Trust Board

Minutes of the Trust Board meeting in public held on Wednesday 14 November 2018 in Seminar Rooms 2A/B, George Pickering Education Centre, JR Hospital

Present: Dame Fiona Caldicott FC Chairman
Dr Bruno Holthof BH Chief Executive
Dr Clare Dollery CD Acting Medical Director
Mr Jason Dorsett JD Chief Finance Officer
Mr John Drew JDr Director of Improvement and Culture
Ms Sam Foster SF Chief Nurse
Mr Christopher Goard CG Non-Executive Director
Ms Paula Hay-Plumb PHP Non-Executive Director
Professor David Mant DM Non-Executive Director
Ms Sara Randall SR Acting Director of Clinical Services
Prof Gavin Screaton GS Non-Executive Director
Mrs Anne Tutt AT Non-Executive Director
Ms Eileen Walsh EW Director of Assurance

In attendance: Ms Debra Leeves DL Developmental Non-Executive Director
Ms Marilyn Rackstraw MR Corporate Governance Manager
Dr Neil Scotchmer NS Deputy Head of Corporate Governance
Ms Karen Guy KG CQC
Ms Kate Dew KD CQC

TB18/11/01 Apologies, welcome and declarations of interest
The Chairman welcomed Dr Clare Dollery to her first Trust board meeting as Acting Medical Director of the Trust.

The Chairman further welcomed CQC colleagues, governors, members, public and staff to the meeting of the Trust Board.

Anne Tutt declared that she is a Director of Oxford Hospitals Charity.

TB18/11/02 Minutes of the meeting held on 12 September 2018.
The minutes of the meeting held on 12 September 2018 were reviewed and approved as a true and accurate record of the meeting.

TB18/11/03 Matters arising from the minutes
There were no matters arising from the minutes.

TB18/11/04 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.
TB18/11/05 Chairman's Business

The Chairman reported that the Agreement for Lease and Lease suite documents between the Trust and Ronald McDonald House Charities for the development of a standalone accommodation facility for the parents and families of patients in Children’s and Newborn services on the John Radcliffe site was now complete.

Enabling works for the new House had begun on site with a view to opening in summer 2020.

The new House was being built by charitable means at an estimated cost of £14m and which had been achieved through various fundraising and charitable endeavours. RMHC would be contributing c. £11.5m. The Trust was providing the site at the JR for the new build and as part of the Agreement between the OUH and RMHC, OUH supported a contribution of £2.5m in funding towards the costs of delivery.

It was highlighted that the contribution was being delivered through the Trust’s charitable partner, Oxford Hospitals Charity (“OHC”) much of which was raised through the Oxford Children’s Hospital 10th Anniversary Appeal thanks to the generous response from the public and the Oxford media.

The Trust Chairman asked that a formal thank you letter be sent on behalf of the Trust Board to all involved.

Action: Chairman’s Office

TB18/11/06 Chief Executive’s Report

Dr Bruno Holthof, Chief Executive, presented his regular report, which highlighted the following:

The Trust Chairman, Dame Fiona Caldicott, had been presented with the Lifetime Achievement Award at the Royal College of Psychiatrists (RCPsych) Awards on Wednesday 7 November. He congratulated the Chairman on a richly deserved acknowledgement of her contributions.

For the first time, a Winter Team had been established to work across the health and social care system in Oxfordshire. Tehmeena Ajmal had been appointed to the new role of Winter Director. The team would be responsible for leading on the implementation of the system wide winter plan, developed jointly by Oxford University Hospitals NHS Foundation Trust, Oxford Health NHS Foundation Trust, Oxfordshire Clinical Commissioning Group, Oxfordshire County Council, South Central Ambulance Service and Age UK Oxfordshire. The Winter Plan had been developed to assist the system in becoming agile and responsive to cope with the additional pressures of winter, and avoid unnecessary admissions to A&E. A Care Quality Commission [CQC] system wide review had concluded, the outcome of which was expected in due course.
There had been some recent changes to the Trust Board, including the appointment of a substantive Medical Director. Professor Meghana Pandit would be joining the Trust in January 2019. Anne Tutt, a Non-Executive Director of the Trust since 2009, had been appointed as the new Vice-Chairman of the Trust to succeed Geoffrey Salt, who had resigned for personal reasons in September.

He further noted that it was encouraging and positive to see staff had been recognised for great work by winning various national awards in recent months – demonstrating how fortunate the Trust is to have such a talented team of staff.

Professor David Mant, Non-Executive Director noted that he was pleased to see the excellent work that was going on within the NHS through the Oxford Academic Health Science Network [AHSN], particularly the development of a tool that accurately measured the number of patients admitted to hospital who are at risk of sepsis, but enquired as to why the Trust did not always meet the target time in terms of identification, and subsequently providing antibiotics.

Dr Clare Dollery, Acting Medical Director reported that the Trust had a sepsis specialist nurse, who was working hard to look at ways to improve meeting targets across the system. Staff training packages had been put in place, with additional training workshops taking place quarterly and being incorporated into the medical staff induction programme.

She noted that the robustness of the EPR system meant that possible episodes could be identified at an earlier point in time, so the Trust was setting itself a larger challenge.

The Chief Nurse noted the value of an exception report to go alongside this which would assist in improving the performance management framework, and suggested that she and the Acting Medical director undertake a deep dive as that could provide key indicators.

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

TB18/11/07 Learning from Patient Experience

The Chief Nurse presented this report, which sought to explore a carer’s experience of using the Trust’s newly created Home First service.

Older adults living with frailty were the highest users of care services within the Trust’s hospitals, with one in four being admitted as inpatients. Recent research had demonstrated a causal link between early return to physical and functional activity when a hospital stay length of stay is significantly reduced. As part of the Oxfordshire System A&E delivery board objectives, and the Trust’s plans to improve urgent care performance, the Acute Medicine and Rehabilitation (AMR) directorate had committed to implementing a Home First service model for older adults presenting with frailty at the John Radcliffe Hospital.

Anne Tutt, Non-Executive Director noted the need to avoid patients presenting to hospital if this could be avoided in the first instance. The Chief Nurse noted that she could share an update presentation which provided details of pre hospital care.
The next steps for this pilot scheme included the development of a rapid response community therapy team and pathway, whereby a member of the community therapy team would be able to facilitate a review of patients’ needs, in their own home environment. This would ensure that the patient was continuing to function safely on discharge, optimise functional ability and reduce the high risk of a frail elderly patient representing back to the urgent care setting, with no acute medical concerns.

The story highlighted the positive impact of effective communication and the engagement of carers as they impact on the experience of patients of the care and services that they receive.

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

**TB18/11/08 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 10 October 2018.

In particular, he highlighted the following points which had been discussed:

- The Trust’s Open Visiting policy had gone live on 1 October and was regarded as a significant improvement by both patients and staff.
- The Committee received the Annual Review of SIRIs and Never Events and noted that medical students were made aware of the SIRI Forum on their medical induction and that they attend its meeting as part of their training. The trend in incidents relating to moderate or greater harm was reviewed and the Committee was pleased to note that these had fallen from an average of around 40 per month in early 2014 to a current level of around 5 per month.
- The Committee welcomed the fact that a process of harm review for extended waits was in place with high completion rates (95% of 330 cases) and that moderate harm had been identified in only 10 cases. The need for further assurance that appropriate action had been taken when harm had been identified was noted.
- The Committee noted that further modelling had suggested that 30 further beds (161 rather than the original prediction of 131) would be required if the Trust was to have the necessary level of resilience during the winter. The Winter Preparedness Plan was reviewed and the Committee noted the work that was being done at a system-wide level to procure additional winter beds outside of the hospital and to develop patient flow modelling. Work on initiatives including the integrated front door at Banbury and ‘Home First’ was also noted. The Committee recognised that plans were significantly further developed than had been the case in previous years.

The Committee noted some concerns regarding maternity, in particular the midwife: birth ratio, the number of ICU admissions, an increase in complaints, and the BRRACE-UK audit results. It was agreed that further data and assurance would be sought from the Clinical Director for Maternity.
Professor Mant reported that he had subsequently met with the Clinical Director of Maternity to get further information, which he would report back to the Quality Committee at its next meeting.

The Director of Assurance noted that the assurance team had been working closely with maternity colleagues in relation to the Clinical Negligence Scheme for Trusts [CNST] and it was confirmed that all 10 national standards were being met. It was noted that this was being monitored on an ongoing basis.

Paula Hay-Plumb reflected that workforce availability remained crucial and noted that it would be useful for the Board to get an update on recruitment initiatives.

The Director of Assurance drew attention to the fact that the committee was keen to review quality impact assessments, the benefit of which added an extra dimension to ensure that patient care was at the forefront of decision making.

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

**TB18/11/09 Quality Report**

The Acting 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 chart had been incorporated into the Quality report to provide a mathematical analysis of dementia screening rates per division. Although work remained ongoing, this was a positive step.

- The first annual report from the National Mortality Case Record Review programme (NMCRR) was published in October 2018 and was launched at the NMCRR's first annual conference on 10th October 2018 at which OUH was represented. A key theme was patients with sepsis.

- A subsequent visit by NHSI’s national Patient Safety Team and the new National Director for Patient Safety took place in October. NHSI acknowledged the progress the Trust had made following the suggested actions from July and also that time is required to ensure cultural changes. The team appreciated the significant work that had been undertaken to ensure positive patient identification takes place before any invasive interventions.

- An update on progress against the Trust Quality priority objectives for 2018/19 was presented including priorities to embed best practice such as positive patient identification and safety standards for surgery and invasive procedures.

- A Never Event was declared in September, 1819-049, in which a guidewire for the insertion of a femoral venous catheter was retained after the procedure. Immediate actions taken included distribution of a WHO safety checklist (which specifically checks that any guidewire has been removed), to all theatre suites and to adult intensive care.
- A quarterly report on Safe Working Hours for doctors in training was presented with the aim of providing context and assurance around safe working hours for OUH Junior Doctors.

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

- Safe staffing levels reported for nursing and midwifery staff across the Trust by ward, and by shift, reflected continuing effort to take mitigating action where shifts/wards were initially identified as “at risk,” in order to ensure that patient safety was protected.

- SafeCare the new system for managing daily operational staffing levels had gone live in September 2018. There were some ongoing challenges, particularly with software, but the new process had been successfully rolled out across inpatient areas in the Trust overall. Reporting was currently being validated and will be ready for November/December 2018. The staffing monitoring system was linked to the e-rostering system, and measured using the acuity and dependency of patients. This was a strengthened, real time method of assessing where care hours were most effectively deployed.

- A birthrate plus review had recently concluded, the outcome of which would be presented to the Trust Board in due course.

- The recent recruitment event in India had yielded 140 offers of employment and a further trip was planned for March 2019.

- The agreed Key Performance Indicator (KPI) for closure of complaints is that 95% are closed within 25 working days or an agreed date with the complainant. The internal KPI was reviewed to 25 working days plus one extension only of up to 15 working days during Q1 to enable a more responsive service. Using this internal KPI, of the current open complaints, 22% (n=33) have not met the deadline. Over Quarter 2, 49% (n= 67) did not meet the KPI.

It was noted that complaints needed both divisional and trust wide focus. The Chief Nurse said that she would present the analysis into the delays in the investigation and closure process at Quality Committee on 12th December 2018.

**Action:** SF

Ms Anne Tutt, Non-Executive Director noted that sunburst appeared to be a good visual tool, but she enquired as to how multiple changes were tracked following discussions held throughout the day as to where to redeploy staff. The Chief Nurse reported that usually the divisions dialled in after they had redeployed, mainly to seek support and see which areas with staff could support other divisions that may be at risk.

Anne Tutt referred to the End of Life Care quality priority, which had not been achieved and asked for clarity around the impact of this. It was noted that a significant education programme must be developed. The Acting Medical Director thought that it was important for the trust wide rollout to be in areas of greatest experience.

The Trust Chairman drew discussion to a close.

**The Board noted the contents of the Quality Report.**
TB18/11/10 Finance and Performance Committee Report

Ms Anne Tutt, Non-Executive Director and Vice Chairman of the Finance and Performance Committee, presented the regular report from the last meeting of the Committee held on 10 October 2018.

In particular, she highlighted the following points which had been discussed:

- The Committee received an update outlining the PMO structure that had been put in place to coordinate the five programmes relating to the NHSI undertakings, and reviewed these arrangements. The PMO ‘went live’ on 3 October 2018. Non-Executive Directors highlighted the importance of execution at pace, and ensuring full engagement of the programme management office.

- The Trust’s four-hour wait performance deteriorated from 88.13% in July to 87.02% in August. This took the Trust’s four-hour wait performance below the trajectory level for the month agreed with NHS Improvement for the first time in 2018/19.

- The Committee was informed that on 31 August 2018, 8,700 of 53,976 patients on incomplete elective care pathways at OUH were waiting for over 18 weeks.

- Over 52-week waits in Gynaecology had reduced slightly from 165 in July to 158 in August. Another 45 patients were waiting for over 52 weeks for treatment in other specialties, up from 33 in July.

- The Committee heard that Month 5 (August) EBITDA, excluding Provider Sustainability Funding (PSF), is +£4.0m, a £0.4m improvement on Month 4 (July) of 18/19. It was noted that five twelfths of the planned contingency funding had been released to month 5.

- Cash was £42.3m at month end. This is £25.5m above the plan and £6.2m lower than the previous month end.

- Significant areas of the Trust were underperforming against plan. The Neurosciences, Orthopaedics, Trauma and Specialist Surgery Division attended to provide the committee with an overview of the current situation, and the mitigating actions in place.

The committee also looked at a first draft of a reforecasting exercise. The outputs, as yet unchallenged and unmitigated, against the plan were required to deliver an underlying -£25m deficit, would mean a gap to the financial plan of £12.4m. It was agreed that further work needed to be undertaken to understand how the shortfalls could be rectified.

The Trust Board noted the update from the Finance and Performance Committee.

TB18/11/11 Integrated Performance Report Month 6

The Acting Director of Clinical Services presented the report, which provided a summary of the Trust’s performance in September 2018 against a range of key performance indicators. The following points were highlighted from the three key areas:
• In September 2018, 1,572 patients waited over four hours from arrival to admission, transfer or discharge from OUH’s Emergency Departments. The Trust’s four-hour wait performance rose 1% to 88.02%.

• The number of ED attendances per day rose from 402 to 437.

• Emergency admissions per day reduced to 199 from 207 in August (and 222 in July).

• No waits were reported of over 12 hours in OUH’s Emergency Departments from a Decision to Admit (DTA).

• 82.94% of people awaiting elective care were waiting for less than 18 weeks, a reduction of 1% since August and well below the national 92% standard.

• Over 52-week waits in Gynaecology remained stable at 158. Another 41 patients were waiting for over 52 weeks for treatment in 13 other specialties.

• Three cancer waiting time standards were not met in September: the standard for 31 day waits to first treatment from a decision to treat; for first treatment within 62 days of urgent GP referral; and for first treatment within 62 days of a referral from a screening service.

Debra Leeves, Developmental Non-Executive Director noted that the John Radcliffe had admitted its first patient of the season with influenza, and referred to the drive to get staff vaccinated and enquired what percentage of staff had currently had the vaccine. It was confirmed that the current level was 46%, which was an improvement on last year’s uptake, although the campaign remained ongoing.

Christopher Goard, Non-Executive Director referred to the plans to reduce waits and enquired as to whether the Trust had a view of how to address the backlog. The Acting Director of Clinical Services reported that the Trust was working closely with NHS Improvement [NHSI] to map pathways and provide additional capacity and insourcing support.

The Chief Executive reminded the Board that the Trust was actually ahead of plan in terms of elective and 52 week waits, and staff were working hard to enable the Trust to remain ahead.

Paula Hay-Plumb, Non-Executive Director noted that the Trust was currently on a journey with partners towards better integration, and enquired as to whether the benefits of this were yet being seen.

The Acting Director of Clinical Services noted that work remained ongoing to provide better integration following a system wide review being undertaken. The Winter Director was meeting with colleagues weekly, and collaborative working allowed each of the relevant organisations to address gaps identified. The Chief Executive further noted that there was a weekly CEOs’ call, which helped to highlight urgencies to the system. All partners needed to work together to ensure consistency within it.

The Director of Assurance highlighted that it was positive to see numbers reducing, but reminded the Board that the numbers represented individual patients. She noted it was reassuring that clinical harm reviews were in place to provide assurance that although a patient may be waiting, no additional harm would be caused by delays but stressed the importance of keeping patients under review.
It was further reported that a demand and capacity tool had been developed to allow
the whole system to understand patient demand and estimate the capacity
necessary to meet it, which was a very positive step.

The Trust Board noted the IPR for M6.

TB18/11/12 Financial Performance up to 30 September 2018
The Chief Finance Officer presented the paper, and drew the Boards attention to the
following:

- 6/12ths of the planned contingency (£2.5m) had been released to month 6.
- On a Control Total basis, the year to date performance was a deficit of -£8.3m,
  £9.7m better than plan.
- After including PSF, the year to date performance was a deficit of £2.9m.
- EBITDA in September, excluding Provider Sustainability Funding (PSF), was
  £0.6m, £0.3m ahead of plan, and £3.4m lower than August. Actuals included:
  - Commissioning Income of £69.3m, £6.3m lower than August, £1.7m below
    plan;
  - Other Income of £15.4m, £2.3m higher than August and £1.7m ahead of
    plan;
  - Pay of £52.0m, an increase of £0.7m compared to August, £0.3m above
    plan; and
  - Non-pay of £32.2m, a decrease of £1.3m from August, £0.7m above plan.
- Capital expenditure was £8.6m at month end, £3.0m below plan to date, due to
  lower spend in Radiotherapy Swindon (£1.3m), Global Digital Exemplar (£0.9m)
  and Estates General (£1.1m), offset by higher spend on Research and
  Development (R&D) and Donations.
- Cash was £43.9m at month end. This is £25.0m above the plan and £1.6m higher
  than the previous month end. This was due to the tightening of the cash
  management process.

Anne Tutt, Non-Executive Director referred to the PSF and enquired as to whether
there was a risk that this had been over calculated. The Chief Finance Officer
reported that this remained ongoing, as the methodology had changed to
encompass the whole of Oxfordshire.

The Trust Board noted the Finance Report for Month 6.

TB18/11/13 Trust Management Executive Report
The Chief Executive presented the report, noting that many of the issues and topics
had previously been highlighted within other reports.

Workforce remained a primary concern for the organisation, and the Trust
Management Executive had been giving particular focus to this issue, for example by
introducing staff incentive schemes.

Insourcing and Outsourcing options had been discussed, together with the impact
these could have on waiting lists. It was noted that this approach was viewed as
being a positive one.
Future business for the committee over the next three months would include ongoing monitoring of the work programmes associated with the NHS Improvement undertakings, and the continued monitoring of operational, financial and quality performance delivery.

The Trust Board noted the Trust Management Executive report.

TB18/11/14 Audit Committee Report

Anne Tutt, Non-Executive Director and Audit Committee chairman presented the report highlighting the key topics that the committee had discussed at its meeting held on 19 September 2018.

The Committee had discussed the approach to be taken in relation to the provision of assurance to the Committee and to the Board on progress being made by the Project Management Office (PMO) in supporting the work of Executive Team to deliver the regulatory undertakings made by the Trust to NHS Improvement (NHSI). It was agreed that regular assurance reports be submitted to the Board, and that the Audit Committee’s oversight of some elements of individual work streams would routinely form part of its meeting agenda going forward.

In view of the gaps in assurance that were extensively discussed at the Committee on the implementation of the internal audit recommendations of the Medicines Management and IT Governance reviews, the Committee referred both matters to TME for it to follow up, and update the Committee on progress being made, to be brought back to a future meeting of the Committee.

The Committee agreed to receive a further update (at its November 2018 meeting) on the steps that were being taken to implement the findings of the NHSCFA review of the Trust’s counter fraud services. A final report on this was expected to be brought to the Committee’s February 2019 meeting.

An update on the latest status of the Oracle Fusion Project was provided to the Committee. The Committee stated that issues highlighted should be brought to the attention of the Board. The Audit Committee would continue to monitor the delay in implementation.

Accounting policies remained under review and it was noted that these were being reviewed early so that there was sufficient time to undertake further work if necessary in advance of the annual accounts preparation.

The Trust Board noted the Audit Committee report.

TB18/11/15 Workforce and Organisational Development Performance Report Q2 18/19

The Director of Improvement and Culture presented the paper providing summary information in relation to Workforce and Organisational Development performance for Quarter 2, from 1 July 2018 to 30 September 2018. The following points were highlighted:

- The number of substantive staff in post has increased by 96 WTE during Q2
- Staff turnover continues to fall, and has now improved by 1.1% over the past year, from 14.8% to 13.7%.
- In NOTSS & Children’s the improvement has been more dramatic, with turnover falling from 15.3% to 12.8% over the same period.
• At the end of Q2, the overall statutory and mandatory training compliance rate was 82% against a target of 90%, which represents a reduction of 1.3% over Q2.

• The latest TRAC recruitment benchmarking data (Jul 18-Sept 18) comparing 93 NHS Trusts showed OUH as having the largest volume of recruitment with 416 candidates processed through pre-employment checks. Of the 23 Trusts recruiting 200 or more candidates, OUH was fourth fastest to recruit with an average of 20 working days.

• The Trust will continue to focus on ways to increase staff availability, substantive recruitment and improve retention.

• Within the scope of the Workforce Improvement Plan, three new initiatives had been established; additional incentive schemes, sharing good practices on retention (led by NOTSS) and an A&C review.

• The 3 year People Strategy which went to the Board in July, was launched through a series of staff listening events during September.

Dame Fiona Caldicott noted that there had been high numbers signing up for the flexible staffing pool scheme, but that the numbers remained low in terms of actual participation which seemed counter intuitive. The Director of Improvement and Culture confirmed that the scheme was still in its early stages, but agreed that he would hope the fill rate would start to increase.

The Acting Director of Clinical Services voiced her concern that both appraisal and statutory and mandatory training compliance rates had dropped, and enquired what further work could be undertaken to improve the rates. The Director of Improvement and Culture noted that values based appraisals had been introduced, which had been positively received to date.

Professor Mant enquired as to what was being done to address the issues within areas where colleagues had left the organisation due to being unhappy with the working environment.

It was noted that the Trust was looking at ensuring effective leadership, offering flexibility in terms of shift patterns, and trying to triangulate data within areas that appeared to show worrying trends.

Paula Hay-Plumb highlighted the need for actions being reported clearly so that there was a clear link between problems that had been identified, the corrective action being taken, and the progress made.

**Action: JDr**

It was suggested that the committee papers needed to have a golden thread approach to ensure triangulation between the reports, and to provide a clear identification of the issues being highlighted and how these were being mitigated.

**Action: EDs**

_The Trust Board noted the Workforce and Organisational Development Performance report for Q2._

**TB18/11/16 Annual Review of Risk Management Strategy**

The Director of Assurance presented the strategy which had been fully reviewed, with a small number of changes proposed. The purpose of the review was to ensure
that the Risk Management Strategy was still valid and up to date, and to review progress in relation to the implementation of the strategy.

It was suggested that seminar time with the Board and Divisions be scheduled to review the current risks, and their associated scores.

**Acton: EW**

**The Trust Board noted the current assessment of implementation of the strategy, and reviewed and approved the amended Risk Management Strategy.**

**TB18/11/17 Annual Review of Assurance Strategy**

The Director of Assurance presented the strategy which had been fully reviewed, with a small number of changes proposed. The purpose of the review was to ensure that the existing Assurance Strategy was still valid and up to date, and to review progress in relation to the implementation of the strategy.

**The Trust Board noted the current assessment of implementation of the strategy, and reviewed and approved the amended Assurance Strategy.**

**TB18/11/18 Fit and Proper Persons Policy**

The Director of Improvement and Culture presented the paper for approval following review.

The Policy had been reviewed and updated to take into account the ‘Guidance for Providers and CQC Inspectors’ published by the CQC earlier in the year and included further information about misconduct and mismanagement along with more information about the process to be followed upon identification or notification of an issue or concern.

Further work was being undertaken to identify how the Trust could take the principles of this policy and extend it beyond Board members to all key decision makers within the Trust.

**The Trust Board approved the fit and proper person’s policy.**

**TB18/11/19 Learning from Deaths**

The Acting Medical Director presented the report. In accordance with national guidance, the revised OUH Standardised Mortality Review Policy was published on 30th September 2017 and structured mortality reviews were implemented from quarter three of 2017/18.

In quarter one of 2018/19 there were 20 structured mortality reviews completed which included 8 reviews for patients with learning disabilities. There were no deaths judged more likely than not to be preventable in the completed reviews.

Some of the key actions and learning points that had been identified in mortality reviews are summarised as follows:

- A prevention of future deaths notice was issued to the Trust in relation to the treatment of trauma patients on outlying wards and system checks to ensure venous thromboembolism (VTE) prophylaxis has been provided.
• The review of VTE risk assessments is included on board rounds which are attended by the ward MDT. The ward pharmacist is allowed time on the board round to raise any medication concerns.
• EPR discharge summaries for General Practitioners (GPs) are to include information on incidental findings from investigation results. The Surgical Emergency Unit (SEU) handbook and discharge checklist are to be amended to prompt the noting of incidental findings from investigation results during admission. Surgery interdepartmental transfer summaries are to include incidental findings that require follow up.
• Patient advice leaflets are being developed for patients who present with suspected infection and are considered at risk of developing sepsis on discharge.
• No new CQC mortality outliers had been received by the Trust in this reporting schedule.

Professor David Mant, Non-Executive Director enquired what proportion of mortality reviews were outliers, and whether there was a standard operating procedure [SOP] for these particular cases.

The Acting Director of Clinical Services confirmed that there was not yet a SOP in place. However the Deputy Director of Urgent Care was in the process of developing one. It was also highlighted that the development of the electronic whiteboard would allow the review of these cases.

It was asked that the proportion of outliers be reported back to the Quality Committee.

**Action: SR / CD**

The Acting Director of Clinical Services noted that addressing the level of learning and associated actions required from these was a large task, and enquired as to whether the Trust could ensure a sustainable embedded process to confirm that relevant actions were in place.

The Acting Medical Director confirmed that there was a high level of Divisional and Directorate ownership, which was a positive motivator. This had also been added to the performance review framework.

VTE performance had also been embedded.

The Chief Nurse suggested that in terms of reporting, the data would be better expressed as a number rather than a percentage.

**Action: CD**

**TB18/11/20 Research and Development Annual Report 2017/18**

The Acting Medical Director presented the report, which detailed Research and Development Governance and Performance for 2017-18. The main points highlighted were:

• There are around 1900 active research studies in progress at OUH. Around half of these are interventional trials, the majority of which are clinical trials of investigational medicinal products (CTIMPs).
• The JRO’s phased move to new accommodation on different sites has been a major focus of activity. To mitigate the impact of the physical separation of the JRO’s teams, a variety of new initiatives is being explored to maintain the vital
close and effective relationships at all levels, which are so important for the JRO to deliver its aim to facilitate and support collaborative research involving both the Trust and the University.

- The co-location of the Trust R&D teams with their University of Oxford colleagues from the Joint Research Office ended in August 2017, when the Trust R&D teams moved to OUH Cowley. The Studyline project and portfolio management system is a prime example of joint working between OUH and the University of Oxford, with significant new features being developed to address the needs of additional stakeholders. These include research teams in both OUH and UoO, clinical and management teams in Directorates and Divisions, the OUH Executive team, as well as other Trusts covered by the Thames Valley and South Midlands Local Clinical Research Network. A launch of the new features of the Studyline system is anticipated in Q1 2019 to encourage wider use and awareness of the benefits.

Professor Gavin Screaton, Non-Executive Director reported that he had attended the BRC away day, and was extremely impressed with the volume and breadth of research work being undertaken by the organisations, and noted the impact that the ongoing research would have both for national and international patients. He highlighted that research should not be thought of as a speciality, but become more embedded due to its importance for patients and their associated treatments.

Christopher Goard, Non-Executive Director reiterated the importance of wealth creation in the NHS.

It was noted that Keith Channon, R&D Director for OUH had been invited to a Trust Board seminar to discuss the activities of the R&D Team in greater detail.

The Trust Board noted the R&D Annual report for 2017/18.

TB18/11/21 Consultant Appointment and Signing of Documents

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

The Board received and noted the report.

TB18/11/22 Cash and Treasury Management Policy

The Chief Finance Officer presented the policy for approval, which had been updated to reflect changes in the financial regime.

The revised policy also took into account the findings from the KPMG Cash Management review and the subsequent establishment of a “Cash Committee”

The proposed policy had already been considered and endorsed by the Audit Committee at its meeting on 19th September 2018.

The Trust Board approved the cash and treasury management policy.


The Director of Improvement and Culture presented the report detailing the Trusts data with regard to compliance with the nine WRES metrics.

Data for the nine WRES metrics had been collated with the following being highlighted:
• Representation of BME staff has decreased across the Trust by 1.9% overall. The largest significant decreases are in the Non-consultant career grade and at VSM level
• An increase in relative likelihood of BME staff undergoing formal disciplinary procedures
• An increase in those experiencing bullying, harassment and discrimination from all sources. BME staff are disproportionately affected by this.

Alongside the metrics, consultation with BME staff took place to understand their experience of working for the Trust. Some key themes from this consultation included:

• a strong perception of favouritism within the Trust which disadvantages BME staff in terms of recruitment and career development
• a perception that Trust leadership lacks engagement with the race equality agenda; the lack of diversity at this level contributes to this perception
• an inconsistent approach by managers across the Trust to supporting BME staff.

The percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public had increased within the last 12 months to over 25%.

Tommy Snipe, Workforce Equality, Diversity and Inclusion Lead was commended for his work to date.

Dame Fiona Caldicott, Trust Chairman voiced her concerns and suggested that a further progress report be submitted to the Quality Committee for consideration as a matter of urgency.

**Action: JDr**

It was noted that Trust Leadership was vital in addressing this, and it was suggested that this be looked at in further detail at a Trust Board seminar with Divisional Colleagues to provide the authority and support of the Board.

**Action: JDr**

It was proposed that the Trust could identify a Board sponsor for the Trust’s Race Equality Action Group. Christopher Goard volunteered to contribute to this role.

The Trust Board noted the WRES report.

**TB18/11/24 Any Other Business**

There was no other business to be discussed.

**TB18/11/25 Date of next meeting**

A meeting of the Board to be held in public will take place on Wednesday, **16 January 2019** at **10:00** in the Cancer Centre Meeting Rooms, 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).