

Trust Board

Minutes of the Trust Board meeting held in public on **Wednesday 8 March 2017** at **10:00** in the OCE Conference Room, Nuffield Orthopaedic Centre.

Present:	Dame Fiona Caldicott	FC	Trust Chairman
	Dr Bruno Holthof	BH	Chief Executive
	Professor Sir John Bell	JB	Non-Executive Director
	Mr Paul Brennan	PB	Director of Clinical Services
	Dr Tony Berendt	TB	Medical 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
	Mr Geoffrey Salt	GS	Non-Executive Director and Vice-Chairman
	Mrs Anne Tutt	AT	Non-Executive Director
In attendance:	Ms Clare Winch	CW	Deputy Director of Assurance
	Ms Susan Polywka	SP	Head of Corporate Governance and Trust Board Secretary
	Maria Crawford	MC	Corporate Governance Manager
Apologies	Ms Eileen Walsh	EW	Director of Assurance
	Mr Alisdair Cameron	AC	Non-Executive Director

The minutes are produced in the order of the agenda

TB17/03/01 Apologies and declarations of interest

Apologies for absence had been received from Ms Eileen Walsh, Director of Assurance, who was represented by Ms Clare Winch, and from Mr Alisdair Cameron, Non-Executive Director.

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

No declarations of interest were made.

TB17/03/02 Minutes of the meeting held on 18 January 2017

The minutes of the meeting held on 18 January 2017 were approved as a true and accurate record of the meeting.

TB17/03/03 Matters Arising from the minutes

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

TB17/03/04 Action Log

The Board reviewed the status of actions recorded on the Action Log, and received the following updates:

TB16/09/10 Quality Report – Recruitment of PALS staff

The Chief Nurse provided an update on progress in recruitment of PALS staff, assuring the Board that the recruitment process was on-going and that it had achieved some success to date.

TB17/01/20 Annual Review Patient and Public Participation Strategy 2016-19

The Trust Board Secretary confirmed that the Strategy had been shared with Council of Governors' Patient Experience, Membership and Quality [PEMQ] Sub-Committee.

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

TB17/03/05 Chairman's Business

The Chairman highlighted that the meeting was being held on International Women's Day, acknowledging that the Board was aware of the need for sustained efforts to deliver on its commitment to achieve greater diversity at senior levels across the Trust.

TB17/03/06 Chief Executive's Report

The Chief Executive presented his report, highlighting that the Oxfordshire Transformation Plan public consultation, led by Oxfordshire Clinical Commissioning Group [OCCG], had been running since 16 January, and was due to end on 9 April. Engagement meetings held across the county had provided the opportunity for good input into the Phase One proposals.

It was however noted that OCCG had received notice that Stratford, Cherwell and South Northants District Councils, together with Banbury Town Council, intended to pursue a claim for Judicial Review of any eventual decision resulting from the consultation on transformation in Oxfordshire.

It was further reported that at its meeting on 2 February, Oxfordshire's Health Overview and Scrutiny Committee [HOSC] had decided to refer the Board's decision to temporarily suspend obstetric-led services at the Horton General Hospital [HGH] to the Secretary of State for Health, on the basis that temporary suspension would extend beyond March 2017. It was noted that members of the Executive Team had met with HOSC on 7 March regarding this matter, and the Trust would be making its own submission to the Secretary of State.

The Chief Executive's report also provided an update on the Trust's operational performance, and the on-going investigation by NHS Improvement [NHSI]. It was noted that the Trust was still not meeting three core national waiting time standards: 4-hour A&E, 62-day cancer and 18 week Referral to Treatment [RTT] performance targets, in respect of which performance improvement plans were being developed. NHSI's investigation into the Trust's operational performance was due to close in March.

A report was similarly anticipated from the Care Quality Commission [CQC], following its unannounced inspection in October 2016.

The outcome of NHSI's investigation, and the findings of the CQC's Final Report, would be reported when available, and submitted for consideration at a future meeting of the Trust Board.

Following an Improvement Notice issued by the CQC in August 2016 after a short-notice inspection to assess compliance with Ionising Radiation [Medical Exposure] Regulations (IR [ME] R), the Trust was reported to have carried out a comprehensive action plan. In a follow-up inspection undertaken in early February, the Trust was deemed to be fully compliant with the Improvement Notice, which was now confirmed to have been lifted.

It was noted that this would be the last meeting of the Board attended by the Chief Nurse and Director of Organisational Development [OD] and Workforce, before their planned departures. The Chief Executive expressed his thanks for their valued contributions and dedication to the Trust and extended his best wishes to both for the future.

Other issues of note included confirmation that the new NIHR Biomedical Research Centre [BRC] Programme would formally commence in April, following the award of £114m. A launch event was due to be held at the Blavatnik School of Government on 30 March.

Drayson Technologies, the University of Oxford and the Trust had signed agreements to collaborate on development, testing and future commercialisation of three clinically validated digital health products arising from BRC-funded research.

The Board of the Oxford Academic Health Science Network [AHSN] had agreed changes to the organisation in preparation for the relicensing process, to ensure work was aligned with that of local and national priorities/expectations.

The Hospital Energy Project was reported to be slightly behind schedule, but was expected to be finalised in April. Whilst recognising the need for the project, Mr Geoffrey Salt, Non-Executive Director stressed the importance of clarifying when it would be fully completed, given the level of disruption it was causing to local residents. The Chief Information and Digital Officer was subsequently able to confirm that the first phase was expected to end by 31 March, and the project should be completed by 31 July.

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

TB17/03/07 Staff Perspective

The Chief Nurse presented the story, recounting the reflections of a newly qualified staff nurse [LP], noting that as a mature student, LP had still found it challenging to make the transition from student nurse to registered staff nurse.

It was noted that overall, LP's experience had been a positive one, in particular the Trust's Foundation Programme had provided a level of additional learning and support, which had given LP a sense of being valued within the Trust. However, there were areas where it was felt the Trust could do more to assist which included:

- aligning shift patterns with the student nurse's preceptor which often conflict when course days are changed at short notice;
- clinical supervision being more embedded on wards/units; and
- support in implementing nursing theory into practice.

Mr Peter Ward, Non-Executive Director noted the difficulties encountered in respect of course days being changed at short notice, and the indication that more support might be needed in the initial transition from student nurse to registered staff nurse given the responsibilities this entailed.

The Chief Nurse confirmed that these issues had been considered, and measures incorporated into the Foundation Programme which included greater emphasis on gaining an understanding of professional and personal accountability.

Mr Christopher Goard, Non-Executive Director, highlighted the need to realise fully the positive affect of appraisals, by ensuring that systems and processes facilitated the timely implementation of any support identified as being required.

The Chief Nurse acknowledged that there was a link between staff retention, particularly of Band 5 staff nurses, and the provision of feedback on performance. She confirmed that a proposal recently approved by the Trust Management Executive [TME] to improve the retention rates of Band 5 nurses had included measures to link appraisals with career progression.

Mr Salt remarked that the story reflected recognised pressures on staff, impacting on the opportunities for training and development, particularly in relation to the ability to reflect on clinical practice. The Chief Nurse agreed and confirmed that clinical tutors at ward level played an essential role in promoting reflective practice.

The Trust Chairman stressed the importance of the organisation listening to the needs and/or concerns of its staff, not only reflected in the fact that regulators were increasingly including that as a facet of their assessment of an organisation.

On behalf of the Board, the Trust Chairman thanked the nurse who had been willing to share her experience.

The Trust Board reflected on the staff perspective, and noted the key learning points which had been drawn from it.

TB17/03/08 Obstetric and Neonatal Services at Horton General Hospital

The Director of Clinical Services provided an update on obstetric and neonatal services at the Horton General Hospital [HGH], following the decision taken by the Board on 31 August 2016 on the grounds of patient safety, that the Obstetric Unit at HGH should be re-designated as a Midwifery-Led Unit [MLU], on a temporary basis, with effect from 3 October 2016.

It was noted that at its meeting on 18 January 2017, the Board had been informed that no more than 5 middle grade obstetric doctors would be in post by March 2017.

Consistent with the original decision that it was unsafe to continue the service of the Obstetric Unit at HGH without the ability to sustain a rota of 9 middle grade obstetric doctors, the Board had therefore noted 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.

It was confirmed that the Quality Committee continued to keep under review the register of risks associated with the temporary suspension of Maternity and Neonatal Services at HGH, and the contingency plan under which an MLU had been temporarily established at HGH. The Quality Committee Chairman's Report to the Board [TB2017.27] outlined the review of the risk register undertaken at the meeting of the Quality Committee held on 22 February 2017.

Focused recruitment efforts were reported to have continued. However, at the time of report, there were only four out of nine middle grade obstetric doctors in post, with a fifth doctor due to take up post on 5 April 2017. The current recruitment round had

closed on 27 February 2017 and it was confirmed that six candidates had been shortlisted for interviews, which would take place towards the end of March 2017.

The Board received and noted the update on obstetric and neonatal services at the HGH.

TB17/03/09 Quality Committee Chairman's Report

Mr Geoff Salt, Non-Executive Director and Chairman of the Quality Committee, presented the regular report to the Board, highlighting the following points:

- The Quality Committee looked forward to seeing the outcome of work that was being led by the Chief Information and Digital Officer to provide more granular data, providing an integrated report on quality, operational and financial performance, so as to gain assurance that the quality and safety of care was not being compromised as a result of pressures on operational and financial performance.
- Nursing and midwifery safe staffing levels continued to be reviewed, particularly in areas reporting persistently high levels of “at risk” shifts (acknowledging that this represented the position *before* mitigating actions were taken). Again, the Committee was concerned to gain assurance that sustained pressures on safe nurse staffing levels were not adversely impacting the safety and quality of care.
- The correlation between distance/travel time to maternity services and perinatal mortality had been considered. While acknowledging that, at the margins and in relation to an individual case, any extension of time taken to transfer might be seen as a potential risk, the evidence supported the assertion that, balancing all the benefits, the safest model of maternity care was one that offered referral in to a highly specialist centre for women whose pregnancy was assessed be high risk, with Midwifery-Led Units [MLU] offering the best option for women with low risk pregnancies.
- The Committee had confirmed its support for the Medical Director's intention to refresh the Trust's Quality Strategy.

In response to enquiry made by Mr Ward, it was confirmed that feedback from the Peer Review Programme was scheduled to be submitted to the next meeting of the Quality Committee in April.

In relation to the MLU at the HGH, the Medical Director confirmed that all reported incidents would continue to be monitored, including those that had resulted in no harm; emphasising that there were no grounds for concern about the safety of the MLU at present. It was further noted by the Trust Chairman that a recent study undertaken by the University of Oxford – “*The Birthplace Cohort Study*¹” – had confirmed the safety of MLUs.

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

TB17/03/10 Quality Report

The Medical Director introduced the report, initially highlighting the Nuffield Trust's publication of the research summary of ‘The London Quality Standards [LQS] – a case study in changing clinical care,’ developed to reduce variation and improve

¹ <https://www.npeu.ox.ac.uk/birthplace>

quality of care. On review of the case study the Trust had concluded that the introduction of performance penalties could have a negative impact on the quality improvement culture and that staff must be supported to avoid clinician burnout, attributed as a major barrier to change.

Other matters of interest highlighted by the Medical Director included:

- The Trust was reported to have met all of the CQUIN Q3 thresholds, including `flu vaccine uptake at 65.3% (50% threshold) at the end of January 2017;
- Indicators 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)
 - CE03 – Dementia - % patients aged >75 admitted as an emergency who are screened [one month in arrears]
- There had been 4 avoidable and 1 unavoidable post 48 hour MRSA bacteraemias against a target of zero, triggering a review of themes/issues from the past three years. The outcome of the report would be submitted at the next meeting of the Quality Committee.
- 50% of bacteraemias were noted to be contaminants from blood samples. This had been identified as a quality improvement issue associated with poor techniques in taking blood cultures and needle stick injuries.
- The Trust was ahead of trajectory in relation to results endorsement, at 81.6% in January.
- There had been an unchanging crude mortality over a 12 month period.

The Chief Nurse then presented the sections of the report relating to patient experience and safe staffing. In particular, it was noted that the nurse sensitive indicators had been triangulated for the first time in order to identify “at risk” areas. Overall, it was reported that there had been a high incidence of “at risk” shifts during January which had been a reflection of the vacancy rates. It was further noted that clinical indicators were in the process of being developed in respect of midwifery staffing.

Mr Ward suggested that there appeared to be some correlation between increasing demand and deterioration in reported performance against the quality metrics, and queried whether there were other quality indicators that could detect more subtle effects. The Medical Director acknowledged that the value of metrics needed to be constantly evaluated, but highlighted that many were externally imposed, and there was no one single metric by which to determine the quality of care at a given point in time.

Mrs Anne Tutt, Non-Executive Director, noted that compliance with the safe and secure storage of medicines standards had not achieved 100% of the target, and expressed disappointment at the reported level of dementia screening. The Medical Director confirmed that it was recognised that more needed to be done in respect of dementia screening. He further noted that there had been difficulties in meeting the high levels of compliance required in relation to the safe and secure storage of medicines, partly due to the physical environment which was not always optimised to meet these standards, and confirmed that an update on progress would be provided to the next meeting of the Audit Committee in April.

Action: TB

Professor Sir John Bell, Non-Executive Director expressed concern at the high turnover of Band 5 staff nurses within 12 months, at 17.6%, and queried whether junior doctors were similarly exhibiting a level of disengagement from the Trust. The Chief Nurse assured him that actions were being taken to address the turnover of Band 5 nurses, highlighting that extensive focus groups conducted with nursing staff had indicated that the opportunity for career progression was an important factor in retaining this staff group. The Medical Director confirmed that work was similarly being carried out with junior doctors, particularly in relation to contractual issues. The Director of OD and Workforce reported that exit interviews conducted revealed that the level of remuneration (after consecutive years of pay restraint) and environmental factors (including cost of living and transport) were commonly cited as reasons for staff choosing to leave, and advised that these were the areas that needed to be addressed in retention initiatives developed.

Professor Mant touched on the End of Life Care project and the robustness of the key metrics that were being measured. The Medical Director noted that the key metrics measured were partly derived through the national audit and indicated that these metrics could be measured on a monthly basis once the Trust was fully digital.

Mr Salt welcomed the Trust's achievement in vaccinating 65% of front-line clinical staff against influenza. However, noting that the rate of influenza in Oxfordshire was reported to have been higher than in adjacent areas, he sought assurance from the Medical Director that one could not contract influenza from the vaccine. The Medical Director confirmed that the vaccine was a dead virus, and he was not aware of any evidence substantiating a link between the vaccine and the manifestation of flu like symptoms. He added that efficacy of the vaccine was in the region of 55% and that whilst it was known to offer the best protection against flu and complications arising from a flu virus, it would not stop all flu viruses, with the level of protection noted to vary between people.

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

TB17/03/11 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 21 February 2017.

Particular issues highlighted for the Board included:

- Risks with delivery of operational performance standards had been noted with detailed consideration of plans to improve performance in relation to the 4 hour ED standard, Cancer standards and the 18 week RTT standard.
- The Director of Clinical Services had been asked to provide the Committee at its next meeting in April 2017 with actions plans expressly linked to the causal factors identified in response to performance issues.
- It was noted that the standard of 92% of people on Incomplete pathways to planned care waiting for no more than 18 weeks [the 18 week Incomplete RTT standard] had not been met since June 2015, and performance had been below 90% since June 2016. The Oxfordshire Clinical Commissioning Group [OCCG], NHSI and NHS England [NHSE] had been made aware that it was unlikely that the Trust would meet the 85% standard before April 2017.

- At the end of Month 9, the Trust was reporting an EBITDA² of £52.87m, £20.05m behind plan, and emphasis was placed on the need for further assurance as to the effectiveness of operational financial improvement measures, aided by external support for financial recovery and productivity.
- The need to achieve assurance in relation to the introduction of formal, structured contract management processes and the management of major contracts had been identified.

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

TB17/03/12 Integrated Performance Report Month 10

The Director of Clinical Services presented the report, highlighting the challenges in meeting core performance standards; most notably those in relation to sustaining performance against the 4 hour Emergency Department [ED] standard. Although performance against this standard had improved significantly in November and December 2016 (at 94.21% and 91.05% respectively), performance was reported at 84.84% in January, below the trajectory. This was reported to be due to an above 95% bed occupancy rate of the Trust's General and Acute beds (excluding maternity) since the second week of January. However, the Trust continued to aim to operate at above the trajectory in February and March (91.3% and 89.9% respectively).

In relation to the incomplete 18 week RTT standard, 46,787 people were waiting for elective treatment at the end of January 2017 and 5,174 had been waiting for over 18 weeks. It was confirmed that development of an RTT Improvement Plan was being finalised, to assess the potential to create capacity to deliver elective activity in 2017/18 at a level required to deliver the national RTT standard on a sustainable basis and to avoid premium rate working. This was due to be presented to the Finance and Performance Committee in April.

It was noted that four of the eight national cancer waiting time standards had not been met in December, with waits for diagnostics and reporting identified as key causal factors in cancer waits. It was reported that the Trust was delivering on a revised trajectory agreed with NHS Improvement [NHSI] which had led to a steady reduction in the number of long waiting patients.

Mr Goard noted that a significant proportion of the 2 week wait breaches in cancer care related to 'hospital reason', and asked what assurance could be provided that action was being taken to minimise the incidence of such delays. The Director of Clinical Services confirmed that this would be addressed in presentation of the Action Plans that were being developed, in which the measures to be implemented were linked with causal factors identified.

Action: PB

Mr Salt asked for an update on measures that were being aimed at improving the staff turnover rate, which now stood at almost 15% and it was agreed that the Director of Organisational Development and Workforce would report to the next meeting of the Quality Committee in April 2017.

Action: MP

² Earnings before interest, tax, depreciation and amortization

Mr Salt also asked for clarification of why the level of Delayed Transfers of Care [DToC] appeared to be rising again, after the initial reductions that had been achieved following implementation of the initiative to provide more integrated care out of hospital.

The Director of Clinical Services confirmed that the level of DToC had recently reduced (from 143 as at 16 February, to 99 as at the time of report). However, it was acknowledged that an unintended consequence of the new contract awarded by Oxfordshire County Council [Oxon CC] for the Home Ablement and Reassessment Team [HART] had been a significant surge in the number of former patients of Oxford Health NHS FT who were required to be assessed through HART, even where their needs were unlikely to be met by HART, and this had led to a spike in DToC. In the short term, a series of actions had been agreed with Oxon CC and OCCG and the model of care was to be refined to prevent future recurrence.

Professor Mant remarked upon the number of breaches in respect of the 2 week maximum wait for first outpatient appointments related to breast cancer which had been attributed to patient choice. The Director of Clinical Services confirmed that December tended to be a challenging month, as many patients declined the offer of an appointment in the lead up to Christmas. It was thought that the exercise of that choice was sometimes made in ignorance of the fact that they had been referred on a 2 week wait cancer pathway.

The Trust Board received and considered the contents of the Integrated Performance Report Month 10.

TB17/03/13 Finance and Performance up to 31 January 2017

The Chief Finance Officer presented this regular report, summarising the Trust's financial position up to 31 January 2017.

The report was noted to be in a new format, providing the Board with more trend data and of the forecast position for the Trust. It was suggested that, subject to feedback following the next meeting of the Finance and Performance Committee in April, the format might be refined slightly before submission to the Board in May, but would then be expected to remain constant for the rest of the financial year.

The Trust's financial position was reported to have deteriorated significantly in recent months, making it unlikely that the financial plan for 2016/17 would be delivered.

The Trust was currently forecasting a retained surplus of £8.7m for 2016/17. It was confirmed that efforts were being concentrated on measures to increase productivity and efficiency, and the Trust had recently engaged the services of Deloitte to support work on a programme of financial and productivity support.

At the end of January, the Trust was reporting an EBITDA of £28.9m, £25.2m behind plan. It was further noted that commissioning income was £16.9m behind plan and delivery of Cost Improvement Programmes [CIP] was £10.1m behind full plan. It was acknowledged that more rigorous control needed to be exerted over budgets throughout the Trust, if the current deficit were to be narrowed.

On the basis of the continued efforts being made by the clinical divisions to implement the financial recovery plan, at Month 10 the Trust was forecasting breakeven against its control total, £16.27m behind plan.

Cash was reported at £47.8m at the end of January, £42.0m behind plan, through a combination of the shortfall in EBITDA and loss of central Sustainability and

Transformation Funding [STF]. It was hoped that this would be partly recovered by the end of the financial year.

Mrs Tutt noted that the extra work being undertaken on cash flow was something which the Audit Committee would expect to review at its next meeting in April.

In relation to the forecast, Mrs Tutt asked whether there were internal indicators that could give grounds for confidence that implementation of all the measures within the financial recovery plan would deliver a breakeven position. The Chief Finance Officer highlighted that the Trust had achieved its targeted improvement of an underlying £2.0m EBITDA contribution in January, with a further £1.0m non-recurrent EBITDA contribution achieved through identified central opportunities. He further noted that non-pay spend control had been tightened, together with improved visibility of individual projects in respect of central programme management. It was reported that approximately twenty initiatives were being monitored on a weekly basis, and that were based on real time data at the time of report, the Trust appeared to be in a good position to deliver a breakeven position at year end.

Mr Goard asked to what extent deterioration in the underlying EBITDA run rate would have a detrimental impact on the financial year 2017/18. The Chief Finance Officer noted that a range of productivity opportunities had been identified for 2017/18; the challenge was how these ideas would be translated into action plans that would deliver improvements in operational and financial performance.

The Trust Board received and acknowledged the report on financial performance up to 31 January 2017.

TB17/03/14 Audit Committee Report

Mrs Anne Tutt, Non-Executive Director and Chairman of the Audit Committee presented the regular report from the meeting of the Audit Committee held on 15 February 2017.

Particular issues highlighted for the Board included:

- The issue of four internal auditors' reports had provided significant assurance with minor improvement opportunities, in relation to:
 - Key Financial Systems;
 - Divisional Governance;
 - Data Quality; and
 - Information Governance Toolkit.

It was noted that Divisional Governance had excluded a review of financial governance in the Divisions which had been subject to a separate review, due to be submitted to the next meeting in April, where the outcome was likely to be less favourable.

- Beyond the limits on the assurance which was provided by the internal auditors working to the scope initially set for the reviews undertaken against standard benchmarks, the Committee considered the need to set higher benchmarks, as that to which the Trust must aspire if it hoped to achieve its ambition for long term sustainability.
- In relation to the implementation of internal audit recommendations, the Committee had asked that the Trust Management Executive [TME] consider how

progress in the implementation of internal audit recommendations should best be monitored and managed.

- The Committee agreed to adopt the accounting policies, accounting estimates and material judgements in preparation of the annual accounts, subject to confirmation of the recommendation with regard to optimal site valuation of the PFI estate
- The Committee considered a review of the risks associated with contracting in 2017-19, upon which it will expect to receive updates at appropriate intervals, and the risks identified will be added to the Corporate Risk Register. It is planned that the next Deep Dive Review will focus on the risks associated with the Financial Plans 2017-19.
- It was confirmed that the Committee supported the recommendation of the Internal Audit Working Group following the outcome of the tender process for Internal Audit services and Counter Fraud services. A full report was due to be considered by the Trust Board in private on 8 March 2017.

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

TB17/03/15 Trust Management Executive [TME] Report

The Chief Executive presented the regular report to the Board on the main issues raised and discussed at TME meetings held in January and February 2017.

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:

- In relation to staff retention, TME had approved an initiative to offer better career progression and retention pathway for Band 5 registered nurses, subject to review after 18 months; and
- Further monitoring would continue in relation to operational, financial and quality performance delivery at divisional level and, by exception, at clinical directorate level.

Mr Ward noted that it was reported that TME had supported the introduction of a framework by which the training and development needs of front-line clinical leads would be assessed, to be followed by targeted training and support and asked when this would be completed. The Director of Clinical Services confirmed that an appraisal matrix had been agreed and following discussion with the Divisional Directors, the aim was to complete the assessment by the end of April.

The Trust Chairman noted that a Business Case for the Expansion of Pleural Provision was reported to have been agreed, and asked for further clarification on the meaning of "pleural provision." The Medical Director confirmed that this denoted the treatment of pleural disease and confirmed that the wording would be changed to reflect this.

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

TB17/03/16 Response to Phase 1 of Oxford Clinical Commissioning Group's Consultation on Health and Care Services

The Director of Clinical Services presented the draft proposed response from the Trust to the consultation being led by Oxfordshire Clinical Commissioning Group

[OCCG] on the first phase of proposed service changes associated with the Oxfordshire Transformation Programme.

It was noted that the first phase of the consultation focused on five components of acute care services:

- Changing the way hospital beds are used and increasing care closer to home
- Planned care services at the Horton General Hospital [HGH]
- Acute stroke services
- Critical care
- Maternity

The proposed response noted that the Trust Board's support for the transformation put forward was based on the safety, quality and sustainability of clinical services. In addition, the Board's commitment to the development of the Horton General Hospital [HGH] was noted, with enhanced outpatient, diagnostic and day case capacity and capabilities, which would provide for 90,000 people in Banbury, Northamptonshire and Warwickshire, resulting in 300 fewer journeys per day to Oxford sites. In addition, under the proposals the current temporary suspension of obstetric services at HGH would be made permanent; with the Midwifery-Led Unit [MLU] representing the best model of maternity care for the population served by the HGH in terms of clinical safety and sustainability.

Mr Goard noted that whilst the consultation events were a valuable opportunity to discuss the proposals, the Board needed to consider the best way of conveying these multifaceted issues to the public. The Medical Director expressed his unequivocal support for the proposals, which he stressed were based on improving patient safety and quality of care. These views were also echoed by Professor Mant, and Professor Sir John Bell, who agreed that the central tenet to these proposals was delivering safe and effective outcomes in healthcare. However, some concerns were raised as to whether adequate resources would be committed to deliver the overall objective of the Oxfordshire Transformation Programme.

Discussion turned to the second phase of the consultation and the importance of having an integrated approach across health and social care. Whilst the Trust would urge OCCG to launch Phase Two of the consultation as soon as possible, it was noted that a decision was unlikely to be made until June at the earliest given impending local elections in May.

The Trust Board supported the draft response to the proposals subject to more emphasis being placed on the delivery of safe and effective care.

The Trust Board further agreed to delegate to the Chief Executive the finalisation of the response in the light of any additional issues that arose during the remaining part of the consultation.

TB17/03/17 Staff Survey 2016

The Director of OD and Workforce presented the summary report of the outcomes relating to the 2016 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 sixth successive year.

Compared with the 2015 survey outcomes, it was reported that results had been significantly better on 19 of the 88 questions. A number of positive emerging themes included: quality of care, errors and incidents, appraisals and staff engagement.

Three key themes had been identified as requiring Trust-level and local attention in 2017/18, namely:

- staff health and wellbeing – two thirds of staff considered the Trust did not take positive action in this area.
- bullying and harassment – 12% of respondents reported that they had experienced harassment, bullying or abuse from their manager on at least one occasion, and 18% had suffered similar treatment from colleagues.
- staff appraisals – whilst staff participation in appraisals had increased, almost two thirds of respondents stated it had not included clear agreement on objectives, and did not help them improve performance.

Response rates were noted to have varied across Divisions, with the Surgery and Oncology Division achieving 58% (an increase of 25% compared to previous year), and Children's and Women's Division 28% (no change from 2015). The increase in responses achieved by Surgery and Oncology Division reflected a focus by management teams to raise awareness of the importance of the annual survey.

Mr Goard noted that appraisals would be part of the key themes for 2017/18, and encouraged a fundamental review of the system, to ensure that it achieved the objectives required. The Chief Nurse confirmed that the proposal, that had recently been approved by TME, to support career progression for Band 5 nurses, included a structured appraisal programme for nurses.

The Chief Finance Officer highlighted that a lower percentage of staff (67% in 2016, compared to 70% in 2015) were reported to state that they did "not work any additional paid hours for the organisation, over and above contracted hours", but only 36% stated that they didn't work any additional *unpaid* hours (compared to an average of 42%), and highlighted the need for safeguards against staff being placed under undue stress and pressure.

Areas in which local responses gave cause for concern included in relation to appraisal rates, and the reporting of violence, bullying, harassment and abuse.

Professor Bell urged the need for these issues to be addressed.

Mr Salt remarked that it would be helpful to know where the Trust was placed in comparison to other comparable trusts.

The Director of Organisational Development and Workforce confirmed that an update could be provided to the Board on how the key themes identified were being addressed, following the opportunity for analysis of the national benchmarking data.

Action: MP

The variance in response rates across clinical divisions was also noted, and Mr Salt suggested that the Surgery and Oncology Division should be regarded as an exemplar.

The Trust Board noted the results of the Staff Survey for 2016.

TB17/03/18 Nursing and Midwifery Strategy 2015-18

Magnet Recognition Programme progress report and forward plan

The Chief Nurse presented the report, providing a summary update on progress made to date in attaining Magnet Recognition in 2020. The development of the Oxford Model of Exemplary Professional Nursing and Midwifery Practice [PPM] was noted to have been launched in May 2016 - a key building block for the entire programme.

Issues highlighted particularly for the Board's attention focused on the organisational impact of Magnet accreditation, which had been extensively researched since the beginning of the programme and included improved nurse education, job satisfaction, less burnout as well as an improvement in patient outcomes relating to mortality rates and a reduction in medication errors, patient falls and pressure ulcers.

It was further noted that the Oxford Institute for Nursing, Midwifery and Health Research [OxINMAHR] was hosting the group of UK hospitals interested in pursuing Magnet on behalf of Health Education England.

The Board agreed that the programme was beneficial to staff and patients and as a whole brought an added value to the Trust.

The Trust Board noted the progress that had been made to date and supported delivery of the programme going forward.

Update on School of Nursing and Midwifery

The Chief Nurse presented the report noting that from September 2017 there would be significant changes in the bursary arrangements for nursing and midwifery students, along with a significant reduction in the clinical placement levy. This had provided an opportunity for three key partners under the auspices of the Academic Health Science Centre [AHSC] to develop a proposal for creating an education, research and clinical placement model within Oxfordshire, namely the Oxford School of Nursing and Midwifery [OXSONM].

Emphasis was placed on creating a sense of belonging and loyalty to the Trust with the School being embedded within the Trust from the beginning of nursing and midwifery students' academic journey; with significant elements of teaching, clinical practice and clinical supervision being physically located close to the clinical interface similar to medical students.

The Trust Board endorsed the principles of the Oxford School of Nursing and Midwifery and noted that implementation would be monitored.

TB17/03/19 CQUIN NHS staff health and well-being: Indicator 1b Healthy food for NHS staff, visitors and patients

The Director of Clinical Services presented the report, noting the significant progress that had been made on all four hospital sites, to achieve the CQUIN 2016/17 NHS staff health and wellbeing Indicator 1b *"Healthy food for NHS staff, visitors and patients."*

It was reported that all retailers had signed agreements confirming compliance and continued commitment to delivering the four outcomes (standards) which include:

- the banning of price promotions on sugary drinks and foods high in fat, sugar and salt [HFSS];
- the banning of advertisement on NHS premises of sugary drinks and foods high in fat, sugar and salt [HFSS];

- the banning of sugary drinks and foods high in fat, sugar and salt [HFSS] from checkouts; and
- ensuring that healthy options are available at all outlets including for those staff working night shifts.

The continued work undertaken by retailers' was acknowledged by the Board. The Trust Chairman expressly asked that thanks be conveyed on behalf of the Board to Wendy Robinson, Soft FM Client Contract Manager and to Dr Holly Jenkins, Public Health Registrar for the considerable amount of work involved in this project.

Action: PB

The Trust Board approved the work undertaken and sanctioned the positive recognition of the retailers' achievements.

TB17/03/20 Annual Cycle of Business and Meeting Dates 2017/18

The Director of Assurance presented the indicative cycle of business and meeting dates for 2017-18.

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 venue and start and finish times of the meetings.

The Trust Board noted the indicative cycle of business and meeting dates for 2017-18.

TB17/03/21 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.

TB16/11/26 Any Other Business

The Chairman confirmed that the Board Governance Review Report would be published on the Trust website.

TB16/11/27 Date of the next meeting

A meeting of the Trust Board to be held in public will take place on Wednesday **10 May 2017** at **10:00** am in the Training Room at the Horton General Hospital.

Signed

Date