

Trust Board

Minutes of the Trust Board meeting in public held on **Wednesday 14 March 2018** at 10:00 in the Training Room at the Horton General Hospital, Banbury.

Present:	Dame Fiona Caldicott	FC	Chairman
	Dr Bruno Holthof	BH	Chief Executive
	Professor Sir John Bell	JB	Non-Executive Director
	Dr Tony Berendt	AB	Medical Director
	Mr Paul Brennan	PB	Director of Clinical Services
	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
	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
In attendance:	Ms Susan Polywka	SP	Head of Corporate Governance and Trust Board Secretary
	Ms Janice Smith	JS	Interim Minute Secretary
Apologies:	None		

TB18/03/01 Apologies, welcome and declarations of interest

The Chairman welcomed governors, members, public and staff to the meeting, and thanked the Horton General Hospital [HGH] for hosting this meeting of the Trust Board.

There were no apologies for absence received from Trust Board members but it was noted that Ms Louise Patten, Chief Executive of Oxfordshire Clinical Commissioning Group [OCCG] had sent her apologies, as she had hoped to be able to attend to participate in discussion of the report recently published by the Care Quality Commission [CQC] following its review of the Oxfordshire Health and Social Care System; and to comment on the Secretary of State for Health's acceptance of advice issued by the Independent Reconfiguration Panel [IRP] that further local action was needed before a final decision could be taken about the future of maternity services in Oxfordshire.

The Chairman confirmed that the Trust appreciated the increase in opportunities that had been taken for system partners to collaborate.

No declarations of interest were made.

TB18/03/02 Minutes of the meeting held on 17 January 2018

Minutes of the meeting held on 17 January 2018 were approved as a true and accurate record of the meeting.

TB18/03/03 Matters arising from the minutes

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

TB18/03/04 Action Log

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

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

TB18/03/05 Chairman's Business

The Chairman reported on the Council of Governors' meeting held on 30 January 2018 in Oxford, which was attended by 20 (out of 29) Governors. Newly elected and appointed Governors who had been welcomed to their first meeting of the Council included:

- Simon Brewster – Staff, Clinical;
- Tony Bagot-Webb – Public, Northants and Warks;
- Lawrie Stratford – attending his first meeting since having been nominated to represent Oxfordshire County Council;
- David Radbourne – attending his first meeting since having been nominated to represent NHS England;
- Gareth Kenworthy – attending his first meeting since having been nominated to represent Oxfordshire Clinical Commissioning Group.

Business considered by the Council of Governors had included:

- An update on winter pressures and Emergency Department performance;
- An update on the process for development of the Trust Business Plan for 2018/19;
- Approval of the recommendation of the Audit Working Group for appointment of the Trust's external auditors for the 2018/19 financial year and for the subsequent two years subject to satisfactory performance;
- Communications with patients, the public and key stakeholders about chemotherapy services;
- Regular updates from Governors' Committees;
- Working arrangements for the committees and work programme for 2018/19;
- Regular update from Young People's Executive;
- Approval of proposed changes to the Constitution as agreed by the Board on 17 January 2018; and
- Use of votes in elections to NHS Providers' Advisory Council.

It was noted that the next meeting of the Council of Governors was scheduled to take place on Monday 30 April 2018 in Bicester.

TB18/03/06 Chief Executive's Report

The Chief Executive presented his report, highlighting the significant pressures that had been felt across the NHS, and commending staff for the efforts they had made to secure the safety of patients.

All members of staff in the Endoscopy Department at HGH were congratulated on having achieved accreditation by the Joint Advisory Group [JAG] on Gastrointestinal Endoscopy.

The Chief Executive drew the Board's attention to the statement of Oxfordshire's system leaders, reflecting on lessons learned from Phase 1 of the consultation on the Oxfordshire Transformation Programme, and the CQC's report of its system-wide review. He confirmed that, had the Chief Executive of OCCG been able to attend as she had planned, she would have expressed OCCG's commitment to engage in locality-based discussions, to find solutions tailored to the needs of specific communities. The Trust has confirmed its commitment to collaborating with system partners in responding to the CQC system-wide review, and considering recommendations of the Independent Reconfiguration Panel [IRP]. The Chief Executive highlighted that the role and composition of the Health and Well-Being Board was under review, and all system partners needed to respond to the imperative to integrate the delivery of health and social care across Oxfordshire.

Plans to mark NHS70 were noted, and Mr Geoff Salt, Non-Executive Director and Vice Chairman suggested that the NHS70 Parliamentary Awards should provide an opportunity to celebrate all that was precious to those who served the NHS, and those who were served by it. He expressed the hope that national and local coverage of the events to mark NHS70 would redress the balance of what was often negative coverage, and thereby help to counter the negative impact on the morale of staff who worked so hard to deliver high quality patient care. With specific focus on the services provided by the OUH Trust, he encouraged the Trust to showcase all that should be celebrated by residents throughout Oxfordshire, across all four of the main hospital sites.

The Chairman thanked Mr Salt for his comments and all members of the Board endorsed the approach advocated.

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

TB18/03/07 Relatives' Perspective

The Chief Nurse presented the story of the overall positive experience of Mr M's family when he was diagnosed and treated for a subarachnoid haemorrhage at the John Radcliffe Hospital but sadly passed away.

The Board noted that the story of the family's experiences in particular highlighted:

- The high value of the sensitivity, kindness and compassion shown by staff in providing 'holistic' care and treating the patient within the context of his family including his carers and relatives who are equally affected by the patient's situation. This includes providing emotional and psychological support to the family member in the hospital;
- The value of effective communication and involvement of family and relatives (especially when the patient is unable to communicate) in discussions about the patients' care, treatment and the progress of their condition. Providing clear

information about current care and treatment and enabling family members to take part in appropriate support alongside the nursing care team;

- The importance of maintaining communications between staff and family members to manage expectations. This includes staff handover of information when patients are moved from one ward to another and communicating what relatives/carers can and cannot do in differing environments;
- The importance of having private conversations with the next of kin when discussing end of life care and the extra sensitivity required when raising the topic of organ donation.

The value of providing open visiting was specifically considered, and generally endorsed, noting that this was complemented by the provisions of the Visitors' Charter.

The Director of Assurance suggested that the story illustrated that, while the existence of and adherence to appropriate clinical policies and procedures is important, focus should be maintained on delivering patient-centred care, to meet the needs of the individual patient and family

The Chairman expressed gratitude to members of the patient's family for sharing their experiences, and asked that a letter of thanks be sent on behalf of the Board.

Action: SF

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

TB18/03/08 Quality Committee Report

Professor David Mant, Non-Executive Director and Chairman of the Quality Committee presented the regular report from the last meeting of the Quality Committee held on 14 February 2018.

This was noted to have been presented in a new format, with the aim of providing a clearer focus on risks identified, and evidence of the progress made over time in addressing issues considered by the Committee. Key points considered at the meeting held in February had included:

- Evidence of improvement in the management of hospital acquired pressure ulcers;
- Observable decline in serious incidents causing moderate and serious harm, whilst overall incident reporting levels had been maintained;
- Hand hygiene validation audits conducted in December 2017 had showed a poor rate of compliance with hand hygiene (with only 2 of the 25 areas assessed as meeting the 90% compliance target). A full action plan is being implemented by the Infection Control team;
- Delay in taking patients to theatre with fractured neck of femur had improved, though the Committee noted that there remained room for improvement in the proportion of patients having their operation within the recommended time frame;
- Following an audit of venous cannulas having shown a preponderance for siting these in the ante-cubital fossa (inside fold of the elbow), despite established evidence that this was not the optimal site, the Medical Director confirmed that he is following this up.

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 stressed.

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

TB18/03/09 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:

- Audits of compliance with the World Health Organisation checklist show that two of the five clinical divisions demonstrated compliance of less than 100%, with actions in place to improve compliance;
- Timeliness in providing test result endorsement and discharge summaries remained an area for improvement. In January 2018, 85.2% of discharge summaries were sent before or within 24 hours of discharge against a target of 95%; and 77.4% of results were endorsed on the Electronic Patient Record [EPR] within 7 days, against a target of 90%. Both indicators had fallen short of the targets set by OCCG;
- Infection Control metrics showed a stable position during the period in respect of which data was reported, but the Medical Director confirmed that there had subsequently been further sporadic C.difficile outbreaks, which would result in the Trust exceeding the ceiling for the year 2017/18;
- There was one Never Event declared on 30 January 2018 when a patient had a wrong site nerve block which was recognised prior to surgery. Three more Never Events were declared in February 2018 (two wrong site blocks and one wrong site surgery);
- 5 Serious Incidents Requiring Investigations (SIRI) were declared in January 2018;
- Learning from deaths: from the December 2017 structured judgement reviews of mortality, there were no deaths judged more likely than not to have been due to problems in care.

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

- There was increased and growing confidence in use of the Friends and Family Test. The Information Governance Team was reported to have raised the confidence level in the data from 2 to 4;
- The Trust had received 86 new formal complaints in January 2018 (increased from 65 received in December 2017). The complaints team continued to achieve acknowledgement of at least 95% of all complaints within 3 working days as

required, and had acknowledged 99% of complaints within that timescale in January 2018;

- CQC had carried out the National Patient Voices Maternity Survey;
- Work was being undertaken to develop more sophisticated reporting on staffing levels, focused more on patient need than on staff numbers, and with increased advantage to be taken of the role of the nursing associate as appropriate;
- Work was also underway across the Oxfordshire system, led by the Chief Nurse, to reduce the number of 'stranded' patients (defined as those in hospital for more than 7 days);
- Safe staffing dashboards were confirmed to be under review, to help highlight areas of potential concern relating to staffing levels and quality indicators.

In discussion of the Quality Report, the Chief Information and Digital Officer provided an update on work underway to support improved timeliness in issuing discharge summaries, though the challenges were recognised to be multi-faceted. It was recognised that the matter would not be resolved through enhanced digital solutions alone, but would require behavioural changes as well.

Mr Christopher Goard, Non-Executive Director highlighted the continuing incidence of wrong site blocks reported, and asked whether this indicated a failure to deliver human factors training, and/or a failure of the human factors training to deliver a reduction in the incidence of error. Professor Bell suggested that more rigorous sanctions might need to be deployed where policies and procedures had not been followed.

The Medical Director advised that efforts needed to be concentrated on supporting staff to undertake full experiential human factors training, and embed the learning gained. Whilst staff needed to be held to account for their practice, organisational learning depended upon the ability to learn from mistakes made.

Professor David Mant, Non-Executive Director remarked that a full root cause analysis would have to be considered before determining whether it was appropriate to discipline any individual member of staff, and he suggested that operational pressures might be found to have had a bearing.

The Chairman highlighted that the reported rate of compliance with the WHO checklist indicated that there was not a universal 'mind-set' of appreciating the importance of adherence to policy, and she asked that the Medical Director provide an update on this in the next Quality Report.

Action: TB

Professor Mant noted that the Horton General Hospital was one of the best performing hospitals in the country for hip fracture care, and queried why the John Radcliffe was below average. The Medical Director responded that one factor was the complexity of different services at the John Radcliffe Hospital, and the consequent competition for theatre time, exacerbated by the closure of trauma beds, and additional winter pressures.

The Director of Clinical Services added that there was not currently sufficient bed capacity at the John Radcliffe Hospital for general and major trauma, and proposals were being developed for submission to the Board, which would increase the utilisation of capacity at HGH.

Mrs Anne Tutt, Non-Executive Director noted the reported increase in length of stay in the Emergency Assessment Unit [EAU], and it was confirmed that this reflected very high levels of bed occupancy, which was in turn caused in part by a significant number of beds occupied by patients with influenza (the 'tail' of which was taking a long time to be cleared this year), and by the very high number of stranded patients (currently running at over 170 each week). As mentioned above, the Chief Nurse was confirmed to be leading work across Oxfordshire to reduce the number of stranded patients.

Overall, the Board noted that consideration must always be given to how action required to manage a particular risk (*for example* the closure of the Trauma Centre, required as a result of the Fire Safety report obtained in the wake of the Grenfell Tower tragedy) might give rise to other risks (*for example* insufficient capacity for general and major trauma patients).

The Board received and noted the Quality Report.

TB18/03/10 Finance and Performance Committee Report

Mr Geoffrey 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 14 February 2018.

As with the report from the Quality Committee, the Committee Chairman had worked with the Trust Board Secretary to present his report in a new format, with the aim of providing a clearer focus on risks identified, and showing progress made over time in addressing issues considered by the Committee.

The principal issues were reflected in the key risks as identified at page 6 of the report. Points raised in discussion in the meeting held in February were highlighted to have included the following:

- A whole-system solution was required to provide appropriate bed capacity across Oxfordshire;
- Workforce capacity was an ongoing challenge and would continue to be a focus for the Trust;
- Quarterly divisional performance management reviews of all clinical services across the five clinical divisions had identified the most challenged clinical service areas..

He highlighted the key actions agreed which were:

- Development of the options presented for the sustainable expansion of capacity in Gynaecology, and of a realistic plan for achieving and sustaining the improvement that was required in the Gynaecology service, is to be monitored closely by the Executive Team and the outcome reported to the Committee;
- Extra support is to be provided to the most challenged clinical areas, as identified during the Q3 Divisional Performance Reviews;
- The Trust's Business Plan 2018/19 is to be further developed in the light of NHS Planning Guidance issued, for further consideration by the Board.

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

TB18/03/11 Integrated Performance Report Month 10

The Director of Clinical Services presented the Integrated Performance Report (IPR) up to 31 January 2018, in which the key headlines on performance were summarised. The unprecedented cluster of 53 people who in January had waited for over 12 hours in the ED from a decision to admit to admission was highlighted. Challenges in meeting the operational performance targets in the Emergency Department [ED] were noted to continue beyond January.

In response to national guidance, some non-urgent and non-cancer inpatient elective surgery had been suspended until early February 2018 on the Trust's Headington sites. The Director of Clinical Services advised that elective admissions and outpatient attendance were below plan in December 2017, affected by ward staffing shortages and some impact from the adverse weather. For the year to date (1 April – 31 December 2017) the Trust was 0.37% behind its plan for total elective admissions and 0.17% above plan for first outpatient attendances

In considering the performance reported, Mr Goard noted that improvement in the rate of weekend discharges reported in December 2017 appeared to have fallen back again in January 2018. The Director of Clinical Services advised that external support provided by the Hunter Healthcare team was focusing on improving flow through better clinical management of patients out of ED into the Emergency Assessment Unit [EAU], and better clinical management of acute medical short stay wards.

Professor Mant noted deterioration in diagnostic wait performance, which the Director of Clinical Services advised was attributable to a combination of failure in Radiology equipment and some staffing problems.

Mr Salt remarked that it seemed that the 62 day cancer standard was the most difficult of the cancer standards to meet, and asked why that was. The Director of Clinical Services acknowledged that it was challenging, with the rate of referrals from district general hospitals having increased, and elective capacity at the Churchill Hospitals having been reduced. The figures were also slightly affected by an increased incidence of patients exercising choice to delay attendance in the early part of January, after the holiday period.

Mr Salt also requested clarification of the reported workforce figures, to confirm what was the accurate position, and the Director of Improvement and Culture was asked to review the data for inclusion in the next report to the Board.

Action: JDr

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

TB18/03/12 Financial Performance up to 31 January 2018

The Chief Finance Officer presented the report on the Trust's financial performance up to 31 January 2018.

Earnings before interest, tax, depreciation and amortisation [EBITDA] in January [Month 10] was reported at +£3.9m, which was a £1.6m improvement on December 2017. There was reported to have been a £0.4m decrease in EBITDA from NHS activity, compared to M9, but a £1.7m increase in EBITDA drivers not related to

activity, compared to M9. The main element was reported to be an in year release of deferred income in January 2018 of £1.2m.

The EBITDA in January 2018 of +£3.9m was reported to include:

- Income of £88.6m, £3.5m higher than in December 2017 and £3.2m above plan;
- Pay of £50.6m, an increase of £1.9m compared to December 2017 and £3.9m above plan;
- Non pay of £34.2m, an increase of £0.1m from December 2017 and is £2.1m above plan.

Year to date [YTD] EBITDA was reported at +£28.6m which was £24.4m behind plan (excluding Sustainability and Transformation Funding [STF]) and £9.5m behind the forecast.

The Medicine Rehabilitation and Cardiac [MRC] Division was reportedly £3.5m behind forecast, partly due to incentive payments to staff for working extra shifts, to keep beds open on the JR site. The Neurosciences, Orthopaedic, Trauma and Specialist Surgery [NOTSS] Division was £3.1m behind forecast due to cancellations of elective activity which had a big impact on income over the month. The Corporate division was £2.5m behind forecast, largely due to phasing and it was expected that this would turn around before year end.

The Trust made a £1.0m deficit in Month 10, increasing the year to date control total deficit to -£16.2m. This remained £21.1m behind plan year to date.

At Month 10, the Trust was £9.5m behind its EBITDA reforecast and £8.2m short of its control total forecast. Cash was £45.6m, which was £6.2m above the plan. Capital expenditure was £30m which was £0.4m behind the plan because the £17.8m Energy Centre was opened earlier than originally planned within the year.

The Chief Finance Officer advised that the Trust was not financially sustainable over the medium to long term on the current level of EBITDA, and it was re-iterated that improvements in underlying EBITDA performance must be delivered.

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

TB18/03/13 Audit Committee Report

Mrs Anne Tutt, Non-Executive Director and Chairman of the Audit Committee presented the report of the last meeting held on 15 February 2018, highlighting the main issues and key risks discussed and the decisions taken.

In particular, she reported on the Committee's consideration of two reports issued by Internal Auditors:

- Patient Pathways: End of Life Care – which had provided significant assurance with minor improvement opportunities;
- Information Governance Toolkit – which had provided significant assurance with minor improvement opportunities.

The Committee continued to monitor progress in the implementation of internal audit recommendations, and had been pleased to note some improvement in the completion of outstanding recommendations.

Follow up actions from previous internal audit reports had been reviewed in relation to implementation of Oracle Fusion, Consultant Job Planning, Cash Management and Divisional Financial Governance.

The Chief Finance Officer confirmed that agreement had now been reached with the internal auditors on recommendations relating to cash management, the full response on which would be submitted to the next meeting of the Committee.

The Trust's external auditors Ernst & Young had reported that the audit plan for 2017/18 had been finalised and it was confirmed that no issues had been identified to date in the on-site audit that was still on-going. Work had been undertaken to review governance arrangements that would have a bearing on the Value for Money (VFM) conclusion. Governance arrangements had been found to be satisfactory, and work would now focus on outcomes, to form the VFM conclusion.

The Committee had also received a progress report from the Trust's Counter Fraud advisers, and specific reports on cybersecurity and data security standards and the General Data Protection Regulation (GDPR) 2018.

Risks considered by the Committee had included those associated with:

- Delay or failure to implement internal audit recommendations;
- Introduction of new IR(ME)R2017 and IRR17 regulations;
- Cybersecurity; and
- The weight and volume of accreditation and regulation to which the Trust is subject, in respect of which it was recognised that full assurance could not easily be provided that the Trust's internal system of control was adequate to ensure full compliance with all of the law, guidance and regulations governing the NHS.

The Committee had considered a waiver to allow continued provision of radiotherapy as contracted by NHSE Specialised Commissioners, and recommended that this be approved by the Board.

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

TB18/03/14 Trust Management Executive [TME] Report

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

He emphasised that a different approach was being pursued in planning for the next financial year 2018/19, taking into account workforce and financial constraints, and acknowledging the difficulty in recruiting and retaining staff. With the staff survey having signalled that many staff felt under a lot of pressure, it was recognised to be important that so far as possible this was not exacerbated further by action that lay within the control of the Trust.

NHS England required all trusts to meet targets for A&E performance, for waiting times for elective treatment, and for financial performance. However, the Trust should and could only develop its plan on the basis of actual workforce available (including reasonable aspirations for the recruitment and retention of staff), delivering reasonable levels of productivity.

As had been highlighted in the Chief Executive's report, noted under **TB18/03/06** above, the CQC's system-wide review had clearly identified the need for all system partners to respond to the imperative to integrate the delivery of health and social care across Oxfordshire. The Chief Executive again drew the Board's attention to the importance of work being led by the Chief Nurse to reduce the number of stranded patients, currently occupying 170 acute beds.

Professor Mant supported development of an integrated plan for the expansion of bed capacity, and sought further detail as to how patients might be grouped either on therapy-led or high dependency wards as appropriate. The Chief Nurse explained that the placement of patients would be based on an assessment of their needs. In line with latest guidance, the aim would be to avoid de-conditioning in patients who were medically fit for discharge, scaling up the delivery of care provided by Therapy Assistants. The quality of care delivered to patients with higher dependency should also be enhanced through their appropriate placement.

The Board received and noted the contents of the report.

TB18/03/15 Gender Pay Gap Report 2017/18

In line with legislative requirements, the Director of Improvement and Culture presented the first annual report on the Trust's gender pay gap, using a prescribed methodology in which mean and median gender pay gaps were reviewed.

The Board was reminded that the gender pay gap is the difference between the average earnings of men and women in an organisation. This was not the same as the legal requirement that men and women be paid equally for equal work.

The Trust's first annual Gender Pay Gap Report showed that the organisation was reporting a significant gender pay gap in favour of men. There was a higher proportion of men in senior management and medical consultant posts, but a higher proportion of women in nursing, administrative and other jobs which tended to be lower paid. The gap was exacerbated by bonus pay, largely driven by additional payments made to medical consultants, of whom a higher proportion are men (61%) than women (39%). The Medical Director explained that these payments were made in accordance with the mechanism for clinical excellence awards [CEAs], with applications tending to come from more senior consultants (where the proportion of men was even higher than across the consultant body as a whole), and he undertook to look into whether there was an under-representation of women applying for CEAs, smaller again than the overall proportional gender split.

In relation to staff on Agenda for Change pay bands, the report also indicated that more women were staying longer within the band than was the case for men. It was suggested that this highlighted the need to do more to support women's career progression, and this would be addressed through the Women's Network that had been established by the Trust.

The Chairman noted that there had been improvement in the representation of women appointed to medical consultant posts.

The Director of Improvement and Culture advised that, while the gender pay gap report was an essential first step to understanding the extent of the issue, the challenge was to identify solutions.

Ms Hay-Plumb concurred in welcoming the baseline, but also emphasised the need to take a systematic approach that could demonstrate complete fairness and openness in decision-making.

The Director of Assurance highlighted that consideration would also need to be given to staff on Very Senior Managers (VSM) pay.

Mr Salt remarked that it would be helpful to know how the Trust's gender pay gap compared with that of similar trusts, and to identify the barriers to career progression encountered by women.

Mrs Tutt welcomed the focus on identifying and overcoming barriers to career progression for a tremendously valuable part of the workforce, and suggested that this might require a clearer recognition of strengths that might be less typically displayed and recognised by men than women.

The Chief Nurse highlighted that those achieving promotions in nursing sometimes suffered a drop in take home pay, which could be a definite disincentive to career progression. She advocated the need to focus on ensuring equality between equivalent roles, and suggested that the opportunity be taken to standardise more roles across the organisation. She recognised that it might be difficult to align VSM staff on 'spot salaries' with Agenda for Change pay bands.

The Director of Improvement and Culture confirmed that the Trust's People Strategy, currently in development, would aim to foster a leadership model in which collaborative work would be favoured, which he suggested might be something more typically displayed by women than men.

The Chairman welcomed the thoroughness of the report and encouraged progress towards the identification and implementation of solutions.

The Board received and noted the contents of the report.

TB18/03/16 CQUIN NHS staff health and well-being: Indicator 1b Healthy food for NHS staff, visitors and patients

The Medical Director introduced the report, highlighting the good news that retailers on all four sites had engaged positively and implemented changes to achieve compliance with all four outcomes of the CQUIN 2017-18 NHS staff health and well-being indicator 1b 'Healthier food for NHS staff, visitors and patients'.

It was noted that a significant amount of work had been undertaken by all the retailers, who had been engaged and willingly supported the Trust to achieve the CQUIN. The Medical Director advised that positive recognition of the retailers on both the Trust intranet and Trust external website would be well received and justified.

It was highlighted that the CQUIN requirements for 2018-19 would be more onerous.

The Board welcomed achievement of the CQUIN in 2017/18, and agreed that this should be publicly recognised.

The Board noted and welcomed achievement of the CQUIN, and supported public recognition of the retailers' achievements.

TB18/03/17 Staff Survey 2017

The Director of Improvement and Culture presented the results of the 2017 Staff Survey, published on 6 March 2018. The paper provided the Trust's response rates and results, and outlined how it is proposed to respond to them.

The response rate was noted to have been higher than last year at 38%. On 17 questions, the Trust had scored significantly higher than average for acute trusts. However overall, the results were noted to have deteriorated compared to last year, with 38 questions scoring significantly lower and none scoring significantly higher. The most significant drops related to pressure at work, not enough staff and dissatisfaction on pay. The overall staff engagement score was noted to have fallen back to 2015 levels, having shown on-going improvement in the previous 6 years.

Main themes had been identified in approximately 1,000 free text comments received and reviewed by the Executive Team. These were reported to include:

- Pressure on staff and lack of recognition;
- Lack of fairness, bullying and harassment;
- Recruitment and retention;
- Affordability of living in Oxford;
- Car parking and getting to work;
- Disconnectedness between frontline staff and leaders;
- Training, development and appraisals;
- Decision-making and empowerment;
- Communication and engagement;
- Focus on finance and targets.

A series of listening events had been scheduled during March 2018 on the four main hospital sites and OUCHowley, with follow on discussions being scheduled during April for each directorate to share its own findings with staff. Members of the executive team were scheduled to attend all of these events.

Actions generated against the priority themes identified through these events would form the basis of the Trust's response to staff and the impact of those changes would then be measured in subsequent surveys.

Mr Salt remarked that the Staff Survey results should be sobering for the Board, and highlighted in particular the need for some reflection on the fact that only 57% of those who responded had said that they would recommend the Trust as a place to work. He suggested that this did chime with views that he had heard expressed informally when 'out and about' in the Trust, and stressed the importance of overcoming the perceived disconnection between frontline staff and leadership. He spoke passionately in favour of the need to transform the culture of the Trust, to the benefit of staff and patients, and suggested that this should be a 5 year mission.

The Chief Executive reported that the two staff listening events held so far had supported the need to prioritise investment in frontline leaders and managers, to protect staff from pressures, and to invest more in supporting/coaching.

Mr Goard supported the need for a fundamental review of the appraisal framework, and suggested that much could be achieved through improvements in the quality of appraisals. It was confirmed that non-medical appraisal would be addressed in the People Strategy. (The Medical Director explained that the rate of compliance with the

medical appraisal process, run as a plank of revalidation, was running at over 90% and was not included in the staff survey figures).

The Director of Improvement and Culture confirmed that 8 out of 10 members of the Shelford Group had seen their Staff Survey scores go down in 2017, with the lowest scores reported in relation to Kings College Hospital, which was in special measures. Mr Salt posited that there could be an 'unvirtuous circle' in which poor performance and staff dissatisfaction were linked, which the Trust should do all that it could to avoid.

The Board received and noted the report on the Annual Staff Survey 2017.

TB18/03/18 CQC Report on Review of the Oxfordshire System

The Director of Assurance presented the CQC's Report on the Review of the Oxfordshire health system, which had now been published. The CQC had visited Oxfordshire in November 2017 to carry out one of 20 targeted reviews taking place in England to assess how the whole system of health and social care worked together in those areas.

Positive highlights were that the CQC found:

- *"People were treated with kindness when they moved between health and social care services. Frontline staff were dedicated and provided person centred care, going the extra mile for people they cared for";* and
- *"People, their family and carers told us that they felt well cared for and involved in making decisions about their care, support and treatment when moving through the health and care system".*

However, CQC had also found that there remained significant challenges to systematically joining up services across organisations in Oxfordshire, and the CQC concluded that:

- *"In Oxfordshire we found there was a lack of whole system strategic planning and commissioning with little collaboration between system partners";*
- *"Although there was increased ambition to work together, system leaders continued to face significant challenges in coming together to formalise their ambitions through a joint strategic approach";* and
- *"CQC inspectors found the problem of recruiting care staff in Oxfordshire, which has a very high cost of living, were holding back improvement. Incompatible computer systems also hampered integration of services across the different organisations".*

The final report provided areas of action for senior managers in the NHS, social care and other bodies to act upon to make the whole health and care system work better.

The report had been welcomed by the five organisations involved in the review as a positive basis for improvement, and an initial meeting had been held with the CQC to develop an action plan to address the concerns. Oxfordshire County Council had been asked to take the lead in development of the action plan, and the Trust was looking forward to working in partnership with organisations across Oxfordshire as part of the response to this report.

In answer to Mr Salt's question as what would be the Board's involvement in the action plan, the Director of Assurance explained that she and other Executive

Directors were reviewing the action plan, and that the Chief Executives across the Oxfordshire system would then be meeting to go through the actions and agree them.

The Chief Executive confirmed that the CQC expected the Health and Well Being Board would be responsible for delivery of the action plan, following revision of its composition to include representation from providers.

The Board received and noted the report.

TB18/03/19 Board Assurance Framework and Corporate Risk Register

The Director of Assurance noted that the Board was familiar with the development of the Board Assurance Framework (BAF) and the Corporate Risk Register (CRR), with risks being considered at every meeting of the Board's main sub-committees.

The Board's attention was drawn to new additions to the BAF in Appendix 1, and to new risks in the CRR, and changes in the risk scores in Appendix 2. The Director of Assurance reminded the Board that the BAF and CRR were living documents that are kept under constant review.

Further work was reported to be underway in liaison with the clinical divisions, to develop 'heat maps' to identify principal risks.

The Chairman asked how judgements were made about whether divisional risks should be escalated on to the CRR. The Director of Assurance confirmed that TME reviewed risks escalated by the divisions, for inclusion on the CRR. The mechanism for identifying what risks should be considered for escalation is to be considered further by the Board in Seminar.

Action: EW(SP)

The Board received and approved the BAF and CRR.

TB18/03/20 Annual Cycle of Business and Meeting Dates 2018/19

The Director of Assurance presented the proposed Annual Cycle of Business and Meeting Dates for the Board in 2018/19. Meetings had been arranged on all four of the main hospital sites, and any change required to timings or venues would be publicised.

The cycle of business was noted to cover the regular business which was expected to be transacted by the Board, but other reports would also be submitted throughout the year on areas of risk or interest. These would be kept under regular review to ensure that the Board was receiving accurate and timely reports on its own business and the external environment within which it operates.

Some amendments were noted to be required to the draft Cycle of Business circulated, including designation of the Chief Information and Digital Officer as the Executive Director responsible for Health and Safety. Mrs Tutt suggested that the Board might need to consider the Health and Safety Annual Report earlier than July.

The Board approved the Annual Cycle of Business (subject to factual corrections) and Meeting Dates for 2018/19.

TB18/03/21 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 Board received and noted the report.

TB18/03/22 Any Other Business

There was no other business but the Chairman thanked Ms Smith for her help in producing initial draft minutes of Board meetings held over the past few months.

TB18/03/23 Date of next meeting

A meeting of the Board to be held in public will take place on **Wednesday 9 May 2018** at **10:00** in Meeting Rooms 1-3, Cancer Centre at the Churchill 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*).