

Trust Board

Minutes of the Trust Board meeting in public held on **Wednesday 11 July 2018** at 10:00 in the Conference Room, Oxford Centre for Enablement, at the Nuffield Orthopaedic Centre.

Present:	Dame Fiona Caldicott	FC	Chairman
	Dr Bruno Holthof	BH	Chief Executive
	Dr Tony Berendt	AB	Medical Director
	Professor Sir John Bell	JB	Non-Executive Director
	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
	Ms Sara Randall	SR	Acting Director of Clinical Services
In attendance:	Ms Susan Polywka	SP	Head of Corporate Governance and Trust Secretary
	Dr Neil Scotchmer	NS	Deputy Head of Corporate Governance
	Ms Maria Crawford	MC	Corporate Governance Manager
	Ms Liz O'Hara	LoH	Interim Director of Workforce
Apologies:	Mr John Drew	JD	Director of Improvement and Culture

TB18/07/01 Apologies, welcome and declarations of interest

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

Apologies for absence had been received from Mr John Drew, who was represented by Ms Liz O'Hara, Interim Director of Workforce.

There were no declarations of interest.

TB18/07/02 Minutes of the meeting held on 9 May 2018

The minutes of the meeting held on 9 May 2018 were reviewed and approved as a true and accurate record of the meeting subject to the following amendments at pages 9 and 13 (shown in ***bold italics***):

TB18/05/11 Integrated Performance Report Month 12

...

- The Board received and noted the content of the Integrated Performance Report for ***Month 12***

TB18/05/19 Any Other Business

...

- Mr Geoff Salt (extended up to 15 April **2020**)

TB18/07/03 Matters arising from the minutes

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

TB18/07/04 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.

TB18/07/05 Chairman's Business

The Trust Chairman reported on the Council of Governors' Seminar held on 21 June 2018 at which discussion had focussed on consideration of the Trust Business Plan 2018/19, and a briefing from Search Consultants (Odgers Berndston) for the Trust Chairman's appointment.

It was noted that Governors' elections were due to be held in respect of 11 out of the total of 21 elected governor posts (there being 15 public elected governors and 6 staff elected governors) whose term was due to end on 30 September 2018.

Public and staff members of the Trust were being invited to nominate themselves to stand for election to the Council of Governors, for which the deadline for nominations was 18 July, with voting open (for all public and staff members) on 20 August.

It was noted that the next meeting of the Council of Governors was scheduled to take place on Wednesday 18 July in Didcot.

TB18/07/06 Chief Executive's Report

The Chief Executive presented his report, noting that the Trust was advertising for a new Medical Director following the announcement that Dr Tony Berendt, Trust Medical Director, would be retiring in September 2018.

The Trust Board was noted to have agreed a series of Enforcement Undertakings with NHS Improvement [NHSI]. The Chief Executive highlighted extensive discussions and negotiations had taken place over the past month in respect of plans to improve performance on key priorities which the Board had already identified for 2018/19 – emergency care, planned care and financial sustainability – as well as two additional areas – governance and strategic workforce planning.

Celebrations to mark the 70th birthday of the NHS on 5 July was reported to have generated extensive media attention and provided the opportunity for staff and the local community to reflect on the importance of the local health services for patients.

Other developments highlighted included the building of a new state-of-the-art extension to Sobell House Hospice on the Churchill Hospital site started on 21 May 2018, which was due to open to patients in May 2019; and the new community Early Pregnancy Assessment Unit (EPAU) at Rose Hill Community Centre dedicated to the care of women who experienced problems in early pregnancy.

John Drew, Director of Improvement and Culture conveyed his thanks to the council, Oxford Hospitals' charity and CCG for their financial support which had enabled the establishment of the EPAU.

Peter Knight, Chief Information and Digital Officer, confirmed Thames Valley had successfully won the Local Health and Care Record Exemplar bid (LHCRE) to deliver integrated health and care services across the area. National capital funding of £7.5m would be made available for 2018/19 and 2019/20.

Geoff Salt, Non-Executive Director, noted many members of the Trust Board had been involved in the NHS 70th celebrations. He thanked the Communications team for organising the event and making it a memorable occasion.

Appreciation was expressed of the hospitals' charity supporting the celebrations financially.

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

TB18/07/07 Patient's Perspective

The Chief Nurse presented the report, which focussed on the perspectives and experiences of two parents who were mothers of children with disabilities, and the need for appropriate "Changing Places" toilets when attending hospital appointments at OUH.

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

- The difficulties experienced by patients and their parents/carers when having to use unsuitable facilities and the need for appropriate changing places to be established at OUH sites;
- Effective leadership and examples of good practice when senior managers listen to service users' feedback and their experiences, and act upon that feedback accordingly;
- The importance of service user engagement and undertaking equality impact assessments (EIAs) early in the process to consider the specific needs of the service users when developing or planning a service; and
- The importance of a quick response and subsequent action following a complaint, helping a complainant feel listened to and that the Trust takes feedback seriously.

She explained that actions had been instigated by the Deputy Chief Nurse following a discussion with the parents and complaints made through the Patient Advice Liaison Service [PALS]. Following the establishment of a "Task and Finish" group a design was in place together with funding to have a "Changing Place" facility in place at the John Radcliffe Hospital by December 2018.

Mrs Anne Tutt, Non-Executive Director highlighted that one of the respective parents concerned raised the issue with a senior manager she happened to be acquainted with from OUH, which suggested this issue may not have been addressed had this not the case

. The Chief Nurse highlighted that the "Changing Places" campaign was contacting all public buildings around the same time this issue had been raised.

The Medical Director highlighted the importance of publicising the creation of the "Changing Place" facility to both staff and service users'. The Interim Director of

Workforce also noted that training would need to be provided regarding EIAs to service managers to ensure these issues were raised.

The Trust Chairman commended the speed at which the project had been executed.

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

TB18/07/08 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 13 June 2018.

In particular, he highlighted the following points:

- OUH's Maternity department was noted to be compliant with all four elements of the Saving Babies Lives Care Bundle, which included:
 - A reduction in the Hypoxic-Ischaemic Encephalopathy [HIE] rate;
 - A reduction in perinatal mortality and still birth rate of term babies, with the perinatal death rate of babies over 36 weeks having been significantly reduced by 60%; and
 - An increase in the detection of babies with fetal growth restriction which was significantly above the national average rate (detection rate of 58% at OUH vs national rate of 30%).
- Risks associated with poor hand hygiene, as identified in recent audits, which it was noted were continuing to be addressed in the divisions, supported by the Infection Prevention Control Team [IPC].

Mrs Tutt, noted the Committee had specifically asked the Clinical Governance Committee [CGC] to expressly identify whether or not any further action was required to provide assurance wherever an issue had been raised that gave cause for concern about any respect of the safety or quality of patient care. She remarked that this was a positive step in providing further transparency and assurance to the Committee and Board.

The Director of Assurance confirmed that since the last meeting of the Committee, the self-assessment undertaken to demonstrate compliance in relation to the ten actions developed under the CNST incentive scheme for maternity safety, had been successfully submitted to NHS Resolution; of which the outcome of associated funding arrangements attached to the submission was awaited. The Trust Chairman expressed her thanks for the work undertaken in order to ensure the evidence was submitted, particularly given the important financial and quality implications associated with the incentive scheme.

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

TB18/07/09 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:

- A programme of clinical harm reviews for patients undergoing care for cancer whose pathway exceeded 104 days had been extended to patients waiting

longer than 52 week waits in non-cancer-specialities. This process was overseen by the OUH Harm Review Group chaired by the Medical Director. At the time of report, over 60% of harm reviews had been completed.

The process of reviewing harm would, once embedded, also constitute an opportunity to review patients' pathways, priority and plans of care. Given the constitutional standard for referral to treatment was 18 weeks, it was anticipated that analysis of patients waiting less than 52 weeks in non-cancer specialities would also need to be assessed. The EPR team had been requested to embed this process in the electronic patient record.

- Three Never Events had been declared in May and by exception one in June 2018. The Trust was reported to be implementing a Never Event Improvement Plan in response to these events, including a workshop to enhance learning from investigations with NHSI and a visit from the National Patient Safety Team – due to take place in July 2018.
- NHSI had set a national target of halving of healthcare associated Gram-negative bloodstream infections (GNBSI) by March 2021. An Annual Plan for 2018/19 had subsequently been developed to reduce GNBSIs as part of the contractual arrangements with NHSI.
- It was confirmed that the old style Graseby syringe drivers (MS16, MS16A, MS26), as used at Gosport Memorial Hospital during the tenure of Dr Jane Barton, had not been in use at the Trust for a number of years. A recent review of the Medical Equipment Inventory showed none of these pumps were in store or in use.

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

- Safe staffing levels reported for nursing and midwifery staff across the Trust by ward, and by shifts, reflected continuing significant efforts to take mitigating action in respect of those shifts/wards that were initially identified as “at risk,” to ensure that patient safety was protected. It was noted that the Trust had recently procured additional functionality to its e-roster system which would enable “safe staffing” to be monitored via the e-roster system using Care Hours per Patient Day [CHPPD] rather than planned numbers;
- Actions taken to mitigate against additional winter pressures included a staff incentive scheme for a flexible pool of ten registered staff nurses and health care assistants;
- Recruitment of registered nurses worldwide continued, with nurses starting to arrive in OUH from the previous two recruitment events in India and the Philippines in October and December 2017. The Trust was reported to be supporting nurses in training for their Objective Structured Clinical Examination (OSCE) and IELTS exams;
- A robust winter resilience plan would be developed with the aim of providing additional capacity to enable registered staff to deliver clinical care;
- The 70-day #EndPjparalysis Challenge had, in many instances, resulted in patients shortening their length of stay;
- There had been a steady increase in the number of reported category 2-4 Hospital Acquired Pressure Ulcers [HAPUs] since November 2017. The Trust-wide Improvement Plan for pressure ulcer prevention had been reviewed and updated and the annual pressure ulcer audit was currently

underway and due for publication by the end of July 2018, providing further details of care delivery standards;

- A ward accreditation programme was under development to enable wards/departments to understand their own care quality data and drive up the quality and consistency of care provided and the experience of patients;
- A pilot of open visiting had been proposed for a period of two weeks (towards the end of July) on two ward/day case areas on each OUH site. The official launch of Trust-wide open visiting would be at the Annual General Meeting in September 2018;
- Significant improvements were expected in the Trust's response to complaints following the introduction of a new KPI whereby all complaints were investigated and responded to within 25 working days;
- New guidance issued in relation to the Delivery of Same Sex Accommodation (DSSA) would no longer allow for local arrangements to be accepted, which would have a considerable impact on the Trust's DSSA breach reporting to NHS Digital. Changes had already been reviewed by the Trust and local implications together with an action plan were due to be completed and reported to the Quality Committee on 8 August.

Action: SF

In discussion of the Quality Report, Chris Goard, Non-Executive Director asked if SIRIs could be benchmarked against other Shelford Group Trusts to determine whether these incidents were particular to the Trust or a wider issue. The Medical Director agreed to look at benchmarking with other Shelford Trusts.

Action: TB

He also raised concerns regarding the 40% reduction of external funding for non-medical education, particularly given the current challenges facing the Trust to develop on-going operational performance. The Chief Nurse highlighted that action was been taken to reduce the impact of funding reductions by prioritising qualifications in specialities and running in-house accredited programmes. In addition, work was progressing to utilise other funding streams such as the apprenticeship levy (though of limited use to clinical programmes), Charitable Funds and League of Friends. However, due to the limited funds available, there would be a disproportionate investment across the organisation. As funding was likely to continue to decrease, other avenues were being explored such as working with educational providers and managing staff expectations. The Chief Finance Officer added that it was important to understand the strategy objectives of other funding bodies to enable the Trust to potentially bid more successfully for project funding.

Mr Salt was encouraged by the changes being made to the complaints process, given a timely response to patients/relatives concerns encompassed the compassionate care the Trust strove to deliver.

Mr Salt also referred to Executive Walk Rounds being a practical and powerful tool to support assurance processes and an effective way to engage leadership and staff in open discussions about patient safety and quality of care. He emphasised the importance of developing a programme of walk rounds to ensure all sites (particularly challenged services) were visited to provide a better understanding of the care provided and challenges faced by staff.

Professor David Mant, Non-Executive Director highlighted the difficulties in understanding data relating to infection prevention in respect of cleaning scores, given there appeared to be inconsistencies in the data presented. The Medical Director outlined that the responsibility for cleaning was split between nursing/theatre staff and PFI providers, which in turn, lead to differences in standards individuals were ordered to clean to and multiple audits. Consequently, an awareness process and plan was being drawn up to facilitate a collaborative approach to audits, so that all parties were fully aware of the issues that needed to be monitored on a daily basis and to improve the process of reporting shortfalls to the appropriate helpdesk. An update would be provided at the next meeting of the Quality Committee in August.

Action: TB

The Director of Assurance referred to the WHO compliance, noting the Children's and Women's division had now been incorporated into SuOn and NOTSS.

She also noted the positive impact that the trial appointment of a physician's assistant had on the timeliness of discharge summaries in Surgery and Oncology Division and queried whether this model could be rolled out Trust-wide. The Medical Director agreed that the assistant's role had been useful and was well-developed both nationally and internationally and would be an important part of the workforce strategy.

The Trust Chairman highlighted that the number of issues reported by GPs via the OCCG Datix system had continuously reduced over a 3 month period.

The Trust Chairman drew discussion to a close.

The Board noted the contents of the Quality Report.

TB18/07/10 Learning from Deaths

The Medical Director presented the Quarterly Report on Learning from Deaths, which summarised the learning identified in the structured mortality reviews.

It was reported that of the deaths subjected to structured review, none had been considered to be avoidable.

The learning identified in the structured mortality reviews completed during quarter four of 2017/18 was reported to have been cascaded to divisions and departments for potential learning and action.

The Acting Director of Clinical Services asked whether a system was in place to ensure a repeated review of actions were maintained and remained effective. The Medical Director confirmed a more robust system needed to be developed to enable consistent monitoring. The Trust Chairman asked that further consideration be given to developing a programme to enable continued monitoring of progress against actions and outcomes for the Board's consideration. All executive directors were asked to reflect on how the learning could be collated across their respective areas for future review by the Board.

Action: TB/EDs

The Board received and noted the contents of the report.

TB18/07/11 National Inpatient Survey 2017

The Chief Nurse presented the results of the National Inpatient Survey 2017, published by the Care Quality Commission (CQC) on 13 June 2018. The Trust was reported to have received an average score of 78%; no significant change from 2016. The results and context of the results had been disseminated to departments across the Trust to ensure a corporate overview and assurance that action would be taken in areas that required further improvement.

Chris Goard, Non-Executive Director, remarked on the clarity of the report, and considered it was a positive endorsement of service users' experience of services within the Trust. He noted that OUH scored in the top 20% of performing Trusts on 20 questions and hoped this would lead to continuous improvement the following year.

Mr Goard also queried whether a plan was in place to prioritise and treat groups of patients who consistently reported poor experiences of their time in hospital, including patients with mental health conditions, younger patients (aged 16-35 years) and patients with Alzheimer's or Dementia. The Chief Nurse highlighted that the report framed objectives for the Patient Experience Team to take forward in the coming year and Improvement Programmes would be provided to the Board to provide assurance that adequate action plans had been implemented and were progressing against set objectives.

Action: SF

Mrs Anne Tutt, Non-Executive Director, noted OUH had scored within the bottom 20% of Trusts in relation to Q11 which read: "*When you were first admitted to a bed on a ward, did you share a sleeping area, for example a room or bay, with patients of the opposite sex?*" She queried how these breaches were classified given same sex breaches were infrequently reported. The Chief Nurse stated the only local arrangement in place related to the Trust's Hyper Acute Stroke Unit and that further work needed to be undertaken to ensure the Trust continued to work in accordance with national guidance.

The Medical Director considered the Ward Ranking Report was a useful peer review tool providing a platform for staff to reflect on their practice and identify where improvements were needed.

The Trust Chairman remarked on the high Mean Rating Scores (MRS) achieved by the NOTSS division in this survey compared to the Board Quality Report, which often reflected lower metrics and outcomes for this division. The Chief Nurse considered the reasons for the differences in scores may be due to case mix and the fact many patients were on the elective care pathway.

Professor David Mant, Non-Executive Director, noted one of the lowest MRS related to delays on discharge from hospital which he understood had been resolved. The Chief Nurse remarked that a better outcome had been expected given the work undertaken with key stakeholders within the primary and social care sector. The Medical Director highlighted that the data presented was not reflective of the work undertaken since April 2018 to drive improvements relating to stranded patients and improving the process for discharge. The Chief Nurse also outlined further benefits and transparency about beds would be realised once real time bed management was implemented on the Cerner Millennium system during the first week of November.

The Board noted and approved the contents of the report.

TB18/07/12 Finance and Performance Committee Report

Geoff Salt, Non-Executive Director and Chairman of the Finance and Performance Committee, presented the regular report from the last meeting of the Committee held on 13 June 2018.

He explained that the Committee's role was to monitor and challenge performance on financial delivery, to ensure plans and timelines were in place, and to provide assurance that these were being managed safely and effectively.

Particular note was made of NHS Improvement's [NHSI] enforcement undertakings from which the Committee would be assuming a greater role in ensuring plans were credible and delivering improvements in performance and finance. Points that were raised relating to progress in financial and operational issues included:

- A comprehensive series of plans were reported to be under further development to improve governance and performance in relation to urgent care, elective care, finance and workforce. These were being closely monitored and regular updates provided to the Committee and Board on progress in implementation of a Trust-wide comprehensive improvement plan.
- The ED 4 hour wait performance had improved to 88.63% in May 2018. The Urgent Care Delivery Programme incorporated ten projects aimed at improving patient flow, which included the implementation of a systematic review of all "stranded" patients (those in hospital for more than 7 days).
- A Winter 2018/19 preparedness plan was reported to be in place, which included plans to provide additional capacity across the Oxfordshire system of 131 urgent care beds or bed equivalents.

It was emphasised that the underlying basis of the delivery improvement programmes was to improve the overall quality of care provided to patients at OUH.

Other issues highlighted included the following:

- The risk that capacity would be insufficient to meet increasing referrals particularly on the Urological Cancer Pathway, and that consequently the percentage of patients receiving first treatment within 62 days from urgent GP referral would not meet the standard of 85%;
- The risk that workforce constraints would limit the elective capacity required to achieve sustainable reductions in waiting times for patients on incomplete pathways, resulting in failure to meet national guidance that the waiting list should be no larger at the end of 2018/19 than at the beginning of the year;
- The risk that workforce constraints would limit the capacity of elective care that could be delivered, which in turn would constrain income, undermining the pace of improvement in underlying EBITDA performance required to achieve financial sustainability and deliver the Trust's cost control total.

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

TB18/07/13 Integrated Performance Report Month 2

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

Cancer Standards

- Four of the eight national cancer standards were not met in April 2018, representing a distinct worsening of performance on both 31 day and 62 day waits to first treatment and a worsening of waits for subsequent surgical treatment.
- Of 341 patients receiving first definitive treatment in April 2018, 24 waited longer than 31 days (92.96%). This was double the number of breaches in March. Waiting times in Urology had also significantly worsened despite the release of additional theatre capacity. The impact of the “Be Clear On Bladder Cancer” campaign was also expected to have an impact on referrals in July.
- Comparison with the England position on 62-day breaches by key tumour sites indicated that most breaches had occurred in the Urological, Lower GI, Gynaecological Oncology, Head & Neck and Lung tumour site groups. Though small in number these breaches posed a significant concern given the pathways were generally longer and highly complex.

Urgent Care

- In June 2018, 1,191 patients waited over four hours from arrival to admission, transfer or discharge from OUH’s Emergency Departments, continuing the reduction seen since March. The Trust’s four-hour wait performance improved to 91.08% (last achieved in December 2016), bringing it to above the trajectory level for the month agreed with NHS Improvement [NHSI], though still below the national standard of 95%.
- Emergency admissions ran at an average of 218 per day in June, well above the 207 per day in June 2017 and the 211 per day in April 2018.

An Urgent Care Improvement Programme actioned through an Urgent Care Delivery Group chaired by the Chief Nurse was reported to be focusing on seven areas of delivery to:

- Embed systematic delivery of the new front door model and hold to close account to enable flow;
- Demand, capacity and flow;
- Embed the Integrated Bed Management Function;
- Roll out Board Round standards and content with use of delay coding Trust-wide;
- Implement systematic Stranded Patient Review; and
- Implement a working “Home First” or “Discharge to Assess (D2A)” model pre-winter 2018/19.

In addition to the Urgent Care Programme, it was noted that an Elective Care Programme had also been actioned.

RTT

- On 31 May 2018, 7,555 of 52,657 patients on Incomplete Pathways at OUH were waiting for over 18 weeks.
- RTT Incomplete Performance was reported to have improved slightly from 85.13% in March to 85.25% in April and 85.65% in May against the national standard of 92%. The number of people waiting over 18 weeks reduced

slightly while the number of over 52-week waits rose above the level in March, the rate of growth being slower than expected.

- Over 52-week waits in Gynaecology grew from 152 in April to 162 in May. Another 25 patients were waiting for over 52 weeks for treatment in other specialities. As part of the clinical care of patients experiencing over 52-week waits a systematic process (Clinical Harm Review Programme) for assessing clinical and psycho-social harm had been established.

Following the discussion, it was noted that the 4 hour trajectory at page 8, paragraph 4.10 of the report on expected performance in March 2019 should read as 90% not 95.0%.

Professor David Mant, Non-Executive Director, commended the Acting Director of Clinical Services on the content of the report. He considered further focus and clarification was needed in respect of each modality and that standards were incorporated into the delivery programmes'.

The Board received and noted the content of the Integrated Performance Report for Month 2.

TB18/07/14 Financial Performance up to 31 May 2018

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

- Month 2 (May) EBITDA¹ was £0.3m below plan. Actuals included:
 - Commissioning Income of 372.2m, £1.0m higher than in April and marginally below plan;
 - Other Income of £12.8m, £1.6m higher than in April and £0.9m below plan;
 - Pay of £49.8m, a decrease of £0.4m compared to April and £0.7m below plan; and
 - Non-pay of £32.2m, a decrease of £1.4m from April and marginally above plan.
- Cash decreased by £8.3m in month to £27.6m. This was mainly due to delayed payment of 2017/18 Sustainability and Transformation funding and non-payment of 2017/18 commissioning over-performance by NHS England.
- Pay expenditure to date was £50.3m, £0.1m below plan. This was due to funding for pay to support developments and contingency being offset by costs in excess of plan.
- Year-to-date Pay was £0.8m below plan, including a £1.4m favourable variance in R&D. Adjusting out R&D left an overspend of £0.6m due to the shortfall in delivery of efficiencies and increased use of premium cost staff.
- Non-pay spend was £1.9m below plan at Month 2, of which £0.8m was accounted for by an under spend in R&D.

It was noted that the accuracy of cash forecasting needed to be improved as a minimum of £15-20m cash needed to be held to ensure payroll could always be met. A programme of work to address this issue was reported to be under development and would be submitted to the Audit Committee for its consideration.

¹ Earnings before interest, tax, depreciation and amortization

Mrs Anne Tutt, Non-Executive Director expressed some concern regarding the underlying position but was assured that costs appeared to be higher than planned as more work had been carried out than expected.

Ms Paula Hay-Plumb, Non-Executive Director considered further clarity was required in respect of the release of contingency. The Chief Finance Officer agreed, confirming this information would be included in the next report to the Board.

Action: JD

The Medical Director noted there had been a substantial overpayment on medical staff and asked for this to be broken down by divisions.

Action: JD

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

TB18/07/15 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 May and June 2018.

It was noted that many of the topics raised within the report had already been covered in previous reports.

The focus of the report centred on performance standards relating to the Emergency Department [ED] 4 hour standard, Urgent Care Pathway, elective care and productivity.

Key risks associated with the recruitment and retention of appropriately qualified staff in key clinical areas was highlighted as an area which TME continued to keep under review, and included the development of action plans focused on areas where a shortage of workforce was starting to constrain the amount of activity that could be delivered.

The Board received and noted the contents of the regular report from the TME.

TB18/07/16 People Strategy

The Interim Director of Workforce presented the paper, which provided the context to the proposed People strategy for the next three years, from 2018 – 2021.

She explained that the strategy had been developed through an iterative process since January 2018 involving a series of workshops held with staff, online surveys and “Changing Things for the Better” listening events held in response to the staff survey. The key aspect of the strategy focused on recognising the importance of staff being vital to the delivery of services offered at the Trust.

The strategy was structured around six key themes with actions set out within each theme over three time horizons. It was noted that the People Priorities 2018/19 had already been circulated and work was underway to deliver the core principles.

The Acting Director of Clinical Services asked how the strategy would be communicated to staff. The Interim Director of Workforce stated a Communications Plan would need to be developed and would build on the work already undertaken to date.

Chris Goard, Non-Executive Director was pleased with the staff engagement programme underpinning the strategy but asked for a more quantitative focus on the

delivery of key objectives in terms of depth and volume. Geoff Salt, Non-Executive Director agreed, adding that it needed to be a “living” document for staff and patients focusing on future strategies and how OUH would address pending issues such as parking, accommodation and pay.

The general consensus of the Board was that it was a comprehensive piece of work which needed to be made more tangible for individual staff and patients. The importance of staff benefits, and addressing immediate concerns that could be delivered quickly to realise genuine change, were some of the areas it considered should be included within the strategy.

The Board considered and approved the People Strategy subject to the recommended additions.

TB18/07/17 Equality, Diversity Annual Report 2017/18

The Interim Director of Workforce presented the report, noting the progress that had been made against the Trust’s Equality, Diversity and Inclusion objectives, agreed in July 2016, which included:

- The continued implementation of the Accessible Information Standard;
- The submission of the 2017 Workforce Race Equality Standard Report and creation of an associated action plan;
- A refresh of the Equality Delivery System 2 for Patient Experience; and
- Set-up of staff networks.

Priorities from July 2018 to June 2019 were also reported to have been decided upon and included:

- Improving data quality relating to protected characteristics for both staff and patients;
- Communication and promotion of the new visual identity for EDI; and
- Further development of staff networks.

Actions arising from the Gender Pay of which a further Gender Pay Gap Report and Action Plan would be submitted to a future meeting of the Board.

The Interim Director of Workforce apologised for the omission of the profile of workforce from an equality and diversity perspective, which should have been included within the report.

Ms Paula Hay-Plumb, Non-Executive Director, was encouraged by the report and emphasised the importance of using patient and staff experience to drive the strategy forward. She noted the importance of focussing on the key metrics to determine whether implementation of the objectives was making a difference within the Trust. The Trust Chairman echoed this view. The Medical Director added that it was important for the Board to keep challenging itself and the wider organisation to work on these issues.

The Trust Chairman highlighted an error at page 15 of the report under the heading “success measure” at EDS2 3.1 which appeared to suggest there was to be a reduction in the relative likelihood of protected characteristics groups being successful at interview. She asked for this to be changed accordingly to reflect the aim of the objective which was to have an increase of these groups being successful at interview.

Action: LoH

The Board noted and approved the contents of the report and supported further progress on the Trust's Equality, Diversity and Inclusion Action Plan.

TB18/07/18 Audit Committee Report including Audit Committee Annual Report 2017/18

Mrs Anne Tutt, Non-Executive Director and Chairman of the Audit Committee presented the report from the last meeting of the Audit Committee held on 22 May 2018, together with the Audit Committee Annual Report 2017/18.

The reporting date for the regular report together with the Annual Report 2017/18 had been delayed in order to align with the review of the Trust's annual statutory accounts and to enable the Committee to reflect on comments from other sub-committees' of the Board.

Thanks were expressed to the Finance team in particular for all their hard work in the preparation and finalisation of the Trust's annual accounts and co-operation with the auditors.

She reported that the Committee's primary focus at its meeting on 22nd May had been to review and make a recommendation to the Trust Board on whether to adopt the Annual Report and Accounts for 2017/18.

It was noted that Ernst and Young [External Auditors] had issued an unqualified statement on accounts including value for money.

One instance of duplicate billing had been identified in the amount of £42k. Extrapolation of the error would give an estimated figure of £2.6m Trust wide for similar errors. However, having taken all relevant circumstances into account, including the fact that the error had been identified by the Trust's own processes after accounts had closed, Ernst and Young did not regard this as material, and no adjustment had been required.

It was highlighted that the Committee had undertaken a detailed review of the Annual Governance Statement, which included careful consideration of whether there had been any significant gaps in control. After extensive discussion, the Committee had endorsed TME's judgement that there had been no significant gap in control.

Mrs Tutt also drew the Board's attention to the Audit Committee Annual Report 2017/18, and the revised Terms of Reference.

The Board received and considered the regular report from the Audit Committee, and formally received and accepted the Audit Committee Annual Report 2017/18, and approved the revised Terms of Reference.

TB18/07/19 Health and Safety Annual Report 2017/18

Prior to presenting the report, the Chief Information and Digital Officer referred to a typo at paragraph 4 of the Executive Summary, noting that the reporting period had seen a drop of 3% (not 88%) in the total number of reported accidents and incidents compared to the previous year.

He noted that the regular annual report set out the principal activities associated with the promotion and management of health and safety issues for the period 1 April 2017 to 31 March 2018.

It was noted that in line with HSG65 “*Plan, Do, Check, Act*” the Health and Safety team had set out a continuous improvement action plan for 2018/19, based on information and data collated the previous year, the key objectives of which were noted.

Particular note was made of the Fire Enforcement Notice received for Level 0 at the John Radcliffe Hospital during the reporting period which had required the Trust to make specific improvements to the fire protection arrangements within a specified time frame. All actions arising from the Enforcement Notice issued by the Fire Authority were reported to have been closed out fully to their satisfaction and on time, leading to the lifting of the notice in January 2018.

Fire compartmentalisation remained a priority, specifically cladding issues which had been identified on the Trauma Building, JR Academic Block, West Wing / CHOX Building, and the Churchill Cancer Centre. It was noted that actions had been taken to mitigate risks including revised protocols being formally agreed with the Fire Authority to ensure cladding issues were adequately monitored and that the buildings remained safe for use by patients and staff. The upper floors of the Trauma Building were not currently being used for patient care services and the Trust was reported to be in the process of investigating and preparing a fully costed remedial plan for the building to address all concerns about cladding and other fire safety measures for the premises for consideration of the Trust Board in autumn 2018.

Geoff Salt, Non-Executive Director, commented on the clarity of the report, however, considered the following two issues had not been explicitly covered:

- Staff taking ownership/responsibility for health and safety issues within the Trust; and
- Areas that may have a designated “owner” but were not necessarily attended regularly.

The Chief Information and Digital Officer agreed these were valid challenges and addressed each point in turn. He explained that the Chief Finance Officer’s team had taken over responsibility for common areas across all sites, including external spaces; the overall aim being to strengthen the operational management of these areas. The updated health and safety training also reflected the legal responsibilities placed on employees to take reasonable care of their own health and safety and that of any persons who may be affected by their acts or omissions at work. He emphasised that the Trust was taking a zero tolerance approach to health and safety breaches.

The Director of Assurance highlighted the importance of considering the interdependencies between approved strategies and the impact on staff, an example being the link between the Patient and Public Involvement [PPI] Strategy - strengthening health and well-being initiatives – and aspects of health and safety management. In addition, she was pleased to note the Centre for Occupational Health and Wellbeing [COHWEB] had successfully renewed its Safe Effective Quality Occupational Health Service [SEQOHS] accreditation for the second year running, having undergone a rigorous assessment process. The team was thanked for its hard work and achievement.

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

TB18/07/20 NIHR Clinical Research Network Thames Valley and South Midlands – Annual Report 2017/18 and Annual Delivery Plan 2018/19**TB18/07/21 Oxford AHSC Annual Report 2017/18****TB18/07/22 Oxford AHSN Year 5 Annual Report 2017/18**

The Medical Director presented the annual reports which represented various improvements that had been made within academic medicine, which in turn, benefitted patients in terms of treatment and safety both locally and nationally.

Particular reference was made to the following:

- The NIHR Annual Plan 2018/19 was reported to include an overall target for recruitment of 45,000 which included a recruitment target of 1,700 for Dementias and Neurodegeneration (DeNDRoN) studies. Planned priority activities would be implemented to support the delivery of the plan;
- AHSN was reported to be undertaking an extensive range of programmes to improve clinical services and patient outcomes in the areas of musculoskeletal (MSK), falls, fractures and frailty – all key priorities for the NHS.

The Medical Director highlighted the depth of work being undertaken within these various networks, noting that he would work with the Communications team to ensure the stories received maximum coverage. Geoff Salt, Non-Executive Director added that it would provide public confidence in the progress being made at OUH and the many benefits the research provided to patient care and safety within Oxfordshire. Professor David Mant echoed this view. He also asked for more detail in respect of the level of involvement patients had in research within the different clinical specialities. The Medical Director stated that the region remained the second highest recruiting network per head of population and that hospital recruitment levels could be identified by clinical themes rather than clinical specialities. Given the difficulties in engaging clinicians in undertaking research due to constraints on their time and resources this was not a straightforward issue to address, particularly as job plans were heavily leveraged to meet clinical workloads. However, discussions had taken place with Professor Keith Channon to develop an R&D strategy to integrate research activity (recruitment) as part of daily clinical activity. He stressed that all patients deserved the opportunity to be part of a study to improve the quality of care provided.

He reported that Professor Chris Whitty, Chief Scientific Advisor for the Department of Health and Social Care (DHSC) had indicated NIHR investment in research would focus on health inequalities in the future.

The Trust Chairman thanked all contributors of the reports.

The Board

- **approved the NIHR 2017/18 Annual Report and 2018/19 Annual Plan;**
- **noted the AHSN 2017/18 Annual Report; and**
- **noted the AHSC 2017/18 Annual Report.**

TB18/07/23 Emergency Preparedness Annual Report 2017/18

The Acting Director of Clinical Services presented the regular summary annual report on the Trust's emergency preparedness, highlighting a summary of minor

changes made to the Major Incident Policy, Business Continuity Management Policy and Hospital Evacuation Policy, following the annual review process.

Reference was made to the rolling programme of service-level major incident and business continuity exercises that had taken place outlined at Table 1 of the report. It was noted that improvement in the level of service level training and exercising was recognised and a campaign to improve this was currently underway.

Division's progress on developing service continuity plans were also highlighted, and given planning in this area had not been as thorough as required, it was expected that these plans would be more detailed. An update progress report would be submitted to a future meeting of the Trust Board to provide assurance that full resilience had been achieved at the service level.

The Chief Finance Officer commented on the number of extraordinary incidents that had occurred during 2017/18, noting that the "litmus test" for emergency preparedness was experiencing real life events.

The Board looked forward to receiving a progress update report on business continuity plans.

The Board endorsed the Annual Report and approved changes to the EPRR policies as summarised.

TB18/07/24 Consultant Appointments and Signing of Documents

The Chief Executive presented the regular report on activities undertaken under delegated authority, and recent signing and sealing of documents, in line with the Trust's standing orders.

It was noted that 12 not 14 appointments had been made since the last report to the Trust Board at its meeting on 9 May 2018 (the first two appointments listed being the same as the final two) within the body of the report.

Particular note was made of the finalisation of the lease of land for Botnar 3, allowing for the extension of research facilities at the Nuffield Orthopaedic Centre [NOC].

The Board received and noted the report.

TB18/05/19 Any Other Business

The Trust Chairman noted this would be the last meeting of the Board attended by the Head of Corporate Governance and Trust Secretary, before her planned departure. On behalf of the Board, thanks and deep appreciation were extended to Ms Susan Polywka for her contribution to the Trust and exemplary advice and guidance provided to the Board.

Ms Susan Polywka responded in kind, stating that it had been a privilege to work with a Trust Board and Council of Governors of such high calibre, at a Trust that keeps patients at the heart of everything it does.

TB18/05/20 Date of next meeting

A meeting of the Board to be held in public will take place on **Wednesday 12 September 2018** at **10:00** in the Training Room, Horton General 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).

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