

Trust Board

Minutes of the Trust Board meeting held in public on **Wednesday 18 January 2017** at **10:00** hours in Seminar Rooms 4A/B at the George Pickering Education Centre, Level 3, Academic Centre, John Radcliffe Hospital.

Present:	Dame Fiona Caldicott	FC	Trust Chairman
	Dr Bruno Holthof	BH	Chief Executive
	Mr Paul Brennan	PB	Director of Clinical Services
	Dr Tony Berendt	TB	Medical Director
	Mr Alisdair Cameron	AC	Non-Executive Director
	Mr Jason Dorsett	JD	Chief Finance Officer
	Mr Christopher Goard	CG	Non-Executive Director
	Mr Peter Knight	PK	Chief Information and Digital Officer
	Professor David Mant	DM	Non-Executive Director
	Mr Mark Power	MP	Director of Organisational Development and Workforce
	Ms Catherine Stoddart	CS	Chief Nurse
	Mr Peter Ward	PW	Non-Executive Director
In attendance:	Ms Susan Polywka	SP	Head of Corporate Governance and Trust Secretary
Apologies	Professor Sir John Bell	JB	Non-Executive Director
	Ms Anne Tutt	AT	Non-Executive Director
	Mr Geoff Salt	GS	Non-Executive Director
	Ms Eileen Walsh	EW	Director of Assurance

The minutes are produced in the order of the agenda

TB17/01/01 Apologies and declarations of interest

Apologies for absence had been received from Professor Sir John Bell, Non-Executive Director, who was attending a meeting with the Secretary of State and from Mr Geoff Salt, Non-Executive Director and Vice-Chairman, from Mrs Anne Tutt, Non-Executive Director, and Ms Eileen Walsh, Director of Assurance.

The Chairman welcomed Governors, Members, public and staff to the meeting, including the Chairman and Director of Governance from Buckinghamshire Healthcare NHS Trust.

In discussion of the Audit Committee Report, noted under **TB17/01/14** below, the Trust Chairman declared an interest as author of the *Review of Data Security, Consent and Opt-Outs*, in her capacity as National Data Guardian for Health and Care.

No other declarations of interest were made.

TB17/01/02 Minutes of the meeting held on Wednesday 9 November 2016

The minutes of the meeting held on 9 November 2016 were approved as a true and accurate record of the meeting subject to correcting the fact that Andrew Stevens erroneously appeared twice in the record of those present.

TB17/01/03 Matters Arising from the minutes

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

TB17/01/04 Action Log

The Board reviewed the status of actions recorded on the Action Log, noting in particular:

Re: TB16/07/20 Equality, Diversity and Inclusion Annual Report 2015/16

Paper TB2017.15, considered under **TB17/01/18** below, provided an update to the Trust Board.

Re: TB16/07/22 Safeguarding Annual Report 2015/16

The Chief Nurse had conveyed the request to provide more information in future about the quality and impact of all the work that was being undertaken to safeguard children and adults to Oxfordshire Safeguarding Board.

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

TB17/01/05 Chairman's Business

The Trust Chairman noted the current pressures on the health and social care system in Oxfordshire, and throughout the NHS, acknowledging how hard Trust staff had been working to meet operational performance targets. She asked that a letter of appreciation be sent to all staff on behalf of the Trust Board.

Action: BH

TB17/01/06 Chief Executive's Report

The Chief Executive presented his report confirming that on 16 January 2017, Oxfordshire Clinical Commissioning Group (OCCG) had commenced public consultation on a number of service changes in Oxfordshire, which were part of the broader Sustainability and Transformation Plan [STP]. Events were being held across the county so that the public could hear more about the proposals and share their views.

The Chief Executive further reported that agreement had been reached on a contract with NHS England for 2017/18 in respect of specialised services on the basis of full payment by results [PbR], but with an ambitious agenda for the commissioners to reduce activity to affordable levels and develop more efficient and effective pathways of care. Contract terms with OCCG had been agreed on an innovative basis, whereby Oxford University Hospitals NHS foundation trust [OUH] was to be paid at full PbR up to an agreed level, with an agreement to share risk jointly with OCCG and Oxford Health NHS Foundation Trust, where activity exceeded affordable levels.

The Board had been advised in November 2016 of NHS Improvement's [NHSI's] intention to look at Trust plans and actions to improve operational performance. Follow up meetings were now taking place to share progress and learning.

It was reported that the Chief Nurse, Catherine Stoddart and Director of Organisational Development and Workforce, Mark Power would be leaving the Trust in March and April 2017 respectively, and the Board wished them both well in their future endeavours.

Work on the Hospital Energy Project Energy Link Update was reported to remain on schedule, with one old boiler remaining at the John Radcliffe [JR], which was due to be removed in early February 2017

The Trust Board received and noted the Chief Executive's Report.

TB17/01/07 Patient Perspective

The Chief Nurse presented the patient perspective, which told the story of a Muslim family whose mother (Mrs N) had died at the John Radcliffe Hospital. The story outlined how various members of staff, departments and community organisations worked together to ensure that burial took place in a quick and dignified manner.

The story provided an important opportunity for the Trust to:

- show that the Trust has developed a new Standard Operating Procedure [SOP] for the early release of Muslim deceased and that once finalised over the coming weeks, this would further streamline the process for early out of hours release of Muslim deceased;
- demonstrate the importance of breaking bad news in a sensitive way;
- highlight the comforting impact of demonstrating practical and compassionate care for people who are dealing with sudden loss and grief in the hospital setting;
- Provide learning that could also apply to other faith groups e.g. those who are of orthodox Jewish faith.

Mr Peter Ward, Non-Executive Director highlighted that this was a good example of a collaboration of people across the organisation “going the extra mile”, and enquired as to whether there was a broader SOP that met all of the needs of patients and families that the Trust had to consider following the death of a patient. The Chief Nurse confirmed that there was an existing SOP, and highlighted the need for its application to be individualised and personalised as appropriate.

The Trust Chairman expressed thanks to the Chief Nurse and her team, and asked that a letter of appreciation be sent to the patient’s family for allowing the film to be made, and used within the Trust.

Action: CS

The Trust Board reflected on the patient’s perspective, and noted the key learning points that had been drawn from it.

TB17/01/08 Obstetric and Neonatal services at Horton General Hospital

The Director of Clinical Services provided an update on obstetric and neonatal services at the HGH, following the decision taken by the Board on 31 August 2016 that obstetric and neonatal services at HGH must be temporarily suspended with effect from 3 October 2016, on the grounds of patient safety.

At that time, the Board had heard that the provision of a safe obstetrics service depended upon being able to sustain a rota of 9 middle-grade obstetric doctors, but in spite of a number of recruitment efforts it had been anticipated then that there would be no more than 3 doctors remaining in post by the beginning of October 2016, and only 2 doctors in post by the end of that month.

In the circumstances, the Board decided that continuation of the services of the Obstetric Unit at HGH was unsafe beyond 3 October 2016.

The Board approved implementation of a contingency plan, under which a midwifery-led unit [MLU] was temporarily established at HGH with effect from 3 October 2016, whilst efforts persisted to recruit sufficient middle-grade obstetric doctors to sustain the rota of 9 that was required to support the provision of a safe obstetrics service.

The outcome of recruitment initiatives was to be reviewed at the end of October 2016 to determine whether it was safe to lift the temporary suspension of services with effect from 9 January 2017.

The outcome of that review had been reported to the Board at its meeting held on 9 November 2016. This had confirmed that despite all the recruitment efforts there was still an insufficient number of doctors in post to sustain the rota of 9 that was required to support the provision of a safe obstetrics service, and on the grounds of patient safety the temporary suspension of services could not be lifted in January 2017.

Provision had been made for the outcome of recruitment initiatives to be reviewed again in December 2016, to determine whether it was safe to lift the temporary suspension of services with effect from 5 March 2017.

The Director of Clinical Services now provided his report on the current situation in respect of recruitment, regular updates on which are provided on the website of the Oxford University Hospitals NHS Foundation Trust [OUH NHS FT], found at:

<http://www.ouh.nhs.uk/hospitals/horton/news/recruitment.aspx>

He confirmed that focused recruitment efforts had been pursued, including clarification of the salary (which includes significant financial incentives), and the possibility of extension to the standard duration of contracts.

However, at the time of report there were currently only 3 middle-grade obstetric doctors in post, one of whom had been recruited in response to advertisements placed since July 2016.

Two other doctors had been offered and accepted offers that were still 'live', and it was hoped that they would take up post in February 2017.

This would mean that by March 2017 there could be as many as, but no more than, 5 middle-grade obstetric doctors in post.

Consistent with the original decision that it was unsafe to continue the service of the Obstetric Unit at HGH without being able to sustain a rota of 9 middle-grade obstetric doctors, the Board was asked to note that on the grounds of patient safety the temporary suspension of services could not be lifted in March 2017, and the temporary establishment of the MLU at HGH would continue.

The Medical Director reminded the Board that quality and performance indicators had been agreed with Oxfordshire Clinical Commissioning Group [OCCG], to monitor outcomes during the temporary establishment of the MLU at HGH, and the risk register was being kept under regular review by the Quality Committee.

It was noted that on 16 January 2017, OCCG had embarked on Phase 1 of its consultation on the Oxfordshire Transformation Programme, the scope of which included maternity services at HGH.

It was emphasised that the outcome of that consultation must not be pre-judged, or prejudiced.

The Trust will continue in its efforts to recruit middle-grade obstetric doctors, and it was confirmed that a further advertisement had been placed with a closing date of 28 February 2017.

However, it did have to be recognised that the market nationally remained very challenging. There had also been significant challenges recruiting into the Deanery,

with a 24% vacancy rate reported for obstetric posts which did have training recognition. (As has been previously reported, training recognition for junior doctors working in obstetrics at HGH was withdrawn in 2013).

Challenges were also faced in recruiting and retaining appropriately skilled and qualified nursing staff to the Special Care Baby Unit, and more broadly in Paediatric care.

The Board recognised that workforce challenges, including national shortages in key specialties, represented a critical risk to the delivery of sustainable, high quality care and financial balance for many other trusts.

The Chief Nurse confirmed that further measures to improve the recruitment and retention of nurses were being explored, and an update would be provided to the Board at its next meeting in March 2017.

Action: CS

The Board received the update and noted that on the grounds of patient safety the temporary suspension of obstetric and neonatal services at HGH could not be lifted in March 2017, and the temporary establishment of the MLU at HGH would continue.

TB17/01/9 Quality Committee Report

In the absence of the Chairman of the Quality Committee, Professor David Mant, Vice-Chairman of the Quality Committee, presented the regular report to the Board, highlighting the following points;

- In relation to antibiotic prescribing, the Quality Committee commended the achievement of the standard for 95% compliance with antimicrobial guidelines.
- The Trust was reported to have delivered significant improvement plans to reduce the number of HAPUs [Hospital Acquired Pressure Ulcers], from 0.62% Category 2-4 in 2015/16 to 0.57% in 2016/17. No Category 4 HAPUs had been reported in this financial year.
- The Quality Committee also welcomed the efforts being made to address issues raised by OCCG; in particular, welcoming signs of improvement in the percentage of discharge summaries sent before or within 24 hours of discharge. However, it was acknowledged that further improvement was required.
- The risk that operational pressures may impact adversely on the quality of patient care had been discussed by the Quality Committee, and a report on Cancer Clinical Harm Reviews had provided assurance that to date no clinical harm had been identified in long waiting cancer patients.
- The patient's experience had highlighted the importance of ensuring that patients on the cancer pathway, whilst benefiting from the care of the Multi-Disciplinary Team [MDT], were not lost to follow-up because there was not a named Consultant taking responsibility for the patient's care.

Mr Alisdair Cameron, Non-Executive Director noted that the Cancer Management Team was reported to have implemented measures to improve the patients' pathway and transfer of care, but asked whether the lack of "patient ownership" under a designated Consultant was also an issue in other pathways of care. The Medical Director confirmed that it was always intended that a single clinician should have lead responsibility for each patient, but acknowledged that MDT working could lead to increased complexity. The referral of patients on the Cancer two week wait

pathway could only be to a 'pool' of clinicians initially, and the importance of reliable and effective handover was emphasised.

Mr Peter Knight, Chief Information and Digital Officer noted that there was an opportunity to look at improving the tracking of collaborative working and patient flow through the functions of the Electronic Patient Record [EPR] system.

The Trust Board received and noted the Quality Committee Report.

TB17/01/10 Quality Report

The Medical Director and Chief Nurse presented the Quality Report, highlighting their respective areas, to provide information available within the organisation on the measures being taken in relation to quality assurance and improvement.

Particular points drawn to the Board's attention included:

- The Trust had conducted a review of deaths in patients on the Oxfordshire learning difficulties register and this had been shared with OCCG.
- It was confirmed that 100% of the CQUIN milestones and value had been achieved for Q1 and Q2. The forecast for the achievement of CQUINs by the end of Q4 was around 80% of the total value, which was in line with the original financial intention. Specialised commissioned CQUINs were forecast to be delivered to a greater extent than the National CQUINs.
- The upper ceiling for OUHFT apportioned cases of Clostridium difficile (C.diff) in 2016/2017 was 69. The cumulative total for this year was reported to be currently at 40, against a locally set cumulative limit of 47. The objective for 2016/2017 was zero avoidable Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemias. Currently, there had been three avoidable and one unavoidable MRSA bacteraemia for 2016/17.
- The National Cardiac Arrest Audit (NCAA) Quarter 1 2016/17 noted that more individuals survived to hospital discharge than predicted, which was higher than the national average. There were also fewer cardiac arrests per 1000 admissions than the available national comparator which indicates benefits from the Cardiac Arrest Reduction Strategy and related work including roll out of SEND.
- Dr Robert Stuart (a consultant clinical oncologist) had been appointed to the role of Guardian of Safe Working Hours and commenced in post in early August 2016. The Guardian was accountable to the Trust Board, and was appointed jointly by the employer and junior doctors. The line management for the Guardian was via the Medical Director's Office. The Guardian should ensure that issues of compliance with safe working hours were addressed by the doctor and/or employer as appropriate, and provide assurance to the Board of the employing organisation that doctors' working hours were safe.
- There had been a substantial improvement in the results of the Friends and Family test for both Emergency Departments. The percentage of patients who would recommend had been 88% in November 2016, higher than the October national average (86%), and the highest score since the SMS survey was introduced. The percentage who would not recommend had decreased to 7.5%, which was in line with the national average for October 2016.
- The Trust had received 116 new formal complaints in November 2016, which represented a considerable increase from the previous month (when the number had been 80) and the highest number of complaints received in a single month over the previous 12 months.

In discussion of the report, Mr Cameron suggested that there was a need to improve performance in the recognition and treatment of sepsis, including the administration of antibiotics in the Emergency Department within one hour of triage with severe sepsis, and within 90 minutes for in-patients with Red Flag Sepsis, followed up by antibiotic review within 3 days. The Medical Director confirmed that there had been a measurable improvement in outcomes in relation to sepsis following the implementation of mechanisms for identification and response. Further work was being led by the Sepsis Working Group, chaired by Dr Andrew Brent, Consultant in Infectious Diseases and Acute General Medicine, with the support of the Deputy Medical Director, and continued progress was being made.

Mr Cameron also expressed some concern that cleaning scores indicated that satisfactory standards were not always being maintained. The Medical Director clarified that the general score reflected all in-patient areas which did not initially score over 92% (but didn't reflect the score after remedial action was taken, for which the Director of Clinical Services was operationally accountable). All functional areas were assigned one of four risk categories: very high, high, significant and low. The results of cleaning audits undertaken on areas of significant, high and very high risk were shown in Table 9, on page 30 of the report. Overall, a satisfactory standard was being achieved in key clinical areas, but it was recognised that efforts must be sustained.

Mr Christopher Goard, Non-Executive Director noted the coming requirement to identify a board-level leader as patient safety director, and to appoint a non-executive director to take oversight of progress. It was confirmed that this was being considered, in readiness for decision by April 2017.

Mr Goard asked whether the drop in the number of Serious Incidents Requiring Investigation [SIRI] declared in November was indicative of a downward trend. The Medical Director cautioned that quality performance could not be reduced to any single metric, but confirmed that a decrease in the total number of incidents reported of moderate or greater harm, as a proportion of the total number of incidents reported, was encouraging.

The Chief Finance Officer endorsed the complexity of measuring quality performance, which was accepted by all members of the Board. The Chief Information and Digital Officer advised that enhanced capabilities in the analysis of data should enable correlations to be drawn, and the Trust Chairman suggested that it might be instructive to review what the key quality metrics are that boards of other Shelford Group trusts consider.

Mr Peter Ward, Non-Executive Director noted that a number of shifts were shown as being "at risk" on the Maternity safe staffing dashboard. The Chief Nurse confirmed that this was mitigated internally through the constant review of the levels of acuity on the 'Birth Rate Plus' system. This monitored the acuity of women every four hours, on the basis of which staff were then moved accordingly. The Director of Clinical Services confirmed that this might include bringing in Community Midwives, who were deployed as part of the county-wide team of midwives.

Mr Ward also noted the top thematic areas cited in GP feedback, noting that this included delay or difficulty in obtaining clinical assistance. The Director of Clinical Services confirmed that the recent introduction of a dedicated telephone line was proving successful in addressing this.

Professor Mant suggested that the increased number of complaints received reflected the increased operational pressures. The Chief Nurse reported that work was being undertaken to review the correlation between nurse staffing levels, operational pressures and quality metrics in the Emergency Departments, the outcome of which was due to be reported to the Quality Committee at its meeting in February 2017.

Action: CS

The Trust Board received and considered the content of the Quality Report.

TB17/01/11 Finance and Performance Committee Report

Mr Peter Ward, 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 December 2016.

The following issues of particular interest were highlighted:

- The Finance and Performance Committee had heard that the Trust had been notified by NHS Improvement [NHSI] on 25 November 2016 that it had decided to open an investigation in relation to the Trust's operational and financial performance and related governance arrangements. It had been confirmed that an action plan to improve performance against the 4 hour ED standard had been developed in collaboration with the clinical divisions, and with the involvement of NHS Improvement. An update on A&E performance was produced, outlining the diagnostic, the solutions proposed and the quality and governance framework, and that update (dated 9 November 2016) had been shared with members of the Board and the Council of Governors. A significant improvement in A&E performance was reported to have been achieved since early November 2016, and this had been recognised by NHS Improvement. Detailed proposals for performance improvement had been submitted for further consideration to the Trust Management Executive on 8 December 2016. The Finance and Performance Committee was assured that mechanisms had been put in place to deliver operational and financial standards, but noted that full assurance in relation to the sustainability of the plan could not yet be provided.
- The Finance and Performance Committee had received a specific report from the Medicine Rehabilitation and Cardiac Division which provided an update on current performance against the divisional Cost Improvement Programme [CIP], and on plans currently being implemented within the Division to improve operational and financial performance.
- The report on financial performance up to 30 October 2016 showed cash at £59.26m, £30.1m below the plan. The Trust's plan for 2016/17 required delivery of a planned surplus of £33.9m (the largest of any trust) to achieve the control total of £16.27m (again, the most challenging of any trust), and the year to date planned surplus showed an adverse variance of £1.9m.
- The Finance and Performance Committee [F&PC] had received an update on 2017-2019 NHS Operational Planning and Contracting, noting the progress made on the financial plans for 2017/18 and 2018/19, including those areas remaining that required finalisation. F&PC approved the final planning assumptions and delegated authority to the Trust Management Executive [TME] to submit a final plan as required on 23 December 2016, including agreement to non-compliant contracts, and agreement to the control total and its terms, subject to change

control and amendments not creating a further risk in excess of £5m impact on the overall planned surplus.

Mr Ward confirmed that the Finance and Performance Committee would be seeking further assurance that the issues identified were being adequately addressed.

The Trust Board received and noted the contents of the report.

TB17/01/12 Integrated Performance Report Month 8

The Director of Clinical Services presented the regular report, highlighting the challenges in meeting core performance standards; most notably those in relation to sustaining performance against the 4 hour ED standard, which was reported to have reached 94.21% in November 2016, exceeding the trajectory, although this remained under the 95% national standard.

Delayed transfers in OUH beds were reported to have risen from a low of 86 on 17 November to 113 on 1 December 2016, but the numbers had subsequently reduced during December.

It was highlighted that the standard of 92% of people on incomplete pathways to planned care waiting for no more than 18 weeks had not been met since June 2015 and performance had been below 90% since June 2016. As at the end of November 2016, 47,694 people were waiting for elective treatment by OUH and 4,985 had been waiting for over 18 weeks. This figure had reduced from the previous month for the first time in 2016/17 and represented a small improvement in performance to 89.55%.

The Board recognised and emphasised the importance of getting back on target to achieve the 18 week Referral to Treatment [RTT] standard by March 2017.

The Trust Board received and considered the contents of the Integrated Performance Report.

TB17/01/13 Financial Performance up to 30 November 2016

The Chief Finance Officer presented this regular report, summarising the Trust's financial position up to 30 November 2016.

Key points highlighted included:

- As at the end of November 2016, the Trust was reporting an EBITDA¹ of £52.76m against the plan of £65.41m, an adverse variance of £12.65m
- As at the end of November, the Trust was reporting a retained surplus of £10.91m, £11.07m adverse against a planned surplus of £21.98m
- The contract with OCCG for 2016/17 having been agreed as a 'block contract' totalling £317m, this was below the £320.5m for which the Trust had planned. A further amount of up to £4m could be made available from OCCG in quarter 4, once CCGs are allowed to access their non-recurrent allocations but this was not guaranteed. At month 8 the position includes £1.33m.
- An adjustment of £4.93m to the STP funding has been made, due to the non-delivery of the operation performance trajectories set by the NHSI for July to September; this reflects 30% of the eligible funding for the quarter and failure of the Trust to meet its control total for Q3; this reflects 100% of eligible funding for month 7 and 8).

¹ Earnings before interest, tax, depreciation and amortization

Whilst the Trust continued to perform well compared to other trusts across the country (still forecasting a surplus for 2016/17, unlike most other trusts, and reporting an EBITDA margin well above the national average), it was recognised that, despite considerable efforts made by staff to improve productivity and to improve the financial position, this had deteriorated significantly in recent months, threatening delivery of the financial plan for 2016/17.

Notwithstanding that the Trust was still likely to deliver one of the larger surpluses reported by NHS organisations in 2016/17, the Board judged it was necessary to achieve the planned surplus each year, in order to fund the long term capital investment in the services that the Trust provides.

The Chief Finance Officer confirmed that a number of measures had been put in place to recover the financial position. However it was too soon to provide full assurance to the Board that the financial gap would be met, to deliver to plan by year end.

Mr Ward queried whether the level of savings required to be made in 2016/17 and in 2017/18 could be delivered by existing resources within Divisional Management teams.

The Chief Executive emphasised the importance of the Board remaining committed to a clinically-led, decentralised organisation, within which genuine clinical engagement was secured to deliver operational, financial and quality performance. He submitted that sustainability of the organisation depended upon budgetary control being exerted at the 'front-line', with an understanding of the link between quality, operational and financial performance. To this end, immediate measures were being taken to support the Divisions to achieve the turn-around required

The Chief Finance Officer confirmed that he aimed to revise the format and content of the report on financial performance.

The Trust Board received and considered the contents of the report on financial performance.

TB17/01/14 Audit Committee Report

In the absence of the Chairman of the Audit Committee, Mr Christopher Goard, Non-Executive Director and Vice Chairman of the Audit Committee presented the regular report from the meeting held on 23 November 2016.

Particular issues highlighted included:

- The Audit Committee had reviewed progress made in the implementation of internal audit recommendations. It had been requested that an update of implementation of the Action Plan for Medicines Management be submitted to the Finance and Performance Committee for consideration in December 2016.
- A progress report had been received from external auditors Ernst & Young and a proposed timetable of work for 2017 was agreed.
- The Audit Committee had received a report on the internal review of the Trust's current data security capabilities following the publication of "*Review of Data Security, Consent and Opt-Outs*" in June 2016. Key recommendations were noted to include obtaining Cyber Essentials to protect IT systems against cyber-attacks and more robust information governance training for staff in the form of an accreditation and regulation programme.

- The Audit Committee had considered development of the Buckinghamshire, Oxfordshire and Berkshire West [BOB] Sustainability and Transformation Plan [STP], being led by Oxfordshire Clinical Commissioning Group [OCCG]. It was noted that the Trust remained committed to supporting the development of a robust and deliverable plan, and was already pursuing a range of initiatives which would contribute to delivering the objectives of the STP. These initiatives were taken into account in development of the Trust's Operational Plan for 2017/18 and 2018/19, but it was highlighted that no reliance could yet be placed on the further range of schemes proposed within the BOB STP, the development of which would depend upon action to be taken by other organisations within the Oxfordshire health and social care system. It was noted that the governance processes of the STP would be reviewed in due course.

Mr Ward referred to the Trust's current arrangements in relation to data security and enquired whether a deep dive review should be undertaken to provide assurance in light of recent NHS system attacks.

The Chief Information and Digital Officer confirmed that the Trust was continually alert to potential data security risks. The Caldicott Guardian had carried out a series of penetration tests to the OUH system which had been positive. The Information Governance toolkit was due for review, and was scheduled to be submitted to the Board at its meeting in May 2017.

Action: PK

The Trust Chairman, who declared an interest as author of the *Review of Data Security, Consent and Opt-Outs*, in her capacity as National Data Guardian for Health and Care, confirmed that this was an issue facing many NHS organisations, which was currently being addressed at national level.

The Medical Director highlighted the potential risk associated with using plug in devices, such as a USB stick, and the Chief Information and Digital Officer took the opportunity to reiterate the importance of all members of staff remaining vigilant; following an encryption process to ensure the secure storage of data.

The Trust Board received and considered the contents of the report.

TB17/01/15 Trust Management Executive Report

The Chief Executive presented the regular report of meetings held in November and December 2016, highlighting the following points in particular:

- TME's review of performance against quality standards had been informed by consideration of the Quality Report (Month 7), and by consideration of specific issues raised following an unannounced inspection undertaken by the Care Quality Commission [CQC] in early October 2016. These included issues related to capacity in the resuscitation area in the Emergency Department [ED]. The risks associated with delivery of the business case for development of the resuscitation area in ED were now recorded on the Corporate Risk Register.
- TME had been kept updated on relevant developments in relation to the key themes of the OUH strategic review, which included the Master Plan. It was noted that engagement with broader staff groups would be taking place.
- TME had kept under review the risks associated with implementation of the contingency plan for maternity and neonatal services at HGH;

- TME had discussed the risks associated with achieving operational performance standards;
- TME had considered the risks associated with in-year delivery to the financial plan, including consideration of additional measures that may need to be taken in order to achieve financial recovery to the plan by year end;

The Trust Board received and considered the contents of the report.

TB17/01/16 Phase 1 Consultation on the Oxfordshire Transformation Programme

It was reported that Oxfordshire Clinical Commissioning Group [OCCG] had been given the go-ahead by NHS England to embark on Phase 1 of the public consultation on the Oxfordshire Transformation Programme, which had commenced on 16 January 2017. The scope of Phase 1 of the consultation would include bed realignment, acute stroke services in Oxfordshire, maternity services at the Horton General Hospital [HGH], critical care at HGH and planned care at HGH.

Public consultation events had been arranged by OCCG, to be held across the county, over a 12 week cycle, so that members of the public could hear more about the proposals and share their views. At the end of the consultation period, the feedback received would be analysed and a decision on any proposed service changes will be taken by the governing body of the Oxfordshire Clinical Commissioning Group.

The Trust Board received and noted the update provided.

TB17/01/17 Report from the Oxfordshire Health Inequalities Commission

The Director of Clinical Services presented the report, reminding the Board that the Independent Commission on Health Inequalities had been established by the Oxfordshire Health and Wellbeing Board in February 2016, with the aim to review health inequalities within the county and make recommendations for action. The Trust was a key stakeholder with representation on the Commission board. Through a series of public meetings, the Commission was presented with documentary and oral evidence from statutory, voluntary and charitable organisations and members of the public.

The Commission had now published a report of its findings and key recommendations, formally launched on 1 December 2016. The Chairs of Oxfordshire CCG [OCCG] and the Oxfordshire Health and Wellbeing Board [HWB] had made a formal commitment to take action in light of the report and had agreed to prepare strategic action plans to be published in Spring 2017.

As a stakeholder organisation, the Trust would be expected to prioritise and take responsibility for implementation of relevant actions agreed upon by the CCG and HWB, and the Trust would therefore need to consider what recommendations were relevant to the Trust and what action could be taken to meet the objectives. Early recognition of the report and potential implications for the Trust would ensure that OUH was better prepared to make an active contribution to the HWB's strategic action plan and any subsequent work.

The Trust Board noted the report, and acknowledged the need for more explicit representation of the health inequalities agenda in ongoing work programmes.

TB17/01/18 Equality Diversity and Inclusion Progress Report

The Director of Organisational Development and Workforce presented the report, updating the Trust Board on progress made in meeting the organisation's equality, diversity and inclusion objectives for 2016-2020. A summary of actions being taken, and progress against meeting the five principal equality, diversity and inclusion objectives was provided.

Mr Cameron sought assurance on how Objective 4, Reduce bullying, harassment, abuse and victimisation within the Trust's workforce would be delivered. The Director of Organisational Development and Workforce confirmed that this was being actively monitored, with trends in relation to reporting incidents now being much clearer.

The Director of Organisational Development noted that further detail would be added to future reports to show both the progress made, and the further progress required

The Trust Board received and noted the report.

TB17/01/19 Ionising Radiation [Medical Exposures] Regulations

The Medical Director provided an update, confirming that the Trust's action plan had comprehensively addressed the issues identified in the Improvement Notice issued, progress in which had been overseen by a weekly meeting to track and coordinate actions. Furthermore, the Trust's Internal Auditors had been commissioned by the Medical Director to conduct an independent review of the completion of the action plan. As part of their review the Internal Auditors had conducted visits at the John Radcliffe, Churchill, Nuffield Orthopaedic Centre and the Horton, including mobile units. On the basis of self-assessment and the report from the Trust's Internal Auditors, the Trust believed it was now compliant with the IR(ME)R requirements.

The Internal Audit report provided assurance on the completion of the action plan; the capabilities of the Trust to self-assess compliance at an appropriate standard; and the capability of the Trust Assurance team, which reached similar conclusions.

Mr Cameron highlighted the recommendation made pertaining to the relationship between the Medical Physics and Radiology departments and suggested that improvements needed to be made in relation to cross-site working more generally, to ensure that there was consistency with working practices across the sites. The Medical Director confirmed that further work would be undertaken to improve cross-site working in other areas and agreed to update the Board in due course.

Action: TB

The Chief Finance Officer suggested that the Audit Committee consider the outcome of a proactive risk assessment and report back to the Trust Board in due course.

Action: Audit Committee / TB

The Trust Board received and noted the update provided.

TB17/01/20 Annual Review Patient and Public Participation Strategy 2016-2019

The Chief Nurse presented the Annual Review, which outlined the methodology and responses to the public consultation on the Oxford University Hospitals NHS Foundation Trust draft Patient and Public Involvement Strategy 2016-2019, which was circulated for public consultation for six weeks in autumn 2015. Following consultation, the strategy had been amended and updated. Progress against the

three year action plan was being made, and the Trust was working towards year 1 actions being completed in time for presentation to the Trust Board in July 2017.

Action: CS

The Trust Chairman asked that this report be shared with the Trust's Patient Participation Group, and with the Governors' Patient Experience, Membership and Quality Committee and that the Board be kept informed in relation to how the strategy related to various stakeholders.

Action: CS

The Medical Director suggested that there might be further scope for digital opportunities to facilitate patient and public participation, and the Chief Information and Digital Officer confirmed that this was being addressed in the patient experience programme.

The Trust Board noted the annual review of the Strategy.

TB17/01/21 Research and Development Governance Annual Report 2015/16

The Medical Director presented the report providing an overview of R&D governance and performance to date. Particular points drawn to the Board's attention included:

- The Oxford Biomedical Research Centre [BRC] Annual Report 2015-16 had been submitted to the National Institute for Health Research [NIHR], demonstrating impressive scope and scale of translational research. A successful Oxford BRC public open day had been held in April 2016 to celebrate Biomedical Research in Oxford and showcase the work of the BRC. The Oxford BRC was one of the 20 successful BRCs throughout England to receive funding for 2017 to 2022. This partnership has been awarded new funding of almost £114m over the next five years, to address major NHS and global healthcare challenges, and to take advantage of new research opportunities and technologies.
- The OUH hosted more than 1800 clinical research studies, including more than 500 clinical trials. OUH R&D activities were supported by annual revenues approaching £50m. Operationally, the Joint Research Office, comprising over 80 members of staff from both OUH and University of Oxford, supported all joint research across the partnership. There was an opportunity to develop a new strategic plan for the future development of the JRO, following decisions about the location of office accommodation.
- The focus on clinical research performance by the NIHR remains an important priority for the OUH and the University of Oxford. OUH R&D significantly reduced the time taken to grant NHS Permissions (TMA) as well as achieving the first recruitment to such trials within the target timelines. Our recent performance in the 70-day study initiation benchmark has improved substantially, with OUH now ranked first nationally out of the most research-active NHS Trusts, with a 100% record in most of the recent reporting periods, sustained over more than 1 year.
- The introduction of the Health Research Authority's (HRA) approvals process, which aims to simplify and accelerate NHS approvals for clinical research, has caused implementation problems that have had a significant and often detrimental consequence for Oxford researchers and for the Joint Research Office.

Mr Ward queried the extent to which partners in the Oxford Academic Health Science Centre [AHSC] were involved with the broader Master planning that was being undertaken by the Trust, and the Chief Executive confirmed that there was good alignment between the partners in the Oxford AHSC for joint development.

The Trust Board noted the contents of the Research and Development Governance Annual Report 2015/16.

TB17/01/22 Update on Postgraduate Medical Education

The Medical Director presented the report, which gave an update on the current situation of the postgraduate medical education training programmes at the Trust, and a detailed overview of their performance against the requirements of Health Education England and the General Medical Council [GMC]. Overall, the quality of postgraduate medical education at the Trust was steadily improving. Where concern remained in relation to some programmes, work was on-going to improve performance. There remained some question around the sustainability of progress following the introduction of the new junior doctors' contract, and this would be monitored.

The Trust Board received and noted the update provided.

TB17/01/23 Annual Review of Constitution and Reservation and Delegation of Powers and Standing Financial Instructions

The Chief Finance Officer presented the review, which recommended changes to the Constitution and Standing Financial Instructions which had last been approved by the Trust Board in 2015. The changes recommended reflected subsequent amendments agreed to Committee terms of reference, and updated references to reflect the establishment of NHS Improvement and the post of Chief Finance Officer.

Mr Ward queried whether the terms of reference of the Finance and Performance Committee should be further revised, to include workforce and investment. The Trust Chairman asked that this be reviewed by the Executive Directors, and recommendation made to the Trust Board.

Action: BH

The Medical Director noted that reference to Non-Executive Directors being subjected to Criminal Records Bureau [CRB] checks should be updated, to make reference to Disclosure Barring System [DBS] checks, and reference should also be made to the Fit and Proper Person test to which all Non-Executive Directors were subjected. The Chief Finance Officer agreed that this was applicable and would be noted.

The Trust Board agreed the changes as proposed, subject to the amendment noted above.

TB17/01/24 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.

TB17/01/25 Any Other Business

The Trust Chairman noted that there was a Council of Governors' meeting scheduled for 19 January 2017. It was highlighted that there had been a change in Lead Governor. The Trust Chairman expressed warm thanks to Mrs Anita Higham

OBE for her contribution over the previous year, and welcomed Mrs Cecilia Gould as the new Lead Governor.

TB17/01/26 Date of the next meeting

A meeting of the Trust Board to be held in public will take place on Wednesday **8 March 2017** at **10:00** hours in the OCE Conference Room at the Nuffield Orthopaedic Centre.

Signed

Date

DRAFT