

Trust Board

Minutes of the Trust Board meeting held in public on **Wednesday 9th March 2016** at **10:00** in the Training Room at the Horton General Hospital.

Present:	Dame Fiona Caldicott	FC	Chairman
	Dr Bruno Holthof	BH	Chief Executive
	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	Director of Finance and Procurement
	Mr Geoffrey Salt	GS	Vice-Chairman, Non-Executive Director
	Mr Andrew Stevens	AS	Director of Planning & Information
	Ms Catherine Stoddart	CS	Chief Nurse
	Ms Anne Tutt	AT	Non-Executive Director
	Ms Eileen Walsh	EW	Director of Assurance
	Mr Peter Ward	PW	Non-Executive Director
In attendance:	Ms Susan Polywka	SP	Head of Corporate Governance and Company Secretary
Apologies	Professor Sir John Bell	JB	Non-Executive Director
	Mr Mark Power	MP	Director of Organisational Development and Workforce

The minutes are produced in the order of the agenda

TB16/03/01 Apologies and declarations of interest

Apologies for absence had been received from Professor Sir John Bell and from Mr Mark Power.

The Director of Clinical Services gave notice of his need to make an early departure, to deal with operational issues.

The Chairman welcomed Governors, Members, public and staff to the meeting.

No declarations of interest were made.

TB16/03/02 Minutes of the meeting held on 13th January 2015

Minutes of the meeting held on 13th January 2016 were approved as a true and accurate record of the meeting.

TB16/03/03 Matters Arising from the minutes

TB16/01/08 Update on junior doctors' industrial action

The Medical Director confirmed that, subsequent to the breakdown of national negotiations, and the Secretary of State for Health's stated intention to implement the new contract, junior doctors were taking industrial action from

08:00 hours on Wednesday 9th March to 08:00 hours on Friday 11th March, during which time they would provide emergency care only. Further action was planned from 6th to 8th April and from 26th to 28th April.

The Chief Executive, Medical Director, Director of Clinical Services, Director of Organisational Development and Workforce and the Director of Medical Education had met with representatives of the junior doctors on 25th February. It had been explained that the Trust was not in a position to resist the government's mandate for implementation of the new contract, and was obliged to make appropriate plans for its implementation.

TB16/03/04 Action Log

The Board reviewed the status of actions recorded on the Action Log, and received updates as recorded.

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

TB16/03/05 Chairman's Business

The Chairman reported that a Council of Governors' Seminar had been held on 3 March 2016. Matters considered had included the model by which Non-Executive Directors might best engage with Governors.

The Chairman also reported that Mr Peter Ward, Non-Executive Director was now Chairman of the Finance and Performance Committee [F&PC]. Mr Ward had relinquished his role as Vice-Chairman of the Quality Committee, which would now be discharged by Professor David Mant, Non-Executive Director.

Mr Christopher Goard, Non-Executive Director had stepped down from the role of F&PC Chairman, to allow him to concentrate on discharging his role as Senior Independent Director. Mr Goard would retain membership of each of the sub-committees of the Board and provide liaison across them.

In other business, the Chairman reported that the order of the agenda would be altered, to accommodate the early departure of the Director of Clinical Services.

TB16/03/06 Chief Executive's Report

The Chief Executive presented his report, highlighting progress in the Oxfordshire plan for the joint transfer of patients ready to leave acute care.

Over the past two months, more than 220 patients waiting for rehabilitation and social care in either OUH or community hospital beds had been moved to intermediate care beds in one of 17 care homes across the county.

The project had involved significant cross system working at all levels, and it was confirmed that plans had been well implemented and delivered on time, with patients being transferred as agreed. There had been a promising start, with the number of patients delayed in OUH and Oxford Health beds falling from 159 to 83. However, in spite of significant effort and hard work in supporting flow along the urgent care pathway, the numbers of delayed patients did rise to 168 in late January. There was reported to have been a downward trend in the number of patients delayed over the past four weeks and at the time of report that number stood at 122 patients.

Areas that had been identified as requiring more attention included capacity in the provision of domiciliary care and re-ablement, and ensuring care home placements could be sourced quickly.

The Chief Executive confirmed that further discussions were on-going between the Trust and its partners across the health and social care system in Oxfordshire, recognising that a system-wide approach was required to resolve the issues.

The Director of Organisational Development and Workforce was reported to be leading the development of a county-wide workforce strategy.

Mr Alisdair Cameron, Non-Executive Director, suggested that consideration might need to be given to the impact that withdrawal from the European Union could have on nurse recruitment.

Professor David Mant, Non-Executive Director, suggested that consideration might also need to be given to the impact of withdrawal on research funding.

Amongst the other matters of current interest reported, the Chief Executive drew the Board's attention in particular to the success of Strategic Workshops held in February and March 2016, and provided an update on further developments in relation to key strategic themes of:

- 'Home Sweet Home' (*local health integration*)
- 'Focus on Excellence' (*prioritising investment in services, to develop world class excellence*)
- 'Go Digital' (*digital transformation*)
- 'The Master Plan' (*long term estates planning*)
- 'Good Quality Costs Less' (*delivering continuous service improvement*)

Other issues of note included NIHR Oxford Biomedical Research Centre's submission of its pre-qualifying questionnaire in the first phase of the Biomedical Research Centre competition for 2017 to 2022. Feedback was expected from the NIHR in April, following which shortlisted bids would be eligible to compete in the full application phase, to be submitted in June with interviews in July. The successful BRCs would be announced in September 2016.

The Chief Executive also took the opportunity to thank OUH staff for the rapid response to the recent tragic event of the collapse of part of Didcot Power Station A, on 23rd February. The Trust's Major Incident Plan had been implemented rapidly to ensure that casualties could be accepted as soon as the incident was called.

It was confirmed that the John Radcliffe Hospital had provided care to five injured persons. A de-brief session had been held so that lessons from the incident and the Trust's response could be effectively learned.

The Chief Executive expressed condolences to the families affected by this tragedy.

The Trust Board noted the Chief Executive's Report.

TB16/03/07 Patient's Story

The Chief Nurse presented the story, recounting the positive experience of a 20 year old female patient with autism, attending for an MRI. The patient's story illustrated the important role of the Learning Disability Liaison Nurse in co-ordinating communication, along with that of the Ward Clerk in liaising with clinicians to ensure that preparations were undertaken and the patient's needs understood.

The patient's parents had been proactive in making contact with the Patient Advice and Liaison Service [PALS], and this had been instrumental in ensuring that an appointment was arranged quickly. It was recognised that there might otherwise have been a slight delay, until the Learning Disability Liaison Nurse had been alerted.

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

TB16/03/08 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 10 February 2016.

Issues highlighted for consideration by the Board included:

- The importance of ensuring that learning derived from a patient's experience of being treated for streptococcal septic shock syndrome¹ at the John Radcliffe in January 2014 was implemented. This would include application of the Sepsis Screening and Action Tool, which was being supported by the OUH Sepsis Working Group (the membership of which included the patient and his wife) as part of its work on improving sepsis outcomes, which was a 2015/16 Quality Priority for the Trust.
- Quality Committee's support for plans to implement a major transformation project to improve performance on theatres with the primary aim of improving the quality of patient care, through reducing the number of cancellations and delays to theatre list. This should enable a reduction in the footprint of theatre resources required, through improvement of utilisation and efficiency rates, thereby realising financial savings.
- The identification of risks associated with the safe and secure storage of medicines, as highlighted in audits of medicine management conducted by the Trust's Internal Auditors, and from audits performed internally by the Trust. It was confirmed that the Quality Committee expected to receive a fuller report at its meeting in April 2016.
- The identification of risks associated with the temporary suspension of aspects of elective paediatric spinal surgery, following concerns raised by clinicians.

It having subsequently been established that there are no grounds for concern about patient safety, the service has since been re-started, but a broader investigation into the service is to be undertaken by Professor Jim Wright, the outcome of which will be reported in due course.

Action: TB/PB

¹ *Streptococcal* Toxic shock syndrome is a rare but serious medical condition caused by a bacterial infection. This condition is the result of toxins produced by the *Staphylococcus aureus* bacterium. Risk factors for this condition include a recent skin burn, skin infection, or surgery.

- Quality Committee's support for the proposal that the process of Executive Walk Rounds should be reviewed, to strengthen their focus on listening to and interacting with staff to hear their concerns.

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

TB16/03/09 Quality Report

The Medical Director introduced the report, highlighting four indicators which were reported to have improved since the previous period reported, as follows:

PS01 – Safety Thermometer (% patients receiving care free of any newly acquired harm) [one month in arrears]

PS02 – Safety Thermometer (% patients receiving care free of any harm - irrespective of acquisition) [one month in arrears]

PS07 – Antibiotic prescribing - % compliance with antimicrobial guidelines [most recently available figure, undertaken quarterly]

PS16 – CAS alerts breaching deadlines at end of month and/or closed during month beyond deadline

Indicators which were reported to have deteriorated against target since the last reporting cycle, or which were red rated due to breaching of an annual threshold were as follows:

PS06 – Number of cases of MRSA bacteraemia > 48 hours (cumulative year to date)

PS08 – % patients receiving stage 2 medicines reconciliation within 24h of admission

PS17 – Number of hospital acquired thromboses identified and judged avoidable

CE03 – Dementia - % patients aged > 75 admitted as an emergency who are screened [one month in arrears]

CE06 – ED - % patients seen, assessed and discharged / admitted within 4h of arrival

PE15 – % patients EAU length of stay < 12h

In relation to Patient Safety and Clinical Risk, it was noted that, in January 2016:

- No Never Events had been reported
- 13 Serious Incidents Requiring Investigations (SIRIs) were reported
- 12 SIRIs were recommended for closure to Oxfordshire Clinical Commissioning Group (OCCG)

The Medical Director also highlighted issues raised by the Oxfordshire Clinical Commissioning Group [OCCG], confirming that the timeliness of test results and discharge summaries had been an area of significant work. In January 2016, 73.4% of discharge summaries had been sent before or within 24 hours of discharge and 65% of results had been endorsed on EPR within 7 days. GP feedback collated from the OCCG DATIX system was reported.

In relation to Infection Control, it was reported that 52 cases of C.diff had been identified in the year to date, against a trajectory of 59. There were no MRSA bacteraemia apportioned to the OUHFT in January 2016, However the ceiling for the year was zero avoidable MRSA bacteraemias and 3 had occurred earlier in the financial year.

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

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

In particular, it was reported that Emergency Department FFT Feedback showed a rise in the percentage that would not recommend their care from 8.0% in December to 9.0% in January 2016. The percentage recommending care for maternity had increased to the usual rate of 94% in January, after a dip in December.

It was confirmed that the Trust was achieving the standards set for the national 'Agency Cap', of agency usage below 8% of the overall nursing workforce, and had reduced the use of Non Framework nursing agency significantly.

A significant percentage of nursing vacancies remained in key areas such as Paediatric and Neonatal ICU.

The fill rates of actual shifts against those planned (including temporary staff) had been reported in January 2016 at:

- 96.76% for Registered Nurses/Midwives
- 94.41% for Nursing Assistants (unregistered)

The Chief Nurse highlighted the publication of recent research undertaken in the UK [Registered nurse, healthcare support worker, medical staffing levels and mortality in English hospital trusts: a cross-sectional study](#)

which concluded that ward-based registered nurse (RN) staffing was significantly associated with reduced mortality for medical patients. There was little beneficial association shown with Nursing Assistants (NA) staffing. Higher doctor staffing levels were also associated with reduced mortality. Trusts with 6 or fewer patients per RN in medical wards were reported to have a 20% lower risk of death compared with Trusts with over 10 patients per nurse. The corresponding reduction for surgical wards/patients was reported to be 17%.

The revalidation of nurses and midwives was confirmed to be well underway.

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

Mr Alisdair Cameron, Non-Executive Director, asked if the SIRI declared showed a pattern of staff violating policies and procedure, and how this should be addressed. The Medical Director confirmed that a robust safety culture depended upon understanding the human factors which could lead to the violation of policy or procedure. These then needed to be addressed, to minimise the risk that a violation would recur. It was well recognised that human error could never be entirely eradicated, but the system should defend against the risk that an individual violation could lead to patient harm. In order to understand the human factors, and design appropriate defences, it was first of all essential to encourage a culture of open reporting, where staff did not fear unfair reprisal.

Professor David Mant, Non-Executive Director suggested that the overall pressure felt throughout the NHS was likely to be a contributory factor in reported SIRI. The

Chairman drew attention to the responses to the Staff Survey 2015, considered further under item **TB16/03/16** below, which showed that, amongst the 30% of staff who responded, only 60% of them would recommend the Trust as a place to work.

Mr Christopher Goard, Non-Executive Director, suggested that there might be a need to review the metrics for safe nurse staffing levels in the light of the research findings that ward-based registered nurse (RN) staffing was significantly associated with reduced mortality for medical patients.

Mr Salt, Non-Executive Director and Quality Committee Chairman, welcomed the improvements made to the Quality Report submitted to the Board, which provided good information on the measures being taken throughout the Trust in relation to quality assurance and improvement.

Mr Peter Ward, Non-Executive Director, noted that a review was reported to be on-going into 7 deaths reported during the 12 month period October 2014 to September 2015 for the procedure group CABG (other), following receipt of a mortality outlier alert from the Dr Foster Unit at Imperial College. The Medical Director assured him that there were no grounds for concern about patient safety, and no additional resources were required while that review was on-going.

The Trust Board reviewed and acknowledged the Quality Report

TB 16/03/10 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 10 February 2016.

Particular issues highlighted for the Board included:

- Risks associated with the level of Delayed Transfers of Care [DTocS]. Notwithstanding implementation of the system-wide initiative to re-balance health and social care in Oxfordshire, the Finance and Performance Committee recognised that there was a risk that insufficient capacity in social care provision would adversely affect the flow of patients through the hospital, undermining the ability to reduce the level of DTocS, and impacting on delivery of the 95% 4 hour A%E standard.
- Progress in the implementation of agency controls was recognised to be crucial, to reverse the underlying trend of overspend on pay. The Finance and Performance Committee had heard that a significant reduction in spend had been achieved, from £3.8m in October, to £2.9m in November and £2.7m in December. The expenditure on bank and agency in November and December 2015 was confirmed to have been less than in the same months of 2014.
- The need to achieve fundamental transformation in 2016/17 and beyond was emphasised, a crucial component of which would be the operational response to operational, financial and quality benchmarks set.

Mr Goard confirmed that this would be his last report as Chairman of the Finance and Performance Committee, and he thanked colleagues for their support during his tenure.

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

TB 16/03/11 Integrated Performance Report Month 8

The Director of Clinical Services presented the report, highlighting that the Trust had achieved a score of 1 for Q3 against Monitor's Access and Outcomes matrix. This reflected the fact that the standard for 95% of patients to be seen, assessed and discharged or admitted within 4 hours of arrival at the Emergency Department [ED] had not been achieved in October, November or December 2015. Performance in January 2016 was reported as 84.42%.

During the reporting period (January 2016) Delayed Transfers of Care [DTocS] had continued to be a significant concern for the Trust, with performance for January reported at 11.93% against a target of 3.5%. The monthly average within the OUH for January was 100 (compared to 144 when last reported to the Board in November) and 152 (compared to 170 in November) across the system. The number was reported to be currently standing at 84, and the Board's attention was drawn to the fact that, since last report to the Board, the Oxfordshire Health System had received a sign off letter from the Emergency Care Intensive Support Team [ECIST] in respect of the Whole System Report.

The Director of Clinical Services advised that data indicated that the number of presentations in ED during the first nine weeks of 2016, compared to the first nine weeks of 2015, had increased by approximately 15%; with the increase in the number of major presentations being higher than for minors.

Efforts were being made to promote the ambulatory pathway, and avoid admission where possible and appropriate. As previously raised under **TB16/03/06** above, lack of capacity in the provision of domiciliary care across the system in Oxfordshire had been identified as a significant issue, slowing the rate of flow through the hospital. Further measures were being taken in the immediate and medium term, aimed at increasing the capacity available.

The Chairman commended the excellent work being delivered in ambulatory care, and recommended that members of the Board visit the unit / (the hub) to see that work in action for themselves.

The Trust Board reviewed and acknowledged the integrated performance report for month 10.

TB 16/03/12 Financial Performance up to 31 January 2016

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

The Trust was reporting a year to date deficit of £5.5m, a financial position as at 31 January 2016 that was reported to be £0.8m better than plan after the first ten months of the year.

The underlying position for the Trust indicated a failure to deliver divisional income plans at £7.2m for patient activity when the benefit of reduced penalties and denials was included.

There had been an increase in pay costs compared to last year, but the total pay expenditure had reduced from £42.4m in December to £41.7m in January 2016. Expenditure on bank and agency was at its lowest monthly level since 2013/14,

The Trust had delivered £38.6m in savings in the first ten months of the year. This represented 91.2% of the year-to-date plan. The Trust forecast that it would deliver £47m in savings in 2015/16, representing 90.6% of the full year plan.

The Trust Board received and acknowledged the report on financial performance

TB 16/03/13 Lord Carter of Cole's Report on operational productivity and performance in English hospitals: Unwarranted variations

The Director of Finance and Procurement presented the paper, confirming that publication of Lord Carter of Cole's Final Report in February 2016 followed the interim report produced in June 2015, which had been considered by the Board at its meeting in September 2015.

Further detail was awaited on the basis for calculation of the targets set, but in the meantime the Final Report extended the conclusions contained in the interim report in June 2015, making a number of recommendations which carry with them firm timetables for delivery, including:

- The development and use of national measures for staff deployment (e.g. Care Hours per Patient Day) during 2016.
- The assessment of pathology and radiology services within each Trust against quality and cost benchmarks and plans to improve, consolidate or outsource these services by mid-2017.
- The benchmarking and improvement of individual Hospital Pharmacy Services by April 2017 with a view to "stepped changes" in efficiency by April 2020.
- The use of a procurement Purchasing Price Index from April 2016 with a reduction in non-pay costs within each Trust of a minimum of 10% to be delivered by April 2018.
- Increased efficiency in the use of space such that by 2020 non-clinical floor space will reduce to 35% of the total.
- The rationalising of administrative and management functions so as to ensure that such costs do not exceed 7% of income by 2018 and 6% of income by 2020 in each Trust.

Ms Anne Tutt, Non-Executive Director and Chairman of the Audit Committee, endorsed the need for the Trust to engage and accept in full the recommendations made by Lord Carter of Coles, and the Chief Executive advised that the Report should be recommended reading throughout the organisation.

The Trust Board received and acknowledged the content of the Lord Carter of Cole's Final Report.

TB 16/03/14 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 17 February 2016.

Particular issues highlighted for the Board included:

- The issue of six internal auditors' reports, four of which had provided significant assurance with minor improvement opportunities, in relation to:
 - IT General Controls;
 - IT Disaster recovery;
 - Incident Reporting; and
 - Data Quality

and two of which had provided partial assurance with improvements required, in relation to:

- Information Governance Toolkit; and
 - Medicines Management.
- In relation to the report on Information Governance Toolkit, the Audit Committee had received assurance that action was being taken to ensure that the Trust should be able to demonstrate compliance as required, prior to 31 March 2016.
 - In relation to the report on Medicines Management, the Audit Committee had reviewed the integrated action plan proposed, and agreed that the substantive issues raised in relation to the quality of care should be considered further by the Quality Committee at its meeting in April, while it would fall within the remit of the Audit Committee to monitor effectiveness of the processes by which actions agreed were implemented.
 - Further consideration was to be given to how deep dive reviews should be conducted, better to inform the assessment of risk.

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

TB2016/03/15 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 January and February 2016.

It was noted that many of the issues had already been touched upon, but of those which had not, items highlighted for the Board included:

- TME's role in keeping under review the risks associated with implementation of agency controls
- Support for the Car Parking Survey undertaken, in the light of which a further report would be provided in due course on the operational priorities set.

Mr Salt noted that TME was receiving a regular report from the Energy Investment Programme Board, and it was confirmed that the Trust was engaging constructively with local residents.

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

TB 16/03/16 Staff Survey 2015

In the absence of the Director of Organisational Development and Workforce, the Medical Director presented the summary report of the outcomes relating to the 2015 NHS Staff Survey.

The results were reported to be broadly encouraging, in particular the overall staff engagement score (assessing responses relating to the areas of staff advocacy, involvement and motivation) which had improved for the fifth successive year.

Compared with the 2014 Survey outcomes, it was reported that results had been significantly better on 35 of the 60 questions, significantly worse on 1 question, and no better or worse on 24 questions.

The one question for which responses had been significantly worse related to training or development needs not being identified as part of the appraisal/performance review.

75% of staff had affirmed that they would recommend the Trust to friends and family for the standard of care provided, which was above the average for acute trusts.

However, fewer staff (60%) would recommend the Trust as a place to work

Noting that the response rate (3,928 members of staff, representing approximately 30% of the workforce) was disappointingly low, it was recognised that there was a need to sustain efforts to ascertain feedback from staff by other means, e.g. through pulse surveys, taken throughout the year. Mr Salt reported that he was due to meet with the Director of Organisational Development and Workforce soon, to discuss this further.

Professor Mant noted that, although there had been some improvement since 2014, he was still concerned that 27% of staff who responded stated that they had seen errors/near misses/incidents that could hurt patients.

Although OUH scores were reported to be 'significantly better than average' in respect to 'harassment, bullying or abuse' suffered by staff, Mr Cameron suggested that the rate was still too high, and must be addressed.

Similarly, although the reported rate of physical violence suffered by staff was lower than average, Mr Goard suggested that this too must be addressed, and Ms Tutt expressed particular concern at the reported incidence of 'last experience of physical violence not reported'.

The Trust Board noted the results of the Staff Survey for 2015.

TB16/03/17 Local Living Wage Proposal

In the absence of the Director of Organisational Development and Workforce, the Medical Director presented the proposal that the revised National Living Wage [NLW] of £8.25 per hour should become the minimum hourly rate applied within the Trust, thereby directly benefiting over 1,300 employees on the lowest levels of pay.

In July 2015, the Board had confirmed its support in principle for implementation of a Living Wage, and the overall additional cost of implementation, at a rate of £8.07 per hour, was calculated to be £657k. Following the Living Wage Foundation's annual

review of the NLW to £8.25 per hour, the additional gross cost of implementation (over and above the original £657k) was now calculated to equate to £269k.

The Trust's PFI partners and trades union representatives had been consulted and were in full support of this initiative, which was predicted to have a positive impact upon the recruitment, retention and morale of an important but unstable section of the workforce, where staff turnover remains high.

Mr Goard requested that the Director of Organisational Development and Workforce be asked to report back on how the impact on recruitment and retention would be measured.

Action: MP

Mr Cameron expressed strong support for implementation as proposed, and this was endorsed by all members of the Board.

The Director of Finance and Procurement confirmed that no change in the tariff had been made to fund the additional pay costs, which would therefore represent a cost pressure.

The Trust Board supported the recommendation for implementation of the Living Wage as proposed.

TB16/03/18 Safeguarding (Children and Adults) Report 2014-15

The Chief Nurse presented the report, providing a summary of the key issues and activity in relation to Safeguarding of Children and Adults during 2014/15.

Issues particularly highlighted for the Board's attention included the focus on self-harm, sexual exploitation and female genital mutilation (FGM), and changes in safeguarding adult training, resulting from the Cheshire West DOLS judgement and the implications for the care of patients who lack capacity.

Members of the Board welcomed the report on all the good work being undertaken, but emphasised the importance of being able to provide assurance that safeguarding was rigorously and systematically applied.

The Trust Board received and acknowledged the Safeguarding (Children and Adults) Report 2014-15 .

TB16/03/19 Annual Cycle of Business and Meeting Dates 2016/17

The Director of Assurance presented the indicative cycle of business and meeting dates for 2016-17.

It was noted that meetings had been arranged on all four of the main hospital sites, and highlighted that Consideration might need to be given to varying the start and finish times of the meetings.

The Trust Board noted the indicative cycle of business and meeting dates for 2016-17.

TB16/03/20 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.

TB16/03/ 21 Any Other Business

There was no other business.

TB 16/03/22 Date of the next meeting

A meeting of the Board to be held in public will take place on Wednesday **11 May 2016** at 10:00 am in the Conference Room, in the Oxford Centre for Enablement, at the Nuffield Orthopaedic Centre

Signed

Date

DRAFT