

Trust Board

Minutes of the Trust Board meeting in public held on **Wednesday 8 May 2019 in the Training room, Horton General Hospital.**

Present:	Professor Sir Jonathan Montgomery	JM	Chair
	Dr Bruno Holthof	BH	Chief Executive
	Mr Jason Dorsett	JD	Chief Finance Officer
	Mr John Drew	JDr	Director of Improvement and Culture
	Ms Claire Flint	CF	Non-Executive Director
	Ms Sam Foster	SF	Chief Nursing Officer
	Ms Paula Hay-Plumb	PHP	Non-Executive Director
	Prof David Mant	DM	Non-Executive Director
	Prof Meghana Pandit	MP	Chief Medical Officer
	Ms Sara Randall	SR	Acting Chief Operating Officer
	Mrs Anne Tutt	AT	Vice-Chair and Non-Executive Director
	Ms Eileen Walsh	EW	Chief Assurance Officer
In Attendance:	Dr Neil Scotchmer	NS	Deputy Head of Corporate Governance
	Ms Marilyn Rackstraw	MR	Corporate Governance Manager [Minutes]
Apologies:	Prof Gavin Screaton	GS	Non-Executive Director

TB19/05/01 Apologies, Welcome and Declarations of Interest

Sir Jonathan Montgomery welcomed Claire Flint to the Trust in her role as Non-Executive Director. Claire introduced herself and gave a brief introduction to her career, which consisted of a number of non-executive roles along with experience in human resources and leadership consulting. She was currently Deputy Chair of Scope, the national disability charity, and Chair of its People Committee. She was also a member of the Board of the National Nuclear Laboratory, and Chair of their Remuneration Committee.

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

Apologies were received from Professor Gavin Screaton.

Anne Tutt declared an interest as a Trustee of the Oxford Hospitals Charity.

TB19/05/02 Minutes of the Meeting Held on 13 March 2019

The minutes of the meeting held on 13 March 2019 were reviewed and approved as a true and accurate record, subject to the following minor corrections:

SR stated that there has not been a trade-off in the three categories and additional capacity has been ~~pit~~ hit in the Churchill.

Note that Anne Tutt is also the Vice-Chair of the Trust.

TB19/05/03 Matters Arising from the Minutes

The Trust Board noted the update paper provided in relation to Avoiding Term Admissions into Neonatal Units [ATAIN].

TB19/05/04 Action Log

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

DM asked whether SR was satisfied with the content of the report issued following the visit from the National Cancer Team. SR confirmed that she was, and noted that conversations with NHS Improvement remained ongoing regarding the provision of further support.

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

TB19/05/05 Chair's Business

The Trust Chair noted that this was his first public Trust Board meeting since taking up post and gave sincere thanks to Dame Fiona Caldicott for all of her work within the Trust, highlighting that her legacy provided a difficult act to follow.

The Trust Chair provided a brief report following the Council of Governors meeting held on 16 April 2019.

Feedback had been provided on the 'Meet the Chair' sessions that had been held. The main headlines of the sessions had highlighted:

- There was a lot of interest in understanding what would be different within the organisation with a new Chair;
- There was a view that the Board was not always as effective as it could be; and
- It was suggested that the Trust needed to place more emphasis on empowering staff, and celebrating the many examples of good work.

The Staff Survey had also been discussed. BH had attended to present this update, and also gave an update on PET-CT.

JM had now scheduled regular meetings with the Lead Governor to shorten the feedback loop. He also had arranged regular meetings with the Vice-Chair and the Freedom to Speak up Guardian.

The Board noted that Christopher Goard had been appointed as the Non-Executive lead for Freedom to Speak Up.

TB19/05/06 Chief Executive's Report

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

Dr Clare Dollery, Deputy Medical Director was due to leave the Trust at the end of May to take up the post of Medical Director at the Whittington Health NHS Trust in London. BH recorded his thanks to Clare for taking on the role of Acting Medical Director during a difficult period, and for her significant contribution to the Trust. It

was noted that the role would be filled by two individuals, each undertaking elements of the role on a part time basis.

BH highlighted ongoing investment and developments at the Horton General Hospital.

The Chief Executive explained that following a procurement process run by NHS England for the contract to run the Thames Valley regional PET-CT scanning service, which staff had provided at the Churchill Hospital in Oxford since 2005, the Trust had contacted the Chairman of the Oxfordshire Joint Health Overview and Scrutiny Committee [HOSC] to ask for this matter to be considered.

At a meeting on 4 April, HOSC members heard from patients and clinicians and unanimously decided to exercise their power to refer the matter to the Secretary of State for Health and Social Care. No changes would be made to the current PET-CT service at the Churchill while this process remained ongoing.

BH thanked the many patients who had contacted the Trust, HOSC and NHS England to indicate the extent to which they valued the current PET-CT service at the Churchill for their support. Thanks were also expressed to local MPs and governors who had spoken out on this issue.

The Trust Board had approved a business case for the implementation of Automated Number Plate Recognition [ANPR] in visitor car parks at the JR and Churchill Hospitals. It was hoped that the new system would be up and running by September and would improve access to the sites.

JM noted that it was pleasing to see the many areas of excellence that were recognised within the report.

In relation to the JR Emergency Department expansion work, AT reported that she had visited the area, and that staff had been positive about the extent to which they had been involved in planning. BH expressed thanks to the Head of Capital and Architecture for the work done to date, and for ensuring the involvement of the relevant teams when discussing and planning projects.

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

TB19/05/07 Patient Story

The Chief Nursing Officer presented this report, which detailed learning from a patient's experience of delays at the Eye Hospital.

The patient had unnecessarily waited longer than the booked appointment time before the relevant team was made aware of their arrival.

The report highlighted the prompt investigation and the patient-centred approach that was undertaken by senior colleagues to acknowledge the feedback and provide a response to reassure the family that this would be used to improve the service.

JM noted that the paper indicated the need to take proactive responsibility for improvements and to improve the language of responses. Reassurance was provided that the Trust was responding appropriately, but there was also evidence of a personal touch, which was important.

SF noted that she felt that the leadership that the team had demonstrated didn't come through in the response provided to the patient, and suggested that she take

this back to the team for further discussion regarding formal and informal communications.

DM asked whether SF now felt that the Trust had addressed the issue raised by the patient overall.

SF confirmed that it was a priority within the delivery plan to enable teams to work in a fashion that meant patients had a good experience as this seemed to vary between departments at present.

SR reported that the introduction of a new telephone system within the Radiology Department had made a positive difference to patient experience within this area.

PHP suggested that it was important to focus on the Trust's digital systems, and noted that it would be of benefit for the Board to understand the status of these developments.

JM reiterated that it was important to understand the gap as well as noting where the Trust was doing well.

It was suggested that communication for different patients might require different approaches and that the team could work with patient groups and the Governors more proactively, as they could assist with improvements to the complaints system to improve overall patient experience.

The Trust Board noted the Patient Story.

TB19/05/08 Quality Committee Report

Professor David Mant presented this report, noting that he felt the current iteration did not yet fully reflect the risks highlighted to the Committee and the relevant actions it had taken.

He reported that he had asked for the Trust's risk register to be presented to the Committee at the start of the meeting so that it could discuss the risks in advance, and then assess the register again at the end of the meeting following its discussions to consider the extent to which the matters discussed might affect it.

JM noted that he had attended the Quality Committee meeting in April, and could confirm that a lot of information had been reviewed. He noted that the report needed to show that the Committee felt comfortable that challenges had been identified and that work was being undertaken to address the issues with issues escalated to the Board where appropriate.

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

TB19/05/09 Clinical and Operational Quality Report

The report was presented in its revised format. The Chief Nursing Officer, Chief Medical Officer, and Acting Chief Operating Officer each presented their respective sections, the main points highlighted being outlined below:

- March had seen a significant rise in band 5 nurse turnover. Following further analysis and breakdown by nationality, this indicated a high number of leavers from within the EU and in particular Spain. Spain had indicated that its points system, previously recognising experience in the UK, might be changed, prompting some Spanish Nurses to return to posts in Spain.

- Five areas had reported a variance against plan in terms of safe staffing levels.
- A pressure ulcer audit had revealed that the Trust had seen a reduction of around 500 incidences per year.
- Performance against the four hour standard had improved at the end of March.
- Following a stranded patient review, a revised Standard Operating Procedure had been implemented.
- Additional focus had been given to safeguarding training.
- The Trust's Friends and Family Test [FFT] recommend rates were higher than the national average.
- The number of cases of CDiff were below the agreed trajectory.
- Medicines reconciliation performance had dipped. The reasons for this were being analysed with a business case to increase pharmacy cover over the weekend in progress.
- Compliance with the WHO checklist had been made a key priority.
- The new weekly safety alerts were being positively received by staff members.
- The Trust had instigated a pilot Patient Safety Response meeting in which representatives from Clinical Governance and each division met to discuss all incidents called with a 'Moderate' or higher impact.

DM noted that that there had been a shift towards an exception reporting approach but that the report needed to be clear what issues were being flagged up, whether the data had been triangulated and what subsequent assurance had been provided.

He further noted that it was positive to see increased incident reporting but with a need to ensure that learning was being applied. He observed, however, that there was no process for long term follow up to specify that outcomes had changed as a result of the interventions.

JM suggested that the team look to bring patient stories that highlighted where changes had had a sustainable impact on culture and processes.

CG asked when improvements in the number of theatre cancellations were likely to be seen following the implementation of a work stream on pre-operative assessment. MP confirmed that theatre productivity was being reviewed and that this would encompass all of the drivers for cancellations including unfit patients but also, amongst other issues, failures to attend and overrunning lists.

PHP suggested that the reports needed to highlight what the executive directors could see, but which might be less visible to non-executive directors, in order to help the latter learn what to look for and how to understand the issues identified and to gain assurance that they were being addressed.

BH noted that the executives had looked at the Trust priorities and were in the process of refreshing these. Arrangements for the Board and its committees were due to be reviewed to consider how their time could be utilised most effectively.

The Trust Board noted the Clinical and Operational Quality Report.

TB19/05/10 Quarterly Guardian of Safe Working Hours report

The Chief Medical Officer presented this report updating the Trust Board on safe working hours for OUH Junior Doctors for Q4.

The following points were highlighted:

- Exception Reporting had increased from 101 to 115 reports
- Locum usage (measured by shift) had increased from 3497 to 4186 with main reason given as 'vacancy'
- There were no work schedule reviews
- Two fines were levied, both in relation to 72 hour breaches
- The General Medical Council's Regional Liaison Adviser had attended the Junior Doctors Forum [JDF] to provide an update on the role.
- The Director of Strategy had contacted the members of the JDF to invite their involvement in the OUH strategy refresh.

The Chair noted that he had gained assurance from the report. The Trust Board noted the Q4 Guardian of Safe Working Hours report.

TB19/05/11 Learning from Deaths report

The Chief Medical Officer presented this report highlighting the key actions and learning points identified in mortality reviews completed during Quarter 3 of 2018/19.

The Trust Standardised Mortality Review policy requires that all inpatient deaths be reviewed within eight weeks of the death occurring. All deaths have a Level 1 review by the responsible consultant. The total number of reviews undertaken in Q3 was as shown below:

	Level 1	Level 2	Structured reviews
Number of cases reviewed	652 (94%)	355 (51%)	18 (3%)

The Board noted that the non-statutory roll-out of the Medical Examiner system would be from April 2019. During the non-statutory phase of implementation, the Department of Health and Social Care (DHSC), NHS Improvement (NHSI) and NHS England (NHSE) would collectively support acute trusts to manage the financial impact of establishing and running local Medical Examiner offices.

JM declared an interest as he reported that he was an expert advisor on ethics to the Morecombe Bay Investigation, from which the Medical Investigator role was a recommendation.

DM noted that structured reviews were welcomed, but suggested that outliers across the board needed to be monitored, and not just those in one or two areas. He suggested that core surveillance be considered, and asked for a timeline to development based on live bedstate functionality. SF and SR agreed to confirm the timescale for this.

Action: SF/SR

The Trust Board noted the Learning from Deaths report for Q3.

TB19/05/12 Finance and Performance Committee Report

The Chairman of the Finance and Performance Committee [F&PC] presented this report providing an overview of the F&PC meeting held on 10 April 2019. The main points highlighted were:

- The Committee received a verbal update on progress with the NHSI Undertakings. The Committee requested a written update from the Programme Management Office at its next meeting.
- The Committee noted that in February 2019 the Trust's four-hour wait performance had been 81.39%. This represented an improvement of 0.29% when compared to February 2018 but was below the trajectory of 90.1% agreed with NHS Improvement. Further focus on bed occupancy was recognised to be required.
- The Committee noted that four out of the eight cancer waiting time standards were met in January, a deterioration from the reported position in December 2018. Further focus was needed to address this position.
- The Committee had requested a written report on the JR Theatres refresh project to assure itself on the governance and control of this project.

It was reiterated by the Committee Chair, and Vice Chair, that focus needed to be placed on addressing the Trust's underlying financial performance separate from any one-off items.

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

TB19/05/13 Integrated Performance Report Month 12

The Acting Chief Operating Officer presented the IPR for M12, highlighting the following:

- In March 2019, the Trust's four-hour wait performance had been 85.86%. This was an improvement of 6.59% when compared to March 2019 but was below the trajectory of 90% agreed with NHS Improvement.
- On 31 March 2019, 49,706 people had been waiting on incomplete elective pathways for care at OUH. This was a decrease in waiting list size when compared to February 2019. The list size was 441 below its level on 31 March 2018, achieving the required trajectory.

- Over 52 week waits reduced from 39 in February to 8 in March. This was below the NHS Improvement requirement to halve the Trust's position.
- Five out of the eight cancer waiting time standards were met in February; this was a slight improvement from the reported position in January 2019 but below the submitted trajectory to NHS Improvement.
- At Trust level the DM01 diagnostic standard (1%) had not been achieved with at 2.01% (291 patients) of patients waiting more than 6 weeks at the end of March. This represented a deterioration in the position compared to February when the figure was 1.6% (232 patients). The main increase in breach numbers compared to the previous month was MRI.

PHP asked whether there was a theme with the breaches of the ED standard. SR explained that the Trust had seen surges in activity later at night, and analysis had shown that flow at night was slower due to bed occupancy and the availability of the right staff to see patients.

SF noted that the teams were focussing internally on staffing, and externally on pre-admission work. Relationships with system partners were being built leading to continuing improvements in system wide collaboration. JM noted the importance of having the appropriate governance processes in place in relation to this to provide assurance.

SR noted that whilst the 52 week waiting list had been challenging to reduce, it had now reduced to eight patients. She emphasised the extent to which dedicated focus had driven this result.

A Quality Impact Assessment had been undertaken in relation to the theatres refresh project. It was noted to be a complicated process but assurance had been received around managing the risk of taking out capacity equating to 8% of the total over this period.

The Trust would continue to work with BOB STP (Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Partnership) colleagues to look at managing waits across the system, noting that there was significant variation in waiting times. Further plans would be presented to the Board in due course.

BH noted that the achievements had been made with overtime and the use of bank staff with the priority now to recruit and retain staff. Although work pressures remained high, he thanked staff for the sustained efforts that had delivered these achievements within the required timeframe.

The Trust Board noted the Integrated Performance Report for M12.

TB19/05/14 Financial Performance up to 31 March 2019

The Chief Finance Officer presented the report highlighting the following points:

- A further £12.9m in bonus PSF (Provider Sustainability Fund) had been awarded to the Trust, including an incentive for exceeding the organisational control total, as well as a proportion of national unearned PSF.
- Year to date, against the control total (excluding PSF), performance was a surplus of £13.0m, £2.6m higher than plan. This variance was split:
 - Underlying deficit of -£6.6m, made up of underlying EBITDA and ITDA items (Interest, Tax, Depreciation and Amortisation); and
 - One off items of +£9.2m.

NOTSSCaN, SuWOn and Estates were notably worse than forecast. PHP reported that a deep dive into Estates finances had indicated that delivery was on track and that she was surprised by this underperformance. JDo noted that net performance was £150k better than forecast and that there was therefore no issue in the round. The variation against the trajectory was, however, being explored and the importance of departments being able to deliver to agreed targets was recognised by the Board. It was agreed that the Finance and Performance Committee would add a detailed review of budgets to its agenda.

Action: JDo

It was noted that, whilst the Trust's delivery of its control total was positive, the way in which it had been delivered was not sustainable, and the risk to delivery of the current year's total had not reduced.

The Trust Board noted the Financial Performance Report.

TB19/05/15 Trust Management Executive Report

The Chief Executive presented this report. Issues of interest to the Board were reported as below:

- Quarter 3 Divisional Performance Reviews had focussed on performance concerns in five directorates and the corrective action that had taken place. It was noted the Pathology and Laboratories Directorate had been rated as "strong performance" in quarters 2 and 3.
- TME considered the Well-Led Review that had been undertaken by Deloitte and received an update on the development of the related action plan.
- TME ratified a transfer in the management of the outpatient function: Horton Outpatients and the Blue Area Outpatients at the JR were moved from the Corporate portfolio to the Clinical Support Services Division.
- Progress on the Theatres Refresh Project was regularly reported at TME and commenced on the 5 April 2019. The duration of the works was expected to be 20 weeks. It was noted that there had been positive engagement across all clinical divisions, in relation to the project. Details had been published on the website and a series of staff communications had been issued. Early feedback demonstrated good teamwork from all those involved and that the works were proceeding well.

- TME had received regular reporting on Serious Events Requiring Investigation and Never Events. In relation to a national CAS alert regarding a Never Event related to 'the wrong type of orthopaedic plate', TME was pleased to learn that the Trauma team had investigated the CAS and confirmed that no similar incident had occurred with any patient at the Trust.

The Trust Board noted the report from the Trust Management Executive.

TB19/05/16 Audit Committee Report

The Vice Chair and Chair of the Audit Committee presented the report and highlighted discussions at the Audit Committee meeting held on 17 April 2019.

A key area of focus for the Committee was the year-end accounting process, and related matters.

An error was highlighted within the report: it was noted that the Internal Auditors' significant assurance opinion was from the draft report.

The Annual Counter Fraud report for 2018/19 included the Annual Self-Assessment Review. It was reported that the self-assessment had been conducted in line with the national standards for counter fraud services.

New matters arising for the attention of the Board included a request made for a written report to provide assurance on the effectiveness of the Programme Management Office [PMO].

TB19/05/17 Workforce Report Q4

The Director of Improvement and Culture presented this report, noting the following points:

- There had been steady growth in numbers of substantive staff with an increase of over 150 in-year.
- Trust turnover had reduced from 14.2% (M12 2017/18) to 13.8% at year-end 2018/19.
- The international nurse recruitment campaign had been successful, resulting in over 80 new NMC-registered nurses working at the Trust.
- Sickness and absence had reduced to 3.2% from 3.3% in the previous financial year, achieving the Trust's goal and remaining low in comparison with peers.

These improvements had been achieved through collaborative working between corporate functions (e.g., workforce, nursing, operations) and the clinical divisions, including implementation of a range of measures contained within a comprehensive Workforce Improvement Plan (WIP) which was developed in response to the NHSI performance undertakings in July 2018, as well as initiatives from year 1 of the refreshed People Strategy (2018-2021).

Concerns were raised regarding the low rates of non-medical appraisal and of statutory and mandatory training. These were noted to be areas of focus with the

implementation of values-based appraisals throughout the Trust beginning to translate into an improvement in appraisal rates.

The Chair asked why appraisals appeared to be unattractive to staff and JDr noted that appraisals remained a high priority, but that within areas with high vacancy rates, it was harder to ensure that they were undertaken. It was hoped that the introduction of values based interviewing would improve the quality of appraisals and that the combination of measures being implemented would address the low rates. The importance of appraisals adding value rather than being simply a mechanistic process was emphasised.

The Chief Assurance Officer highlighted that data available in specific areas, such as EDI, WRES, sickness absence and wellbeing of staff needed to be triangulated to allow actions to be developed which could deliver meaningful outcomes that would make a difference.

The Trust Board noted the Workforce report for Q4.

TB19/05/18 Annual Business Plan 2019/20

The Chief Finance Officer presented the final draft of the Business Plan for 2019/20. An iterative and collaborative approach had been taken to develop robust and aligned plans. The plans had been informed by input from multiple internal and external stakeholders, including clinical teams, governors and other staff.

The plan presented had been developed in the context of the:

- The Publication of the NHS Long Term Plan this year, the existing commitments of the Five Year Forward View and national strategies for cancer, mental health and maternity provision;
- The Strategic priorities of:
 - The BOB STP
 - Oxfordshire Clinical Commissioning Group;
- NHS Improvement's Enforcement Undertakings; and
- The Care Quality Commission's inspection findings.

The plan recognised that 2019/20 was the final year of the OUH's Integrated Business Plan 2014/15-2019/20. The Trust was therefore undertaking a strategy refresh in collaboration with other NHS partners, the University of Oxford and Oxford Brookes University over the coming months.

The Trust had identified the following priorities for 2019/20:

- **Improve our safety culture** - Embedding best practice consistently in the care received by patients so that no patients are adversely affected by avoidable harm;
- **Achieve the operational trajectories as submitted to NHS Improvement** - Improved delivery of the A&E 4 hour access standard with performance of 90%, avoiding patients waiting in excess of 52 weeks for their planned treatment and maintaining performance against access standards for patients with cancer, with delivery of the 62 day standard from December 2019;

- **Deliver the 2019/20 workforce plan** - Advancing initiatives which support and develop staff, improve recruitment and retention, grow the substantive workforce and strengthen staff engagement, leadership and culture across the Trust;
- **Deliver the Trust control total for 2019/20** – Deliver the £37m control total for 2019/20 while improving the underlying position and reducing reliance on one-off transactions; and
- **Refresh OUH's five year strategic plan** - Refresh the Trust's five year strategic plan with an increased focus on delivering integrated care and working in partnership with other organisations.

The Trust Board approved the Trust Business Plan for 2019/20.

TB19/05/19 Maternity Incentive Scheme reports

Maternity Safe Staffing

The Board noted that this paper provided assurance of an effective system of midwifery workforce planning to meet the required safety standard 5 for the NHSLA Maternity Incentive Scheme for a six month period between June and November 2018.

The Chief Nurse highlighted a commitment to increase placement capacity. She noted a national tendency for midwives to leave positions around year two and work that was being done to assist the Trust with retention through the development of more specialist roles.

Midwifery Staffing

This paper advised the Board of the recommendations from BirthRate Plus. The Board was asked to note the significant additional funding required to meet these recommendations.

The report recommends an increase in the midwifery staffing establishment to provide comprehensive package of care for approximately 7700 to 7800 births predicted for 2019-2020 in the hospital and community setting. Two staffing options were being developed for consideration following a review of staffing position and recommendations from BirthRate Plus to the Trust Management Executive.

The need to use BirthRate Plus in an intelligent way, employing professional judgement was recognised. The Chief Nurse highlighted a desire to reduce reliance on the unplanned redeployment of staff as a mitigation for staffing pressures.

Early Notification Scheme

This paper provided assurance to the Board that progress was being made regarding reporting in relation to the Early Notification Scheme which remained on target to meet the Maternity Incentive Scheme (MIS) Year Two Safety Action 10 requirements.

TB19/05/20 Major Trauma Centre Review Report

It was noted that the final report and MTC action plan had not been circulated with the original Board paper, and it was suggested that once the original documents had

been reviewed, any queries should be submitted for discussion between Board members via email within the following seven days.

It was delegated to the Chair to confirm assurance on behalf of the Trust Board.

The Trust Board agreed this approach.

TB19/05/21 Consultant Appointments 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.

TB19/05/22 Any Other Business

There was no other business to be conducted.

TB19/05/23 Date of next meeting

A meeting of the Board to be held in public will take place on Wednesday, **10 July 2019 at 10:00** in Seminar Rooms 2A/2B George Pickering Education Centre, JR 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).