

Trust Board

TB2008.47

Minutes of a meeting of the Trust Board held in public on Thursday, 29 May 2008, in the Stable Block Committee Rooms, Stable Block, at the John Radcliffe Hospital.

Present:	Sir William Stubbs	In the Chair
	Dame Fiona Caldicott	Non-executive Director
	Mr Trevor Campbell Davis	Chief Executive
	Dr Ken Fleming	Non-executive Director
	Mr Chris Hurst	Director of Finance & Procurement
	Ms Caroline Langridge	Non-executive Director
	Dr James Morris	Medical Director
	Mr Brian Rigby	Non-executive Director
	Mrs Elaine Strachan-Hall	Director of Nursing & Clinical Leadership
	Professor Adrian Towse	Non-executive Director
Attending:	Mr Matthew Covill	Assistant Director, Commissioning & Performance
	Mr Ian Humphries	Director of Estates & Facilities
	Ms Amanda Middleton	Acting Director of Operations, Division C
	Mrs Helen Peggs	Director of Communications
	Mrs Megan Turmezei	Assistant Director of Governance
	Ms Gill Walton	Head of Midwifery, Division C
	Mrs Diana Garrod	Executive Assistant (notes)
Apologies:	Dr Henry Reece	Associate Member
	Dr Colin Reeves	Non-executive Director
	Mr Andrew Stevens	Director of Planning & Information

Action

TB 29/08 **Minutes of the meeting held in public on 20 March 2008**
The last sentence on page 9 should be amended to read "A potential £3m variance resulting from these penalties and incentives is taken into consideration in the Financial Plan."
Otherwise, the minutes were agreed as a true record.

Matters arising from the minutes

None.

TB 30/08 **Chief Executive's Report**
The Chief Executive noted from his report:

- A financial surplus for 2007/08 of £4.3m.
- A strong start to 2008/09 with an in-month surplus of £2.04m for April.
- The progress already being made by Oxfordshire PCT on

the “Better Healthcare Programme for Banbury and surrounding areas”.

- Dr Hywel Jones as Medical Director of Division A, and gave thanks on behalf of the Trust for the able work carried out by his predecessor, Dr John Reynolds.
- A number of changes to operational management of the service were proving beneficial in achieving the 4-hour maximum waiting time target, but it was important for the momentum to be sustained. A report of the effectiveness of these actions was being undertaken externally, and will be presented to the Board in July.
- The pre-final Integrated Business Plan has been submitted to South Central SHA. The Trust will commence public consultation on its FT application in June. The opportunity to become an Academic Health Sciences Centre (AHSC) bringing together teaching, research and clinical practice was welcomed. An external agency would be carrying out work with clinical services within the Divisions to look at how services could operate within the new structure, leading to direct patient benefits.

A Murphy

Caroline Langridge asked about delayed transfers of care. Trevor Campbell Davis said that delayed transfers of care had risen since March, and the Oxfordshire social and health care community was addressing this.

With regard to stroke funding, Matthew Covill said that it was anticipated that all ORH stroke patients would benefit from a share in this additional funding.

In relation to the Chief Executive’s comment on AHSCs, Adrian Towse commented on how the quality of research is improving the quality of clinical service delivery, and the importance of conveying this message, internally and externally.

Performance

TB 31/08 Financial performance to 30 April (Month 1)

Chris Hurst said his report reflected three areas of refinement:

1. The PCT income report now reflects actual income, as it is based on actual coded activity for the current month rather than on estimates.
2. Income earned from clinical activity is now reported within the front line clinical directorates to show a simple trading account for each directorate.

3. The PCT income budget has been profiled to take account of the number of total and working days in each month, which provides a more accurate assessment of ORH trading performance.

Two refinements not reflected in Month 1 report, which will be reflected in Month 2 report are:

1. A monthly capital expenditure report.
2. A more detailed Cost Improvement Programme report.

Chris Hurst talked to his paper. He said that in April, the in-month surplus was £2.04m. This was only slightly below Plan. He noted that although a good start had been made to the financial year, it was important for the Divisions to focus on income generation. Ernst & Young is undertaking an early due diligence on the Cost Improvement Programme.

Chris Hurst talked about the overall financial plan for this year, and noted that the budgeted monthly expenditure will increase by a net £1.3m per month from August with the opening in September of the new Cancer Centre on the Churchill site.

It was noted that private patient income was under plan, although the monthly income level was forecasted to improve.

Despite direct costs for high activity in Month 1, Divisional performance is forecasting close to plan. An adverse variance in Division D was due to savings plans not yet realised for Estates and Facilities.

Adrian Towse asked about the work that Ernst & Young was undertaking on the Cost Improvement Programme. Chris Hurst said the target this year was £22m. To ensure delivery of £22m, a pre-risk adjusted total of £29.64m was aimed for. Ernst & Young has been commissioned to review the programme and form an independent assessment of the risks of the programme and to provide assurance that the £22m target was deliverable.

Caroline Langridge and Brian Rigby requested a report on private patient work as targets had not been achieved last year or in Month 1. Chris Hurst said that clinical support and leadership was key to the success of private patient work. A member of the public raised his concerns about billing for private work, with an invoice received from the consultant and also one from the Trust. He had spoken to Alex Barnes, who had dealt effectively with the matter. It was agreed that Alex Barnes will make a presentation to the

Board at its meeting in September to provide assurance on customer care for private patients and reassurance to the Board on private patient income.

Dr Fleming asked about the effect on the Trust's finances of high energy costs. Ian Humphries acknowledged the problems and costs caused by a volatile international energy market. The contract with the Trust's supplier means that energy can be bought up to twelve months in advance. This provides some protection, but ORH does not have the comfort of a fixed price deal for one or two years. The total energy budget is circa £7 million annually. It is anticipated that there could be £500k exposure to increased costs. The Chief Executive noted the geothermal construction of the new Cancer Centre, which will be very energy-efficient.

TB 32/08

Service Performance to 31 March 2008 (Month 12)

Matthew Covill presented the report from the Director of Planning & Information. He summarised by saying that 2007/08 had been a successful year for service performance, details of which were in the report (TB2008.32). He highlighted the following successes:

- Exceeded the SHA targets for 18-week referrals and also achieved the more stringent "Further, Faster" targets for inpatients and outpatients agreed with Oxfordshire PCT.
- The maximum waiting time for diagnostic services was 6 weeks and no patients waited more than 8 weeks for admission, while all outpatients were seen within 4 weeks.
- Met the three key cancer targets for each month of 2007/08.
- Met the sexual health target for patients seen within 48 hours.
- Cancelled operations have been reduced by 60%. This was a significant achievement, as it was previously an area that the Board had identified as a matter of concern.
- Infection Control - reduced MRSA infection by 50% last year.
- Emergency access waiting time target - although the target of at least 98% of A&E patients being seen, treated or discharged in under four hours was not reached last year (97.2%), work was now being undertaken to ensure that the target was achieved this year. Last week the percentage stood at 99%.

It had been minuted at the meeting on 20 March that a detailed report on theatre usage would be brought to the Board meeting in May. This report will be brought to the September meeting.

K Simcock

The Chairman commented that the Trust was meeting its targets on complaints handling and ethnic monitoring.

Dr Fleming asked for further explanation about the issues in regard to the A&E 4-hour waiting target. Matthew Covill explained the work being undertaken by Andrew Murphy and his team, and that focus was already showing improvement with 99% being achieved last week. Each week, the Executive Board examined the causes of any breaches. A business case was being prepared for a senior clinical presence in A&E.

The Chairman said that when the results of the external audit on A&E were presented to the Board, it would be helpful to have a presentation from Melanie Darwent, Lead Clinician for the Emergency Department. This was agreed.

**A Murphy/
M Darwent**

Dame Fiona Caldicott drew attention to a report recently published by The Royal College of Psychiatrists about standards of care for patients who are admitted to A&E, who self-harm. She asked that the Trust ensured when examining the report, that the ORH ensured it met the good practice recommended in the report. The Chairman said that this would be looked at, and reported to the Board.

ML/ESH

In response to a question from a member of the public, Dr James Morris confirmed that that a 13% reduction in cases of C.difficile was achieved by the Trust in 2007/08. The Chief Executive clarified the matter saying that Oxfordshire PCT and Oxfordshire Joint Health Overview and Scrutiny Committee had pointed out in the local media a national rise in the reported levels of incidents of C.difficile on death certificates from 2004 to 2007.

Governance

TB 33/08 2007/08 Declaration of Compliance

Elaine Strachan-Hall confirmed that the Trust was compliant with all Healthcare Commission core standards throughout the year, with the exception of two, with which the ORH declared compliance at the year-end. These were C11b which requires all staff to participate in mandatory training programmes to ensure staff and patient safety. Secondly, C20b which requires all patients to be accorded privacy and dignity. The Board ratified the Declaration.

TB 34/08 Annual Health Check 2008/09

Elaine Strachan-Hall noted the highlights of the Annual Health Check and asked that the Board note and agree to:

- receive an update when final guidance had been received from the Healthcare Commission.
- receive an update on the role and timetable for the new regulator, the Commission for Social Inspection, which comes into effect on 1 April 2009.
- receive bimonthly progress reports on compliance and performance against all aspects of the Annual Health Check.

The Board noted and agreed the above.

Caroline Langridge asked the Board to note and welcome the new Chair of the Care Quality Commission, Dame Barbara Young. She suggested that Dame Barbara be invited to visit the Trust.

JM/ESH

TB 35/08 Capital Programme 2008/09

This matter was deferred to the next meeting of Finance & Performance Committee on 12 June.

TB 36/08 Children's Hospital First Anniversary Report

Amanda Middleton introduced the report on the Children's Hospital giving an update after its first full year of operation. She welcomed the transition which has benefited children, carers and staff with good integration of services, and an excellent environment. Amanda was supported by Dr Anne Thomson, Chair, Children's Services Directorate and Ms Gill Walton, Head of Midwifery. They spoke of the benefits provided within the new Children's Hospital, and noted that paediatric orthopaedic inpatients have transferred from the Nuffield Orthopaedic Centre (NOC) on 1 April 2008. Paediatric orthopaedic outpatients were still seen at the NOC. It was noted that the hospital still had spare capacity, which would be required for future funded activity.

Dr Morris asked the Board to note that David Highton, a former Chief Executive of the Trust, had been the initial driving force behind the idea for a discrete Children's Hospital.

TB 37/08 Safe Birth - King's Fund report on recommendations for Trust Boards

Amanda Middleton said that the King's Fund had published its recommendations on patient safety, including their conclusions into the safety of maternity services in England.

The report set out the need for Trust Boards to monitor safety in maternity services. The Board was asked to consider how the issues raised might apply to ORH, and what actions the Board might take in the light of this report.

Gill Walton circulated the conclusions and recommendations of the King's Fund paper "Safe Birth". She pointed out that, in the case of Northwick Park Hospital, where there had been ten maternal deaths, the messages were diluted at Board level. Litigation costs for maternity services are one of the highest areas of legal expense for the NHS. The Trust has good clinical governance and good systems within the service, and a "maternity dashboard" will be considered as an appropriating monitoring tool.

Brian Rigby asked if the Trust had any problems with maternal or perinatal safety compared with other trusts. Gill Walton advised that clinical outcomes for the Trust were good and improving. However, with a rising birth rate, the Trust needs to review staffing levels constantly to ensure a safe service.

Elaine Strachan-Hall advised that the Trust had a rigorous patient safety programme and staff were receiving training. A patient safety framework would be presented to the Board shortly. Dr Fleming asked Gill Walton if she felt there was any inhibition which would prevent her from bringing issues to the attention of the Board. Gill Walton said that there was not as she felt that she had access to the Trust Board through the Director of Nursing, but she would like to review representation of maternity services on governance systems.

The Chairman thanked Gill Walton for reporting to the Board as soon as the King's Fund report was in the public domain. One of the suggestions in the report was that there was merit for the Board members to visit the Trust's maternity services in Oxford and Banbury over the next few months. Gill Walton agreed to assist with this. The Chairman concluded by drawing attention to the report's recommendations, and asked for a programme of action to address them.

G Walton

TB 38/08

Customer Care Strategy

Elaine Strachan-Hall outlined the Trust's approach to customer care, and sought the approval of the Board to the approach taken. The initiatives and plans for customer care need to complement performance improvement. Caroline Langridge detailed her personal experiences as a patient of the Trust. She had received a copy of her discharge letter and

the full operating report within a short period of being discharged. This high level of communication was a good example of customer service. The Chairman advised that Dr Angela Coulter, Chief Executive of the Picker Institute, had been invited to speak at a future Board meeting. The Picker Institute had carried out the annual patients' survey published in May.

TB 39/08 ORH Communications Strategy

Helen Peggs said while that the Communications Strategy had been agreed for a twelve month period to support the business plan, its aims and objectives reflected the longer term aims of the Trust.

The Strategy should be considered in conjunction with the Patient Information Strategy, which was agreed last year, and the Membership Strategy for the Foundation Trust.

Three areas of new activity were highlighted. Firstly, a great deal of work was being done to support the Foundation Trust application process. In addition, the Trust will be required to recruit over 20,000 staff and public members to its new membership scheme. Plans were in place to recruit members, set up a membership office, and develop regular member communications.

The Trust welcomed this opportunity to attract involvement from a wide variety of groups and individuals. The Chairman and Chief Executive had written to all staff members to explain the Foundation Trust process and membership scheme.

Secondly, the Trust is establishing a marketing approach to support business development. Marketing communications are currently focused on cancer services and the Cancer Centre, which is due to open in the autumn, and private patient services.

Thirdly, work continues with Oxfordshire PCT to engage stakeholders in the Banbury area in the future configuration of services at the Horton. On 20/21 June, Oxfordshire PCT is holding two open days in Banbury as part of "The Better Healthcare Programme for Banbury and surrounding areas", and the Communications Team was discussing involvement with the PCT on this.

The Board agreed the Communications Strategy and a report monitoring performance against plans will be considered following the end of this financial year.

Mr Marcus Laphorne from the Public and Patient Panel felt

that three meetings held to discuss the Foundation Trust communications package in relation to the Members' Council had not been productive. Elaine Strachan-Hall noted the important input that the Public and Patient Panel had provided to the Trust in the past. The Chairman invited Mr Laphorne and Mr John Bridgen to meet the Chief Executive, and they welcomed the opportunity.

TB 40/08 Infection Control Policy

Following a visit from the Healthcare Commission in March 2008, the Trust's Infection Control Policy, which was approved in September 2007, had been revised. Dr James Morris noted the areas where the policy had altered where that specific reference had been made to the importance of collaborative working between infection control staff and staff in Estates and Facilities (particularly third party contractors) and staff providing decontamination services. The terms of reference for the Hospital Infection Control Committee, which had been updated in January, are also included in the revised Infection Control Policy.

This policy had been endorsed by the Governance Committee, and it was approved by the Board.

Professor Towse advised that the quality of information analysis has improved in relation to death certification. Dr Morris advised that for all cases where C.diff is mentioned in category 1 on death certificates, these are now viewed as Serious Untoward Incidents.

The Chairman noted that an internal audit was taking place, and Dr Morris advised that the results of this audit would be brought to Executive Board/Finance & Performance Committee.

JM

TB 41/08 Confidentiality and Information Protection Policies

Megan Turmezei advised that the Governance Committee had recently endorsed two updated key information governance policies relating to confidentiality and information protection. Both policies had been discussed widely within the Trust, and the confidentiality policy had been reviewed and contributed to by members of the Ethics Committee. The Board was asked to approve these policies.

Dame Fiona Caldicott welcomed these policies and concepts of the policies. Megan Turmezei said that when approved these policies would be widely circulated to Trust staff.

MTurmezei

The Board endorsed and accepted both policies.

TB 42 & 42a Foundation Trust application - Governance Structure

/08

Chris Hurst tabled a paper (TB2008.42a), which stated that the Trust has commissioned the Audit Commission to undertake a review of its current governance arrangements and structures, in particular to simplify the Board sub-committee structure. This was to assist in providing guidance on how the current governance structures and arrangements might be developed further for Foundation Trust purposes. The terms of reference and responsibilities of the Audit Committee, the Governance Committee, the Finance & Performance Committee and the Remuneration and Appointments Committee remain the same. The Finance and Performance Committee had been described more fully than previously.

Brian Rigby noted that the Commercial Committee had ceased to be part of the Board's assurance arrangements, and that he had stepped down as Chair of this Committee. The Chief Executive, on behalf of the Board, thanked both Brian Rigby and also Dame Fiona Caldicott for their tireless work in chairing both the Commercial and Human Resources Committees, respectively. In future, these committees will undertake an executive function.

Dame Fiona Caldicott expressed concerns about this new arrangement. She asked how matters, which had previously been addressed at the Human Resources Committee, would come to the Trust Board. The Chief Executive said that the new structure has two assurance committees, Audit and Governance. Issues that formerly came through the Commercial or HR Committee would now come through the Audit or Governance Committees, or be dealt with directly by the Trust Board. Any operational matters not proceeding through this route would go to Executive Board.

Caroline Langridge asked the Chairman if it would be possible to review the new Board committee structure in a year's time. The Chairman agreed that a review would take place in a year's time on the new governance structure. He requested that a paper be prepared to give assurance on how matters, which formerly went through the HR and Commercial Committees, were escalated to the Board.

CH

TB 43/08 Committee minutes:

• **Audit Committee of 11 April 2008**

Professor Towse noted that in relation to the discussions held with the Audit Commission in respect of the ORH's duty for

a break-even over a five year period, Maria Grindley had indicated that the Audit Commission agreed that a public interest report would not be appropriate.

Chris Hurst asked that the Board formally endorse the fact that the planned audit fee for 2008/09 is less than the planned fee for 2007/08 due to the Trust's improved financial accounts. This was endorsed.

- **HR Committee meeting of 6 March 2008**

Dame Fiona Caldicott noted the pressures on the Occupational Health Department had been eased with a Band 7 staff appointment. The time taken for appointing consultant staff for the Biomedical Research Centre had been an issue, but it had been examined and processes were in place to ensure there was a timetable and plan to appoint to each new post. Dame Fiona Caldicott wished to place on record the excellent way in which Mark Gammage had carried out his duties as Interim Director of HR.

Other matters

TB 44/08

Matters outstanding from previous meetings

Caroline Langridge noted that a paper she had requested on theatres was still outstanding.

A Murphy

TB 45/08

Local Clinical Excellence Awards

The report describing the outcome of the 2007 round of Local Clinical Excellence Awards (Employer Based Awards) was noted.

TB 46/08

Consultant appointments, sealings and publications report

Noted.

Any other business

The Chief Executive reported that discussions which had been taking place between the Department of Health, South Central SHA and South East SHA with the contractor for Connecting for Health, Fujitsu, had broken down earlier this week. Both SHAs are revisiting on how to provide the Connecting for Health infrastructure over the next few years.

Date of the next meeting to be held in public

Thursday 24 July 2008 at 10 am in the Stable Block Committee Rooms at the John Radcliffe Hospital.