

Trust Board

Minutes of the Trust Board meeting in public held on **Wednesday 9 May 2018** at 10:00 in the Cancer Centre, Churchill Hospital.

Present:	Dame Fiona Caldicott	FC	Chairman
	Dr Bruno Holthof	BH	Chief Executive
	Dr Tony Berendt	AB	Medical Director
	Mr Jason Dorsett	JD	Chief Finance Officer
	Mr John Drew	JDr	Director of Improvement and Culture
	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
	Mr Geoffrey Salt	GS	Vice-Chairman and Non-Executive Director
	Mrs Anne Tutt	AT	Non-Executive Director
	Ms Eileen Walsh	EW	Director of Assurance
	Ms Sara Randall	SR	Acting Director of Clinical Services
In attendance:	Ms Susan Polywka	SP	Head of Corporate Governance and Trust Board Secretary
	Ms Marilyn Rackstraw	MR	Corporate Governance Manager
Apologies:	Professor Sir John Bell	JB	Non-Executive Director
	Professor David Mant	DM	Non-Executive Director

TB18/05/01 Apologies, welcome and declarations of interest

The Chairman welcomed governors, members, public and staff to the meeting, and thanked the Churchill Hospital for hosting this meeting of the Trust Board.

Apologies for absence had been received from Professors John Bell and David Mant.

The Trust Chairman declared her role as National Data Guardian, in relation to consideration of the Information Governance Annual Declaration including Six-monthly Review, noted under **TB18/05/16** below.

Ms Anne Tutt, Non-Executive Director declared her role as a trustee of the Oxford Hospitals Charity.

No other declarations of interest were made.

TB18/05/02 Minutes of the meeting held on 14 March 2018

The minutes of the meeting held on 14 March 2018 were reviewed and approved as a true and accurate record of the meeting subject only to an amendment at page 5 (shown in ***bold italics***):

TB18/03/09 Quality Report

...

- Infection Control metrics showed a stable position ... but the Medical Director confirmed that there had subsequently been further sporadic *C. difficile* **cases**, which would result in the Trust exceeding the ceiling for the year 2017/18.

...

TB18/05/03 Matters arising from the minutes

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

TB18/05/04 Action Log

The Action Log was reviewed, and the status of actions as recorded was noted and agreed. All actions were reported as being on track within the timeframes given.

The Board reviewed and agreed the status of actions as recorded.

TB18/05/05 Chairman's Business

There was no Chairman's business.

TB18/05/06 Chief Executive's Report

The Chief Executive presented his report which summarised matters of current interest to the Trust, amongst which particular issues were highlighted as follows.

A number of trust wide listening events had been held following publication of the staff survey for 2017. Entitled *Changing Things for the Better*, these had been well-attended by staff and had subsequently been followed up by directorate-specific discussions about what could be done to improve working conditions for staff, to inform the development of specific actions plans for implementation.

It was noted that a number of teams had been shortlisted for a range of prestigious awards which was regarded as very positive, particularly given the level of operational pressures faced by many.

Oxfordshire Clinical Commissioning Group's [OCCG's] confirmation that it had no plans to change the Emergency Department at the Horton was warmly welcomed, and the Trust reiterated its commitment to maintain and indeed enhance the provision of urgent care in North Oxfordshire by developing the Emergency Department [ED] at the Horton General Hospital [HGH], integrating services better to benefit patients, and continuing to work more effectively with colleagues in primary care.

The Chief Executive highlighted that since this report had been written and published, Public Health England had initiated a nationwide exercise to notify patients and offer a re-screen to women who had not been invited for their final screen between their 68th and 71st birthday as they should have been under the national NHS Breast Screening Programme. The Medical Director was able to confirm that the Trust was cooperating fully with the request to ensure that proper

capacity planning was in place to provide additional appointments required, including weekend clinics.

The Director of Assurance noted that action plans had been formally submitted in response to the reports published by the Care Quality Commission [CQC] and suggested that the Board and Governors be given an update on progress in implementation in six months' time.

Action: EW

Mr Geoff Salt, Non-Executive Director welcomed the success of the staff listening events, but emphasised the importance of demonstrating where things did indeed change for the better.

He also welcomed the launch of the #End PJ paralysis campaign, and asked the Chief Nurse what benefit to patients should endure beyond the duration of the campaign. She confirmed that the Trust, working in partnership with colleagues in Oxford Health, was reported to be amongst the best in the country for having the largest number of patients up and dressed each morning. The change in underlying attitudes should make a real difference to patients, leading to better health and greater independence.

The Trust Chairman confirmed that all members of the Board were hugely supportive of this initiative.

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

TB18/05/07 Relatives' Perspective

The Chief Nurse presented the report, which focussed on the process and lessons that could be learnt from a complaint.

The Board noted that the experience as related highlighted in particular:

- That miscommunication between the commissioner, the Trust and a third-party provider could result in delays in service provision for a patient;
- That the Trust must strengthen the discharge process and maintain a closer working partnership with community services in order to ensure effective referral systems post-discharge;
- That the Trust must communicate more effectively with patients at the point of discharge, so that patients understand the specific services that will be available to them, and appointments can be booked prior to discharge in a timely manner.
- That there must be closer communication and partnership working with OCCG, to ensure that the Trust is aware of changes to commissioned services external to the Trust.

The Chief Nurse highlighted that focus remained on the theme which related to the third party provider, Healthshare. She acknowledged that, on reflection, the complainant would have been better served by receiving a response prepared jointly between the Trust, the commissioner and the third party provider. Work continued to develop a closer working partnership with Healthshare.

The Board reflected on the lessons learnt, and assurance provided.

TB18/05/08 Quality Committee Report including Annual Report 2017/18

In the absence of Professor Mant, Mr Geoff Salt Non-Executive Director and Vice Chairman of the Quality Committee presented the regular report from the last meeting of the Quality Committee held on 11 April 2018, together with the Quality Committee Annual Report 2017/18.

In particular, he highlighted the key risks discussed, including:

- The potential risk that on-going operational and financial pressures could have an adverse impact on patient safety and the quality of care.
- A review of the summary of risks currently recorded on the divisional risk registers held by each of the five clinical divisions.
- Risks as identified in the findings of the CQC's reports on Maternity Services at the JR, OCE at the NOC, and the Well-Led Review;
- Risks associated with the temporary suspension of Obstetric and Neonatal services at HGH, and the contingency plan instituted.

Overall, the principal issue of concern to the Committee related to risks associated with the fragility of maintaining safe staffing levels. While assured that the safety of patients was secured through the efforts of staff, the Committee was less confident that there had been no negative impact on patient experience, and the importance of ensuring staff health and well-being was emphasised.

It was highlighted that the Committee would expect the Trust Management Executive [TME] to monitor adherence to the process for escalation of risks as appropriate from divisional risk registers to the corporate risk register [CRR], including through scrutiny undertaken by the Clinical Governance Committee as a sub-committee of TME.

The Board received and considered the regular report from the Quality Committee, and formally received and accepted the Quality Committee Annual Report 2017/18.

TB18/05/09 Quality Report

The Medical Director introduced the Quality Report to the Board, highlighting performance against the Key Quality Metrics, before handing over to the Chief Nurse to speak specifically to the sections on safe staffing and patient experience.

In reviewing performance against the key quality metrics, the following points were highlighted:

- In March 2018 there had been 4 cases of OUH apportioned C..Difficile against a monthly cumulative limit of 5. The OUH had finished 2017/18 three cases over trajectory.
- There had been no new cases of colonisation with Candida auris on the Neuro Intensive Care Unit in March.
- Numbers of influenza cases had remained high during March.
- The children's surgical ward (Robin's ward) had experienced a confirmed Norovirus outbreak in March.
- Eight Serious Incidents Requiring Investigation [SIRI] had been declared in March 2018
- Three SIRI were submitted for closure (approval) to OCCG in March 2018

- To-date none of the 18 structured judgement reviews of deaths had shown any deaths judged more likely than not to have been due to problems in care.
- No new mortality outliers had been received by the Trust in this reporting schedule.
- The Summary Hospital-level Mortality Indicator (SHMI) for the data period October 2016 to September 2017 was 0.92. This is rated 'as expected.'
- The Hospital Standardised Mortality Ratio (HSMR) was 91 for the data period January 2017 to December 2017. The value is 'lower than expected'.

The Medical Director acknowledged that it was disappointing that the number of C. Difficile cases had breached the ceiling for 2017/18, but confirmed that through case review with feedback, typing and/or sequencing of isolates, and with the continued promotion of antimicrobial stewardship and good infection prevention practices, the Board could be assured that the Trust continued to educate staff and promote a reduction in cases.

The Chief Nurse then presented the sections of the Quality Report relating to safe staffing and patient experience, highlighting the following points in particular:

- Nursing and Midwifery staffing capacity remained a key constraint for the Trust.
- The Trust had seen an increase in the prevalence of Category 2 and 3 pressure ulcers over the winter period
- The Trust has seen a decrease in major injury from falls
- The Trust was seeing a marked increase in support required for safeguarding advice, which was being provided by an expanded corporate team.
- The report identified key themes from complaints that would be the focus of improvement over the coming months.

The percentage of actual shifts filled against those planned (including those shifts filled by temporary staff) as reported to the National system (unify) for March 2018 was confirmed to be:

- 89.70% for Registered Nurses/Midwives
- 86.58% for Nursing Assistants (unregistered staff).

The Chief Nurse highlighted the importance of maintaining stability in Band 6 and Band 7 nurses and confirmed that work remained ongoing to ensure that a Band 6 was deployed on every shift to provide appropriate seniority and leadership.

It remained the case that where shifts were initially identified as 'at risk', mitigating measures might include the redeployment of nursing staff from another area, and/or the temporary closure of beds where necessary to maintain patient safety. Recognising that *ad hoc* redeployment was not popular with all nursing staff, it was proposed that a pool be developed of staff who were willing to be deployed as appropriate, and who would expect to be so, as had been successfully developed in Cambridge.

Additional functionality for the e-roster system was now ready to pilot in four ward areas, and once rolled-out this should enable "safe staffing" to be monitored via the e-roster system using Care Hours Per Patient Day [CHPPD] rather than the planned number of posts, as was the current method.

The Chief Nurse also highlighted the activity reported in relation to Safeguarding, confirming that the team had recently been expanded to include three specialist nurses.

The Chief Nurse reported that the Trust was consulting with staff and key stakeholders about the benefits of open hospital visiting, recognising that support from family and friends, in the form of hospital visits, was an integral part of many patients' recovery. Open visiting would allow more flexibility for relatives to visit their loved ones at a time that suited them, and a Visitors' Charter was being developed to provide guidelines on issues such as the number of visitors allowed around a patient's bed, preventing the spread of infection and protecting mealtimes.

She confirmed that the Trust was also in the process of drafting a new policy to support the Trust's aim to make its hospitals more dementia friendly by giving relatives and carers the chance to spend more time with their loved one and have an active role in their care while they were in hospital.

The Board was reminded that the Trust would be marking International Nurses and Midwives Day with a conference due to be held in Tingewick Hall on Friday 11 May 2018, which all members of the Board and Governors were welcome to attend.

Mr Christopher Goard, Non-Executive Director and Senior Independent Director noted that the number of GP feedback reports had decreased markedly, from 181 in January to 82 in March.

He also noted the divisional breakdown of compliance with the World Health Organisation [WHO] checklist, and noted that the exception report for March 2018 showed the reported compliance of Children's and Women's [C&W] Division at 91%, compared to the Medicine, Rehabilitation and Cardiac [MRC] Division and Clinical Support Services [CSS] Division each at 99%, and the Surgery and Oncology [SuOn] Division and Neurosciences, Orthopaedic, Trauma and Specialist Surgery [NOTSS] Division each at 100%. Coupled with the fact that there had been 3 SIRI declared in relation to the C&W Division (the highest number in any division) during March, he remarked that this made the C&W Division something of an outlier on two key quality metrics.

With regard to the exception report on non-compliance with the WHO checklist in the MRC and CSS Divisions, the Medical Director drew the Board's attention to the explanatory narrative provided in Table 3, to confirm action being taken, and he confirmed that no SIRI had been declared in relation to non-compliance with the WHO checklist.

Mr Salt highlighted that the results of the hand hygiene validation audit in March 2018 gave cause for concern. It was noted that each of the clinical divisions had been asked to produce their own action plans to address low hand hygiene scores, with support from the Infection Prevention and Control [IPC] team on any training and educational needs required; and with the IPC team also delivering its own action plan. It was further noted that a number of events had taken place across the Trust during Global Hand Hygiene week, April 30th –May 5th 2018.

There was support for Mr Salt's suggestion that he discuss with Professor Mant how he, as Chairman of the Quality Committee, might wish to follow up and monitor the effectiveness of action plans in improving hand hygiene.

Action: GS

The Director of Assurance commented that the IPC team and all staff on the Neuro Intensive Care Unit [NITU] were to be commended for their exceptionally good management of *Candida auris*, noting that there had been no new acquisitions of

colonisation of *Candida auris* on NITU during March 2018, and the last colonisation of a patient had occurred in November 2017.

The Board received and noted the contents of the Quality Report.

TB18/05/10 Finance and Performance Committee Report

Mr Salt, Non-Executive Director and Chairman of the Finance and Performance Committee, presented the regular report from the last meeting of the Finance and Performance Committee held on 11 April 2018, together with the Finance and Performance Committee Annual Report 2017/18.

The principal issues were reflected in the key risks as identified at page seven of the report. Points raised in discussion in the meeting held in April were highlighted to have included the following:

- The risk that the required trajectory for performance against the four hour ED standard would not be met unless improvements were achieved in the rate of flow through and discharge from the hospital;
- The risk that sustainable reductions in waiting times for patients on incomplete pathways could not be achieved, resulting in a failure to meet national guidance that the waiting list be the same size at the start and end of the 2018/19 year;
- The risk that constraints on theatre capacity would limit the ability to deliver the 62 day cancer treatment standard, particularly for Gynaecology and Head and Neck tumour sites;
- The risk that, unless sustainable improvement in performance was delivered in gynaecology, the ability to meet the national requirement to at least halve the number of patients waiting over 52 weeks would be threatened;
- The risk that measures to improve performance in the challenged clinical areas identified through Q3 performance reviews would not be delivered;
- The risk that the Trust would not be able to deliver the financial re-forecast for 2017/18.

Mr Salt noted that the Committee was focussed on seeking assurance that operational performance standards relating to A&E performance, Referral to Treatment [RTT] for elective care and Cancer standards could be met in the context of system wide plans. The Committee also sought to understand the outcome of the quarterly divisional performance review process and its effectiveness.

The Board received and considered the regular report from the Finance and Performance Committee, and formally received and accepted the Finance and Performance Committee Annual Report 2017/18.

TB18/05/11 Integrated Performance Report Month 12

The Acting Director of Clinical Services presented the Integrated Performance Report (IPR) up to 31 March 2018, in which the key headlines on performance were summarised to include:

- In March 2018, 2,762 patients waited over four hours from arrival to admission, transfer or discharge from OUH's Emergency Departments. The Trust's four-hour wait performance reduced to 79.27%.
- High levels of bed occupancy continued to be experienced.

- On 31 March 2018, 7,456 of 50,147 patients on incomplete pathways at OUH were waiting for over 18 weeks. The total list size grew by 1,562 from February and waits of over 18 weeks grew by 654 (9.6%).
- Performance against the national RTT Incomplete standard of 92% reduced again from 86.0% in February to 85.13% in March.
- OUH ended the year 2017/18 having delivered 3.8% more day case admissions than planned, 13.1% fewer inpatient admissions and 0.15% fewer outpatient attendances.
- Over 52-week waits in Gynaecology rose again to 164 (having been 70 in December). Another six patients were waiting for over 52 weeks for services associated with their Gynaecological treatment and a further 11 patients were waiting for over 52 weeks in seven other specialties.
- In March 2018, the percentage of patients receiving planned care within 18 weeks of referral reduced further to 85.13%. A slightly higher percentage of people who were admitted for treatment received it within 18 weeks in March than in February.

Seven of the eight national cancer standards had been met in February (the most recent month for which nationally validated data was available), with the percentage of patients receiving first treatment within 62 days from urgent GP referral falling to 81.4%, against the standard of 85%. The Urological, Head and Neck, Gynaecological oncology, Lung and Lower GI tumour site groups continued to account for most breaches, with some improvement in Lower GI and Gynaecological and some worsening in Head & Neck, Lung and Upper GI.

It was noted that huge progress had been made over the past year to meet and sustain the delivery of most of the targets for cancer care.

In relation to Urgent Care, it was noted that performance reported in March in relation to the ED 4 hour standard had dropped to under 80%. Although performance was verbally reported to have improved to 86.3% in April, this remained below the trajectory of 90% and the national standard of 95%. ED attendances were noted to have increased year on year, as had Emergency Admissions, with patient acuity reported to be high, and 'general and acute' bed occupancy having been running at over 95% since October 2017.

The Trust Chairman expressed the Board's appreciation of staff members' commitment to maintaining patient safety, and to delivering the highest possible level of performance in the face of operational pressures, and asked that this be passed on to all members of staff.

The Chief Nurse noted that Pauline Philip, National Urgent and Emergency Care Director for NHS England was scheduled to visit to the Trust, to follow up on key actions that she had advised on a previous visit. Progress on the Urgent Care Delivery Programme was due to be reported at the Board Seminar in June, and winter plans were to be stress tested across the system.

In relation to Referral to Treatment Time [RTT] for elective care, 85.13% of patients on incomplete pathways had not waited longer than 18 weeks for consultant-led elective treatment (against the standard requiring that at least 92% should not wait longer than 18 weeks) with the total number of patients on incomplete pathways at OUH waiting for over 18 weeks on 31 March 2018 standing at 7,456 out of a total of 50,147 patients on incomplete pathways. This represented a growth in the total size

of the waiting list of 1,562 compared to February and a growth in over 18 week waits of 654 (9.6%).

The Director of Assurance asked how patients were being supported and the Acting Director of Clinical Services confirmed that patients were being booked for treatment in line with the Trust's Access Policy, taking due account of both waiting time and clinical priority.

The Chief Executive noted that good progress had been made to improve the urgent care pathway, and it was hugely positive that the Trust continued to meet most targets for cancer care. With regard to waiting times for elective care, the Trust was still in discussion with commissioners to determine the maximum capacity that could be commissioned

The Board received and noted the content of the Integrated Performance Report for Month 10.

TB18/05/12 Financial Performance up to 31 March 2018

The Chief Finance Officer presented the report on the Trust's financial performance up to 31 March 2018, in which the key headlines were summarised to include:

- Month 12 EBITDA¹ was +£16.0m, which was a £14.1m improvement on February.
- The Trust had received £5.4m Sustainability and Transformation Funding [STF] in March.
- Year to date EBITDA was +£41.1m, which was £32.3m behind plan (excluding STF) and £0.9m behind the forecast.
- The control total deficit inclusive of STF was £7.3m.
- Cash was reported at £39.9m, which was £21.5m below the plan, £15.6m above forecast
- Capital expenditure was reported at £37.0m, £23.0m below the plan.

The underlying EBITDA run rate had improved in month to £3.8m, and that improvement had been supplemented by non-recurrent measures to deliver the £41.1m EBITDA outturn.

£6.6m shortfall in the outturn versus the forecast for non-EBITDA items comprised the majority of the shortfall versus the reforecast, and was reported to be largely due to anticipated asset sales not being realised.

In a difficult winter, elective income had been lost due to cancellations directed by NHS England and there had been growth in non-elective activity.

The Medical Director noted that pay expenditure to date was £584.9m, which was £20m above plan and enquired whether this included overtime. The Chief Finance Officer confirmed that, while the increase in pay costs was partly offset by lower bank and agency cost (£0.3m), pay costs were continuing to rise despite operational teams reporting that staff shortages are causing operational pressures, and this was in the main driven by the premium costs associated with incentive payments made the last few months.

¹ Earnings before interest, tax, depreciation and amortization

Recognising the success of the staff incentive scheme in having enabled more beds to be kept open with a safe level of staffing than would otherwise have been the case, it was also recognised that it would only be sustainable provided that staff health and well-being was maintained. The Chief Nurse advised that many members of the nursing staff who participated in the staff incentive scheme had a contract where their base hours might not be for more than 1 shift per week.

In relation to capital expenditure, which at Month 12 was reported at £37.0m against a plan of £60.0m, the Chief Information and Digital Officer emphasised that the Trust's ability to invest was determined by the level of underlying EBITDA performance generated.

The Board received and noted the content of the report on financial performance.

TB18/05/13 Workforce and Organisational Development Performance Report Q4

The Director of Improvement and Culture presented the report, highlighting the following key points of note:

- Whilst the Trust had experienced a reduction in its turnover rate, 14.2% at Q4, the number of leavers continued to be too high, and this was recognised to represent a challenge.
- The recruitment and retention of staff was affected by the cost of living and working in the Oxford area.
- At the end of Q4, the overall statutory and mandatory training compliance rate was 84.9% against a target of 90%.
- Sickness and absence levels had risen in Q4 to 3.3%, as had been predicted, to just above the Trust's KPI of 3.2%. The Trust continued to compare favourably to national rates of 4.1%, and against the Shelford group, at 3.8%.
- Agenda for Change (AFC) appraisal rates continued to be disappointing at 62% and appraisal completion rates needed to be improved in 2018/19 as a matter of priority.

It was confirmed that work was well underway to develop the Trust's People Strategy, which was due to be presented to the Board at its meeting in July.

Action: JDr

The Director of Improvement and Culture also reported that Liz O'Hara had joined the Trust on secondment from University College London Hospital [UCLH] as the Interim Director of Workforce.

Mr Salt welcomed the Workforce and Organisational Development Performance Report for Q4, but emphasised the urgent need to improve appraisal completion rates, as fundamental to staff satisfaction and staff engagement; having the potential to transform the Trust and its workforce.

The Director of Improvement and Culture confirmed that this was to be prioritised, and that the scope for improvement of the current electronic appraisal system was being actively explored.

The Chief Information and Digital Officer suggested that appraisal expressly address satisfactory completion of statutory and mandatory training, the rates for which also needed to be improved.

The Medical Director highlighted that Medical Appraisal rates were not included within the Trust's metric, and confirmed that statutory and mandatory training had to have completed before any medical appraisal could be signed off.

The Director of Assurance emphasised the importance of ensuring that all appraisals completed were of good quality, to equip staff to deliver the best care for patients.

The Board received and noted the content of the Workforce and Organisational Development Performance Report Q4.

TB18/05/14 Audit Committee Report

Mrs Anne Tutt, Non-Executive Director and Chairman of the Audit Committee presented the report of the last meetings held on 18 April and 2 May 2018, highlighting the main issues and key risks discussed and the decisions taken. She highlighted that the Committee expected to receive clear assurance on the Annual Accounts before recommending that the Board adopt them on 23 May 2018. An additional meeting had been scheduled for 16 May, in advance of the next formal meeting on 22 May, for the review of papers.

It was noted that the Counter Fraud Annual Report 2017/18 had been presented to the Committee, including outcomes from the Trust's Self-Review Tool [SRT] undertaken by the Local Counter Fraud Specialist [LCFS], which reported an overall green rating on counter fraud provision.

It was highlighted that the Head of Internal Audit opinion was one of significant assurance, with minor improvements, which was positive.

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

TB18/05/15 Trust Management Executive [TME] Report including Annual Report 2017/18

The Chief Executive presented the regular report to the Board on the main issues raised and discussed at the meetings held in March and April 2018, noting that many of the issues had already been considered under earlier items on the agenda.

Points highlighted in particular included:

- TME had considered the key findings contained within three reports of inspections undertaken by the Care Quality Commission [CQC]: the report on the CQC's inspection to determine whether services at the Trust were well-led, and focused inspections of the Oxford Centre for Enablement [OCE] at the Nuffield Orthopaedic Centre [NOC], and of Maternity Services at the John Radcliffe Hospital;
- TME had kept under review the achievement of operational performance standards, including constitutional standards relating to A&E performance, cancer care and 18 week Referral to Treatment standard;
- Financial performance and controls including non-pay expenditure and short, medium and long term plans had also been kept under review.

It was noted that the Urgent Care Delivery Programme would report on progress to TME, to ensure appropriate support and oversight.

TME's Annual Report 2017/18 was presented. The Director of Assurance advised that, following up on all Annual Reports of sub-committees of the Board and of TME, a further review was to be undertaken, to include consideration of membership.

The Board received and noted the contents of the regular report from the TME, and formally received and accepted TME's Annual Report 2017/18.

TB18/05/16 Information Governance Annual Declaration including six monthly review

The Trust Chairman declared an interest in this item in her role as National Data Guardian.

The Chief Information and Digital Officer presented the report for information to the Board. He highlighted that the IG toolkit had been submitted to NHS England, and the Trust had obtained a score of 100% compliance. An audit had been undertaken by KPMG, which had identified that the Trust was at the top of the table nationally, from which assurance could be taken.

The IG training module had been reviewed and expanded following identification of data breaches. Monitoring remained ongoing.

A total of 398 Freedom of Information Act [FOIA] requests had been received in the second half of 2017/18, and on average 79% were responded to within 20 working days. This was a slight reduction from 86% in the first half of the year, and likely to relate to a reduction in staffing levels within the Information Governance department.

Ms Paula Hay-Plumb, Non-Executive Director stated that the report provided a high level of assurance, but enquired how best to ensure that could be sustained.

The Chief Information and Digital officer responded that the team were focused on ensuring that all members of staff were trained to discharge their relevant responsibilities. It was acknowledged that more could be published on the FOIA site to mitigate the volume of requests received. The NHS digital toolkit was due to be advanced and revised over the coming year, and it was noted that the Trust would need to assess the changes and consider developing an implementation plan.

The Board received and noted the contents of the report.

TB18/05/17 Register of Interests and Register of Gifts, Hospitality and Sponsorship

The Director of Assurance presented the report, which attached an updated register containing Board members' declarations of interest for the year 2017/18, together with an updated register of gifts, hospitality and sponsorship in 2017/18, which would be included in the Annual Report 2017/18.

Minor changes were noted within the meeting for correction prior to final publication.

The Trust Chairman noted that she would seek further clarification from the Trust Secretary as to the requirement to declare hospitality.

Subject to minor amendments as indicated, the Board reviewed and approved the Register of Interests and Register of Gifts, Hospitality and Sponsorship for inclusion within the OUH Annual Report 2017/18.

TB18/05/18 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 Chief Finance Officer noted the number of lease agreements that were being signed by the Board, and highlighted that this was not an overall increase in the number of leases that the Trust was entering, but rather a housekeeping exercise within the property management team to ensure that all records and leases were signed and up to date.

The Board received and noted the report.

TB18/05/19 Any Other Business

The Trust Chairman reported that at its meeting held on 30 April 2018, the Council of Governors had agreed a one year extension to the current terms of office for Non-Executive Directors (within the 3 year maximum term allowed under the Constitution):

- Mr Geoff Salt (extended up to 15 April 2019);
- Professor David Mant (extended up to 12 October 2019); and
- Mr Christopher Goard (extended up to 12 October 2019).

Governors had considered this to be in the best interests of the Trust, to ensure some consistency and stability in the Board at a time when a new Chairman was due to be appointed.

It was confirmed that an Appointment Panel for the Chairman had been convened in line with the requirements of the Constitution, under the chairmanship of Mr Salt.

It was also reported that the Governors' *Patient Experience, Membership and Quality Committee* would be working with the support of the Corporate Governance team, and external legal advice, to develop proposals for amendments to the Constitution which would be subject to approval by both the Board and the Council of Governors. In the meantime, the Council of Governors has asked that the Board consider approving an ad hoc amendment to the Constitution that would allow a governor to stand for election to office (or be re-appointed), **provided that** the total duration of the terms of office served would not exceed six years in aggregate.

The Board considered and agreed the proposed amendment to the Constitution.

TB18/05/20 Date of next meeting

A meeting of the Board to be held in public will take place on **Wednesday 11 July 2018** at **10:00** in the OCE Conference Room, Nuffield Orthopaedic Centre.

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).