

Trust Board

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

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 John Drew	JDr	Director of Improvement and Culture
	Mr Jason Dorsett	JD	Chief Finance Officer
	Ms Sam Foster	SF	Chief Nurse
	Mr Christopher Goard	CG	Non-Executive Director
	Ms Paula Hay-Plumb	PHP	Non-Executive Director
	Mr Peter Knight	PK	Chief Information and Digital Officer
	Professor David Mant	DM	Non-Executive Director
	Mr Geoffrey Salt	GS	Vice-Chairman and Non-Executive Director
	Mrs Anne Tutt	AT	Non-Executive Director
	Ms Eileen Walsh	EW	Director of Assurance
	Mr Peter Ward	PW	Non-Executive Director

In

attendance:	Professor Sir John Bell	JB	Non-Executive Director
	Ms Susan Polywka	SP	Head of Corporate Governance and Trust Board Secretary
	Dr Clare Dollery	CD	Deputy Medical Director
	Janice Smith	JS	Interim Minute Secretary

Apologies: None

TB17/09/01 Apologies, welcome and declarations of interest

The Chairman welcomed Mr John Drew, Director of Improvement and Culture to his first meeting of the Trust Board. She also said that the University of Oxford has nominated Professor Sir John Bell for another year on the Board subject to approval of the Council of Governors. This is very welcome.

No declarations of interest were made.

TB17/09/02 Minutes of the meeting held on 13 September 2017

Minutes of the meeting held on 13 September 2017 were approved as a true and accurate record of the meeting.

TB17/09/03 Matters arising from the minutes

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

TB17/09/04 Action Log

The Action Log was reviewed, and the status of actions agreed as recorded.

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

TB17/09/05 Chairman's Business

The Chairman did not have a formal report for this meeting but explained that there were several CQC Teams visiting the Trust today and that the Director of Assurance may have to leave the meeting from time to time to see them.

TB17/09/06 Chief Executive's Report

The Chief Executive presented his report, in particular highlighting the issues referred to below.

The Trust is facing pressures due to staff shortages, further exacerbated by winter pressures, which cause a high number of temporary bed closures each day. The Trust is reviewing bed capacity across the Trust to ensure that beds can be safely and sustainably staffed during the winter. The Trust is also working with the wider health care system on this. Homecare packages are the preferred solution for those fit for discharge but interim arrangements with Care Homes will be needed too.

The Trust is working closely with NHS Improvement's Emergency Care Improvement Programme (ECIP). Members of the ECIP team have visited the Trust and provided an interim report with useful recommendations particularly in respect of accelerating Delays in Transfers of Care.

The Trust is taking part in a system-wide 'Breaking the Cycle' week, this week in collaboration with Oxford Health FT, Oxfordshire Clinical Commissioning Group and Oxfordshire County Council. The objective of the week is to improve the flow of patients through all the hospitals which will also improve patient experience.

The staff flu vaccination programme is progressing well with the uptake currently close to 60%. However, the target this year is a 75% uptake so there is more to do and Dr Holthof asked the Board to encourage staff to have their flu vaccination.

The NHS Staff Survey is underway and 31% of the staff have currently completed it. All staff should be encouraged to complete the Survey but the focus needs to be on why it is important to have a say, rather than to simply increase the response rates.

He thanked everyone who went to the Trust Annual General Meeting on 11th October 2017 and said that the new format had been successful.

The Horton General Hospital has again been ranked as best in the country for treatment of patients with hip fractures. It has now been in the top five performing hospitals for this service for five consecutive years. The Trust is very proud of this achievement and he thanked all the staff involved.

The new Energy Centre at the John Radcliffe Hospital will be officially opened on 10 November 2017 following completion of the £14.8 million Hospital Energy Project which is supplying sustainable and cost-effective energy to both the John Radcliffe and Churchill Hospitals. This new energy infrastructure will cut the Trust's carbon dioxide output and save around £461,000 each year for the next 25 years in energy bills. In addition, the Trust was recently awarded the 2017 Sustainability Project of the Year at the Institute of Healthcare Engineering and Estates Management.

He also extended a warm welcome to the Board to Ms Paula Hay-Plumb as a Non-Executive Director and to Mr John Drew as the Director of Improvement and Culture. He advised the Board that Professor Gary Ford CBE, the Chief Executive of Oxford Academic Health Science Network (AHSN) has been appointed Vice Chair of the National AHSN Network.

Mr Peter Ward, Non-Executive Director asked about the flu vaccinations and whether in light of the difficult workforce issues, the Trust is looking at areas that are most at risk of the problems that flu will bring. The Medical Director explained that it is difficult to track staff uptake at all grades in all areas, but the high risk areas like Intensive Care tend to show a good take up.

Mr Geoff Salt, Non-Executive Director asked about the 'Breaking the Cycle' week which he thought was valuable. He asked if the key points that emerged could be taken forward and reviewed at the next Finance and Performance Committee to ensure that progress is made and that good ideas are not lost.

The Chief Executive responded that it would be helpful to look at how an integrated plan for the system could be developed including 'Breaking the Cycle', ECIP and results of the CQC inspection. Ideally this would then be endorsed by NHS Improvement and NHS England.

TB17/09/07 Patient Perspective

The Chief Nurse presented the story provided by Mrs B, a 78 year old lady, who was treated in the Trust for lung cancer and had an admission to the Emergency Department shortly afterwards. The story highlights the importance of swift action following a cancer diagnosis and the positive impact of this on the patient. It also explains challenges faced by the Emergency Department team in terms of achieving a balance between patient safety and ensuring a positive patient experience.

The Chief Nurse said that the reflection from this patient story is that the treatment was done appropriately but that the patient had to wait for what seemed a long time for her test results and there was a lack of communication about what was happening. There were also issues about transporting the patient home which is not unusual. Emergency Department staff are geared to work at pace and a wider support workforce with volunteers to provide support is a good idea.

Ms Paula Hay-Plumb, Non-Executive Director said that the patient story had been very interesting but she was not clear whether anything had changed as a result. She asked how patient experience was measured.

The Chief Nurse responded that the use of the Friends and Family Test flags up if there are problems. They have a healthcare support workers card and Matron in the Emergency Department is role modelling. She is selecting key areas for improvement with input from Mr Salt, and Emergency Department Communications may well be one of them.

Mrs Anne Tutt, Non-Executive Director, said that the patient's account of her experience was at odds with the response from the Matron in the Emergency Department. The patient felt that no-one had spoken to her.

The Chief Nurse explained that this is a common complaint in the Emergency Department when patients have to wait. They do have a named nurse for each

patient and she will test with Matron in the Emergency Department what is actually happening.

Mr Christopher Goard, Non-Executive Director asked how the system was functioning if patients came straight to A&E rather than visiting their GP first.

Professor David Mant, Non-Executive Director responded that to see a GP out of hours, 111 must first be called and the patient must have been referred to A&E as she was brought in by ambulance. The functions of A&E and the GP are different and A&E has to make a diagnosis in emergencies and save lives.

The Medical Director suggested that it illustrates the complexity of delivery of healthcare. There is a tension between standardisation which leads to better general care and personalisation for patients. The 111 service was introduced to avoid other pitfalls but inherits the consequence of using protocols. He believed that the experience of the patient is key but is not always reflected in the notes.

The Chairman commented that the issues raised in this patient's experience illustrated the importance of listening to patients and providing them with information and assurance. She thanked Mrs B warmly for being honest and sharing her story.

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

TB17/09/08 Quality Committee Report

Mr Geoff Salt, Non-Executive Director and Chairman of the Quality Committee presented the regular report from the meeting of the Quality Committee held on 11 October 2017.

He thanked Peter Ward for his valuable support on the Quality Committee over the years as he is leaving the Board at the end of the month. He also said that the meeting held in October had been his last as Chairman of the Quality Committee and Professor David Mant, Non-Executive Director will become the Chair of the Quality Committee, with Mr Salt to continue as a member and Vice-Chairman of the Quality Committee.

He said that the Quality Committee has made good progress. In particular, he thanked Dr Tony Berendt, Dr Clare Dollery and Ms Susan Young for their hard work in driving the Committee forward. He said that the Committee had been trying to use data together with what they see and hear to ascertain whether the Trust's financial issues are having any impact on the quality of the services provided. He thought that Quality Impact Assessments were working well. He also said that the new Chief Nurse has brought a refreshing new focus on staffing.

He highlighted the following items from the Report:

- On page 4, point (vi) high risk cleaning scores remain a concern. The Director of Services will provide a report to the next meeting on the accuracy of cleaning scores recorded and the action being taken to address any sub-optimal performance;
- The presentation delivered by Dr Helen Higham, the Director of Oxford Simulation, Teaching and Research, on the lessons and achievements of the human factors CQUIN (Commissioning for Quality and Innovation). The programme has trained 228 staff using a didactic model plus simulations. 50 staff had also been included in the 'train the trainer' element of the programme. An

Advisory Group had shared relevant work across the organisation and quality improvement courses had also been delivered in collaboration with the Patient Safety Academy. The Committee noted the strength of this model and had asked the Director for Improvement and Culture to develop initial proposals to incorporate this into the Trust's wider training programme.

- The efforts of staff that have largely maintained the quality of the services. However, staff resilience is not inexhaustible and some services may start to suffer. The care and attention given to staff will be really important over the next six months.

Mr Salt highlighted the actions agreed, and as there were no questions. The Chairman thanked Mr Salt for his work.

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

TB17/09/09 Quality Report

The Medical Director introduced the Quality Report to the Board. He said that he would look at the safety and outcomes aspect and safe working for medical staff.

He highlighted the National Quality Strategy Update report from the CQC on the state of health care and adult social care in England 2016/17. He said that it acknowledged that hospitals have seen substantial rises in the last 5 years in total attendance at A&E Departments, in the overall number of emergency admissions to hospital via A&E and in elective admissions to hospital. In acute hospitals bed occupancy has been above the recommended maximum of 85% since at least the start of 2012/13 and from January to March 2017 it was the highest ever recorded at an average of 91.4%. He said that a number of organisations have gone into Quality Special Measures in that time and come out again and there is much to be learned from them. He stressed the importance of generating a culture of continued learning and improvement and the Trust needs to review the extent to which it succeeds in doing this.

The Chair asked how it would be best to review this further and the Medical Director responded that it could be done at a Board Seminar or at the Quality Committee.

The Medical Director highlighted the Key Quality Metrics and noted that there are 10 indicators which have deteriorated against target or remained red since the last reporting cycle or are red rated due to breaching of an annual threshold as shown on Table 2 on page 11. He said that the Emergency Department 4 hour target and patients spending more than 12 hours in the Emergency Assessment Unit had both deteriorated and that these were connected. He also said that whilst C.Difficile is over trajectory, this is an arbitrary monthly allocation and he expects that to be back on track later in the year.

He also highlighted the Quarterly Report on Safe Working Hours for doctors in training on page 39. He said that this is the first report regarding junior doctors on the new contract and they have raised some issues which will be considered.

The Chief Nurse then presented the sections of the report relating to patient experience and nurse and midwifery safe staffing.

She reported that she was working with the Chief Information and Digital Officer and the informatics team to standardise nursing documentation; increasing the clinical functionality of the electronic patient record [EPR] to include key care quality indicators such as the incidence of pressure ulcers and falls. A more intuitive dashboard was being developed, to enable early identification of any areas of potential concern.

In relation to nurse safe staffing, she reported that the Nursing and Midwifery Council have made a decision which would allow more flexibility in relation to the English language test which will be welcome and may help recruitment. She said that the Trust was also looking to invest in further functionality with the e-rostering company which will help with the utilisation of staff around unavailability and a safe staffing tool. She believes that there are further efficiency savings to be made.

Overseas recruitment trips to India, the Philippines and Ireland have been successful and hard to staff areas have also been recruited to. The role of the Nursing Associate was also being looked at.

The Chief Nurse reported that the Friends and Family Test [FFT] results were good overall but there were a few areas to review.

It was planned that FFT results would be included as a key care quality indicator, along with data on complaints, appraisal rates and results of the staff survey, in line with Lord Carter's recommendations, and to fulfil the requirements for Magnet accreditation.

Mr Goard asked about radiology direct access data on page 13 of the report as it appeared that plain film urgent scans were only 57% compliant when most other areas were in the high 90%. He asked if there was a plan to address this as it may affect diagnosis. The Director of Clinical Services responded that there was a need to have more general radiology staff and this will increase capacity. The Medical Director clarified that these are direct access requests and not those from the Emergency Department.

Professor Sir John Bell, Non-Executive Director said that if things go badly, the Trust could exceed the infection control limits. He thought this was due to anti-microbial medicines and asked about antibiotic prescribing. The Chief Information and Digital Officer replied that Pharmacy mine the data that there is on antibiotic prescribing and use it to inform future use. He also said that radiology had been networked through the whole Thames Valley area, and work was being done within the Oxford Biomedical Research Centre to consider how artificial intelligence [AI] might be applied.

Professor Mant asked about paragraph 14.5 on page 41 which said that six junior doctors had checked the 'immediate safety concern' box on 12 occasions during this quarter and he asked what the investigations had shown. The Medical Director responded that he was not able to provide further information at present except that there are no immediate safety concerns. Different individuals interpret thresholds differently, particularly when they are in training, but he can bring more detail to the next meeting of the Quality Committee.

Action: TB

Mr Geoff Salt referred to Appendix 1, Board Quality Report Dashboard and said that PS11 showed that pressure ulcers were reducing which looked promising. He also

had a question for the Chief Information and Digital Officer about Priority 6: Go Digital. He said that it would be helpful to have an update at the right moment including what advances in efficiency and quality are likely to be seen in the next 2 years.

The Chief Information and Digital Officer replied that a new timetable has now been agreed for the Go Digital project. He will provide a technology update to the Finance and Performance Committee. Work had already been done with VTE which has a prevention process through EPR where the outcome leads to a prompt and there has also been improved performance for sepsis again linked to EPR,

Action: PK

Mr Goard asked about paragraph 13.3 on page 37 which reports that New Born Care continues to show significant numbers of medication errors proportional to the amount and level of complexity of medications administered in this area. He asked for an indication of action and timelines for this as they are absent. The Medical Director clarified that reporting of incidents is a good thing and is encouraged but it can look like incidents have increased when it is simply that more are being reported.

Mr Peter Ward said that the format of Table 1 gave partial assurance but did not give a good idea of how the Trust was performing on trajectory. It was suggested that the Quality Committee should look at whether the trajectories were on track at 6 months and what was being done if not. In relation specifically to the Quality Priority that was related to 'Go Digital', the Chief Information and Digital Officer responded that whilst staff occasionally had challenges with EPR, a critical mass had now been reached for usage and the data was proving helpful.

The Director of Assurance said that she was concerned about staffing levels and the ability to provide safe services. She referred to paragraph 13.18 on page 37 of the Report about the Medicine, Rehabilitation and Cardiac [MRC] Division experiencing high levels of minimum staffing levels in August and September 2017 and asked what was happening to 1:1 supervision of patients.

The Chief Nurse responded that she would be discussing Safeguarding later in this meeting and the Care Quality Commission [CQC] has raised Deprivation Of Liberty Safeguards [DOLS] as an issue. She assured the Board that there was a focus on 1:1 supervision of patients. Staff needed to identify when 1:1 supervision was required and there is a paper being scoped about this with a period of testing. She understood that the Board needed assurance regarding the risks when there is a staff deficit and staff have to be moved from elsewhere to cope with it. She said that care hours per patient day will set a minimum for this.

The Director of Assurance said that providing appropriate 1:1 supervision was going to be a particular challenge in the future and suggested that the Quality Committee could look at this for the Board.

Action: SF

The Chairman said that the Board had raised a lot of important issues and drew the discussion to a close.

The Trust Board noted the contents of the report.

TB17/09/10 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 11 October 2017. He said that this had been his last meeting of the Committee and that Mr Geoff Salt was taking over as Chairman of the Committee. He thanked Mrs Anne Tutt for her work as Vice-Chairman and the Chief Finance Officer for his work and support.

He highlighted the following key points from the Integrated Performance Report and discussions at the Committee:

- There was only partial assurance on the Referral to Treatment (RTT) as the total waiting list size had reduced by 1,124 compared to July 2017 and the rate of growth of the backlog has slowed but the run rate of referral remained out of balance with activity;
- All cancer waiting times targets were met in August 2017 which is good. The Cancer Care Improvement Plan was reviewed and the need to sustain the improvements noted;
- 4 hour waits in the Emergency Department had improved in August 2017 to 84.7% but had dropped again in September 2017 to 82.7% both of which are below trajectory. This is due to bed capacity and workforce shortages. There were noted to have been three over 12 hour trolley waits in September 2017;
- There was a lot of concern about the lack of capacity in primary care and community care which may be contributing to the additional patients attending the Emergency Department;
- There was a separate report on performance against the 18 week RTT standard and consideration of the operational RTT Activity Plan that had been developed with clinicians from 5 specialties and Oxfordshire Clinical Commissioning Group. There is a need for further joint work on demand management. The report was helpful;
- Monitoring of delivery of the Urgent Care Improvement Plan noted that breaches against the 4 hour Emergency Department standard in relation to Minors had been improved as had those associated with waiting to be seen by a specialist Emergency Department clinician. However, with bed occupancy at almost 100%, lack of patient flow continued to be a cause of breaches against the 4 hour Emergency Department wait standard. Concern was also expressed about how Emergency Department would cope with a surge in activity due to winter pressures. Proposals are being developed for the 'safer placement' of patients and an Emergency Department Full Hospital Protocol.

He then highlighted the following points in relation to financial performance:

- Month 5 EBITDA was reported at +£1.7m representing a £3.8m reduction on July 2017 and that early numbers for Month 6 indicated improved financial performance;

- The financial reforecast for 2017/18 which was given to NHS Improvement was reviewed. It endorsed the Trust's own assessment of the problem that historical cost growth greater than income over several years had created an underlying deficit, masked by one-off items. The Trust's objective is to focus on improving underlying EBITDA but NHSI will still expect the Trust to deliver the best possible bottom line at year end. On the basis of the detailed reforecasting exercise the deficit should be set at £5.2m:
- The outcome of Leadership Development Meetings undertaken as part of the 'Focus on Excellence' strategic work stream was reported to the Committee. The features of a successful service had been identified and what was required to help services improve performance. Lessons learned will be taken into account in the further development of proposals to move to a new operating model and culture in the Trust. The expertise in Divisions is much better now.
- Update on the Trust's Capital Programme showed that there has been £4.49m expenditure year to date against a plan of £9.95m; a variance of £5.5m due to delays in expenditure in year.

Mr Ward highlighted the following actions agreed by the Finance and Performance Committee:

- The Director of Clinical Services and Chief Nurse will further develop proposals for 'safer placement' of patients and an Emergency Department Full Hospital Protocol as part of the contingency measures for dealing with anticipated winter pressures.
- The Chief Finance Officer is to submit the re-forecast of the Trust's financial outlook for 2017/18 for approval of the Board, in readiness for submission due to NHS Improvement.

The Trust Board received and considered the regular report from the Finance and Performance Committee.

TB17/09/11 Integrated Performance Report Month 6

The Director of Clinical Services presented the Integrated Performance Report (IPR) for month 6. There were improvements in delayed transfers which had stabilised at 81 in September 2017. They are working to simplify and redesign pathways and looking at whether interim measures are needed when trying to get patients home. Performance on cancer standards was good and all 8 standards were achieved in August and September 2017 including the 62 day standard at 85%.

He said that for RTT the incomplete waiting list continues to fall but the numbers of patients completing treatment was insufficient to keep pace with those awaiting treatment although it was above the agreed trajectory. There is a challenge around Urgent Care Flow as it is well below the national standard and is affected by the number of beds available.

Mr Goard asked about theatre utilisation and whether there were other reasons than staffing for lack of use. The Director of Clinical Services replied that this has been

looked at as part of the RTT plan and late starts have been identified as a problem. The Divisions are going through this today and if the Trust can align theatres more with clinical specialties that may well help performance.

Ms Paula Hay-Plumb, Non-Executive Director asked about the comment at paragraph 2.2.27 that low levels of weekend discharges continued to put services under significant pressure early in the working week.

The Director of Clinical Services replied that weekend discharge rates are 50% of weekdays on a Saturday and 30% on a Sunday. They expect some difference at the weekend but it flows in to Monday. Acute beds are at nearly 100% occupancy and there is a major workforce issue in the care sector at weekends. However, they should be able to operate at 55% of weekday discharge rates at the weekend. He said that they were focusing currently on surgical emergency beds and complex medicine beds.

Mr Ward said that the table at 2.3 in the paper showed where the failures were. The Director for Clinical Services agreed that Lung Cancer is the main area of challenge but they need an additional theatre to reach the target on this and that requires investment from the Cancer Alliance. There have also been issues with Head and Neck over the past 2 months. Numbers are usually very small but in July and August 2017 there have been 4 cases a month and this involves other disciplines as well which has affected performance.

The Medical Director explained that some of these are shared breaches with other disciplines and the numbers overall are tiny but can affect the percentages greatly.

Mr Salt commended the Trust on achieving the cancer standards and how positive that was for patients. He asked if 'Breaking the Cycle' addressed the weekend discharge issue and said that he would like the Finance and Performance Committee to look at this further.

Action: PB

Mr Salt also asked if the Emergency Department target at 90% was credible when the Trust had not reached 85%. The Director of Clinical Services said that it was not an option to have a lower target. The Chief Executive explained that the 90% target can include performance at minor injuries units and the Trust would then get closer to 85%. If the Trust concentrates on major breaches, the majority are due to a lack of beds in hospital. The County Council is willing to invest in Homecare but cannot get suitable providers at this moment in time. The Trust also has difficulty in recruiting to their own team in this area so it is a challenge to meet the 90% target.

The Director of Improvement and Culture said that the ECIP findings correlate with the Trust's and the ECIP team now includes a social care expert. This is now seen as an end to end pathway issue and there is greater transparency on the whole pathway and not just the hospital part. The Chief Executive reiterated that this is not impossible but it is very challenging. Everyone now realises the root causes and is focused on the key priorities.

The Chairman said that it would be helpful to know more about the particular groups that are having difficulty in recruiting in Oxfordshire.

The Board received and noted the contents of the Integrated Performance Report for Month 6.

TB17/09/12 Financial Performance up to 30 September 2017

The Chief Finance Officer presented the report on financial performance by reflecting on two difficult targets. The first is an ongoing breakeven performance in Income and Expenditure and a stable cash position and the second is the planned performance of £19m surplus which reflects both the Trust's view and that of external bodies of the level of finance needed for sustainability. He said that currently the Trust is missing both measures.

He said that Table 1 shows the EBITDA position. For Month 6, EBITDA in September 2017 is +£3.2m which is a £1.5m improvement on August 2017. The EBITDA in September 2017 includes income of £82.9m which is in line with August 2017 and £2.4m below plan; pay of £47.8m, a decrease of £0.8m compared to August 2017 and £0.2m above plan and non-pay of £32m, a decrease of £0.7m from August 2017 and is £0.9m below plan.

He explained that there is a legacy of two issues which are that the Trust has relied on non-recurrent or one off items in the past to balance the books and there was a growth in pay and non-pay costs last year. The Trust turned the corner in Quarters 1 and 2 on non-pay costs but they are still £98m higher than the same quarters last year. The pay line has stabilised but the £144m pay bill is still higher than last year.

He said that the income position has stabilised and the pay bill is not growing so the Trust appears to have turned a corner. However, winter pressures could still disrupt things but it is looking better than it was in Quarter 1.

The Income and Expenditure position for Quarter 2 is that the Trust made a small loss in September 2017, a bigger loss in August 2017 and a small surplus in July 2017, so it is still not making enough to reach the control total. The working capital is beginning to get stretched and September 2017 saw the first real reduction in cash this year. The Capital expenditure being behind is not a result of management steps but rather that schemes have been delayed. Where schemes are essential for delivery there must be encouragement to move them forward.

He advised that there is a small discrepancy in the table on page 13 of the paper in that Total Taxpayers Equity is in balance and should be 283.64 and not 278.12. The figure is correct in the Appendix but not in the Summary Table.

Mrs Tutt had three questions to which the Chief Finance Officer responded. The first was that now that the Trust have submitted the reforecast to NHS Improvement, in future will the figures be how the Trust is performing against the reforecast figures or the original ones, and whether the results for this month will be in line with the reforecast? The Chief Finance Officer responded that the Board and Finance and Performance Committee had views about reporting and he will include all this in the next report. The October 2017 results were expected at close of play on 8 November.

The second question related to the impact on non-pay and that it was a struggle to trace through the reductions because of the way that numbers were presented. She would like to look at this outside the meeting. The Chief Finance Officer said that he does an analysis of non-pay for the Finance and Performance Committee which strips out Research and Development and other items. However, the headline trend of having spent £35m is not distorted.

The third question related to the cash forecast which gets quite low in the next few months. She wanted to know what the assumptions behind the forecast were as she is particularly concerned about the £4m level. The Chief Finance Officer responded that cash is linked to the current position. It makes assumptions on future capital spending which is too ambitious now but 2018/19 is not yet re-planned so the capital priorities have been kept for now.

Mrs Tutt responded that she would like to see more work on the cash forecast sensitivities and wants to better understand the potential opportunities in that.

Mr Goard asked about the adverse variance of £14m and clarification on where savings are to be made. He also said that the cash position is difficult and there needs to be a clear indication of what the strategy should be going forward and what the Trust needs to do.

The Chief Finance Officer responded that he would pick up performance against targets in the Committees so they could be reviewed in detail. As far as the cash position is concerned there are some specific mitigations to provide a buffer, which are taking a strategic look at the management of capital and implementing tighter control of lower capital items. He is doing technical work to stretch creditors further and has hired an extra credit controller to bring in more money. He is also looking at all major capital programmes and if they are genuinely essential whether they could be externally financed to help.

Mr Ward asked about the EBITDA loss on emergency treatment on page 7 of the report and whether that would compound with a 2 year contract. He also asked about the high critical care overshoot in commissioning income and whether this needed to be looked at further.

The Chief Finance Officer responded that marginal emergency care activity was paid at 70% and they have looked at a plan to put in more capacity. However, the urgent care pathway needs to be looked at in the round. The Trust is funding liaison hub beds themselves to help this. Many of the operational improvements that the Trust is looking to make in the Urgent Care Pathway will help as well. It was highlighted that although the contract is a 2 year contract the system's risk sharing agreement was only for 1 year, up to 31 March 2018.

He also said that Critical Care is limited by staffing. The Director of Clinical Services added that the background to this is that the Trust agreed to open 24 beds over a 2 year period. They achieved 22 beds and then when they needed to appoint Band 6 nurses, many of the existing staff applied which reduced the pool of lower band nurses and the beds had to be reduced to 20 again.

The Medical Director said that there needed to be an understandable narrative for staff about the cash position. Many of them have taken dramatic measures in their areas and it appears to be having no impact on the cash flow. The Chief Finance Officer agreed that this was a difficult message for staff. The Trust needs EBITDA each quarter of £15m to break even. So it can be that staff are working really hard but this is still not enough for cash to be stable and invest in capital projects.

The Chief Executive added that the Trust has had an underlying EBITDA deficit which is important, and now has EBITDA at the level of the Clinical Directorates. One Division is delivering its EBITDA according to plan. Some Clinical Directorates are also achieving their targets so the message is different depending where you

work. Some services are doing well but need to support challenged services also. External support is being brought in to help the most challenged.

The Chairman agreed that it is important to get the message out to the Trust in a positive way.

The Board received and noted the contents of the report.

TB17/09/13 Audit Committee Report

Mrs Anne Tutt, Non-Executive Director and Chairman of the Audit Committee presented the report to the Board. She highlighted the main discussions and said that much of the meeting focused on Internal Audit and particularly when there was partial assurance. The Committee specifically considered the Internal Audit Report on Divisional Financial Management which had provided partial assurance and the finalised management response, including the measures being implemented to improve Divisional Financial Management within the framework of quarterly Divisional Performance Reviews. A further report on the Cost Improvement Programme (CIP) had also provided partial assurance and again the quarterly Divisional Performance Reviews should have a positive impact on the management and delivery of CIP. She asked the Trust Management Executive to look at the overdue actions.

Action: JD

Mrs Tutt said that the Committee had been updated by the Chief Finance Officer on actions being taken in response to three control observations raised by the external Auditors as part of their 2016/17 work on the annual accounts. These related to Exit packages, the PPE Fixed Asset Register and Capitalisation of staff costs. They also looked at the production of the Annual Report and Accounts and revised approach for next year to avoid minor changes coming late.

She said that the Chief Information and Digital Officer had reported on the capital projects outturn, outlining instances of overspend against the allocated capital with regard to 5 schemes that had recently completed or were currently in train. The report also identified four schemes where significant underspends had been reported. The Committee recommended that the Board gives further consideration to control issues highlighted in the report on capital projects outturn.

She outlined the key risks discussed as set out in the Report and the key decisions taken by the Committee.

The Trust Board received and considered the regular report from the Audit Committee.

TB17/09/14 Trust Management Executive Report

The Chief Executive presented the regular report to the Board on the main issues raised and discussed at the meetings held in September and October 2017 without further comment due to lack of time.

Mr Ward asked for an update on the business case for the Emergency Department Resuscitation area and the Chief Information and Digital Officer responded that it was still on plan for November and was not delayed.

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

TB17/09/15 CQC Final Action Plan

The Director of Assurance presented a brief report as the Board had received the full action plan prior to its submission to the Care Quality Commission [CQC] at its last meeting. Many of the actions are green but some are still amber and intensive action is being taken to release staff for training. Some actions are ongoing and will be completed by the next Board meeting. She is confident that progress is being made.

The Chairman said that this was hard work for the staff and asked whether there was anything that the Board could do to help.

The Director of Assurance replied that there was nothing immediate but it would be helpful to maintain the perspective that although there are areas to improve the Trust also do a lot well. Staff feel deeply disappointed when they do not reach high standards and it can have an impact on morale so acknowledging what is done well is important.

The Chairman asked if there should be a message to the staff from the Board but she would leave it to the Executive Team to decide when this is best done.

The Medical Director said that he had heard that Trusts who had got out of special measures and then gone back in were those who focused just on their Action Plans and did not embed change.

The Director of Assurance said that the emphasis here was about changing culture. It was not just passing an exam but becoming educated about the curriculum. Peer review is key to cultural change. The team are conscious of staff disappointment and are adopting a proactive approach.

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

TB17/09/16 Workforce and OD Performance Report Q2 2017/18

The Director of Improvement and Culture presented the report for Q2 and highlighted the following points. He said that the main priority is recruiting enough nursing and clinical support staff. The supply of European nurses has dropped by 90% mainly due to the English language test rather than Brexit. It is necessary to find alternatives but not just from overseas. Recruitment rates need to improve with Oxford Brookes University. The Trust used to recruit 75% of their graduates and now it is reduced to 50%.

The other area to improve upon is retention as that makes a huge difference. The Trust needs to understand what is happening in the areas of highest turnover. Development opportunities make a difference as does local leadership and team culture.

The report also includes areas that need development such as appraisal rates not being high enough and developing the OD and Learning Development Strategy including sharing good practice across the Trust.

The Chairman asked if the Board could do more to encourage staff to complete the staff survey as a bigger survey provides a more accurate result. This will be reviewed at the next Quality Committee.

Mr Goard noted two points regarding the exit data and career development. He said that with the appraisal system, it was not just the percentage being done but how well staff were being appraised.

Ms Hay-Plumb asked whether the director envisaged being able to map and model this against risk. The Director of Improvement and Culture replied that analytics in the workforce function was strong and workforce modelling is being done.

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

TB17/09/17 Update on Oxfordshire Transformation Programme; following outcome of Phase 1 Consultation on Health and Care Services in Oxfordshire including the Report on transfers from free-standing Midwife-led Units (MLUs) in Oxfordshire

The Director of Clinical Services presented the Report on transfers from free-standing MLUs in Oxfordshire that had been prepared by the Divisional Director, Children's and Women's Division, and colleagues. The report looks at births in the MLUs, the nature of transfers, the distance involved and ambulance availability except for HGH which has its own ambulance.

He explained that Table 1 shows the numbers of births at each MLU. Table 2 shows the transfer rates for 1st and 2nd pregnancies and Table 3 shows the timings of the transfer. Table 4 analyses the transfer times but HGH has an outlier as it took 120 minutes for one transfer when the ambulance got a puncture. The mother and baby were fine.

The Director of Clinical Services said that the work suggests that there is no difference in outcomes. The review shows that there have been no adverse outcomes for mother or baby related to transfer times to the John Radcliffe Hospital during the 12 month period analysed and no instances where an ambulance on site would have changed the outcome. There were no recommendations.

Ms Hay-Plumb commented that some of the MLUs were very small and only delivering babies every 12 to 14 days. She also asked whether the Units should be handling first pregnancies if a high percentage end up in hospital.

The Director of Clinical Services explained that the MLUs operate a different model and 3 of them form part of the Community Midwifery service which provides a full rotation for its midwives. Also the service for first pregnancies needs to be offered under the Birthplace Choice Initiative. The Medical Director added that what the Trust does is compliant with national standards and they share the local data with women so they can make their choice.

In response to the Chairman's request for an update on recruitment, the Director of Clinical Services further reported on the recruitment campaign for obstetric middle-grade doctors to work at HGH which is being advertised again at present. They had recruited 7 of the 9 required doctors but a number of them are leaving and by January 2018 there will only be 4 out of the 9 required.

He also said that they still have only 6 out of the 12 neonatal nurses required at present. Therefore the Obstetric Unit at HGH cannot re-open at the moment as it would not be safe. HOSC has referred the situation to the Secretary of State for Health and the CCG consultation process is being challenged at Judicial Review.

The Trust Board received and noted the update.

TB17/09/18 Adults and Children's Safeguarding Annual Report 2017/18

The Chief Nurse presented the Safeguarding Report. She said that it was an interesting lookback on where the Trust is in this area. It also helps the Trust consider its approach going forward as there is a need to articulate this clearly. The Trust has planned an internal audit of MCA and DOLS and wants to introduce peer review. She highly commended the teams who were responsible for safeguarding and offered to update the Board more frequently.

Professor Mant said that the issue was that numbers are increasing relating to the question of when safeguarding teams need to be involved. He submitted that the graph on page 8 suggested that the Trust was not doing well on DOLS. The Chief Nurse responded that the number of applications declined or deemed inappropriate included cases where the patient had regained capacity prior to best interest and medical assessment, and that these numbers could skew the Trust data. The Chairman added that this difficulty is reflected in the national system. There is a national consultation about DOLS at the moment and the process could change following that.

Mr Ward asked about whether the initial decision about neglect could create an issue about how well the process is being followed. He asked whether the Trust was objectively analysing the need to enable staff to spend the right amount of time making the assessment.

The Chief Nurse responded that there is a difference between neglect and missed care. The Section 42 criteria for referral has created a bit of an industry as to whether someone reaches the threshold. She confirmed that assessments are done appropriately and that levels of nursing numbers on wards will come to the next Board.

Ms Hay-Plumb asked about how the Trust access data when nationally things are difficult with partnership working. The Chief Nurse replied that historically there has been a programme to allow data sharing and there is a date in the New Year for sharing information. The Chief Information and Digital Officer added that whilst there are a lot of governance issues about data sharing there will be a core set of data.

The Trust Board received and noted the Safeguarding Annual Report**TB17/09/19 Annual Review of Serious Investigations Requiring Investigation and Never Events 2016/17**

The Deputy Medical Director presented the report and said that there had been 106 Serious Incidents Requiring Investigation (SIRIs) during the financial year 2016/17. 0.5% of all incidents reported involved moderate or greater levels of harm (compared with 1.2% in 2015/16 and 0.65% of patient related incidents involved moderate or greater levels of harm (compared with 1.3% in 2015/16).

She said that the Trust has managed to sustain the level of incident reporting although there were fewer moderate and serious ones which is good. The Trust runs a weekly SIRI forum and the learning attitude of staff is humbling. In previous years 601 staff have taken part but 1,300 staff took part this year. A local CQUIN was negotiated in 2016/17 for extended training which was delivered by Helen Higham

and discussed earlier in the meeting. Patient Safety Alerts were launched on the intranet and have had over 15,000 hits.

The report reviews different categories of SIRIs and the learning from them and how the system will be developed in the future.

Mr Salt said that this is a huge success for the Trust. The review gives assurance of quality standards and the focus on patient safety. There is a lot of information in the review but if you attend a SIRI meeting, it is the culture of the staff which is impressive. The cultural change in this area is significant.

The Medical Director asked whether the reasons why serious harm was not being reported as much had been looked at and whether this was a good thing.

The Deputy Medical Director responded that the harm began to reduce before the SIRI forum existed but the SIRI forum brought consistency. Early work is being done to look at how and whether certain incidents are reported.

The Chairman thanked the Deputy Medical Director for her work on this.

The Trust Board received and noted the Annual Review of Serious Investigations Requiring Investigation and Never Events 2015/16.

TB17/09/20 Compliance with CQC Regulation 5: Fit and Proper Persons Policy

The Director of Improvement and Culture presented the Fit and Proper Persons Policy for the Board to approve. He also said that they have carried out a review that all Directors are compliant and they are just waiting for repeat DBS checks.

The Director of Assurance clarified that this is a refresh of compliance, and that all members of the Board had previously had a DBS check.

The Chairman said that she was pleased to hear that everyone was compliant.

The Trust Board approved the Fit and Proper Persons Policy and noted the position regarding the current assurance process.

TB17/09/21 Managing conflicts of interest: Policy for declaration of interests, gifts, hospitality and sponsorship.

The Director of Assurance explained that this area is transferring from her to the Chief Finance Officer. The policy has been updated because of national changes. The Trust wants to automate this process so that it is easier to understand compliance. In addition the Board is asked about conflicts of interest at every Board and Committee.

The Medical Director welcomed the intention to digitise conflicts of interest declarations. Medical staff have all had to declare interests as part of their annual appraisal and will need to tally this information.

The Trust Board approved the Policy for implementation.

TB17/09/22 Health and Safety Annual Report 2016/17

The Chief Information and Digital Officer presented the Health and Safety Annual Report for 2016/17. He said that it was positive overall but since April 2017 there have been a number of Health and Safety concerns raised and he will review these.

Mrs Tutt said that she took assurance from this report and asked if it could be prepared earlier next year so that the Audit Committee can review it before it comes to the Board.

Mr Goard welcomed the report and looked forward to seeing future reports.

The Trust Board reviewed and noted the contents of the annual report.

TB17/09/23 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 received and noted the report.

TB17/09/24 Any Other Business

The Chairman reported that new Governors were elected during the summer and they had their induction coming up. There would also be a seminar for all Governors.

She thanked Peter Ward warmly for his contribution as a Non-Executive Director since 2009. She said that there had been a lot of changes in the Trust since then and he has been prepared to take on additional duties and made a great contribution to the Trust in many areas.

TB17/09/15 Date of next meeting

A meeting of the Board to be held in public will take place on **Wednesday 17 January 2018** at **10:00** in the Seminar Rooms 2A/2B, George Pickering Education Centre, Level 3 at the John Radcliffe Hospital.

The Trust Board approved the motion that representatives of the press and other members of the public be excluded from the remainder of the meeting, having regards to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (*Section 1(2) of the Public Bodies (Admissions to Meetings) Act 1960*).