

Trust Board

Minutes of the Trust Board meeting held in public on **Wednesday 11 November 2015** at **10:00** in the George Pickering Postgraduate Centre, The John Radcliffe Hospital.

Present:	Dame Fiona Caldicott	FC	Chairman
	Dr Bruno Holthof	BH	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
	Professor David Mant	DM	Associate Non-Executive Director
	Mr Mark Mansfield	MM	Deputy Chief Executive and Director of Finance and Procurement
	Mr Mark Power	MP	Director of Organisational Development and Workforce
	Mr Geoffrey Salt	GS	Non-Executive Director
	Mr Andrew Stevens	AS	Director of Planning & Information
	Ms Catherine Stoddart	CS	Chief Nurse
	Ms Anne Tutt	AT	Non-Executive Director
	Mr Peter Ward	PW	Non-Executive director
In attendance:	Ms Susan Polywka	SP	Head of Corporate Governance and Company Secretary

TB15/11/01 Apologies and declarations of interest

No apologies for absence had been received.

The Chairman introduced Dr Bruno Holthof and welcomed him to his first meeting of the Trust Board in public, since taking up post as Chief Executive on 5 October 2015.

The Chairman also welcomed Governors, Members, public and staff to the meeting, and announced that a two-minute silence would be observed at 11:00am, as an Act of Remembrance for all those who lost their lives fighting for their country.

The Chairman declared an interest in Item 23, Information Governance and Data Quality Half Yearly Update, given her role as National Data Guardian.

No other declarations of interest were made.

TB15/11/02 Minutes of the meeting held on 9 September 2015

Minutes of the meeting held on 9 September 2015 were approved as a true and accurate record of the meeting.

TB15/11/03 Matters Arising from the minutes

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

TB15/09/04 Action Log

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

In relation to Trust Procedures for Raising Concerns, Ms Anne Tutt, Non-Executive Director and Chairman of the Audit Committee, highlighted that the Trust's Internal Auditors had recently produced a draft Report on Raising Concerns, the findings of which would be reported to the next meeting of the Audit Committee on 18 November 2015. The Trust Chairman noted that further regulatory guidance was still awaited, and suggested that an update should be provided to the Board at its next meeting in January 2016, whether or not national guidance had yet been issued at that point.

Action: MP

The Director of Planning and Information confirmed that he was due to report on progress in development of the Information Management and Technology Strategy to the next meeting of the Board in January 2016.

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

TB15/11/05 Chairman's Business

The Chairman presented the Ebola Medal for Service in West Africa to two employees of the Trust, Laura Lopez, Genomics Clinical Scientist Trainee, Medical Genetics Laboratories and Bethan MacDonald, Specialist Registrar in Public Health.

It was noted that a medal had also been presented separately to Chloe Eaton, who had been employed by the Trust as a Clinical Scientist in Microbiology, but who had recently taken up a new post, employed by the University of Cambridge.

The Chairman commended their commitment to tackling a humanitarian crisis in a highly dangerous environment, and expressed pride in the fact that there were three employees of the Trust whose service had been recognised by the award of the Ebola Medal for Service in West Africa.

The Chairman expressed the hope that there might be an opportunity for members of the Board to hear more of the experience gained by those who had served in West Africa. Both Ms Lopez and Ms MacDonald reported that their experience had been difficult and challenging, but very rewarding.

All members of the Trust Board, and those attending in the public gallery, congratulated the recipients of the Ebola Medal for Service in West Africa.

In further Chairman's business, the Chairman reported that the Council of Governors had held its first formal public meeting on 21 October 2015 at Somerville College, Oxford. Twenty-one Governors (out of the total number of twenty-eight) were present.

The Council had agreed the Trust's constitution, and had agreed the appointment of the Chairman and Non-Executive Directors, as recommended by the Board, and had also agreed the reappointment of Ernst and Young as external auditors. The Council had further noted the appointment of Dr Bruno Holthof as Chief Executive.

The Council had agreed a Code of Conduct, and had agreed to select a Lead Governor for one year, with the limited role of being a formal point of contact with Monitor, should the latter or the Council of Governors require it. The Chairman confirmed that the appointment of Lead Governor had subsequently been made, the identity of whom would first be reported to the Council.

Terms of reference were agreed for a Remuneration and Nominations Committee. The Council also discussed progress made against the Trust's membership strategy and agreed to establish a membership working group to make recommendations to the Council on how best to proceed with developing and working with the Trust's membership.

The Chairman confirmed that the Council of Governors was next due to meet on 14 January 2016 at 2:30 pm at Didcot Civic Centre.

TB15/11/06 Chief Executive's Report

The Chief Executive presented the report, highlighting those with whom he had been able to meet in the six weeks since taking up post.

He reflected that, in speaking to many both inside and external to the Trust, there was a clear need to focus on working in partnership with others in the Oxfordshire Health and Social Care economy, as well as strengthening partnerships with the University of Oxford, Oxford Brookes University and others.

Dr Holthof congratulated the Board and all Trust staff on having achieved Foundation Trust status on 1 October 2015, suggesting that this represented a real vote of confidence in the capacity for achievement and capability of everyone working at the Trust, and provided the opportunity for the Trust to demonstrate clear accountability to the people it served and to its staff, through the Council of Governors.

The Chief Executive also highlighted that the Trust had won the Digital Hospital of the Year Award in the EHI 2015 Awards, and advised that it should now be looking to build on this, to become a fully digitalised hospital, well-connected to all its partners in the region.

The Chief Executive drew the Board's attention to a report published by Monitor, setting out practical steps to increase productivity in elective care and cut the length of time patients spent in hospital. In so doing, he emphasised a commitment to deliver improvements in the quality of care which would impact positively on operational performance and deliver financial sustainability, and expressed the firm belief that good quality care should cost less.

At the Chairman's invitation, the Chief Executive also reported that, since issuing his written report, a further meeting had been held between the leaders of all the principal organisations in the Oxfordshire Health and Social Care system, who had been invited to the Prime Minister's office to discuss assuming responsibility for the whole of the health and social care budget in Oxfordshire. Indications were that the government was generally supportive and open to a greater degree of devolution, but wished to see concrete results delivered within the existing framework first. The Chief Executive confirmed that he would keep the Board informed on progress.

Mr Peter Ward, Non-Executive Director, asked what preparations were being made for the prospect of junior doctors taking strike action. The Director of Clinical Services confirmed that, whilst negotiations were being conducted nationally, the Trust had commenced contingency planning. It was suggested that, depending upon the outcome of national negotiations, an update would be provided to the Quality Committee at its meeting in December 2015.

The Director of Clinical Services confirmed that a range of services were being provided seven days a week, and their continuation was not dependent on re-negotiation of the junior doctors' contract. Professor Sir John Bell, Non-Executive Director, advised that the provision of seven-day services should be focused on the conditions for which there was evidence of increased mortality for patients admitted at the weekend, if the standard and scope of care provided was not equal to that provided from Monday to Friday.

The Trust Board noted the Chief Executive's Report.

TB15/11/07 Patient's Story

The Chief Nurse presented the story of a 16-year-old male patient's experience of treatment for acute myeloid leukaemia (AML) at the Children's Hospital during 2015. Whilst the experience of the patient and his mother had been generally very positive, there were key learning points, specifically relating to the need for sensitivity when deciding whether it was appropriate to have trainee doctors observing in relatively large groups, in what might be particularly distressing circumstances.

Professor David Mant, Non-Executive Director, suggested that reliance was sometimes placed on implicit consent to the presence of students or trainees at a teaching hospital, and the Chief Nurse confirmed that work was being done with Ward Sisters and other clinicians present during ward rounds, to raise awareness of the importance of privacy and dignity of the patient at all times, and of ensuring that the patient did consent to the presence of trainee doctors.

Mr Geoffrey Salt, Non-Executive Director noted that the implementation of digital advances could give rise to additional demands on time in the short term, and it was important to provide appropriate support to staff.

The Chairman reflected on the importance of language and terminology used in communication, noting that it was a few days after the diagnosis of leukaemia was given that the patient had asked his parents "do I have cancer?"

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

TB15/11/08 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 14 October 2015.

Issues highlighted for consideration by the Board included:

- The Annual Report on Pressure Ulcer Prevention and Tissue Viability had provided an overview of actions taken to prevent pressure ulcers and improve wound management;
- An update had also been provided on progress in implementation of the programme to improve the quality of diabetes care, relating to the Committee's long-standing interest in issues which had been identified at Diabetes Risk Summits held in November and December 2013;
- The Committee had received a report on progress being made to collaborate in the development of system-wide measures, across the Oxfordshire Health and Social Care economy, to reduce the level of delayed transfers of care;
- Feedback had been provided on the difficulties identified during an exercise undertaken in September 2015 "*Breaking the Cycle: No Delayed Transfers of Care*", with a report on the outcomes of the "Perfect Theatres Week" undertaken from 13 to 19 July 2015, to review and improve the elective and non-elective surgical pathway for patients admitted to JR and Horton Hospitals;
- Results of the July 2015 acuity audit of patients in relation to the nursing staff skill mix and establishment had shown that overall most wards had the correct skill mix, but many wards had high vacancy levels. The Committee had suggested that Executive Quality Walk Rounds over the next few months might usefully be targeted on those areas.

Mr Salt confirmed that, in addition to the future business outlined in the report, the Committee also hoped to receive an update on the provision of end of life care at its next meeting in December, recognising that this needed to be continuous and coherent across the whole system.

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:

- CE03: 82.81% of patients aged over 75 admitted as an emergency who are screened for dementia;
- CE04: 91.48% in relation to dementia diagnostic assessment and investigation; and
- CE15: zero unscheduled returns to theatre within 48 hours.

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

The Medical Director highlighted that three incidents had met the criteria for reporting as Never Events in September 2015. One of the incidents had occurred in August 2015, one in September and one was a delayed report of an incident in the prior financial year (January 2015). It was notable that an enhanced process for the reporting and escalation of serious incidents (including Never Events) had been introduced since January 2015 and it was hoped that reporting would now be much less likely to be delayed. It was confirmed that none of the Never Events reported had resulted in serious physical harm to the patient, though it was recognised that

any Never Event risked causing harm by undermining trust and confidence in the service.

The Medical Director confirmed that the enhanced process for reporting and escalation had resulted in a rise in the number of Serious Incidents Requiring Investigation [SIRI] reported from April 2015 onwards, and that efforts were being made to increase the capacity to handle that workload.

The Medical Director highlighted the section of the Quality Report which provided an update in relation to infection control. It was noted that there had been a total of 36 cases of *Clostridium difficile* [C.diff] up to 31 October, and the Trust was not expected to breach the upper ceiling of 69 cases during 2015/16.

There had been no avoidable cases of MRSA bacteraemia attributed to the Trust in September 2015, and none up to 29 October 2015, but two previous cases reported to the Board earlier in the financial year meant that the Trust would fail to meet the objective of zero avoidable MRSA bacteraemia for the whole of 2015/16. It was noted that overall compliance with MRSA screening required improvement. The performance deficit had been highlighted by the infection control team at the Clinical Governance Committee and at the senior nurses' meeting, where it had been reinforced that screening compliance must be owned and driven at a local level. Clinical guidelines produced by the infection control team had been simplified, to support staff in more easily identifying the groups of patients who would require either elective or emergency MRSA screening.

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

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

The Friends and Family Test response rate had increased following the introduction of SMS text messaging, though it was noted that the use of Interactive Voice Messaging had been suspended temporarily, in response to patient feedback.

In relation to complaints, the Chief Nurse highlighted that the number of new complaints received during September had been higher than in August, though the number of formal complaints received throughout all of Quarter 2 was less than had been received in Quarter 1. There were no 'extreme' (previously coded red) graded complaints received in September 2015, for the sixth consecutive month.

It was noted that the Neurosciences, Orthopaedic, Trauma and Specialist Surgery [NOTSS] division had the highest number of complaints, reflecting the high volume of outpatient appointments, in respect of which it was hoped that the further roll-out of the directly bookable service would lead to a reduction in complaints arising.

It was notable that less than 20% of complaints across four of the clinical divisions had been in relation to clinical treatment, and that this represented a reduction from over one third of complaints relating to clinical treatment in the previous month. The Chief Nurse confirmed that her team was working with the clinical governance team, to explore whether there was any link to incidents reported.

Training was being delivered to better equip complaints and incident investigation teams, along with senior representatives from each division, to respond to complaints, and to conduct constructive resolution meetings.

In relation to nursing and midwifery safe staffing, the Chief Nurse confirmed that the Trust continued to comply with the National Quality Board (November 2013) and NICE guidance (July 2014) for Safe Staffing for Adult Inpatient Wards in Acute Hospitals. The figures reported included high levels of temporary staff in some clinical areas, and the preservation of minimum safe staffing levels was sometimes only achieved through bed closures.

The Chief Nurse also highlighted work being undertaken to monitor and assess care contact time, and reminded the Board of the upcoming changes to Nursing and Midwifery Council requirements for revalidation of nurses and midwives from April 2016.

The Chairman invited discussion of all sections of the Quality Report.

Mr Alistair Cameron, Non-Executive Director, noted that the NOTSS division had attracted the highest number of complaints, as well as three SIRI, including two Never Events. The Medical Director confirmed that this was reflective of the high-level of activity undertaken within the division, and the commitment of the division's leadership to report and investigate incidents, and he was assured that there was no evidence of any systemic safety problems.

Mr Cameron also noted that, on the latest data available (September 2015) clinical areas were not achieving the level of compliance required with the monthly cleaning audit undertaken by the OUH cleaning quality assurance teams. The Medical Director confirmed that failures were being followed up through the PFI performance meeting. Under the contracts payment mechanism, there was a financial incentive for the PFI service providers to improve performance, and efforts were being concentrated on aspects that were demonstrated to have failed persistently.

In relation to the NOTSS division, the Chief Nurse confirmed that data in relation to safe staffing levels showed that the division had made progress in decreasing its vacancy rate, and had made some improvements against nurse sensitive indicators for quality.

Mr Ward noted that data up to 30 September 2015 showed that the target for patients receiving stage two medicines reconciliation within 24 hours of admission had not been reached, and asked whether ePMA would facilitate improvement against this target. The Medical Director confirmed that efforts were being concentrated on encouraging a change in practice, whereby clinicians should record the patient's drug history electronically, which would then automatically be reconciled with entries on the drug chart in ePMA.

Professor Mant welcomed improvements made to the presentation of information contained within the Quality Report, but suggested that it was not ideal that compliance with antimicrobial guidelines was only monitored quarterly. He also raised whether the avoidability of hospital acquired thromboses rendered them

equivalent to a "Never Event." The Medical Director confirmed that they did not qualify as such under the national guidance, but agreed that the Trust should strive to eradicate any incidence of actual or potential harm which could be avoided.

Professor Mant noted that there had been some deterioration in the percentage of patients accessing the specialist stroke environment within four hours of arrival, and the Medical Director acknowledged that it could become more difficult to protect the stroke pathway when pressure was mounting in the Emergency Department, diminishing flow through the hospital.

The Medical Director confirmed that mortality following elective AAA repair would continue to be kept under careful review through the mortality and morbidity review process.

Mr Christopher Goard, Non-Executive Director, noted that three out of the seven clinical areas which had been rated red in relation to national cleaning scores for September 2015 were located at the Nuffield Orthopaedic Centre, and it was confirmed that this was being pursued with the soft facilities management services under the separate PFI contract at the NOC.

Mr Goard also asked whether the top 10 reported diagnosis groups for observed mortality within the HSMR basket of 56 diagnosis groups raised any questions or concerns, and the Medical Director confirmed that this was being reviewed by the Clinical Effectiveness Group, as part of the mortality review process.

Two minutes silence was observed by all present as an act of remembrance

Professor Sir John Bell, Non-Executive Director, raised some concern that the cumulative total of cases of *Clostridium difficile* [*C.diff*] to date was only just below the trajectory to ensure that the upper ceiling for the year was not breached, leaving little leeway if there were to be any significant outbreak of *C.diff*. Professor Bell advised that the peak of a previous *C.diff* outbreak had correlated with acquired resistance to fluoroquinolone antibiotics, and suggested that this illustrated the need for careful monitoring of antibiotic prescribing in compliance with antimicrobial guidelines.

In relation to the number of hospital acquired thromboses identified and judged avoidable, Professor Bell advised that studies reported by the Academic Health Sciences Network suggested that some simple preventative measures were not always being applied sufficiently systematically in other hospitals, for example the use of compression stockings, and he asked if it could be checked that they were routinely being used throughout the OUH.

In relation to the upcoming changes in NMC requirements for revalidation of nurses and midwives, the Chief Nurse confirmed that the Trust Management Executive had supported a business case to invest in additional resources required, including education and training.

The Trust Board reviewed and acknowledged the Quality Report

TB15/11/10 Complaints and Patient Advice and Liaison Service [PALS] Annual Report 2014/15

The Chief Nurse presented the report, detailing the number of formal complaints and PALS contacts received during 2014/15, and compliance performance in responding to complaints, as well as reporting on improvements made to the complaints service and PALS team as a result of national guidance and local feedback.

The number of formal complaints received and investigated had increased by 12.8% on the previous year, which was noted to be higher than the increase in the national average.

However, there had been a decrease of 32.6% in PALS activity from the previous year, which it was suggested related to an increase in the number of patients who had a better understanding of how to raise concerns as a complaint formally, as well as to reduced capacity within the PALS team, due to difficulties with staff recruitment and retention.

Mr Salt welcomed the report, which had also been considered by the Quality Committee at its meeting in October 2015. He suggested that the number of complaints received should not be considered in isolation from the proportionately much larger number of compliments received, and the Chief Nurse confirmed that a "snapshot" review of data undertaken last year had indicated that there were at least 10 compliments received for every one complaint made.

The Chief Executive suggested that an integrated analysis of compliments and complaints might be more likely to motivate staff, and encourage more widespread and consistent demonstration of the Trust's values in staff behaviour.

Mr Goard noted that half of complaints received related to outpatient services, and suggested that the Finance and Performance Committee might follow up whether implementation of outpatient projects (including re-profiling, and further roll-out of the directly bookable service) would begin to have a positive impact in reducing the number of complaints received.

The Trust Board reviewed and acknowledged the Complaints and PALS Annual Report 2014/15**TB 15/11/11 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 14 October 2015.

The Committee had continued to review the integrated performance of the Trust, the financial performance against plan for 2015/16 and the in-year delivery of annual efficiency savings. In particular, it had endorsed the Chief Executive's submission that measures taken by the Trust alone were unlikely to be sufficient to resolve the winter pressures anticipated, and the Committee had supported the active pursuit of constructive discussions with partners in the Oxfordshire health and care economy, to develop proposals for the implementation of a system wide initiative to reduce the persistently high level of delayed transfers of care.

The Committee had received a report on progress in the implementation of agency controls, noting that a marked decrease had been achieved in non-framework nursing agency spend (down from 19% of total agency expenditure in month one, to just 1% in month six). Total agency expenditure was reported to have been reduced. The forecast trajectory for total nursing agency spend as a percentage of total nursing staff spend in 2015/16 was 8.3%, against the month five actual position of 10.6%.

The Committee continued to review Patient Level Information and Costing Systems [PLICS] and service line reporting data, and it was noted that the clinical costing development group is to support the development and implementation of a revised plan of activity, coinciding with a wider strategic review of clinical services.

Mr Cameron asked whether, alongside the strategy to increase the permanent established workforce, the headcount of bank and agency staff (and associated expenditure) could yet be seen to be falling at a corresponding rate. The Director of Organisational Development and Workforce advised that further detail would be provided in his report under item **TB2015/11/17** below. Ms Anne Tutt, Non-Executive Director, suggested that internal budgeting systems might in future allow for a little more sophistication, to recognise the need for some overlap/transition from reliance on temporary workforce. The Chief Executive suggested that efforts made to improve recruitment had yielded results, but there was a need to focus on improving staff retention, without which vacancy and turnover rates would not be reduced to an acceptable level.

The Trust Board acknowledged the content of the regular report from the Finance and Performance Committee

TB 15/11/12 Integrated Performance Report Month Six

The Director of Clinical Services presented the report, highlighting that performance in August had achieved a score of 1 against Monitor's assessment framework, and this was expected to be sustained in September, subject to the Open Exeter upload of pre-checked data in relation to all eight cancer standards.

The standard for 95% of patients to be seen, assessed and discharged or admitted within four hours of arrival at the Emergency Department [ED] had not been achieved in September, when performance was reported at 90.59%. Delayed transfers of care also continued to be a significant concern for the Trust, the monthly average within the OUH for September having been 164.

As had been reported to the Finance and Performance Committee at its meeting in October, the provision of seven-day services had been further extended in October, and efforts were being concentrated on sustaining the level of discharges over the weekend.

Mr Ward noted that the outcomes reported from the "Perfect Theatres Week" had indicated that measures were required to improve theatre utilisation, and the Director of Clinical Services confirmed that this was being addressed in relation to both emergency and elective surgery.

The Trust Board reviewed and acknowledged the integrated performance report for month six.

TB 2015/11/13 Update on Winter Planning

The Director of Clinical Services provided a verbal update on action being taken by the Trust in preparation for anticipated winter pressures.

Measures included the roll-over of funding into the 2015/16 baseline to support additional staff in ED and the Emergency Assessment Unit [EAU]. Additional investment had also been made in the provision of seven day services, including the extension of Pharmacy dispensary opening times (10am to 3pm) and ward services to all sites 9am – 5pm, and additional inpatient endoscopy lists.

As had been reported by the Finance and Performance Committee, it was recognised that measures taken by the Trust alone were unlikely to be sufficient to cope with anticipated winter pressures. The Director of Clinical Services confirmed that proposals were being developed in collaboration with the Trust's partners in the Oxfordshire health and social care economy, with the aim of reducing the persistently high level of delayed transfers of care, and increasing capacity across the system. Members of the Board would be kept informed of developments.

The Trust Board received and noted the update on Winter Planning.

TB 2015/11/14 Financial Performance up to 30 September 2015

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

It was noted that the Oxford University Hospitals NHS Trust accounts had been closed at the end of September 2015, with new accounts being opened on 1 October 2015 upon authorisation as a foundation trust.

The Trust's financial position as at 30 September 2015 was reported to be £0.6m worse than plan after the first six months of the year, representing an improvement of £0.2m compared to the position reported up to the end of August 2015.. Commissioning income was reported to be £1.9m above plan. However, the Board was advised that the underlying position reflected a failure to deliver activity plans of £5.1m, which was offset by income from prior periods and the national reduction in penalties and fines.

It was reported that the Trust had spent £22.8m on bank and agency staff costs in the first six months of the year, and this now accounted for 9.1% of the total pay bill on these premium cost staff, compared to 4.3% of total pay expenditure on bank and agency staff as was the case at the start of 2011/12.

The Trust Board received and acknowledged the report on financial performance

TB2015/11/15 Audit Committee Report

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 18 September 2015.

Particular issues highlighted for the Board included:

- The Internal Auditors' draft report on Bank and Agency Staff – giving partial assurance with improvements required. An interim management statement was due to be provided to the Audit Committee at its meeting on 18 November 2015;
- A Deep Dive Review had been undertaken of the risk of loss of share of current and potential markets, which supported the need for a fundamental review of strategy.

The Trust Board received and acknowledged the content of the regular report from the Audit Committee.

TB2015/11/16 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 September, and the two meetings held since his arrival in October 2015.

Issues highlighted for the Board included:

- Proposals for a system-wide initiative to reduce delayed transfers of care;
- Preparation for undertaking a strategic review;
- Identification of key initiatives focused on improving the quality of care, and realising operational and financial benefit.

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

TB2015/11/17 Organisational Development and Workforce Performance Report, Q2 2015/16

The Director of Organisational Development and Workforce presented the report, highlighting that the key performance indicators showed that substantive staff capacity had continued to increase, with overall staff turnover stabilising and vacancy rates continuing to reduce.

The Trust Board acknowledged the content of the report.

TB15/11/18 Outline Business Case for the replacement of a 16-slice CR scanner with a 64-slice CT scanner at the Horton

The Director of Clinical Services presented the outline business case, recommending the pursuit of Option 2A for a single storey extension to be constructed on the Horton Hospital site, providing a new CT scanner room, the financial implications of which were summarised as follows:

- A capital investment of £939k to replace the CT scanner, contrast injector pump, image manipulation workstations, PACS storage and patient integral monitoring equipment;
- Estates investment of £1,927k to make a small extension to the department to house the replacement CT scanner to maintain service continuity and allow future service expansion;
- Total capital investment £2,866k (there being provision for £2,340k in the Capital Programme for this proposal, so an additional £526k funding would need to be identified);
- Annual revenue costs totalling £192k in 2015/16, rising to £536k in 2016/17, reducing to £473k in 2018/19, which included contribution to overheads, depreciation and capital charges;
- The costs of additional temporary staffing in 2016/17 would be mitigated by the reduction of maintenance spend of £89k (associated with warranty). These would both be non-recurring.

Members of the Board were supportive of proceeding to develop a full business case, but asked that full consideration be given to all options, including that of a modular build.

The Trust Board approved the allocation of £100k for detailed design and costings to inform the development of the Full Business Case.

TB2015/11/19 Learning and Education Strategy

The Director of Organisational Development and Workforce presented the proposed new Learning and Education Strategy, developed under the auspices of the Education and Training Committee, involving representatives from each main staff group. The Strategy was aligned with the Trust's tripartite mission to provide excellent and compassionate care, support high quality learning and education, and encourage innovation and research.

Delivery of the strategy was centred upon six key themes:

1. Career enhancing education;
2. Talent and leadership development;
3. Quality and patient safety;
4. Innovative learning;
5. Learning together; and
6. Inspiring learning environment.

The four-year Strategy, 2016-2020, aimed to provide all staff with the opportunity to access high quality education and training, and was focused in particular on:

- Promoting multi-disciplinary learning and education;
- Providing better learning facilities in the Trust; and
- Benefiting the personal development of individual members of staff, aligned to the core values of the Trust.

Members of the Board were supportive of the Strategy, so far as it went, and expressed the hope that further opportunities would be taken to link with the University of Oxford and Oxford Brookes University, to address higher ambitions

The Trust Board supported the OUH Learning and Education Strategy

TB2015/11/20 Review of Risk Management Strategy

The Director of Assurance presented the annual review of the Trust's Risk Management Strategy, together with the methodology and results of the annual assessment of risk maturity, showing improvement in the score rising from 80 to 83, with the risk maturity level increased to level 4.

Ms Tutt expressed congratulations for the improvement demonstrated.

The Trust Board noted and approved the Risk Management Strategy.

TB2015/11/21 Review of Assurance Strategy

The Director of Assurance presented the results of the annual review of the Assurance Strategy, concluding that the existing Assurance Strategy remained valid, but should be reviewed further in the light of the outcome of the Trust-wide strategic review.

Mr Ward suggested that there was a good level of assurance provided in feedback reported to sub-committees of the Board, and to the executive team, but asked that consideration be given to when it might be appropriate to inject a greater degree of independence in scrutiny of the assurance provided.

The Trust Board noted and approved the revised Assurance Strategy.

TB2015/11/22 Board Assurance Framework [BAF] and Corporate Risk Register [CRR] Mid-Year Review

The Director of Assurance presented the mid-year review of the BAF and CRR, highlighting risks that had been escalated, and those which had been de-escalated or archived.

A more fundamental review of risks recorded on the CRR would be informed by the outcome of the Trust-wide strategic review, including a review of corporate objectives.

The Trust Board noted and approved changes made to the BAF and CRR, and noted that a fuller review of the entire content of both documents was to be undertaken, the outcome of which would be reported to the Board.

The Trust Board acknowledged the Mid-Year Review of the BAF and CRR.

TB2015/11/23 Information Governance and Data Quality Half-Yearly Update

The Director of Planning and Information presented the update, and confirmed that a report on cyber security was due to be submitted for consideration of the Audit Committee at its meeting on 18 November 2015.

The Chairman declared an interest in this item, given her role as National Data Guardian. She highlighted that the Department of Health was currently seeking views on the roles and functions of the National Data Guardian for health and social care¹, and encouraged all to contribute to that consultation.

The Director of Planning and Information reported that a group had been established under the auspices of the Academic Health Sciences Centre, to pursue a project to develop a framework for consent to support the research agenda.

The Trust Board noted and considered the report.

TB2015/11/24 Research and Development Governance and Performance Annual Report 2014/15

The Medical Director presented the report, registering his thanks to Professor Keith Channon, Director of Research and Development, and highlighting the high level of activity in clinical research, with ongoing clinical research studies being undertaken in all divisions.

The Chief Nurse advised that she had requested that in future the Research and Development Report include other professions, as well as medical staff.

Board members supported the suggestion that there be an opportunity for further discussion of the research and development agenda at a future board seminar.

Action: TB

The Trust Board received the Annual Report.

TB2015/11/25 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.

TB2015/11/ 26 Any Other Business

There was no other business.

¹ This consultation ran from 17 September 2015 to 17 December 2015

<https://www.gov.uk/government/consultations/the-role-of-the-national-data-guardian-for-health-and-social-care>

TB2015/11/27 Date of the next meeting

A meeting of the Board to be held in public will take place on Wednesday **13 January 2016** at 10:00 am in Meeting Rooms 1, 2 and 3, Cancer Centre, Churchill Hospital.

Signed

Date

DRAFT