

**Trust Board**

Minutes of the Trust Board meeting in public held on **Wednesday 10 July 2019 in Seminar rooms 2A/B, George Pickering Education Centre, JR Hospital.**

<b>Present:</b>	Professor Sir Jonathan Montgomery	JM	Chair
	Mr Jason Dorsett	JD	Chief Finance Officer [Deputising for CEO] Director of Financial Performance and Developments [Deputising for CFO]
	Mr Jon Evans	JE	Non-Executive Director
	Ms Claire Flint	CF	Chief Nursing Officer
	Ms Sam Foster	SF	Non-Executive Director
	Mr Christopher Goard	CG	Non-Executive Director
	Ms Paula Hay-Plumb	PHP	Non-Executive Director
	Prof David Mant	DM	Non-Executive Director
	Ms Jane Nicholson	JN	Interim Chief People Officer
	Prof Meghana Pandit	MP	Chief Medical Officer
	Ms Sara Randall	SR	Chief Operating Officer
	Prof Gavin Screaton	GS	Non-Executive Director
	Mrs Anne Tutt	AT	Vice-Chair and Non-Executive Director
	Ms Eileen Walsh	EW	Chief Assurance Officer
<b>In Attendance:</b>	Dr Neil Scotchmer	NS	Deputy Head of Corporate Governance
	Ms Marilyn Rackstraw	MR	Corporate Governance Manager [Minutes]
<b>Apologies:</b>	Dr Bruno Holthof	BH	Chief Executive

**TB19/07/01 Apologies, Welcome and Declarations of Interest**

Sir Jonathan Montgomery welcomed Jane Nicholson to the Board in her role as Interim Chief People Officer. Sara Randall was also congratulated on her substantive appointment to the Chief Operating Officer role. **Jon Evans**, Director of Financial Performance and Development, was welcomed to the meeting to present the finance items on behalf of the CFO.

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

Apologies were received from Dr Bruno Holthof

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

**TB19/07/02 Minutes of the Meeting Held on 8 May 2019**

The minutes of the meeting held on 8 May 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 put in at the Churchill.*

Note the attendance of Christopher Goard.

### **TB19/07/03 Matters Arising from the Minutes**

There were no matters arising from the minutes.

### **TB19/07/04 Action Log**

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

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

### **TB19/07/05 Chair's Business**

The Trust Chair provided an update on the process that is being commenced to update the Constitution, as he highlighted that no comprehensive review of the Constitution had been undertaken since the organisation was authorised as a foundation trust.

Governors had discussed the approach to be taken at their recent seminar and it was agreed that the review would be led by a 'task and finish' group with any recommended changes to be approved by both the Council of Governors and the Trust Board.

JM also updated the Board on the Council of Governors Seminar, which AT chaired and JM attended by phone. He noted that issues were raised which Governors felt unbriefed on. Lord Drayson had since offered to attend a CoG seminar to discuss Sensyne. It was noted that further work needed to be undertaken to better understand the best use of the Board and Governors time.

### **TB19/07/06 Chief Executive's Report**

Jason Dorsett presented the Chief Executives regular report, which highlighted the following:

The Trusts International Nurses programme had been shortlisted in the Best International Recruitment Experience category of the *Nursing Times* Workforce Awards.

Karen Mitchell, Lead Cancer Nurse and Courtney Hughes, Senior Nursing Assistant had both been included within the Queen's Birthday honours on 8 June.

In a report published on 7 June the CQC rated the Trust 'Good' for having Caring, Responsive and Effective services but 'Requires Improvement' for having 'Well-led' and 'Safe' services. Therefore this meant that OUH was rated as 'Requires Improvement' overall.

MP further noted that discussion with NHS England remained ongoing with regards to PET-CT. Conversations with MDT colleagues regarding pathways were being undertaken but broadly there was agreement to continue to follow established pathways. JM noted that he was due to meet with Professor Fergus Gleeson [Consultant Radiologist] to discuss particular concerns.

MP noted that there was progress being made in focussing on this issue, but that the Trust wouldn't have got to this place without all of the support from Clinicians, Governors and members of the public.

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

#### **TB19/07/07 Patient Story**

The Chief Nursing Officer presented this report, which detailed learning from a patient's experience of car parking.

The patient had experienced difficulty in finding a space to park when attending hospital appointments at the John Radcliffe Hospital.

The issue of car parking remains an ongoing challenge for the Trust as it impacts negatively on patient experience. The Trust is currently addressing the issue with a number of actions led by the Chief Finance officer, Chief Nursing Officer, Transport and Travel & Estates teams, who are exploring solutions to resolve issues around the lack of parking spaces on OUH sites, particularly the John Radcliffe site.

JD noted that the Trust currently significantly exceeded the requirements for disabled parking provision, but was currently considering the options and associated challenges with this.

JM enquired as to whether the Trust could explore options in partnership with Oxford Health and Oxford University. JD confirmed that whilst the strategic planning collectively for the organisations was similar, the issues and challenges for each of the organisations remained different.

AT enquired as to when the Board might see some of the changes materialise. JD confirmed that a plan was likely to be presented in the autumn, as some of the bigger initiatives would take longer. He noted that a number of smaller initiatives would be implemented as soon as possible which collectively would have a positive impact on the situation.

**Action: JD**

JM suggested that seminar time with Governors to discuss ideas beforehand would be useful.

**Action: JD**

### **The Trust Board noted the Patient Story.**

#### **TB19/07/08 Quality Committee Report including Annual Report 2018/19**

Professor David Mant presented the regular report to the Board on the main issues raised and discussed at the Quality Committee meeting held on 12 June 2019. The following points were noted:

- Overall workload and pressure on staff continues to increase, with unsustainable levels of bed occupancy, so that the Trust struggles to meet

many national access and performance targets. However, the Hospital Standardised Mortality Ratio (HSMR) for the last data period (February 2018 to January 2019), the most basic indicator of care quality, remains 89 - significantly lower than the UK average.

- The newly developed Maternity Dashboard was presented to the Committee. The Directorate was still in the process of benchmarking compliance with the recommended standards set out in the Safety Care Bundle (Version 2). A detailed action plan was being developed to address the current gaps and actions and identify resources required to achieve standards. It was agreed that the quantitative presentation of data needed to improve, with control charts reflecting outcome and performance targets.
- The Committee heard a patient story which detailed the experience of a patient who had put forward a complaint about the use of jargon by staff in the Emergency Department (ED).
- The Committee received the Infection Prevention and Control report and heard that there were no cases of post-48 hour MRSA bacteraemia but 7 cases of post-48 hour MSSA bacteraemia reported during

The committee noted the ongoing risk that current operational pressure could have an adverse impact on patient safety and quality of care; to guard against which the Committee remained vigilant in its scrutiny of key quality indicators.

DM noted that the Committee had tried to focus on the quality of information and as such make the reports data heavy to enable the committee to focus on the risks being identified. He noted that although there remained further work to do, the committee had come forward. An example given was the saving babies' lives paper [item 18 on the agenda], which provided assurance with regards to outcomes, following identification of the issues via the Quality Committee.

JM noted that the Committee had achieved integration in terms of the analytics and analysis of what was going well, and what needed further work which was hugely positive.

**The Board received and noted the regular report from the Quality Committee. The Trust Board also reviewed and approved the Quality Committee Annual Report 2018/19 including the Terms of Reference.**

### **TB19/07/09 Mortality Report**

The Chief Medical Officer presented the report outlining the Q4 mortality reviews. IN Q4, there were 22 structured mortality reviews which included 9 reviews for patients with learning disabilities. There was one death judged more likely than not to have been due to problems in the care provided.

One patient death reviewed from quarter four of 2017/18 was judged to be more likely than not to have been due to problems in the care provided.

The Trust was currently implementing the Medical Examiner system. Medical examiners were due to be in place by April 2020 and would scrutinise the circumstances and causes of deaths in acute Trusts. They would also be a point of

contact and source of advice for relatives of deceased patients, healthcare professionals and coroner and registration services.

MP highlighted an area of good practice identified in mortality reviews where the Paediatric Intensive Care and Organ Donation team had arranged for the heart of a teenage patient, who complied with adult criteria, to be accepted for an adult recipient. The organ donation took approximately 18 hours to organise. The patient's heart was donated to a 30 year old recipient. The case has prompted a change in processes which it is envisaged would provide comfort to future donor families and save the lives of more patients waiting for a heart transplant.

PHP enquired as to how the Board could be assured that the learning and openness from each case had cascaded down through the teams.

MP responded that there was always a Divisional presence at review meetings, and that she would expect to see evidence within the Divisional reports that were presented to the Clinical Governance Committee, which would also highlight any need for support.

CF noted that it was important to encourage a culture of openness, and willingness to change. MP agreed and highlighted the improvements in safety culture, through identifying levels of harm, displaying duty of candour and the establishment of a patient safety response team. She noted that it was not about negligence, but rather recognising and apologising.

JM enquired as to whether patients with learning disabilities triggered an automatic mortality review. MP confirmed that this was the case.

**The Trust Board noted the Mortality Report.****TB19/07/10 National Inpatient Survey 2018**

The Chief Nursing Officer presented the report detailing the results of the CQC National Inpatient Survey 2018, which had been published on 20 June 2019.

The Trust had a response rate of 49%, compared with the response rate of 42.9% for 2017. The Trusts average score for 2018 was 77%.

It was noted that the CQC had provided good themes for the Trust to consider, and the questions had provided a helpful analysis, and subsequent benchmarking opportunities in terms of best practice areas.

JM referred to the table at P4.15 noting that the questions predominantly related to communication, and enquired as to whether anything was being done differently.

SF noted that there had been some issues with recruiting into the PALS department, due to the pressures within the nature of the job, however she noted that they would be based back on the JR site within the next few weeks which would increase visibility.

**The Trust Board noted the National Inpatient Survey 2018.****TB19/07/11 Integrated Performance Report**

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

- 86.63% against a trajectory of 88% ED for May
- Both sites have experienced an increase in attendances and bed occupancy
- Breach data was presented at the request of the Board
- Elective performance for May showed an increase in 52 week breaches but back down to 7 in June
- Cancer performance - 3 standards were not met in April but down to 2 in May with 62 days remaining a challenge
  
- Key priorities for the A&E delivery board has been work on 'home first' principle with the impact on occupancy of long length of stay recognised
- Workstreams to support the flow across system were being worked into the improvement plan with responsibility to A&E delivery Board and up to H&WB
- Work remained ongoing on admission avoidance and reducing LoS
  
- Specific instructions from NHSE Chief Nursing Officer Requires assurance of an overseas recruitment programme, which the Trust has in a very well-established way
- Work remained ongoing with Oxford Brookes to increase placement capacity

- A new standard scorecard for complaints was in development and has been presented to the Quality Committee, which provided a better visual analysis. Improvements had been seen in closure rates across all Divisions.
- The Trust had declared two never events in June: A highly complex one - oblation for lung nodule – there had been no harm to the patient but this could be regarded as wrong side surgery and so the Trust had initially declared. The second NE related to wrong side surgery for angioplasty in interventional radiology - SF and MP had met with staff involved about reasons and actions - staff were aware that they had not undertaken the safety checklist correctly. It was agreed that all involved in case would undertake training on checklist before undertook any further procedures. It was highlighted that it was Important to remove the risk from environment, and the whole dept was now having their training reinforced
- A Sepsis stakeholder event had been held - to increase 1hr antibiotics for red flags to 90%.
- There had been one reported case of MRSA for a patient with comorbidities – an investigation remained ongoing
- LocSSIP development was progressing well

CG referred to the 4 hr wait and highlighted that he had received assurance from SF, but queried whether the ability to forecast had improved.

SF noted that the home first work was one of the three programmes she was overseeing but suggested that it may be helpful to circulate this to the NEDs. She was also looking at improving routes to escalation and looking at forecasting for the rest of year in terms of capacity needed, both bed and domiciliary across the Board. It was agreed that this work would be shared with colleagues.

**Action: SF**

JD noted the 'Oxfordshire pound', which was an experimental development with colleagues across the system looking at competing possible bids for single 'OP' so that proposals can be weighed up in the round to see how money could be spent in the best interests of the community as a whole.

DM noted that although quality was maintained, waits appeared to increase despite that triage appeared good in terms of prioritisation, and noted the need to ensure safety nets. He enquired as to what lessons had been taken from harms reviews that this applies to all patients and not just long waits under harm reviews.

SR noted the systematic harm reviews for breach patients but suggested that the Trust could look in broadening this.

JM enquired as to what processes were in place to look at 35-40 weeks before patients came to any harm to ensure no deterioration. SR confirmed that the Trust

did contact those on waiting list to check if they need to be escalated but MP noted it was about maintaining contact with patients and agreed that the aim should be to move the reviews on to shorter wait patients.

PHP noted three issues that had been reported on from F&PC:

- Occupancy – following a discussion about flow and home first there was a request for more analysis of physical beds to complement this
- Level of 52 week waits - still low but had increased so whilst FPC was pleased that this was now back to single digits, the principle was that when progress had been made on an issue that this was maintained
- Breach analysis p8 - admitted breaches - 2 big figures medical cases - waiting to be seen - interpretation? - how to ensure tackling these areas

SR reported that ‘waiting to be seen’ related to the ED department and was linked to overnight surges and remained a particular area of focus. She further noted that within the improvement programme there were actions linked to try and see these patients earlier and to look at different evening workforce model. The home first and discharge to assess work streams would also help with this. Medical specialty related to patients waiting to be seen by medicine which required colleagues to come down to the Emergency Department, but that this could include late referrals.

AT referred to the WHO checklist and noted that a lot of the items were red. She noted that this had been raised many times and enquired as to what was being done to address this.

MP agreed that 100% compliance was required, and noted that there were currently two actions being taken. This was being raised repeatedly at trustwide level given the link to the prevention of many Never Events, and discussions at local level with anaesthetists, scrub nurses, etc. to give them the confidence that they are able to challenge.

SF noted that the Executive team remained focussed on getting the right balance between the need to treat people in a consistent and proportionate way when things go wrong and appropriate accountability when there is a disregard for good practice.

**The Trust Board noted the Integrated Performance Report.**

### **TB19/07/12 Finance and Performance Committee [F&PC] Report including Annual Report 2018/19**

The Chairman of the Finance and Performance Committee [F&PC] presented this report providing an overview of the F&PC meeting held on 12 June 2019. The main points highlighted were:

- The Committee received two detailed reports in relation to the NHS Improvement Undertakings. The first provided an overview of progress under the various action plans with the five programmes in the 2018/19 Integrated Improvement Programme. Executive leads for each programme provided a detailed summary of key achievements and identified areas where there was further work to be pursued. The second item assessed the position against each of the NHS



Undertakings with RAG ratings based on the physical evidence submitted to the Programme Management Office following a review of its robustness.

- The Committee noted its concern about the £1.1m adverse position in month 1. However it was recognised that there was a high level of uncertainty related to income estimation for the first month and that this was likely to remain volatile during the first quarter. The Committee considered the stage at which it would be reasonable to assess the position against trajectory and it was agreed that it would initially review whether the first quarter was cumulatively on track.
- The Committee received an updates on the outcomes from the quarter 4 divisional performance reviews and it was agreed that the process would be further strengthened to improve the monitoring of rectification plans in relation to issues identified.

**The Trust Board noted the update from the Finance and Performance Committee, and reviewed and approved the F&PC annual report, and Terms of Reference.**

### **TB19/07/13 Financial Performance up to 31 May 2019**

The Director of Financial Performance and Developments presented the report highlighting the following points:

- In-month, against the control total (exc PSF/MRET), performance was a deficit of -£4.1m, £4.1m worse than plan. Year to date, against the control total (exc PSF/MRET), performance was a deficit of -£8.5m, £5.3m worse than plan.
- Performance at month 2 highlights the challenge in-year to deliver at pace the following areas:
  - Delivery of activity growth with constrained capacity
  - Delivery of efficiencies and productivity improvements
  - Continued increase in the use of high cost temporary staffing
- There is a notable level of underperformance in commissioning against year to date plan, at -£3.0m. The drivers of this are:
  - -£1.1m in elective, day case and outpatient activity for specialties impacted by the JR2 Theatres Refresh programme
  - -£0.2m in A&E, due to challenges in the coding/reporting/linking of safeguarding and the Emergency Care Dataset. This has been resolved and will be corrected in time for month 2 freeze
  - -£0.5m Transplantation Surgery, due to variability in high value low volume cases
  - -£0.8m pass-through drugs and devices, offset in expenditure
  - +£0.7m other
  - -£1.1m assumed additional income above commissioning contracts, for which a proportion of monies are available but not released
- Agency staff expenditure in 2018/19 exceeded the ceiling by £1.3m. The year to date expenditure on agency staff was £3.8m, £1.0m higher than the ceiling year to date.

It was noted that the increase in pay against bank and agency had been necessary in order for the Trust to be able to maintain operational capacity.

CG noted that activity levels were down due to theatres refresh work but noted that this was known in advance and queried whether the work was taking longer than expected.

SR noted that the Trust had forecast a drop in activity, which primarily affected NOTSS and SuWOn but what was expected to achieve had been reduced, mainly due to less weekend working.

SR further noted however completion was originally expected in mid Aug, but was currently ahead of time and looking at being complete at the end of July which would hopefully mitigate the losses.

AT noted her disappointed with the results for M1 and M2 in light of the assurances that had been provided regarding the commitment of divisions and remained concerned about the limited timescales for any corrective action to be taken.

JD noted that his team, in parallel to a detailed service by service analysis, had taken some immediate actions taken but reported that identified small gaps in capacity have had a significant knock on the Trusts ability to make the best use of wider staff time.

AT noted that the non-pay figures could be affected by time if there was no understanding of what was driving the figures. JD reported that believed there was the understanding

PHP noted that as the Trust got smarter at understanding the underperformance, there was a need to be able to better map by Division as the budgets were supposed to be bottom up and this understanding would be required in order for any corrective actions to be targeted.

CF highlighted that it was important to quickly respond to the issues and to understand more about how the Divisions and Specialist areas were contributing to the remediation process.

EW reminded the Board of the emphasis placed on Quality Impact Assessments [QIA] during in the budget setting process and suggested the need to consider whether this was affected by the current position.

### **The Trust Board noted the Financial Performance Report.**

#### **TB19/07/14 Trust Management Executive Report**

The Chief Finance Officer presented this report. The Trust Board were also asked to review and approve the TME Annual Report 2018/19 including the Terms of Reference presented at section 2 of the paper.

Issues of interest to the Board were reported as below:

- **Strategy Refresh:** At the Strategy Away Day held on the 24 April 2019, it was highlighted that the purpose was to publish a new strategic framework by the autumn to inform the annual business planning.
- **Quarter 4 Divisional Performance Reviews:** Four directorates were rated as having 'performance concerns' and the paper summarised the corrective actions being taken.
- **Divisional Planning and Budgeting:** Progress on agreeing budgets and operational plans for 2019/20, as well as NHS commissioning contracts, including the key actions discussed and agreed at Clinical Divisional Planning meetings conducted across 7 and 13 May 2019 has been regularly reported.
- **Integrated Improvement Programme (IIP)** reporting has highlighted:
  - a. The Trust's current position and proposed next steps;
  - b. Revised governance arrangements for the 2019/20 programme with ownership by TME;
  - c. Project executive leadership and responsible officers;
  - d. Approaches to ensuring that the overarching programme was meaningful to Trust Staff;
  - e. The intention to link the programme to Trust objectives with SMART KPIs; and
  - f. Reporting arrangements to the Board, its sub-committees and TME.

Key areas of focus for the IIP during 2019/20 are:

- a. Urgent and Emergency Care
- b. Outpatients, Diagnostics and Cancer
- c. Theatre Productivity
- d. Non-clinical Productivity
- e. Quality and Safety
- f. Urgent and Emergency Care

**The Trust Board noted the report from the Trust Management Executive, and reviewed and approved the TME annual report, and Terms of Reference.**

#### **TB19/07/15 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 9 and 20 May 2019. The following points were highlighted:

- The Draft Annual Accounts were reviewed in detail by the Committee at its meeting on 9 May and the Audit Completion Report was received on 20 May. The external auditor confirmed that no significant findings had emerged from their review of the significant risk areas that had been identified and that their intention was to provide an unqualified opinion. The Committee heard that there were no adjusted or unadjusted misstatements. It was noted that this was unusual and the quality of the accounts was therefore commended.

- It was agreed that the Annual Governance Statement be revised to reflect the qualified opinion received on the Quality Account on the basis of the accuracy of the A&E four hour standard data reviewed. Overall the statement reflected that there was no significant gap in control
- The Committee received a report following a 'Deep Dive' analysis of the use of consultancy within the Trust to assess where this was beneficial and how it could be used most efficiently and cost-effectively.
- The Committee highlighted its concern at the lack of progress in terms of Internal Audit Recommendations, and asked that TME maintain focus on progressing the actions within a timely fashion.

**The Trust Board noted the Audit Committee report.**

### **TB19/07/16 Integrated Improvement Plan for 19/20**

The Integrated Improvement Plan was presented which had been built upon the previous version, but had a bottom up change and improvement approach to enable frontline staff to drive the change.

A high level communication plan had been developed to ensure that there was appropriate engagement at both Trust and system level. The communication plan has been developed with the aim of reaching all parts of the organisation, utilising pop up stands around the sites to demonstrate achievements to date.

It was noted that the Trust remained on a quality improvement journey, which had the full support of the Trust Board.

PHP noted that the Board needed assurance from the subcommittees that the actions were targeting the issues identified, and cross referencing to ensure that they would close out the undertakings.

**The Trust Board noted the Integrated Improvement Plan for 19/20**

### **TB19/07/17 Response to CQC Inspection Reports**

The Chief Assurance Officer presented the paper which provided an action plan in response to the CQC inspection outcome for the Trust.

It was noted that the actions were mapped back into the Integrated Improvement plan and that these actions addressed very specific legal requirements and so are at very specific service level, whilst also trying to ensure that the wider learning becomes embedded within the organisation.

A number of actions had already been completed as the CQC had provided early notification of them.

EW noted that it was important to recognise the positive things contained within the report, as it was hard for staff to read these reports. The report provided a platform for what can be done to get back to 'Good' and aim at 'Outstanding' but there was a need to think about how the report linked to performance and risk escalation.

JM noted that it was good to see the end dates here with much done by end of Sept which appeared a good point for stock take. EW reported that she would convert the plan to a Gant Chart and RAG rate.

AT noted that she felt the overall conclusion was concerning, and noted that whilst she was pleased to hear that the Trust was aware of issues, but queried why these had not been addressed previously as cumulatively they were so significant. She further noted that within the last 12-18 months, there had been much focus on NHSI undertakings with very good progress and enquired how to be assured that the Trust was making progress with the multitude of requirements within limited resources and was prioritising the right things whilst managing risks?

It was noted that a stocktake of where the Trust was in terms of progressing the actions within the plan would be undertaken in September.

**Action: EW**

**The Trust Board noted the update and approved the plan.**

#### **TB19/07/18 Saving Babies Lives report / Maternity Incentive Scheme Compliance Report**

The Chief Nurse presented the reports noting that all four elements of the Savings Babies Lives care bundle had been implemented within the Trust. There had been a successful additional pilot quality project associated with the risk assessment and surveillance for fetal growth element of the Saving Babies Lives care bundle which had been run in association with the AHSN.

SF offered her congratulations to the team, who continue to provide a world class service, despite the ongoing pressures.

It was recognised that the demand placed on staff was becoming more difficult year on year and it was suggested that consideration be given to additional support going forward to maintain compliance.

SF further highlighted that the Trust had recruited a Director of Midwifery, who would be joining the Trust in September.

**The Trust Board received the reports, and approved the action plans.**

#### **TB19/07/19 NIHR LCRN Annual Report 18/19 and Annual Plan 19/20**

The Chief Medical Officer presented the report, noting that Dr Lennox, Clinical Director NIHR CRN Thames Valley and South Midlands, Deputy Director NIHR CLAHRC Oxford and Clinical Lead Early Intervention Psychosis NHS England South, was in attendance.

The NIHR was performing well against its high level objectives with 870,250 participants taking part in NIHR CRN supported clinical research studies - the highest number on record and an increase of over 140,000 since the prior year. Oxford University Hospitals NHS FT OUHFT was the highest recruiting acute teaching hospital nationally (32,285 recruits).

JM highlighted that this was really positive news for the Trust.

**The Trust Board noted the Annual Report 18/19, and approved the Annual Plan for 19/20.**

### **TB19/07/20 Health and Safety Annual Report 2018/2019**

The Chief Nursing Officer presented the H&S Annual report 2018/19 providing the Trust Board with summary information relating to principal activities associated with the promotion and management of health and safety issues for the period 1 April 2018 to 31 March 2019. The report highlighted the current key priorities for the Health and Safety team in delivering a programme of work during the current financial year.

During the reporting period the Health and Safety team identified ten key health and safety risks and implemented, or supported others to implement, actions to eliminate or reduce these risks. Two risks remained a concern to the team, the accurate identification of all off site locations where the Trust operates (and where a duty of care is owed to employees at these locations) and the level of vacant roles within Operational Estates and the potential for exposure to risks relating to critical services in the event of further Estates' management losses.

The Health and Safety team had completed training and a gap analysis to enable commencement of a programme of work towards achieving accreditation of ISO 45001, the international 'gold standard' of Occupational Safety and Health.

Quarterly reviews were currently being held to pick up estates compliance issues and JD was leading a review of these identified issues to be considered by the Board.

AT noted that the report contained many issues which there was not time within this meeting to discuss but noted the need to ensure the right level of governance as the report appeared to highlight issues previously identified that had been deprioritised.

JD noted that this was one of the more significant assurance reports from TME to the Trust Board and that the Board committee might want to spend more time testing the assurance going forward.

EW noted that she would discuss the Governance mapping with SF, and JM asked that a Governance approach be reported back to the Board.

**Action: SF**

**The Trust Board noted the H&S annual report 2018/19.**

#### **TB19/07/21 Combined Equality Standards Data Report**

The Interim Chief People Officer presented the paper which reported on the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) metrics as required by the NHS Standard Contract, and on the Trust's gender pay gap as required by Gender Pay Reporting Legislation.

Metrics were being further analysed and further feedback was being gathered from staff with the aim of developing actions to mitigate the gap identified within this report.

It was noted that a report would come to the Trust Board in September with more analysed data, and a further report would be presented in November with a balanced view of where the Trust was, and what further work needed to be undertaken.

**The Trust Board noted the Equality Standards Data Report 2019.**

#### **TB19/07/22 Emergency Preparedness, Resilience and Response Annual Report 2018/19**

The Chief Operating Officer presented the report on the Trust's emergency preparedness in order to meet the requirements of the Civil Contingencies Act (2004) and the NHS England Emergency Preparedness, Resilience and Response Framework (EPRR) 2015.

It was noted that service continuity plans for multiple areas were overdue for review, but that this issue would be picked up within the quarterly performance meetings.

Further exercises were being planned for next year to include two communications cascade exercises (the first being scheduled for August 2019) and at least one table-top exercise (the first being scheduled for October 2019).

It was suggested that TME monitor the progress of these and report on them, with a verbal update to be provided at a future Board meeting.

**Action: SR**

**The Trust Board noted the EPRR Annual Report.**

**TB19/07/23 Public Engagement, Patient Experience, Complaints and PALS annual Report 2018/19**

The Chief Nursing Officer presented the annual report of activity for 2018/19 in relation to Patient Experience, PALS, Complaints, public engagement, and the opportunities for learning and service change. The following points were noted:

- The Trust continues to learn from FFT feedback, as each month the Patient Experience team reviews the Trust's feedback.
- The Trust continues to produce patient stories with patients/staff to ensure a wider ownership of learning and lessons gained, to drive service improvements and patient experience.
- The Trust hosted a visit from the Parliamentary and Health Services Ombudsman (PHSO), and his team in January 2019. The PHSO met with the Chief Nursing Officer, Divisional nurses, members of the Complaints team, and presented to the Trust Board. The PHSO stated that his office were assured with the importance the Trust places on investigating complaints, and the importance of learning lessons.

**The Trust Board noted the contents of the report.**

**TB19/07/24 Safeguarding Children and Adults Annual Report 2018/19**

The Chief Nursing Officer presented the annual report which comprised of two sections providing a summary of the key issues and activity in relation to Safeguarding of Children and Adults during 2018/19.

Safeguarding children consultations had increased by 21%, an average of 184 per month. Emergency department cases referred to the Liaison Service totalled 8,052, a reduction of 2.4% (n=200). Maternity bookings reduced by 4%, however cases with safeguarding increased. Safeguarding Adult consultations increased to 1516.

Key achievements had been the significant amount of partnership working to safeguard children and adults. Audit activity demonstrated that both the Trust and multiagency evidenced good practice. The OUH achieved a high level of compliance in the annual OSCB/OSAB self-assessment and peer review.

Key challenges remained the ongoing increase in consultations with both children and adult safeguarding; children and pregnant women presenting with mental health difficulties; complex children and adult cases requiring ongoing support; Domestic Abuse with and without involvement of children; increased requests for child protection information and participation at conferences due to high numbers of children with plans; documentation surrounding Mental Capacity Assessment; and the compliance with training and the accuracy of data. Due to the specialist nature of the work, a business case is in preparation to increase the Corporate Safeguarding Team.



**The Trust Board noted the Safeguarding Children and Adults Annual Report 2018/19.**

**TB19/07/25 AHSN Annual Report 2018/19**

The AHSN Annual Report was presented, highlighting the collaborative working that had taken place over the previous year. The following points were highlighted:

- The AHSN had been relicensed until 2023
- Teams and colleagues from the local NHS and from industry partners had won two awards from the HSJ and one from NICE.
- The AHSN had just appointed its first Medical Director
- The AHSN was collaborating with more than two thirds of GP practices across the region

**The Trust Board noted the AHSN Annual Report 2018/19.**

**TB19/07/26 AHSC Annual Report 2018/19**

The AHSC Annual Report was presented, highlighting the collaborative working that had taken place over the previous year.

GS noted that the demonstrable communication across organisations was collaborative, and worked well.

MP noted that the timetable for the re designation of AHSC was due to be published in April 2020.

**The Trust Board noted the AHSC Annual Report 2018/19.**

**TB19/07/27 Consultant Appointments and Signing of Documents**

The Chief Finance Officer 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.**

**TB19/07/28 Any Other Business**

There was no other business to be conducted.

**TB19/07/29 Date of next meeting**

A meeting of the Board to be held in public will take place on **Wednesday, 11 September 2019** at **10:00** in the Training Room, Horton General Hospital

*The Trust Board approved the motion that representatives of the press and other members of the public be excluded from the remainder of the meeting, having regards to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1(2) of the Public Bodies (Admissions to Meetings) Act 1960).*