needed to be worded appropriately, and sensitively. Of the approximately 35,000 patients who had responded to text messages and interactive voice messages sent in August, a small number of patients had expressed discomfort. Feedback from carers indicated a definite preference on their part to speak about their experience to someone in person, or to be supported in completing the questionnaire.

In relation to complaints, the Chief Nurse highlighted a reduction in the overall number of complaints, with none having been graded as "extreme" (previously coded "Red").

It was notable that almost one third of all complaints across the five clinical divisions related to clinical treatment, outcomes of care and patient care.

In relation to the management of complaints, the percentage of complaints completed within 25 days, or the timescale expressly agreed with the complainant, had reduced from 97% to 82% over the previous 12 months.

In relation to nursing and midwifery safe staffing, the Chief Nurse confirmed a correction to paragraph 7.5.2 of the Quality Report, which should have stated that: "the majority of shifts across the Trust are categorised as being at **agreed establishment** (and not at "minimum")." However, it was highlighted that Surgery and Oncology wards continued to run on high levels of daytime shifts at minimum staffing, with an overall 69% of agreed staffing levels in July 2015.

The Chairman invited discussion of the Quality Report. Mr Alistair Cameron, Non-Executive Director, noted that the rate of SIRC reported exceeded the rate of closure, indicating that a backlog was likely to build. The Medical Director confirmed that he shared some concern that there was insufficient capacity in the corporate and divisional teams to deal with the rising number of SIRC reported. Nonetheless, he emphasised the importance of ensuring that issues were appropriately escalated, and confirmed that clinicians' engagement in the investigation of SIRC was regarded as crucial.

Mr Cameron also expressed disappointment at the low level of compliance with MRSA screening, reported at Section 5.4 of the Quality Report. The Medical Director conceded that this was unacceptably low, and confirmed that he and the Chief Nurse were pursuing further investigations, working with the Infection Control team.

Mrs Anne Tutt, Non-Executive Director noted that complaints received regarding urology appointments had reduced from five in the previous month, to zero, and asked whether this was indicative of positive and permanent improvement in the service. The Chief Nurse expressed the hope that reversal of the trend could be sustained. The Director of Clinical Services advised that recommencement of the roll-out of the Directly Bookable Service [DBS] should translate into a reduction in the number of complaints relating to Ear Nose and Throat [ENT] appointments.

Professor Mant noted that the level of compliance with antimicrobial guidelines in antibiotic prescribing was reported at 95.3%, representing deterioration from 'Green' to 'Amber'. He asked whether EPR could provide further support or sanction, to achieve a higher level of compliance. The Director of Planning and Information confirmed that this was possible in principle, although there was resistance to EPR placing constraints upon clinical decision-making. The Medical Director suggested that further work should be undertaken with the Infection Control team, to elicit a more detailed description of the reasons and rationale given for non-compliance with the antimicrobial guidelines. It was suggested that the appropriate balance between clinical governance, and autonomy in clinical practice, was an issue which fell within the remit of the Quality Committee to keep under review.

Mr Salt particularly welcomed the summary produced of the Quality Account, and the "Sign up to Safety" poster.

The Trust Board reviewed and acknowledged the Quality Report.

TB 15/09/10 Finance and Performance Committee Report

Mr Christopher Goard, Non-Executive Director and Chairman of the Finance and Performance Committee presented the regular report from the meeting of the Finance and Performance Committee held on 12 August 2015.

The Committee had considered in detail the risks associated with the current financial position, and identified the need for corrective action, recognising that a more fundamental reconfiguration of services might need to be considered within the medium term, dependent upon the outcome of negotiations on the tariff, and an analysis of its impact. The risks associated with the potentially negative impact of a deteriorating financial position were now included on the Corporate Risk Register.

The Committee had received a report on 2014/15 Reference Costs and 2014/15 Service Line Reporting data, and further steps were to be taken to understand the cost drivers that impacted adversely on the costs of delivering activity compared to the England average, and to identify steps that could be taken to mitigate costs.

Further analysis is to be undertaken of the profile of bed stays, to undertake an audit of the clinical appropriateness of the length of stay for the 4% of patients admitted who accounted for nearly 46% of all bed days. The conclusions of this audit are due to be reported to the Finance and Performance Committee at its meeting in December 2015.

Action: PB

The Trust Board acknowledged the content of the regular report from the Finance and Performance Committee**TB 15/09/11 Integrated Performance Report Month Four**

The Director of Clinical Services presented the report, highlighting that performance in June had achieved a score of 0 against Monitor's assessment framework, and this was expected to be sustained in July, subject to the Open Exeter upload of pre-checked data in relation to all eight cancer standards.

Delayed transfers of care [DTOCs] continued to be a significant concern for the Trust, with performance in July at 13.2% against a target of 3.5%. The monthly average within the OUH Trust in July was 155.5, with the monthly average for delays across the system for Oxfordshire residents having risen to 174 in July. It was reported that an exercise was being undertaken from 9 to 15 September 2015, "*Breaking the Cycle, no delayed transfers of care*," which it was hoped might identify measures which could be taken to reduce the number of DTOCs.

The Chairman noted that the number of DTOCs had continued to rise, despite concerted effort, and expressed the hope that outcomes of the "*Breaking the Cycle*" exercise would indicate where and how improvements might be made.

The Director of Clinical Services confirmed that the objective was to identify what were the critical barriers to effecting timely transfer of care.

Mrs Tutt asked whether it was understood why sickness absence and staff turnover were running at higher rates than last year, despite all the work that had been

undertaken to reduce both. The Director of Organisational Development and Workforce responded that, in common with the NHS as a whole, there was no one clear reason at local level for the increase in sickness absence, though it was noted that the most frequently reported reason for absence was stress/anxiety, and further targeted interventions were being facilitated by First Care, through Occupational Health. The Chairman endorsed the importance of addressing stress/anxiety, acknowledging the potential for this to be exacerbated by known operational pressures.

In relation to turnover, the Director of Organisational Development and Workforce acknowledged that the rate was higher than target, though still lower than the national average.

Mr Salt asked that early feedback from the "*Breaking the cycle, no delayed transfers of care*" exercise be reported to the Quality Committee at its meeting in October 2015.

Action: PB

The Director of Clinical Services acknowledged that pressure on flow through the hospital was likely to increase with the onset of winter, particularly with the closure of community beds by Oxford Health NHS Foundation Trust. Measures which had been identified as likely to improve flow through the hospital included the presence of senior clinical decision-makers in the hospital over weekends, the provision of inpatient endoscopy services and therapy services over the weekend, access to social workers over the weekend, and increased pharmacy support over the weekend. Given the closure of community beds however, the reduced bed capacity was likely to have an adverse impact on patient flow. The Director of Clinical Services confirmed that consideration was being given to whether the Trust could repeat the measure taken last winter, to purchase staffed beds in the nursing home sector. Mr Cameron reminded the Board that it had effectively underwritten the costs associated with taking that measure in 2014/15, pending funding being secured from the Oxfordshire Clinical Commissioning Group [OCCG]. He asked that plans for winter 2015/16 be considered further at the Board Seminar on 23 September 2015.

Action: PB

The Director of Planning and Information confirmed that the Trust would pursue negotiations with OCCG, in an attempt to secure funding for winter pressures. OCCG was reported to have expressed concerns about failure to issue discharge summaries, the endorsement of test results, and providing copies of clinic letters to patients and their GPs. It was confirmed that the Trust was addressing these concerns.

TB 2015/09/12 Update on Action Plans Relating to Trajectory For Operational Performance in Q3, 2015/16

The Director of Clinical Services presented the report, providing an update on actual performance achieved in Q1, and the forecast trajectory for operational performance through to the end of Q3, based on updated action plans relating to urgent care, referral to treatment and cancer care. In relation to cancer care, the Trust had met the requirement to make a national submission on the 62 day standard.

The Chairman welcomed the update provided, which reflected the huge amount of work already undertaken, and the sustained efforts which continued, to stabilise operational performance.

In response to the Medical Director's enquiry, the Director of Clinical Services confirmed that sustained achievement of the A&E 4 hour standard remained challenging, with rising numbers of attendances, and a slowdown in the rate of discharge.

The Trust Board acknowledged actual performance achieved in Q1, and supported the forecast trajectory, based on the updated action plans.

TB 2015/09/13 Financial Performance up to 31 July 2015

The Director of Operational Finance presented the report, informing the Board of the Trust's financial position for the first four months of the financial year 2015/16

The Trust's financial position was reported to be £0.8 million worse than plan against its breakeven duty after the first four months of the year. Commissioning income was reported to be £0.9m below plan. Bank and agency staff costs of £15.3m exceeded the savings made on payroll vacancies.

As had been identified by the Finance and Performance Committee, there was a need for corrective actions, which were aimed at reversing the underlying trends, and it was confirmed that measures were being implemented in relation to pay and non-pay controls, and to secure the realisation of savings through cost improvement programmes.

The Director of Operational Finance reported that there had been success in reducing the use of agency, in proportion to bank, but this had yet to translate into any significant reduction seen in overall expenditure on temporary staff. The Director of Finance and Performance reported that Monitor and the Trust Development Authority [TDA] had written to all trusts to set a target for the reduction of the proportion of pay expenditure in relation to temporary staff, and it was recognised that this would be challenging for many organisations. The Director of Finance and Procurement confirmed that there had been success in reducing the use of high-cost off-framework agency staff, which was crucial. Historically, the average premium for a member of staff employed through an agency could be as high as 40%, whereas the premium for bank staff was approximately 6%.

The Trust Board acknowledged the report on financial performance

TB15/09/14 Report on Progress in Review of Operational Productivity in NHS Providers (Lord Carter's Report)

The Director of Finance and Procurement presented the report, outlining the Trust's responses to Lord Carter's interim report, proposing that his recommendations be addressed through:

- "Traditional" cost improvement programmes [CIP]
- The Trust's transformation programme; and
- Pursuit of the Alliance programme with Oxford Health NHS Foundation Trust.

Mr Ward asked if it was possible to identify any areas in which operational productivity could be significantly improved. The Director of Finance and Procurement responded that current work streams were being pursued on:

- Procurement
- Medicines management, and
- Workforce resource utilisation.

While the Trust could generally demonstrate good productivity in relation to procurement, it was recognised to be more difficult to assess operational productivity throughout the organisation. It was acknowledged that there was thought to be room for improvement in Oxfordshire's performance in the delivery of sub-acute care.

The Director of Finance and Procurement confirmed that the Trust was in the vanguard of those striving to improve operational productivity, and further work was being undertaken by the Shelford Group to identify efficiencies which could be achieved through standardisation. Whilst it was recognised that this might meet with resistance from some clinicians, the Chairman suggested that the Board might need to emphasise that individual clinician's preferences were unsustainable.

It was suggested that, when details were forthcoming, the application of the adjusted treatment index should be considered further by the Finance and Performance Committee.

Action: MM

The Trust Board acknowledged the progress made to date in response to Lord Carter's report

TB 15/09/15 OUH Annual Audit Letter 2014/15

The Director of Operational Finance presented the Annual Audit letter for the year ended 31 March 2015, highlighting that the external auditors had expressed an unqualified opinion that the financial statements gave a true and fair view of the financial position of the Trust as at 31 March 2015.

Mrs Anne Tutt, in her capacity as Chairman of the Audit Committee, confirmed that the letter reflected very good performance overall. The one deficiency identified related to some difficulties in obtaining employee files for payroll testing, and it was hoped that this would be resolved before next year's audit.

The Chairman expressed thanks on behalf of the Board to all Trust staff involved in assisting the External Auditors during the course of their work.

The Trust Board received the Annual Audit Letter for the year ended 31 March 2015.

TB 2015/09/16 Trust Management Executive Report

The Deputy Chief Executive presented the regular report to the Board on the main issues raised and discussed at meetings held in July and August 2015.

Significant issues highlighted for the Board included:

- Review of divisional business plans, the strategic content of which should inform the review of the Trust's overall strategy, planned for later this year;
- Plans for implementation of the 2015 NHS staff survey, due to commence on 21 September 2015;
- Consideration of the outcome of an external review undertaken at the Trust's request of multidisciplinary team working in the service associated with the oral and maxillofacial service. A follow-up report is to be provided to TME with clear recommendations as to what is realistically achievable, consistent with the best interests of patients;
- Approval of investment required to complete the integration of activity from Buckinghamshire into the Thames Valley vascular network, with OUH as the arterial hub;
- Approval of spend against the capital allocation in relation to the Milton Keynes Satellite Radio Therapy Development, to enable the outlined business case to be finalised for submission to the Trust board;
- Support in principle for proceeding with further development of the Oxford Centre for interventional technology, subject to agreeing appropriate governance arrangements, and subject to consideration of a detailed business case in due course.

The Chairman noted that TME had also approved procedures for using closed circuit television [CCTV], including the use of visible, body worn cameras by security staff, to provide improved protection for staff and patients against the threat of violence and aggression. The Director of Development and the Estate confirmed that decisions to disclose any data recorded would be dealt with in accordance with the principles of good information governance, and by reference to the Caldicott Guardian.

Mr Salt remarked that whilst, as a summary report, the list of issues highlighted for the Board was not exhaustive, he would have expected the report to reflect TME's consideration of Never Events.

Post-meeting note: The timeframe within which TME met in July and August represented the period within which the externally commissioned review of Never Events was commenced. No further Never Events were reported over that timeframe, and there were no issues relating to Never Events that required further active consideration by TME during this time.

TME did receive a report on the Trust Development Authority's [TDA's] assurance visit to the Trust on 1 July 2015, which had been arranged in response to the Trust's reported Never Events during 2014/15. The letter subsequently received from the TDA had been generally favourable, and included some comments which had been anticipated in relation to the importance of quick and effective dissemination of guidance and policy.

The Trust Board acknowledged the content of the regular report from the Trust Management Executive.

TB 2015/09/17 Lessons Learned from Care Quality Commission [CQC] Report on Crisis Care in Mental Health Services

The Director of Clinical Services presented the report, providing some background, and summarising the findings of the National CQC Report on Crisis Care. The Trust's Psychological Medicine Service had considered the report, and was identifying whether there were any gaps in local services which would need to be addressed.

Mr Goard advised that his experience of working in the Criminal Justice System suggested that the role of charities was crucial in providing support to guide people to the right services, in times of crisis. The Chairman suggested that the Board might benefit from hearing a patient story which related to the provision of Mental Health Services, and suggested that Michael Sharpe, Professor of Psychological Medicine might be invited to attend to participate in the Board's discussion.

The Trust Board acknowledged the content of the report.

TB15/09/18 OUH Patient and Public Involvement Strategy 2016-19

The Chief Nurse presented the proposed draft strategy, prior to public consultation planned for six weeks during September and October 2015. She confirmed that the draft strategy had been developed with the involvement of key stakeholders, to develop six strategic objectives of:

- i. Making a good involvement offer to patients and the public, leading to increased involvement from a wider range of communities and individuals;
- ii. Ensuring that the involvement offer is fully accessible;
- iii. Patients, the public and staff are actively supported to be involved;
- iv. Increasing the involvement of seldom heard people and groups, and providing additional support to facilitate involvement, where there are barriers;
- v. Ensuring that the Trust seeks out and works with stakeholders to fund, plan and deliver increased representation and involvement;
- vi. Ensuring that the Trust embeds involvement in its daily governance, policy and practice

Mr Ward welcomed development of the draft strategy, emphasising the need for patient and public involvement to be fully embedded throughout the organisation.

The Chief Nurse confirmed that patient experience groups were now embedded within each of the clinical divisions, and would be responsible for driving forward the strategy.

The Medical Director highlighted the importance of patient and public involvement in research and development activity, and suggested that efforts be made to deliver synergy with work already underway, for example in the Biomedical Research Council [BRC].

Professor, Sir John Bell, Non-Executive Director, emphasised the importance of achieving the objective to increase the involvement of seldom heard people and

groups. He suggested that further narrative could be added, to emphasise the need for collaborative work to address inequality in healthcare outcomes identified in lower socio-economic groups.

Action: CS

The Trust Board confirmed its support for the draft strategy, subject to additional narrative as suggested.

TB15/09/19 Update on Foundation Trust Application

The Director of Planning and Information provided an update on the Trust's application for authorisation as an NHS Foundation Trust.

The Trust's application was due to be considered by Monitor's Board at its meeting on 30 September 2015, in readiness for which the Trust had provided responses to some 263 formal information requests made throughout the phase of assessment, conducted since May 2015. If authorised, foundation trust status would be granted with effect from 1 October 2015.

The Council of Governors was confirmed to be operating in shadow form, and had considered the business it would need to conduct at its first meeting after authorisation, including formal agreement to the reappointment of Non-Executive Directors and the Chairman.

It was noted that one of the two elected public governors for Northamptonshire and Warwickshire had resigned, having moved out of the constituency, and the candidate in February's elections with the next highest number of votes was due to join the shadow Council of Governors from September 2015.

In response to the Chairman's enquiry, it was confirmed that nomination of the Young Person's representative on the Council of Governors was still awaited.

The Trust Board received the update on progress in the Trust's application for authorisation as an NHS Foundation Trust.

TB15/09/20 NIHR Clinical Research Network [LCRN], Thames Valley and South Midlands: Quarterly Report

The Medical Director presented the update to the Board on progress against the LCRN's Annual Plan 2015/16, highlighting that minor changes had been made to the Annual Plan approved by the Board in May 2015, including:

- Revised patient and public involvement [PPI] plan, to align with the new national CRN PPI strategy, issued in June 2015;
- Recruitment target of 40,000 to portfolio studies for 2015/16;
- Recruitment target of 1600 two-dimensional portfolio studies for 2015/16; and
- Clarification/categorisation within financial planning schedules.

Professor Mant asked whether it was possible for the LCRN to provide further detail in its report on performance within the Trust, and the Medical Director was asked to request that a further breakdown of the LCRN portfolio be provided in its next report to the Board.

The Trust Board acknowledged the Quarterly Report, and approved the revised Annual Plan for the LCRN.

TB 15/09/21 Update on Medical Education

The Medical Director presented an update to the Board, including results of the recent National Student Survey for Medicine 2015, the General Medical Council's [GMC's] trainee survey, and Health Education Thames Valley's [HETV's] Annual Report on Quality Management [QM] gradings.

As highlighted within the Chief Executive's report, the National Student Survey for Medicine 2015 showed the Oxford Medical School ranked at number one for the eighth year running.

The GMC and Trainee Survey 2015 presented results against 14 indicators of the quality of training, rating 66 separately constituted postgraduate medical training programmes run by the Trust. The very granular nature of data obtained from the survey meant that some programmes had both red and green indicators. Overall, the survey showed modest improvement on 2014, with 22 programmes having one or more green rated indicators, and 17 having one or more red rated indicators. The Director of Medical Education was working with leads of all programmes which had a red indicator, to agree improvement actions. It was reported that, following the GMC's quinquennial quality assurance visit to the Trust in October 2014, good progress had been made against the action plan to address the five requirements identified.

The Annual Report for HETV's QM gradings on each of 245 training programmes showed that significant progress had been made in reducing the numbers of programmes with concerns. The number of programmes with "major concerns" had been reduced from 6 to only 1, and at the same time the number of programmes rated as excellent had increased from 16 to 29, with those graded as "satisfactory" increasing from 78 to 195.

Mr Cameron asked if further detail could be given in relation to the one training programme in neurosurgery in respect of which there were "major concerns." The Medical Director confirmed that much work had been undertaken following the identification of concerns during inspection by the Care Quality Commission [CQC] in February 2014. A proposed recovery plan had been submitted for consideration by the TME, aimed at achieving a better balance between consultant and non-consultant grades, to secure better levels of supervision, and improve trainees' experience. The Medical Director highlighted that, in the case of cardiothoracic surgery higher training, the decision had been taken to withdraw training posts for the moment, until "major concerns" could be allayed.

Mr Cameron asked whether there were grounds for concern about the fundamental quality of care delivered in either neurosurgery or cardiothoracic surgery. The Medical Director acknowledged that these were recognised to be potentially high-risk specialties, and a recently reported Never Event in neurosurgery was under investigation, but there were no grounds for concern about the quality of care generally delivered. The enhanced processes for reporting and escalating quality concerns were designed to keep this under constant review.

The Trust Board acknowledged the Update on Medical Education

TB15/09/22 Emergency Preparedness, Resilience and Response [EPRR]: Annual Report 2014/15

The Director of Clinical Services presented the EPRR Annual Report, highlighting a summary of minor changes made to the Major Incident Policy, Business Continuity Management Policy, and Hospital Evacuation Policy, following the annual review process.

It was noted that development of the Trust plans had been informed by de-briefs held after a number of "live" internal emergencies, including failure of the lifts in the Trauma Block, the necessity to enact business continuity plans to manage potential and actual strike action by unions, and enactment of the Trust's multiple major trauma protocol in response to a road traffic collision on the M40.

Mr Cameron noted that the Annual Report acknowledged the need for further work at the service level to achieve full resilience, and recognised that resource constraints limited the provision of a more detailed and comprehensive training and exercising programme. The Director of Clinical Services confirmed that he was confident that the Trust had a proper grip on major incident management, and had been found fully to comply with all national requirements when subjected to external audit.

The Trust Board endorsed the Annual Report and approved the revised EPRR policies as summarised.

TB2015/07/31 Consultant appointments and signing 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.

TB2015/07/ 32 Any Other Business

There was no other business.

TB2015/07/33 Date of the next meeting

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

Signed

Date