

Trust Board

Minutes of the Trust Board meeting in public held on **Wednesday 13 March 2019**
in Wing Tat Lee Seminar Room, Osler House, JR Hospital Site

Present:	Dame Fiona Caldicott	FC	Chairman
	Dr Bruno Holthof	BH	Chief Executive
	Mr Jason Dorsett	JD	Chief Finance Officer
	Mr John Drew	JDr	Director of Improvement and Culture
	Ms Sam Foster	SF	Chief Nurse
	Prof David Mant	DM	Non-Executive Director
	Prof Meghana Pandit	MP	Medical 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 Paula Hay-Plumb	PHP	Non-Executive Director
	Ms Clare Winch	CW	Deputising for the Director of Assurance
In attendance:	Ms Debra Leeves	DL	Developmental Non-Executive
	Dr Neil Scotchmer	NS	Deputy Head of Corporate Governance
	Mr Chux Ebenezer	CE	Head of Corporate Governance [minutes]

TB19/03/01 Apologies, welcome and declarations of interest

Sir Jonathan Montgomery was welcomed to the meeting and introduced to the Board as the incoming Chair who will succeed FC at the end of her tenure.

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

Apologies were received from Eileen Walsh – with Clare Winch deputising; and Mr Christopher Goard.

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

TB19/03/02 Minutes of the meeting held on 16 January 2019

The minutes of the meeting held on 16 January 2019 were reviewed and approved as a true and accurate record.

TB19/03/03 Matters arising from the minutes

There were no matters arising from the minutes.

TB19/03/04 Action Log

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

The open item regarding safe working hours is work in progress. MP stated that a report will be brought to a future Board Meeting.

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

TB19/03/05 Chairman's Business

The Trust Chairman reported as part of West Berkshire, Buckinghamshire and Oxfordshire (BoB) STP, there was a Board to Board meeting with the Board of the Oxford Health NHS Foundation Trust to consider how the two provider organisations could work together to develop an Integrated Care System (ICS).

TB19/03/06 Chief Executive's Report

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

Congratulations were expressed for the immense contribution of FC to the Board and the Trust on her last attendance at the Board. AT expressed her appreciation of FC's great contribution as NED and Chair of the Trust. AT stated that the organisation has been transformed through FC's leadership and stronger relationships have been forged with partner organisations. AT stated that FC has also been an inspirational leader and a role model for senior managers and women in the NHS.

FC thanked all the staff of the Trust for the support she has received during her time at the Trust.

BH stated that the Trust is looking forward to JM as the incoming Chair to continue with the work on ICS development in Oxfordshire and beyond and welcomed JM to the Board.

New X-Ray machines at the Horton the facility was opened with the local MP in attendance. The Board were informed that the X-Ray machine is state-of-the-art equipment which gives lower radiation to patients and is more user friendly for staff and demonstrates the Trust's commitment and continuous investment at the Horton.

The Swindon Radiotherapy Unit was also highlighted to the Board it was noted that this has been the focus of local support and fund raising.

BH mentioned the ongoing discussion in relation to the PET-CT service BH extended his gratitude to the Governors, local MP's and HOSC for their support on the issue and confirmed that there are on-going discussions.

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

TB19/03/07 Patient Story

The parent of a patient presented their own reflection of their patient story.

SF and MP are reviewing the statutory guidance on how best to work in partnerships with colleagues to meet the recent changes to the child death review guidelines. This

includes the nomination of a key worker and single point of contact as well as considerations for safeguarding and information sharing with other agencies. It was stated that this story was shared in a recent meeting with colleagues from partner agencies as an area of good practice.

DM asked about the transition from paediatric care to adult care. It was stated that this was viewed in a positive light from their experiences.

The Board thanked the parent for his attendance and acknowledged the impact of the story on the Board.

TB19/03/08 Quality Committee Report

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

DM stated that the report is different in structure to provide a focus on the key risks considered by the Committee.

DM highlighted the following corrections: on the first page of the report in relation to the update on existing concerns in point (a) neurology should be replaced with urology and point (b) regarding In-health being commissioned by the Trust – The report should state that In-health has been commissioned by the CCG.

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

TB19/03/09 Quality Report

MP presented the key points in the Quality Report to the Board.

MP stated that the Trust has adopted a new approach to investigations and is taking a 'learning teams approach'. This approach has been shown to be more constructive to reduce re-occurrence. A patient safety response team pilot has now commenced. The team responds to any harm incidents over moderate harm by attending the site of the incident to apologise to the patient and their families and to support the staff.

Safety messages are also being sent out to the whole organisation. Positive feedback has been received from staff regarding the safety messages.

Two never events have been reported and MP and SF met with the teams involved in the incidents to ensure there are no system issues which could lead to a recurrence of the event. Support was also provided to staff with a focus on learning. Once the reports are complete, they will be presented by the Chair of the investigation and the team to the Chief Executive.

MP provided an outline of the structured judgement review process and learning from the current completed reviews.

The Guardian of safe working hours element of the report was also highlighted by MP which included the exception reports in the last quarter.

MP also confirmed that harm reviews of patients waiting longer than 52 weeks or 104 days for cancer waits are being conducted and are subject to an internal review panel which is chaired by an external Chair.

SF stated that the Trust has launched the RCN breaks campaign to ensure that staff hydrate and take stock. This is a patient safety initiative.

SF confirmed that the team have returned from India this week, where a further 188 offers were made to registered nurses. SF highlighted the link between nurse staffing, harm and missed care and stated that in terms of monitoring harm from pressure ulcers, the Trust aims for a total reduction of 25%.

SF provided a summary in relation to patient experience element of the report, including changes in the team and current reporting from the FFT.

Action: The Board will be provided with more information on the patient experience delivery plan at a future date.

SF stated that on safeguarding, there was an increase in activity and complexity of patients in relation to children's and adults safeguarding. There is a good multi-agency working and the capacity and capability is being reviewed at corporate level to ensure that the needs of staff and patients are met.

SR referred to the WHO checklist and asked if there is anything more the Trust can do in relation to the JR2 theatre refresh to ensure focus is maintained during the changes.

SR highlighted diagnostics within the quality report and confirmed that a piece of work is being done in relation to diagnostics and radiology to consider reducing the waiting time with a focus on cancer.

DM referred to the delivery the maternity staffing ratio in relation to birth-rate plus and asked about the ratio the team is working towards. SF confirmed that the team is currently considering the birth-rate plus report and will benchmark with similar size organisations and apply professional judgement to current patient needs.

The Board noted the contents of the Quality Report.

TB19/03/10 National Maternity Survey

SF presented the National Maternity Survey Report published by the Care Quality Commission (CQC) on 30th January 2019.

The Trust response rate for the survey was 46.9%; much higher than the national average of 36.8%. The Trust achieved an average score of 80.7% which is slightly higher than 80.3% in 2017. The Trust scored in the top 20% of trusts nationally on nine questions, including choices of where to give birth, the duration of the hospital stay after having a baby, and information on physical recovery and emotional changes after birth. The survey showed a rating of 'Better' on the labour and birth scores with an average result of 9.2/10. All other areas received a rating of 'About the Same'. The Trust showed at least 5% improvement on three questions in

comparison to the 2017 score, and no questions showed a 5% or more worsening of score. The remaining questions showed less than a 5% in change in score since 2017. SF also referred to the action plan as included in the report.

MP acknowledged the excellent and expert care as endorsed by the survey.

AT stated that the only issue is around where antenatal check-ups are held. SF stated that there will be a maternity focus at a future Quality Committee to highlight the extent of maternity work implemented across the STP.

The Trust Board noted and approved the contents of the report.

TB1903/11 National Improving Value Scheme - Avoiding Term Admissions into Neonatal Units

SF presented this report which reviews the work undertaken by the maternity and neonatal teams at the Trust to reduce the number of term infants admitted to the neonatal unit.

The National ATAIN scheme requires all Trusts to have admission rates of term infants below 6% by March 2019. The NHS South target is to be below 5% by March 2019. The Trust's rate of term infant admissions to the neonatal unit in 2017/2018 was **4.6%**. As this rate is below the national 6%, a retrospective audit is not required for the financial year 2017/2018.

The Maternity Incentive Scheme (NHS Resolution) requires an action plan to have been agreed at Trust Board level and with the Local Maternity System (LMS) and Operational Delivery Network (ODN) to address local findings from the ATAIN reviews. This report includes the Trust action plan.

The Board acknowledged that the rate of admission of term infants to the neonatal unit at the Trust remains low and meets the national and regional targets. The Neonatal and Maternity teams at the Trust continue to work to maintain this standard and to reduce it further.

The Trust Board noted the contents of the report and action plan.

TB19/03/12 Finance and Performance Committee Report

PHP stated that the Finance and Performance Committee have met twice since the last Board meeting. The additional meeting was held to review the draft business plan.

PHP highlighted key areas in the report which included discussions held at the Committee on NHSI Undertakings, Urgent Care, Elective care, Cancer Standards, Financial Performance.

The Committee's additional meeting considered the Business Plan to provide an understanding of the issues that need to be clarified for the Board and Committee to assess the viability of the plans. AT confirmed that there was good executive engagement on the issues that were discussed and that they are reflected in the risk register.

FC stated that the conversations with NHSI focused on their need to understand that the Board is monitoring all the key areas.

The Board noted the report.

TB19/03/13 Integrated Performance Report Month 10

SR presented the Integrated Performance Report. SR presented a summary of other key areas as detailed in the report.

MP and SR highlighted the positive visit from the national team for cancer. SR stated that there are a number of areas of excellence in terms of clinical outcomes and these were highlighted as much better than the national average.

MP confirmed that the report from the visit of the national team will be presented to the Board at a future date.

DM also commended the work being done and asked about the potential trade-off between trying to deal with the non-cancer urology cases and trying to meet the cancer targets.

SR stated that there has not been a trade-off in the three categories and additional capacity has been put in the Churchill. The 18-week support team was in-sourced to deal with any backlogs as well as exploring transferring work out of Churchill to Horton to get more capacity.

JDo stated that a lot of innovation by the clinicians has been supported. This includes investment in more instruments like robots to aid the work of the clinicians.

BH stated that the Thames Valley Alliance Board had a discussion on how to best contain some of the pathways across Thames Valley as well as developing a business case to expand some of the robotic surgery for prostate and kidney cancer. A business case will come to the Board in the future. There is also support across the STP to ensure there is enough capacity to deal with all the elective pathways. BH also stated that some of the diagnostic pathways need to be standardised across Thames Valley

The Board noted the Report.

TB19/03/14 Financial Performance up to 31 January 2019

JDo presented an update on the financial performance of the Trust up to 31 January 2019, providing a summary of the position in relation to EBITA, cash flow and capital expenditure.

AT acknowledged the report and asked a question regarding the PSF funding of £2m. JDo confirmed that progress has been made since the last Finance and Performance Committee and explained how the data flows are mapped to locations is an open issue.

BH stated that Trust has achieved the 90% A&E four hour wait standard in Q2 and Q3 and it is a remarkable achievement.

The Trust Board noted the contents of the report**TB19/03/15 Trust Management Executive Report**

BH presented the report and highlighted the following:

The Trust Business Plan for 2019/20 will be discussed at a subsequent meeting.

The Trust has organised a workshop on April 24th to have a discussion with the senior leaders and external stakeholders within the Integrated Care System to start a strategic refresh of the Trust's strategic plan.

DM highlighted the staff incentive schemes and asked about the differences between the divisions. BH stated that this has been discussed extensively and the Trust is exploring how best to share good practice across divisions to improve the process.

SF stated that for nursing staff, there were specific incentive schemes for specific groups of staff. As a result available care hours have increased, therefore, maintaining bed capacity. Lessons have now been learnt in relation to the payment process and the incentives are paid through the payroll this year.

SR stated that as part of the JR2 theatre refresh, the Trust is considering different options to increase staffing capacity.

The Board noted the report.**TB19/03/16 Audit Committee Report**

AT highlighted key areas from the last Audit Committee meeting, the focus of the last meeting was on the preparation for the Annual Accounts.

AT stated that the Committee discussed the following;

The accounting policies and judgements: an update was received from the external auditors on the work they completed so far. The auditors are satisfied with the Trust's approach to the accounting policies, material estimates and judgements. Mazars reported that they have made good progress in their review no issues of concern were raised as part of their report.

The Income Recognition Policy a proposal was made to have a prior period adjustment to the accounts.

The production of the Annual Governance Statement and the Committee was assured that there is a robust process in place.

The outstanding Internal Audit recommendations it was highlighted that the Committee has been referred this issue to Trust Management Executive as an action.

SF commended the maternity team and progress against in relation to the 2017 CQC report.

The Board noted the report.

TB19/03/17 Nursing and Midwifery Retention Action Plan Progress update

SF presented the report which included both the ongoing national and Trust challenges linked to the registered nurse workforce.

A six month update of the six key areas of the nurse retention action plan was presented to the Board demonstrating senior nurse led collaborative working. It was highlighted that Band 5 turnover is improving. However some potential future retention risks were highlighted in relation to accessible low-cost transport to align to nurse shift times and the lack of accessibility to family and couple accommodation.

SF stated that CG was satisfied with the action plan and the retention but wanted to know of a defined action plan in relation to the key themes raised regarding accommodation and transport.

The Board:

- **Noted the update on the action plan progress.**
- **Noted the current turnover position of band 5 RNs**
- **Acknowledged the potential future risk factors to retention**

TB19/03/18 Emergency Preparedness, Resilience and Response - EU Exit Planning

SR informed the Board that the Trust is following the National Guidance on EU exit planning.

A local risk assessment has been completed and a working group meets regularly to discuss the mitigation of risks on the risk register. A table top exercise has also been completed to test the Trust's business continuity arrangements and an assurance statement has been submitted to NHSE. Updates continue to be received nationally.

The Board noted the update.

TB19/03/19 Update on Postgraduate Medical Education 2018-19

MP introduced Professor Sullivan to the Board. Professor Sullivan presented the report which highlighted the various topics related to medical education which include: educational supervision, the Health Education England quality framework, GMC Survey and workforce planning.

Prof Sullivan highlighted the link between training junior doctors and patient safety. He also informed the Board about key areas in the GMC survey, which include the satisfaction of the junior doctors with the training they receive.

Prof Sullivan stated that the Board can be assured about the standard of postgraduate training and confirmed that all educational supervisors are fully trained according to GMC standards.

Where clinical supervision has been highlighted as a problem, it is generally related to workforce issues, but improvements have been made.

DM asked a question in relation to improving rota gaps. Prof Sullivan responded by giving an example of improvements and working across the clinical network to provide support.

JDo asked about the gap in standing between the undergraduate medical education and postgraduate medical education in the light of the world ranking of the undergraduate medical education. Prof Sullivan stated that he will remain as Associate Dean with specific responsibility for postgraduate medical education and aims to improve postgraduate medical education.

The Chair thanked Prof Sullivan for his excellent work, commitment and passion in keeping teaching high on the agenda.

The Board noted the report.

TB19/03/20 OUH Clinical Ethics Advisory Group – Annual Report

MP presented the report and explained that the Clinical Ethics Advisory Group (CEAG) was formed by a group of interested clinicians and ethicists in discussion with the Medical Director's Office. It aims to offer ethical expertise, analysis and reflection for clinicians across the Trust.

The group has a schedule of meetings but, where possible, will meet to undertake 'rapid reviews' if required. The report provides details of the work undertaken since the creation of the group.

DM recognised the work done and asked about the process of flagging key issues to the group. MP stated that the issues flagged usually come from clinicians and the relevant expertise is drawn on to address the issue.

PHP asked how the key points are populated and distributed. MP stated that she has asked for a regular report to be sent to the Clinical Governance Committee from the co-Chairs. JM stated that the composition of the group is excellent in the light of the expertise of the delegates in the group.

The Board noted the report.

TB1903/21 Staff Survey 2018

JDr presented the results of the 2018 staff survey which were published on 26 February 2019.

The report provides an overview of the OUH results, and how we will respond to them. The Trust's response rate this year was 48.1%, which is a significant increase on 2017 and is also better than the national average response rate for 2018. The 2018 results are marginally down compared to 2017 with no significant change for 69 questions, improvements for 3 questions, and lower scores for 10 questions. However, this trend should be seen in the context of a challenging year for the NHS both nationally and locally, with rising demand for services and continued staffing pressures.

It was noted that there is considerable variation in the results at clinical and non-clinical directorate and Clinical Service Unit (CSU) level, which should enable the Trust to learn from what is going well and to spread this learning to those areas of the Trust where staff engagement scores are lower.

A series of Listening Events, led by the Chief Executive and the rest of the Executive team, were held from 4 -11 March on all four main hospital sites and at OUH Cowley, with follow-on events being scheduled during the rest of March and April within each directorate to share their own findings with staff.

The actions generated through these events will form the basis of the Trust's response, both at a Trust wide level and at directorate level, and the Trust will evaluate the impact of those changes through next year's Staff Survey and the quarterly Staff Friends and Family Test surveys.

BH stated that the report highlights areas where progress has been made and stressed that the focus is on ensuring that there is an exchange best practice across the Trust.

PHP stated that all the corporate teams should be supported in the same way as the clinical teams.

JM asked about the mechanism for collating and feeding back the feedback from the listening events. JDr stated that a combination of methods is used which include event reviews, daily huddles and analysis of the comments received.

The Board noted the report.

TB19/03/22 Gender Pay Gap Report 2018-19

The Board was presented with a report on the Trust's gender pay gap as required by Gender Pay Reporting Legislation. The report provides a narrative and analysis of the figures required by the legislation and any action taken since publication of the previous report. A high-level action plan has been created to address issues highlighted in the report.

PHP stated that the initiatives implemented are positive and noted that the impact of the initiatives will be seen in the future. PHP stated that a focused consultation and engagement might also be needed going forward.

FC highlighted the support for women in relation to the clinical excellence award and highlighted the Women's Network Group.

A number of points were raised including the approach to bonus pay, understanding the profile of weekend working and understanding barriers to progression .

JM asked about the key drivers in terms of local and national decisions.

The Trust Board:

- **Noted the contents of the report and agreed the action plan;**

- **Approved submission of the Gender Pay Gap figures to the Government Equalities Office;**

TB19/03/23 Board Assurance and Corporate Risk Register Update

CW stated that the report reflects the Q3 Risk Register Review. The Trust is in the process of conducting a year-end review and will incorporate the result from the Business Planning Process and the Strategic Refresh Workshop to develop the BAF and CRR for 2019/20. Work is also being done with the Executive Directors to review the CRR for 2019/20.

SF stated that the team is working with CW on the level of reporting to articulate the impact on the quality of care to patients. This acts as a rationale to refresh the Quality report to align with the delivery against the constitutional standards.

The Board noted the update.

TB19/03/24 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.

TB19/03/25 Annual Cycle of Business

CW stated that the Corporate Governance Team is working with the Board to review the Cycle of Business and work through the reporting across the Committees to the Board. It was made clear the further review and update will be reported to the Board as they are developed.

The Board received and noted the report.

TB19/03/26 Any Other Business

FC thanked everyone for their support over the years in her role as Chair and all the work that has been achieved over the years.

There was no other business to be discussed.

TB19/03/27 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).