

Trust Board

Minutes of the Trust Board meeting held in public on **Wednesday 8 July 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
	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:	Mr Kevin Davis	KD	Acting Deputy Director of Finance and Procurement
	Ms Clare Winch	CW	Deputy Director of Assurance
	Ms Susan Polywka	SP	Head of Corporate Governance
Apologies	Mr Mark Mansfield	MM	Director of Finance and Procurement
	Ms Eileen Walsh	EW	Director of Assurance

TB15/07/01 Apologies and declarations of interest

Apologies for absence were received from Mr Mark Mansfield, who was represented by Mr Kevin Davis, Acting Deputy Director of Finance and Procurement, and from 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 those gathered at Swindon Clinical Commissioning Group [Swindon CCG], with whom a video link had been established at the request of Dr Peter Crouch, Clinical Chairman of Swindon CCG, to enable them to observe the Board's consideration of **TB15/07/07** below,

TB15/07/02 Minutes of the meeting held on 13 May 2015

It was noted that item **TB2015/05/10** had referred to Financial Performance to 31 **March** 2015 (rather than 31 January 2015).

Subject to that amendment, minutes of the meeting held on 13 May 2015 were approved as a true and accurate record of the meeting.

TB15/07/03 Matters Arising from the minutes

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

TB15/07/04 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.

TB15/07/05 Chairman's Business

The Chairman noted that this was expected to be the last meeting of the Trust Board in public attended by Sir Jonathan Michael before his forthcoming retirement, and she expressed the Trust's enormous debt of gratitude to him for his leadership in the pursuit of compassionate excellence. The financial position of the Trust had been transformed for the better during Sir Jonathan's tenure, whilst the focus had been maintained on delivering high quality care, to achieve significant improvements for patients and staff.

Sir Jonathan thanked all members of the Trust's staff who had responded positively to the challenge to make significant changes, and expressed his appreciation of the support provided by colleagues on the Board.

The Chairman recognised the large volume of papers to be considered, and explained that many of these had been reviewed in detail at earlier meetings of sub-committees of the Board and at the Trust Management Executive [TME], in advance of their presentation to today's meeting of the Board. She reminded all those presenting papers of the need to focus the Board's attention on specific points for discussion.

TB15/07/06 Chief Executive's Report

The Chief Executive presented his report, highlighting in particular publication of the Director of Public Health's Annual Report, which he commended as providing a comprehensive summary of the health and social care needs of the population which the Trust served, to inform its operational and strategic planning.

Referring to updates on the local Members of Parliament [MP], the Chief Executive reported that he had recently had the opportunity to brief the MP for Witney, the Prime Minister, who had taken a particular interest in the progress of the Trust's application for Foundation Trust status.

It was confirmed that the nomination of Professor Louise Richardson as the next Vice-Chancellor of the University of Oxford had now been formally approved by Congregation, and she would succeed Professor Andrew Hamilton as Vice-Chancellor on 1 January 2016.

The Trust Board noted the Chief Executive's Report.

TB15/07/07 Full Business Case for new Radiotherapy Service at Swindon

The Director of Clinical Services introduced the Full Business Case [FBC], providing an overview of the grounds upon which the Board was asked to approve the FBC for submission to the Trust Development Authority [TDA], before inviting Dr Claire Blesing, Consultant Oncologist, to provide some further clinical detail.

The Board was reminded that it had approved the Strategic Outline Case [SOC] in July 2013, and had subsequently approved the Outline Business Case [OBC] in January 2014. The Director of Clinical Services confirmed that there had been little variation in the financial basis of the case since approval of the OBC.

It was contended that the development of a satellite service in Swindon would provide significant patient benefits and the best value for money solution to capacity issues within the required timeframe, substantially improving patient access and experience, while still enabling high quality care. It would complement other cancer services provided by the Trust to Swindon & Wiltshire patients, and offer an enhancement to clinical quality as part of the Cancer Network. The Director of Clinical Services emphasised that the development was in line with the Trust's commitment to strengthen strategic partnerships, and its strategy to deliver local services where possible.

Dr Blesing emphasised that Swindon town and surrounding areas in Wiltshire were one of the very few parts of the country which did not have access to radiotherapy services within 45 minutes travel time. There was a long-standing demand from the local population for a local service, and demand for radiotherapy services throughout the catchment area for the Trust was continuing to rise alongside the demographic growth in the older population. It was recognised that all options for investment in new radiotherapy capacity to meet demand would reduce the overall contribution of the service because of the current tariff level. There was a risk that NHS England would proceed with proposals for a reduction in tariff for 'growth' activity, which would potentially have a major negative financial impact. However, it was important to realise that the projections of growth in demand for radiotherapy services were based on the nationally recommended model (the Malthus model), and that the financial impact would materialise whether or not investment was made.

There was recognised to be one substantial uncertainty in predicting future demand, and this related to NHS England's declared expectation that fractionation rates for prostate cancer will reduce significantly in the future. Whilst it remained uncertain whether research would demonstrate that this was borne out by an analysis of long term survival rates, consideration had been given to the 'Low Prostate' scenario, and it was clear that even under that scenario, a substantial increase over current capacity will be required.

If the additional capacity was sited at Swindon, it was expected that there would be an increase in demand from the populations of Wiltshire and Gloucestershire for whom the new service would be closer. The FBC conservatively assumed that an additional 5% of each county's demand would switch to a new satellite unit at Swindon.

It was noted that Swindon CCG was strongly supportive of the FBC, and was making a financial contribution to it. A charitable funding campaign was being led by the Great Western Hospital [GWH] in Swindon, with the target of raising £2.5m to support the development.

The Director of Planning and Information confirmed that the Trust was in on-going discussion with NHS England, as the major commissioner. NHS England had

supported the OBC in October 2014, but its subsequent structural reorganisation meant that clarification was needed of the process governing consideration of the FBC.

The Chief Executive confirmed that the FBC had been supported by the TME at its meeting on 25 June 2015, and the executive team recommended to the Board that it approve the FBC for submission to the TDA, subject to clarification from the Commissioners that the baseline 100% tariff will be maintained to support this case, and that it will cover all transferred activity.

Ms Anne Tutt, Non-Executive Director, expressed her support for the development of a satellite radiotherapy unit at Swindon. She asked whether there was a risk that the Trust might be unable to recruit radiographers. The Director of Clinical Services reported on the measures which had been taken to institute an incentive programme, which had enabled full recruitment of radiographers in Oxfordshire, and it was hoped that it might be easier to recruit to posts based in Swindon, given the relatively lower cost of living.

Mr Alisdair Cameron, Non-Executive Director, agreed that the strength of the strategic and quality case was clearly established, and recognised that the risk of negative financial impact was present in any event, irrespective of whether (and where) investment was made. He suggested that it would be helpful, when undertaking the next planned review of the Trust's strategy, to see an overview of all business cases which were being developed in relation to the expansion of services.

Mr Peter Ward, Non-Executive Director, welcomed the development proposed as genuinely transformational, and noted the provisions that were being made to ensure successful delivery of the scheme. However, he commented that the management case in the FBC did not address the challenges of on-going management of the unit, and he stressed the importance of embedding the right culture across the different sites of an integrated service. The Medical Director assured Mr Ward that his experience of GWH Swindon was that it provided strong clinical leadership, within an environment where a values-driven culture was promoted, whether for its own staff, or those who, although based in Swindon, would be employed by the OUH Trust.

Mr Geoffrey Salt, Non-Executive Director, echoed support for the development proposed, commenting that if radiotherapy were to become a loss-making service, as a result of the tariff applied by NHS England, then the negative financial impact would clearly be felt by Trusts throughout England. He suggested that the Trust should review its reference costs, to examine whether there was scope to make radiotherapy services any more profitable, and therefore more sustainable. Dr Blesing confirmed that staffing requirements had been reduced since the OBC. A review of skill mix was being undertaken, and Information Technology was being used to avoid duplication where possible.

Mr Christopher Goard, Non-Executive Director, suggested that the Trust's Transformation Team should be engaged from an early stage, to support development of the right culture, and to aid in the analysis and reduction of reference costs.

In summary, the Chairman concluded that the FBC demonstrated significant patient benefits, and that development of the satellite unit for radiotherapy services at Swindon seemed to represent the best value for money solution to capacity issues, which would deliver substantial improvement to the patient experience. She invited the Chief Executive to confirm the precise terms of the recommendation made to the Board.

The Chief Executive confirmed that it was recommended that the Board approve the FBC for submission to the TDA, conditional upon securing confirmation from commissioners that all transferred activity would be funded at 100% tariff.

It was noted that the fraction growth associated with demographics and incidence may, in the future, be subject to a marginal tariff, however the financial impact of this risk will materialise irrespective of Trust Board approval to the Swindon Business Case. The Board recognised that if a marginal tariff was implemented in the future which related to growth above a defined baseline, this would be a national policy change that will affect any growth activity irrespective of the location of service.

The Trust Board approved the Full Business Case for new radiotherapy services at Swindon, subject to securing confirmation from commissioners that all transferred activity would be funded at 100% tariff.

TB15/07/08 Patient's Story

The Chief Nurse presented the story of an adult female patient's admission for bowel surgery in May 2015, and the experience of her husband in supporting and caring for her.

Overall, the positive impact on the patient and her family of compassionate care throughout her experience had been significant. This was demonstrated particularly well in relation to the patient's husband's interaction with the switchboard operator, as well as in the support given to the patient by the preoperative nurse and anaesthetist. These members of staff had demonstrated resourcefulness and compassion to adapt their support for the couple. The switchboard operator particularly demonstrated the importance of listening during a telephone conversation, recognising the husband's distress and helping him to contact the ward to establish how his wife was following her surgery. It had been a salient lesson for staff to remember the size of the organisation and the vulnerability of patients and their families when systems don't work as they should.

The Chairman asked the Chief Nurse to relay the Board's thanks to the patient and her husband for sharing their story.

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

TB15/07/09 Quality Committee Report: including Annual Report 2014/15

Mr Geoffrey Salt, Non-Executive Director and Chairman of the Quality Committee presented the regular report from the meeting of the Quality Committee held on 10 June 2015, together with the Quality Committee's Annual Report 2014/15, including revised Terms of Reference for approval of the Board.

Issues highlighted included:

- The Committee's consideration of the review of Never Events 2012 – 2015, and the key organisation-wide learning and themes from concluded root cause analyses undertaken in relation to Serious Incidents Requiring Investigation [SIRI];
- Update received on national and local work being undertaken to ensure that high quality end of life care was available to all patients;
- Regular report from the Clinical Governance Committee [CGC], showing increased engagement by senior clinicians. Mr Salt confirmed that he had accepted an invitation to attend a meeting of CGC;
- Feedback received from a *Quality Conversation* event, held at the Trust on 4 June 2015, which had provided a further opportunity for public engagement, ahead of publication of the Quality Account, demonstrating a good level of confidence in the Trust's quality priorities for 2015/16

Mr Ward noted the summary of key messages from the meeting, and emphasised the importance of making sure that the communication was accessible to its intended target audience. The Head of Corporate Governance welcomed the feedback, and confirmed that this was a trial process, with dissemination initially being channelled through Divisional Directors, inviting comments from the end readers.

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

The Chairman also drew the Board's attention to the Quality Committee Annual Report 2014/15, and the revised Terms of Reference.

The Trust Board reviewed the Quality Committee Annual Report 2014/15, and approved the revised Terms of Reference.

TB15/07/10 Quality Report

The Medical Director introduced the report, highlighting that eight indicators had seen an improvement in performance against target thresholds since the previous reported period:

- PS01 – Safety Thermometer (98.07% of patients receiving care free of any newly acquired harm);
- PS06 – One case of MRSA bacteraemia;
- PS07 – Antibiotic prescribing (95.09% compliance with antimicrobial guidelines);
- PS08 – 89.47% of patients receiving stage two medicines reconciliation within 24h of admission;
- CE06 – Emergency Department (96.38% patients seen, assessed and discharged/admitted within 4h of arrival);
- CE07 – Stroke (86.89% patients spending >90% of admission in specialist stroke environment);
- CE19 – 81.6% of fractured NOF patients who receive surgery within 36h of admission and,
- PE10 – No legal claims received/inquests opened initially graded as red.

A narrative explanation was provided for the deterioration in performance against target in relation to five indicators, together with a summary of actions being taken.

The Medical Director confirmed that there had been no Never Events reported during May. Fourteen Serious Incidents Requiring Investigation [SIRI] had been opened. Since the time of writing the report, sixteen SIRI had been closed with Oxfordshire Clinical Commissioning Group [OCCG].

In discussion, Mr Goard noted that an electronic patient acuity tool had been procured, to provide a more reliable monitoring and reporting system, including the proportion of temporary staff and skill mix on the wards on a daily basis. He suggested that consideration should be given to the scope for integration with the tools for demand management of bank and agency staff, and the Chief Nurse confirmed that this would be kept under review after the initial stages of configuration and roll out.

Professor David Mant, Associate Non-Executive Director, noted the deterioration in performance against target in relation to the rate of Neuroscience Intensive Therapy Unit [NITU] readmission within 48 hours of discharge. The narrative explanation referred to the unit having had over 100% occupation in May. While the unit had been able to admit the patients with urgent need, Professor Mant suggested that this indicated that the unit currently had too few beds. The Medical Director reported that the Trust Management Executive [TME] had recently considered the Strategy for Adult Critical Care, including proposals for the expansion of NITU, and it had been suggested that the strategy should be referred for further consideration by the Board at its Seminar in September 2015.

Ms Tutt remarked on the apparent plateauing of performance against targets related to dementia care, and the Medical Director expressed the hope that the considerable efforts being made by clinical leadership would soon translate into demonstrable improvements in performance.

Discussion then turned to the sections of the Quality Report produced by the Chief Nurse, relating to:

- safe staffing, including workforce and nurse sensitive indicator data for each division; and to
- Patient experience.

In relation to safe staffing, the May 2015 fill rates were reported as:

- 96.06% for Registered Nurses/Midwives
- 96.90% for Care Support Workers (unregistered)

Mr Ward noted an increase in the percentage of new complaints against finished consultant episodes [FCEs], and Mr Salt remarked on the decline in response rates to the Friends and Family Test [FFT]. The Chief Nurse confirmed that the reduction in response rates to FFT reflected the national picture. Text messaging and interactive voice messaging had now been resumed in the Emergency Department [ED], and response rates had improved since the time of writing the report.

Professor Mant congratulated staff on the extremely positive feedback that had been received on children's outpatient care, and day cases, showing 81% and 95%

respectively as “extremely likely” to recommend the services, rising to 97% and 100% when combined with those “likely” to recommend care.

The Chairman noted that the results of cleaning audits showed three different scores, and the Director of Development and the Estate clarified that the scores recorded in audits conducted by the Quality Assurance Team reflected the position prior to rectification of issues which it was within the Team’s remit to highlight for resolution by the contractor, generally within four hours. As such, it was expected that the scores recorded by the Quality Assurance Team audits would be lower than domestic or nursing audit scores.

The Trust Board noted the Quality Report.

TB15/07/11 Sign up to Safety Plan

The Medical Director presented the paper, updating the Board on the national campaign, under which the Trust was required to make specific commitments (of its choosing) in each of five nationally specified domains:

- Put safety first
- Continually learn
- Honesty
- Collaborate
- Support

The paper outlined the specific pledges proposed by the Trust, which had been designed to align with the Trust’s quality priorities. These had been endorsed by the TME, and agreement had been secured in principle to consider business case support for elements of the plan where material additional safety benefits could be demonstrated. The Chief Executive confirmed that TME’s support represented a commitment to the cultural change required, but there was no commitment to additional funding without going through the regular processes.

On this basis, the Trust Board endorsed the Trust’s commitment to the “Sign up to Safety” campaign.

TB2015/07/12 Finance & Performance Committee report: including annual report 2014/15

Mr Christopher Goard, Non-Executive Director, and Chairman of the Finance & Performance Committee presented the regular report from the meeting of the Finance & Performance Committee held on 10 June 2015, together with the Finance & Performance Committee’s Annual Report 2014/15, including the revised Terms of Reference for approval of the Board.

He confirmed that the business of the Committee continued to be driven by consideration of the major risks associated with finance and performance, and significant improvements had been achieved in performance against access and outcomes standards. However, it was recognised that delayed transfers of care [DTC] continued to be of concern for the Trust. Discharging its remit to scrutinise Divisional performance, the Committee had considered a report on the Q4 Divisional Performance Reviews, outlining explanations for why Clinical Divisions had been unable to achieve their plans for 2014/15. It was noted that the NOTSS Division

would be working with an external agency, to understand its financial and operational failures in 2014/15 and to agree mechanisms improvement in 2015/16.

Key risks reviewed by the Committee had included:

- The risk associated with lack of certainty in relation to the Tariff, which was recognised to affect the Trust's ability accurately to plan financially, with uncertainty in the financial position likely to lead to further cost pressures; and
- The risk of failure effectively to control pay and agency costs. The Committee received a presentation on the Trust's temporary workforce, including NHS Bank, describing the national controls to be introduced from 1 July 2015, and reflecting the work being undertaken to achieve compliance to ban on the use of any off-framework agencies. Measures had been taken to achieve tighter financial controls overall, and to expand the capacity of the NHS Bank.

The Trust Board noted the regular report from the Finance & Performance Committee

Mr Goard also drew the Board's attention to the Finance & Performance Committee Annual Report 2014/15, and the revised Terms of Reference.

The Board reviewed the Finance & Performance Committee Report 2014/15, and approved the revised terms of reference

TB2014/07/13 Integrated Performance Report Month 2

The Director of Clinical Services presented the report, highlighting that performance in Q1 to date was in line with the Trust's trajectory for a score of 3 for the quarter overall. Performance against the 4 hour ED standard was above trajectory, at 96.38% in May, and 96.2% in June.

Delayed Transfers of Care [DTOCs] continued to be of concern, with performance in May at 11.15% against a target of 3.5%. The monthly average within the OUH Trust in May was 119 delays, compared to 95 in May 2014, representing a 25% increase. The monthly average for delays across the system for Oxfordshire residents was 152 in May.

The Director of Clinical Services drew the Board's attention to the additional efficiency and utilisation report provided at Appendix A to the report, from which it was evident that just under 4% of the patients admitted to the hospitals accounted for nearly 46% of all bed days consumed.

The Integrated Performance Report would continue to report performance against the standards for 18 weeks RTT admitted, non-admitted and incomplete although, pending legislative change required, the Trust had received confirmation that with effect from 1 June 2015 no penalties would be imposed in relation to performance against the admitted and non-admitted standards. There was to be a retrospective change made to the reporting of performance against the 4 hour ED standard, requiring that the data reported aligned to the actual days of the month, rather than to a designated 4 week period.

Mr Ward asked whether performance against the cancer standards, and for diagnostic rates, was likely to be impacted by implementation of NICE Guidance, under which there was expected to be more direct access. The Director of Clinical Services confirmed that the Trust was reviewing the likely implications. In the meantime, he was able to confirm that additional capacity had been provided to deal with the expected increase in demand for breast screening, as the national breast awareness campaign was launched.

Mr Salt congratulated the Executive Team on the significant and sustained improvement in operational performance, although DTOCs continued to be a significant concern. The Director of Clinical Services confirmed that a "Perfect Week" exercise was being planned to "break the cycle" in relation to DTOCs, and it was hoped that this would prove as constructive as the earlier "Perfect Week" had done in relation to the emergency care pathway.

The Director of Organisational Development and Workforce accepted that the increase recorded in staff turnover was disappointing, although he was able to report that it had since reduced in June, and it was noteworthy that the vacancy rate had been halved across the organisation as a whole over the past year.

The Chief Executive emphasised the importance of working with partners across the healthcare system to reduce delayed transfers of care, in the best interests of patients. The Medical Director clarified that the "at a glance 2015/16" table on page 11 misreported one Never Event in the year to date, in fact, to date, there had been no Never Events in 2015/16.

The Trust Board noted the Integrated Performance Report.

TB2015/07/14 Financial performance to 31 May 2015

The acting Deputy Director of Finance & Procurement presented the report, informing the Board of the Trust's financial position for the first two months of the financial year 2015/16.

Key points highlighted included:

- The Trust's financial position was £0.5m worse than plan against its break even duty after the first two months of the year;
- Commissioning income was £1.0m below plan, although it was emphasised that significant caution needed to be taken, as this figure was based on only one month's data, some of which was necessarily incomplete.

It was notable that there was a year-to-date overspend on pay, and this was occurring mainly against the budgets for nurses and midwives where the cost of bank and agency staff exceeded the savings being made on payroll vacancies. It was confirmed that almost all off-framework agencies had now been removed, and agency spend had fallen by almost £1.5m, but data for June indicated that the fill rate on the bank was the highest ever.

The Trust had delivered £6.3m in savings after the first two months of the year, representing 86.3% of the year to date plan.

In response to a query from Mr Ward, it was confirmed that the Capital Programme, as reported at page 17, did include provision for funding of redevelopment of the Horton Endoscopy Unit, the business case for which was due to be considered by the Board under item TB2015/07/21 below.

The Trust Board noted the report on financial performance

TB2015/07/15 Trust Management Executive report

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

The Board noted in particular the key risks discussed by TME, including a detailed review of the corporate risk register. Mr Goard noted in particular that this had recommended escalation of the risks associated with failure to provide timely discharge summaries, and the Chief Executive confirmed that the potential for a software solution was part of that which was being actively followed up.

It was noted that TME's Terms of Reference had been updated and aligned with those of the Board's sub-committees to provide for an Annual Report to the Board. The first Annual Report would be submitted to the Board at the same time as those were next due from the sub-committees of the Board, in July 2016, but the Chairman had asked the Head of Corporate Governance to undertake a six month review, for report to the Board in January 2016.

Action: SP

The Trust Board noted the regular report from TME, and approved the updated Terms of Reference.

TB2015/07/16 NHS Savile investigations – Lessons Learnt recommendations

The Director of Organisation Development and Workforce presented the paper, updating the Board on progress in local actions which were being taken to ensure compliance with the applicable recommendations arising from the Lessons Learnt report produced by Kate Lampard.

The Trust had submitted an update on its action plan to the Trust Development Authority [TDA] at the end of May, and had been commended on its response so far.

The Secretary of State for Health had accepted in principle thirteen out of the fourteen recommendations made. The Board was reminded that a recommendation relating to enhanced Disclosure and Barring Service [DBS] checks had not been supported, but trusts were urged to take a considered approach to checks undertaken on volunteers, including the use of enhanced DBS services where volunteers may work closely with patients. In this context, the Board accepted that it was appropriate to focus on those areas where there was assessed to be significant potential risk, and to consider broadening the scope of checks as appropriate over time.

The Trust Board noted the report.

TB2015/07/17 Kirkup Report 2015: gap analysis, maternity services

The Chief Nurse presented the paper, providing the Board with an overview of recommendations made in the Kirkup report, and the actions being taken to address any gaps identified.

The Chief Nurse reminded the Board that the Kirkup report had been produced following an independent investigation into the management, delivery and outcomes of care provided by maternity and neonatal services at the University Hospitals Morecombe Bay NHS Foundation Trust from 2004 to 2013. The findings of the Kirkup report related to failings at almost every level from the maternity unit, to those responsible for regulating and monitoring the Trust. The investigation found 20 instances of significant or major failures of care at Furness General Hospital, associated with three maternal deaths and the deaths of 16 babies at or shortly after birth. Different clinical care in these cases would have been expected to prevent the outcome in one maternal death and the deaths of 11 babies. A national review of maternity services was now underway, led by Baroness Julia Cumberledge, and was expected to report by the end of 2015. It was suggested that the Board should be updated once Baroness Cumberledge had produced her report.

Action: CS

The Trust Board noted the report**TB2015/07/18 Audit Committee Report: including Annual Report 2014/15**

Ms Anne Tutt, Non-Executive Director and Chairman of the Audit Committee presented the regular report from the meeting of the Audit Committee held on 3 June 2015, together with the Audit Committee's Annual Report 2014/15, including revised Terms of Reference for approval of the Board.

She reported that the Committee's primary focus at its meeting on 3 June 2015 had been to review and make recommendation to the Trust Board on whether to adopt the Annual Accounts for 2014/15. There had been one uncorrected misstatement identified by the external auditors, in relation to the capitalisation of Electronic Patient Record [EPR] staff costs. This was clearly not regarded as material by the auditors, and the Audit Committee had been satisfied with the representation of management provided.

It was confirmed that the Audit Committee planned to consider deep dive reviews at its next meeting in September, and would continue to follow up any internal audit reports received which indicated "limited assurance".

The Trust Board noted the regular report from the Audit Committee.**The Trust Board reviewed the Audit Committee Annual Report 2014/15, and approved the revised Terms of Reference.****TB2015/07/19 Update on Foundation Trust application**

The Director of Planning & Information presented the paper, providing an update on the Trust's application for authorisation as an NHS Foundation Trust.

Governors had now undergone initial induction and a workshop on the business planning process was planned on 16 July 2015.

It was noted that a Board to Board meeting with Monitor was scheduled on 15 July 2015, the outcome of which was expected to be a significant determinant of the ongoing progress of the Trust's application for authorisation as an NHS Foundation Trust.

As part of Monitor's assessment process, the Chief Executive was required to sign the Board Statement on Quality Governance, and this was presented for review by the Board.

The Trust Board noted the report, and approved the Board Statement on Quality Governance for signature by the Chief Executive.

TB2015/07/20 Corporate Objectives 2015/16

The Director of Planning & Information presented a set of corporate objectives for the Trust for 2015/16, derived from the Trust Business Plan which had been approved by the Board at its meeting on 13 May 2015. It was intended that these objectives would form the basis of performance monitoring at corporate level.

Mr Ward suggested that the objectives might include a reference to work in partnership with District General Hospitals.

The Chief Nurse offered to liaise further with the Medical Director to consider whether there were any other appropriate milestones/measurable in relation to objective 2.3 "to provide an excellent quality healthcare experience for all patients, carers and visitors."

The Trust Board approved the corporate objectives for the OUH for 2015/16.

TB2015/07/21 Business case for the redevelopment of the Horton Endoscopy Unit

The Director of Clinical Services presented the business case, seeking the Board's approval for capital funding of £2.36m. The two key issues which had to be addressed at the Horton Endoscopy Unit related to its compliance with the requirement to provide same sex accommodation, and its sub-optimal decontamination facilities. Failure to comply with the requirement to provide same sex accommodation would place the service in breach of national policy and guidance, for which it risked incurring financial penalties. The sub-optimal decontamination facilities risked closure of the service. When the unit was inspected by the Joint Advisory Group [JAG] on gastrointestinal endoscopy in March 2015, JAG had deferred accreditation for six months, indicating that accreditation would not be re-instated unless or until the plans outlined in the business case were implemented.

It would be necessary to close the Unit for the works period, estimated at four months. Arrangements will be made for any patients at the Horton who required an urgent endoscopy to undergo the procedure within theatres at the Horton. The Trust had investigated whether a temporary unit could be established at the Horton during the works period, to provide elective endoscopies to an estimated 80 patients per week (totalling 1,300 patients over the duration of the works period). It had not proved possible to source a mobile endoscopy unit for hire, but the Trust had been able to secure a mobile theatre unit. It was therefore proposed that this should be

located on the John Radcliffe site, adjacent to its endoscopy unit, with access to its decontamination facilities. Of the estimated 1,300 patients who would be required to attend the John Radcliffe for endoscopy during the works period, it was estimated that approximately 25% of those were likely to live equidistant from the JR and Horton, and transport would be provided for those who were not. The Director of Planning & Information confirmed that he had pledged to report the Board's decision back to the next meeting of the Community Partnership Network [CPN].

Mr Salt expressed support for investment in the redevelopment of the Horton Endoscopy Unit, and suggested that it highlighted the importance of the Board undertaking a review of the Trust's strategy, as was planned in the Autumn.

Mr Goard noted that the decontamination washers which were to be replaced had exceeded their anticipated lifespan, and he asked whether the Trust held a register of equipment which was at or beyond its expected lifespan. The Chairman remarked that lifespan alone was not determinative of whether it was appropriate for a piece of equipment to remain in use, but the point was accepted that the Trust ought to review its programme for equipment maintenance and replacement, in the context of capital prioritisation.

The Trust Board approved the business case for:

- **Capital funding of £2.36m;**
- **£310,000 to relocate the services to Oxford for the works period, during which time provision would be made for the transport of patients from the Horton to Oxford for planned endoscopy;**
- **Additional revenue funding of £47,000 per annum for future additional maintenance costs.**

TB2015/07/22 Implementing a living wage

The Director of Organisational Development and Workforce presented three options for implementation of a living wage, to be considered within the broader context of initiatives to improve recruitment and retention.

It was recommended that the Board approve implementation of an "enhanced" living wage, at a lower level than that of the Oxford living wage, but acknowledging the particular issues associated with the high cost of living within the Oxford area and the increasing competition within the local labour market. It was estimated that implementation of an enhanced living wage would benefit over 1000 members of staff, or approximately 9% of the total workforce.

Acknowledging the impact of introducing an additional cost pressure in the current financial year, without a recognised funding source, it was recommended that implementation of the enhanced living wage of £8.07 per hour should be deferred until 1 April 2016, to allow for the associated costs to be considered within the 2016/17 financial plans. The Trust would in the meantime enter into negotiation with commissioners regarding funding of the additional cost pressure (circa £700,000). It was recognised that, if there were a funding shortfall, implementation would be subject to further consideration and approval by the Board.

Mr Cameron expressed support in principle, and acknowledged that the reported benefits of implementing a living wage included widespread reporting of reduced

staff turnover, improved attendance, better morale and increased engagement and productivity. Mr Salt also welcomed the opportunity to consider the options, but suggested that a clearer link should be established between pay and performance/productivity.

The Chairman suggested that the options proposed warranted more detailed consideration than time allowed at this meeting, and she asked that an early opportunity be provided for more detailed discussion at a Trust Board Seminar. The Chief Executive asked that the proposals be re-submitted alongside a more detailed benefits realisation case.

The Trust Board noted the options proposed for implementing a living wage, and agreed that the proposals be referred for further discussion at a future Trust Board seminar.

TBC2015/07/23 Quality Account 2014/15

The Medical Director confirmed that the 2014/15 OUH Quality Account had now been published on 30 June 2015, following approval of the final version by the Quality Committee at its meeting on 10 June 2015, under delegated authority of the Board.

The Board's attention was drawn to one inaccuracy in the data published in the Quality Account, the effect of which was that the nationally reported rate of major catastrophic incidents for OUH Trust was 0.3% of all incidents for OUH, whereas 14 of the 25 incidents reported as major or catastrophic were subsequently downgraded in their severity, following investigation and agreement with OCCG. The figure should therefore have been revised downwards to 0.1%. A comment to this effect was added to the account by the auditors, and administrative processes have been amended to prevent a repetition of the error.

The Trust Board noted the 2014/15 OUH Quality Account

TB2015/07/24 NIHR Clinical Research Network [CRN]: Thames Valley and South Midlands Annual Report 2014/15

The Medical Director presented this Annual Report, for approval of the Board of OUH NHS Trust, as host of the network. The Annual Report was noted to comprise a narrative summary, together with high level objectives, an update on specific actions undertaken during the year to increase engagement and recruitment within each of the 30 speciality areas, and an outline of work undertaken to implement appropriate governance arrangements.

The Trust Board noted and approved the Annual Report.

TB2015/07/25 NIHR reporting of Research and Development metrics

The Medical Director presented the report, notifying the Board of the significant improvements made to increase efficiency in the initiation and delivery of clinical research. Improvements made had far surpassed the minimum requirements of the Department of Health, and avoided the risk of any financial penalty in 2015/16. The report was based on a summary of performance for Q3 2014/15; data in Q4 was reported to indicate further and continuing improvement, making the OUH Trust the best performing Trust in England in this respect.

The Chairman asked the Medical Director to convey the Board's congratulations to Professor Keith Channon, Research and Development Director, and his team.

The Trust Board noted the report.

TB2015/07/26 Director of Infection Prevention and Control [DIPC] Annual Report

The Medical Director presented this Annual Report, summarising the achievements and work undertaken by the Infection Control Service in 2014/15.

The Chairman congratulated the team on a good year's work.

The Trust Board noted the report.

TB2015/07/27 Responsible Officer's annual medical appraisal and revalidation report

The Medical Director presented the paper, to provide assurance to the Board that the statutory functions of the Responsible Officer role were being appropriately and adequately discharged.

It was noted that numbers continued to rise of those linked by a prescribed connection, requiring revalidation and appraisal. This meant that the resource implications of medical revalidation continued to increase year on year, and plans were being developed to address this. The Chief Executive pointed out that there would be similar resource implications relating to the NMC's requirement for revalidation of nurses and midwives, and the Executive Team was looking into the scope to align resources where possible, bearing in mind that no additional resources had been made available to provider organisations, who were required to demonstrate compliance.

Professor Sir John Bell, Non-Executive Director, commented that the Trust was entitled to question whether the benefit derived from unfunded national mandates such as this was proportionate to the resources required.

The Trust Board noted the report, and the Statement of Compliance with the regulations.

TB2015/07/28 Progress report on implementation of Care Quality Commission [CQC] fundamental standards

The Deputy Director of Assurance presented the report on progress in the implementation of the CQC's new fundamental standards, within the Trust's system for assessing compliance with CQC regulations. It was confirmed that narrative which related to previous outcomes/regulations had now been migrated across to the new regulatory framework.

The Trust Board noted the report.

TB2015/07/29 Board and sub-committee effectiveness review

The Deputy Director of Assurance presented the outcome of the review undertaken, which had been reflected in relevant actions included within the sub-committee's Annual Reports, considered above.

The Trust Board noted the outcome of the review, and approved revised Terms of Reference of the Remuneration and Appointments Committee.

TB2015/07/30 Letter of Representation to Monitor

The Director of Planning & Information introduced the Letter of Representation, confirming that all known material issues had been disclosed to Monitor.

The Trust Board agreed that the Letter of Representation should be signed on its behalf by the Chief Executive.

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. Some typographical errors were noted, and the Head of Corporate Governance was asked to amend and re-issue the paper.

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 **9 September 2015** at 10:00 am in the Postgraduate Education Centre, the John Radcliffe Hospital.

Signed

Date