

Board of Directors Meeting: Thursday 29 January 2009

BD2009.20/21

Subject	Board Committee minutes			
Purpose of paper	To inform the Board of the work of the Governance and Finance and Performance Committees			
Board Lead(s)	Professor Adrian Towse, Chair of Governance Committee Dame Fiona Caldicott, Chair of Finance and Performance Committee			
Background papers (if any)	Note			
Action/decision required	The Board is asked to receive the minutes and to note the particular points highlighted by the Chairs			
Key purpose	Strategy	<u>Assurance</u>	Policy	Performance
Strategic Goal(s)	All			
Strategic Objective (s)	SO10 - To become a strategic, high performing and agile organisation supported by efficient and patient focused clinical processes, modern systems and business processes			
Links to Board Assurance Framework/ Trust Key Risks/Annual Health Check element(s)	Standards for better health - governance domain Audit Local Evaluation (ALE) - Internal control domain			
Also considered by	Not applicable			
Resource and financial impact	Not applicable			
Consideration of legal/equality/diversity/engagement issues	Not applicable			
Acronyms and abbreviations used	Not applicable			

Governance Committee 23 December 2008

The following areas are highlighted for the Board's attention:

1. The Committee reviewed the Board Assurance Framework (BAF) prior to its presentation to the Board in January. The BAF includes references to the Trust Risk Register as well as being mapped to the core standards and indicators that make up the quality element of the annual health check. The Committee noted that the SHA would be reviewing the BAF once again before the year end.
2. The Committee considered the SHA's draft patient safety strategy and noted that the work of the ORH's safety action groups already underway, covered the bulk of the areas highlighted for specific work. The Committee endorsed the strategy and recommended its discussion and consideration by the Trust Board in January.
3. Mr Ratnatunga, Clinical Director for cardiothoracic surgery, attended and presented the detailed report on cardiothoracic surgical outcomes for 2007/08. The report covered both coronary artery bypass grafts and aortic valve replacements, the two key procedures for adult cardiothoracic surgery. The members were reassured by the report and the quality of services being provided by the surgical team for patients in all risk groups. The Committee noted that the SHA, due to consider the final sign off of the HCC's investigation in March 2009, had asked for the report to be presented to its Board meeting.
4. The Governance Committee considered the process for the registration of the ORH with the Care Quality Commission for the prevention and control of health care associated infections. The Committee discussed the nine criteria and the overall position of the ORH.
5. The Divisions' quality and risk reports again highlighted the levels of activity across all areas of governance and the increasing focus on scrutiny of outcome data and on the provision of assurance (evidence) to support the work of the directorates. Increasingly, the Divisions were focusing on exceptions and hence were able to assure the Governance Committee on other areas of activity and to assure the Committee of the steps being taken in respect of individual areas, e.g. the management of the physical environment within the neonatal unit, and the use of Dr Foster data to drill down. The Committee recognised that reporting and assurance framework continued to develop, which was welcomed.
6. The Committee also received assurance reports on mandatory training, on compliance with NICE guidance and on the management and completion of SUIs.
7. A detailed report on information governance was received. The Director of Nursing and Clinical Leadership has been designated as the Senior Information Risk Owner (SIRO) responsible for identifying and managing the information risks to the organisation and with its business partners. This will include oversight of the organisation's information security incident reporting and response arrangements. In addition, the Committee reviewed and endorsed the arrangements for the management of information governance, the information governance strategy and

policy prepared by the Information Governance Group, chaired by Dr Bunch, the Caldicott Guardian. The Information Governance Group works to a programme agreed each year by the Governance Committee and it reports regularly to the Committee.

8. The Committee also considers regular reports on research governance. In particular, the Committee noted the continued amalgamation of the service between Oxford University and the NHS teams, demonstrating the benefits of the unified approach exemplified in the plans to become an academic health science centre.

Board of Directors

BD2009.20

Governance Committee

Minutes of the **Governance Committee** meeting held on Tuesday 23 December 2008 at 2 pm in the Board Room, the John Radcliffe.

Present: Professor A Towse In the Chair
Ms Caroline Langridge Non-executive Director

In attendance: Mrs E Strachan-Hall Director of Nursing and Clinical Leadership
Dr J Morris Medical Director
Ms M Logie Director of Operations, Division A
Dr H Jones Chairman, Division A
Ms K Simcock Director of Operations, Division B
Mr G Greenall Chairman, Division B
Ms A Middleton Director of Operations, Division C
Dr D Lindsell Chairman, Division C
Ms H House Research and Development Lead
Mrs L O'Connor Infection Control Manager
Mr C Ratnatunga Consultant Cardiothoracic Surgeon
Ms B Boulton Directorate Manager, Cardiac Services
Ms R Faisey Deputy Director of Human Resources
Ms S Newman Acting Assistant Director of Quality and Risk
Ms J Barker Quality and Risk Unit, Information Lead
Apologies: Mr T Campbell Davis Chief Executive
Mr A Stevens Director of Planning and Information
Ms S Donaldson Director of HR and OD
Mrs M Turmezei Assistant Director of Governance

GC43/08 Minutes of the meeting held on 26 September 2008
The meeting minutes were considered and approved as a correct record.

GC44/08 Matters arising from the Minutes
22/08, 2/08, 19/07 PROM (Patient Reported Outcome Measures)
The Executive Board has considered and approved PROMs paper and the recruitment of a PROMs Project Manager with a focus on quality accounts management. The post will be advertised in January 2009. Funding has been discussed with Andrew Murphy and allocated using under spend in the Nursing Directorate. Sourcing of quotations by the Procurement Team for hand-held devices will continue and final confirmation of the Trust's financial position will be discussed with Mr Hurst prior to procurement.

SN

32/08 Chairman's Business

Dr Ken Fleming

A replacement NED from the Board to attend the Governance Committee to be discussed at January 2009 Public Trust Board Meeting.

Governance and resources

The FT application process and proposal for the Academic Health Sciences Centre is ongoing.

33/08 Board Assurance Framework For a review of BAF see agenda item GC46/08

34/08 Annual Health Check 2008 / 2009

This report was presented to Trust Board in November 2008. ESH reported that the Trust intends to be compliant

35/08 Safety Framework – whole system measures

Following the Governance Committee's previous approval of the safety framework, Dr Morris and Ms Strachan-Hall proposed year on year improvements of HSMR and reduction of adverse events equal to or better than our peer group. These proposed outcome measures are superseded by the measures proposed by the SHA in their draft Patient Safety Framework. See Paper GC48/08 tabled.

36/08 Patient and public engagement update

See Paper GC50/08 tabled.

37/08 Division B Quality & Risk Report

The Governance Committee had requested specific assurance from Carillion on CRB checking processes; Ms Simcock was able to assure the Governance Committee that she had received detailed and comprehensive assurances in this regard with assistance from Human Resources.

39/08 Annual Risk Report 2006 – 2008

The report has been considered by the Trust Board in November 2008.

Ms Langridge raised a question about GC37/08 Division A Quality & Risk Report in respect of dedicated stroke beds at the Horton Hospital. Dr Jones explained that the situation had improved and that the stroke team were aspiring to admit 90% of stroke patients to a stroke bed within 20-24 hours.

**GC45/08 Chairman's Business
Combined Action Plan**

The Chairman highlighted the recommendation of the ACR (Audit Commission Review) in respect of Trust sub-committee performance and structure, dynamics and size. The action plan identified self assessment of the Governance Committee at December 2008 meeting. Prototype checklist to be circulated to Committee members and comments invited for March 2009 meeting.

MT

GC46/08 Board Assurance Framework 2008 / 09

The Committee reviewed and endorsed the BAF and asked that a report be prepared to accompany the formal submission of the BAF to the Trust Board at its meeting in January 2009.

MT

The Committee specifically discussed the SHA suggestion that a risk rating might be included within the BAF. This was agreed this would be helpful and in future the Trust Risk Register reference will be coloured to indicated “red risk” or “orange risk ” (e.g. **TRR040**).

MT

GC47/08 Care Quality Commission – registration

Dr Morris introduced the report outlining the registration process required by the Care Quality Commission (CQC) in relation to healthcare associated infections (HCAI) before 6 February 2009. The Trust has to provide evidence of meeting the nine criteria to be included within the revised Hygiene Code due to come into force on 1 April 2009. The registration process involves completion of a web based form and confirmation and a declaration of compliance or non-compliance with the requirement that, so far as is practicable, the Trust will ensure that patients, healthcare workers and others who may be at risk of acquiring a healthcare associated infection, are protected against identifiable risks of acquiring such an infection by the means specified in the Regulations to come into force under the 2008 Health and Social Care Act (subject to Parliamentary approval) from 1 April 2009. If the Trust partly meets or does not meet criterion 2 the Trust is required to inform the CQC of the steps being taken to rectify the position and when compliance would be achieved.

Mrs O’Connor highlighted concerns under Part 3 of the registration form in respect of criterion 2 where the Trust may not fully meet the criterion. Criterion 2 states that the Trust provides and maintains a clear and appropriate environment that facilitates the prevention and control of HCAI. Some areas of concern were highlighted but work continues to move towards compliance. Further discussion would be held with Board members prior to submission of the form.

MET/JM

Ms Langridge raised a story in the media about cross infection opportunities posed by “dirty” stethoscopes. Dr Morris and Dr Jones commented that there is little evidence base that this type of apparatus poses any significant risk for cross infection, although it is accepted that cleansing stethoscopes between patients bolsters patients’ confidence in the quality of their care. Ms Langridge requested that a future audit of stethoscope cleansing be undertaken.

SN

Professor Towse and Ms Langridge highlighted the importance of full NED engagement in discussion of key capital needs prior to full debate at the Trust Board meetings.

The Committee noted the documents and endorsed the process and requested that the current issues were considered by the Trust Board.

JM/MT

GC48/08 SHA Patient Safety Strategy

The Committee noted the documents and endorsed the proposed SHA Patient Safety Strategy work streams, aims, actions plans and success measures and recommended its approval to the Trust Board at the January 2009 meeting; in particular the Committee recommended that the Trust’s Safety Action Groups adopt the proposed

SHA outcome measurements.

ESH

GC49/08 HCC, Cardiothoracic Surgical Outcomes 2007 / 08

Mr Ratnatunga presented and explained the data for outcomes for primary (first time) CABG and primary AVR for individual Cardiothoracic Surgeons and the JR as a whole for 2007 / 08. The Committee was assured by the data that show mortality for each individual surgeon and the Unit fell within the predicted mortality. This reassuring picture continued when considering high risk and very high risk patients. The Unit mortality for high risk and very high risk are less than the predicted logistic EuroScores. High risk and very high risk patients all fall within predicated mortality rates. Additional scrutiny of value life added display (VLAD) and Funnel plots all preformed within predicted limits. As an early warning system during 2009/10, the Unit will run VLAD and Funnel plots each month over the next 12 months to ensure that surgical outcomes remain satisfactory.

The Committee noted the above outcomes and the ongoing scrutiny of outcomes and activity by the Cardiac Unit. The Committee requested that the report be presented to the public meeting of the Trust Board on 29 January 2009 with an additional one page Executive Summary. It was recognised that the data may be difficult for patients to follow and that the underlying message that cardiac surgery at the ORH continues to be safe needed more proactive highlighting. (The HCC includes cardiac outcome data on its website for all hospitals providing this service)

MT

Ms Boulton confirmed that this data are regular discussed within the Cardiac Unit and all staff are engaged in the scrutiny of the Unit's performance and outcomes.

GC50/08 Patient and public engagement update

The report was received by the Committee. The progress of the patient and public feedback activity since September 2008 was noted and the anticipated improvement of patient outcomes feedback during the next quarter. Further reports will be presented to the Committee. **ESH**

GC51/08 Report on training

The report was received, noting that a mandatory and statutory training update has also been received by the Health & Safety Committee, which monitors performance regularly. Ms Faisey drew attention to an error at paragraph 3, page 2. This states that "*the tables above excluded medical and dental staff*". The paragraph should read that the medical and dental staff were "*included*" in the tables.

Ms Langridge asked whether there was funding for newly appointed consultants to have management and leadership training. Dr Morris explained that there were study leave possibilities and a management training programme was available to them, but it would be useful if a budget could be established specifically for this purpose.(This was being addressed as part of the development of the AHSC/AFT) **JM/RF**

GC52/08 Quality and Risk Report

The report was received by the Committee and will in future be considered in advance of the Divisions reports as it provides a high level overview and context.

Ms Strachan-Hall confirmed that obtaining NHSLA Level 2 Accreditation remained a planned objective for 2009. This would be assisted by the appointment of a dedicated NHSLA Accreditation Lead commencing from January 2009 with administrative support depending on approval of business plan. **SN**

The Committee noted the unusual peak of reported staff accidents in July 2008. Review of the Incident Report Forms, by cause and area, showed across increased reporting of entrapment, needle stick and sharps and manual handling incidents but that further review had indicated no cause for concern but rather an increase in reporting rates.

GC53/08 NICE Compliance Report

The six month interim report on NICE Compliance noted that the focus has been on effective distribution of and response to NICE Guidance, following a period of four months without a NICE Lead. The Trust is fully or partially compliant with over 90% of the Guidelines. The Committee noted the two areas where the Trust is not compliant in relation to the Renal Directorate concerning Clinical Guidelines of Chronic Kidney Disease and Urological Surgical Procedure, which have both been added to the Division A Risk Register. Steps would continue to be taken to ensure compliance. **ML**

GC54/08 Divisional Quality & Risk Reports **GC54a Division A**

Ms Logie highlighted increased scrutiny of outcome data and the increased awareness and importance of information structure to provide valid outcome data. The Committee noted the SUI concerning hospital acquired infection and interface of end of life care with OPCT where residents from nursing homes are admitted to MAU. Ms Logie also commented on Division A's continued improved use of Matrons' data reports and the Committee welcomed the positive result of the HCC Emergency Department Patient Survey.

Professor Towse highlighted the red squares on the dashboard in relation to AEMG learning from M&M Meetings and at page 13, paragraph 10, noted the issues around samples in transit between Churchill and JRH but was reassured by the steps being taken to ensure delivery to the right points.

Dr Morris gave a summary of SUI 450 for the Non-Executive Directors in terms of product liability issues reported to the MHRA over concerns about the sewing ring used in some types of cardiac valves. Ms Langridge asked for a fuller explanation of the data contained in paragraph 16.2.2 in respect of the cardiac valve prosthesis mortality rate of 75% (n=3) against an expected rate of 1.8% (n=0.1).

It was agreed that thought would be given to how additional information might be provided to members using Dr Foster to see whether these mortalities related to the same patients affected by SUI 450. **JM/SN**

GC54b

Division B

Professor Towse highlighted the number of red squares on the dashboard for GIST with respect to learning from M&M meetings and readmission rates in GIST. Ms Simcock explained that this directorate also had the largest number of complaints in the Division. Continued work was being done with the directorate on all aspects of governance. **KS**

Ms Langridge requested that the Trust Board be made aware of current staffing issues at the Horton Hospital.

GC38c

Division C

Dr Lindsell highlighted the success of blood tracking systems that had resulted in an Innovation and Progress Transformation Award for the development of an electronic identification process (SafeTx) which ensures that patients receive the correct blood. Ms Langridge enquired whether this information technology could be of commercial benefit to the Trust and Dr Lindsell confirmed that smart requesting “is the next step that could be commercially viable”.

Dr Lindsell highlighted the infection control risk in the Neonatal Unit. An interim re-configuration aimed to increase the spacing between cots and preserve a suitable working environment for the clinical staff in a constrained space had not been successful. In the short term, there are plans to take out the office space at the far end of the Unit to accommodate more cots but a business case is being put forward for major expansion in the next 4 – 5 years. There will be a weekly updates to Executive Board from January 2009 to monitor the risk and the Governance Committee would highlight this in its report to the January Trust Board meeting. This infection control risk is against a background of the increasing demands on the unit. There will also continue to be staffing problems in Paediatrics at the Horton General Hospital with the result of the Dean’s Review of Obstetric Training at the Horton pending.

Professor Towse raised concerns about the red squares on the dashboard in respect of learning from M&M Meetings. Dr Lindsell confirmed that this had shown the need for an improvement in wider sharing of issues raised at Radiology Discrepancy Meetings; this was being addressed. **DL**

The Committee noted the additional work into investigation of mortality, length of stay and readmissions from Dr Foster.

Dr Lindsell gave a summary of the facts of SUI 433. Ms Strachan-Hall asked that the SUI report be checked against the text of the summary in the Division C Quality and Risk Report. **AM**

GC55/08

Information Governance report

The Committee reviewed the Information Governance Summary of the Information Governance Policy and Strategy and endorsed these together with the management arrangements for information governance and the designation of the Director of Nursing and Clinical leadership as the Senior Information Risk Owner for the Trust. The Committee noted the continued work of the Information Governance Group and

the various areas it is currently focusing on. The front page of the report is to be amended to the new format. **ESH**

Ms Strachan-Hall gave further details of the SUI concerning a misdirected fax sent outside of the NHS containing clinical information and was able to reassure the Governance Committee of the steps taken in the SUI Action Plan.

GC56/08 Research Governance report

Dr Morris highlighted the continuing amalgamation of the service between Oxford University and NHS Teams through a Service Level Agreement. This is seen as a prototype high quality service that demonstrates the benefits of unified approach for future working between Oxford University and the NHS.

Ms House highlighted the benefits of amalgamation for increased performance and cost savings at inspection and further plans for service improvement by the Oxford University Team handling contracts on behalf of the Trust and joint financial management of R&D, BRC and TVCLRN.

The Committee asked that in future reports performance data should be included in the Research Governance report.

JM/HH

GC57/08 Date of Next Meeting

The next meeting will be held on Wednesday 25 March 2009 at 9.30am

(to be confirmed MAY be changed)

Finance and Performance Committee 9 January 2009

The following areas are highlighted for the Board's attention:

1 Forecast income position for 2008/09: Oxfordshire Primary Care Trust

The Chairman and Mr Campbell Davis have met the Chairman and Chief Executive of Oxfordshire PCT. The PCT have agreed to pay the Trust £9,700,000 for clinical activity that the Trust had provided above the SLA for 2008/09. The PCT has reduced referrals to the Trust to some extent, and the Trust is scaling down some outpatient clinics and consultant PAs. Further discussion of the commissioning agenda will take place on Monday 12 January 2009, in order to promote completion of the work. The Trust will have to decide upon its own capacity, and carefully monitor actual activity against the agreed SLA from Month 1 of 2009/10. Accordingly, the Trust is developing assumptions with service providers to underpin the SLA for 2009/10 before it is signed. Through structured discussion between clinicians in the Trust and those in primary care, the Trust should consider alternative provision of some services through primary care. The recalculations of HRG4 will be completed by Friday 16 January, so that final offers can be issued by Friday 6 February. Monitor is likely to ask what the Trust's contingency plan will be if unplanned clinical activity is not reduced. The Board will be kept informed about the fast-changing position.

2 International Financial Reporting Standards [IFRS]

The new IFRS apply to annual accounts from 2009/10. Their effects on the Trust include an adverse impact of £9,800,000 on the Trust's planned surplus, against a modest cash gain; reduced capital charges; an improved financial risk rating because IFRS impacted positively on EBITDA; movement of PFI schemes, refurbishment projects and impairments on new buildings on to balance sheets, with penalties attaching to improving buildings; transfer of the impairment change to the I and E account; annual accrual of unclaimed annual leave; changes to the revaluation reserve; and a positive impact on EBITDA.

3 Performance Improvement and Cost Reduction Programmes - and financial outlook

Divisions have been challenged both to devise CIPs, and to prepare detailed Directorate project plans for each scheme. They have been given activity assumptions. The Trust is targeting CIPs of £51,950,000, in an attempt to achieve £43,000,000. However, the impact of the revised tariff is likely to be less severe than previously anticipated, and it might be unnecessary to save the full £43,000,000. In 2008/09, CIPs will generate savings of up to £26,000,000, of which £11,000,000 will be procurement savings. It will be helpful to achieve the greatest savings during the first part of the financial year.

4 Infection Control

The results for MRSA to the end of December 2008 have been reviewed, focusing on a clinical strategy for contaminants; as these do not count if untreated, less automatic treatment is being considered. The twelve-year trend for all cases of staph. aureus infections has flattened, and the Trust remains below the national threshold for the incidence of bacteraemia of 50% the level in 2003/04 .

By December 2008, there have been 22 cases of C. Diff, below the upper limit of 37 cases.

The Trust handles each death where MRSA or clostridium difficile figured on Part I of the death certificate as a serious untoward incident, but none in December required further action to be taken.

5 Academic Health Sciences Centre [AHSC]

Part I of the application has now been submitted.

Project management arrangements aim to integrate the AFT and AHSC project, through relevant working groups supervising seven workstreams, including processes for the four business planning pilots, organisational development, business processes, AFT/AHSC financial modelling, and drafting the AHSC application.

6 Safeguarding Children: Implications of the 'Baby P' Case

The presentation on local safeguarding children, following national publicity about 'Baby P', stressed the importance of the Trust's active membership of the statutory Oxfordshire Safeguarding Children Board.

Board of Directors

BD2009.21

Finance and Performance Committee

FPC2009.5

Minutes of the meeting of the Finance and Performance Committee held on Friday 9 January 2009 at 1.00 pm in the Board Room at the John Radcliffe Hospital.

Present	Dame Fiona Caldicott	FC	Acting Chairman <i>in the chair</i>
	Professor Alastair Buchan*	AB	Non-Executive Director
	Mr Trevor Campbell Davis	TCD	Chief Executive
	Ms Sue Donaldson	SD	Director of Human Resources and Organisational Development
	Mr Chris Hurst	CH	Director of Finance and Procurement
	Dr James Morris*	JM	Medical Director
	Dr Colin Reeves	CR	Non-Executive Director
	Mr Brian Rigby	BR	Non-Executive Director
	Mr Andrew Stevens	AS	Director of Planning and Information
	Mrs Elaine Strachan-Hall	ESH	Director of Nursing and Clinical Leadership
	Professor Adrian Towse		Non-Executive Director
	AT		
In Attendance	Ms Alison Chapman*	AC	Child Protection Nurse
	Mrs Jenny Kitovitz	JK	Executive Office (notes)
	Mr Simon Lazarus*	SL	Deputy Director of Finance
	Mr Andrew Murphy*	AM	Director of Performance Improvement
	Mr Jerry Park	JCP	Board Secretary
Apologies	Ms Caroline Langridge	CL	Non-Executive Director
	Dr Henry Reece	HR	Board Associate

* left before the conclusion of the meeting

Action

The Chairman welcomed Mr Park to his first meeting of the Committee.

1 Declarations of interest

Professor Buchan explained that he would speak about the Academic Health Sciences Centre [AHSC] application as a member of Oxford University, rather than as a Non-Executive Director of the Trust [see agenda 8].

2 Minutes of previous meetings

Resolved

- To approve the minutes as accurate records of the Committee meetings held on Friday 12 September and Thursday 18 December 2008.

3 Financial performance to 30 November (Month 8)

See agenda 6.

4 Forecast income position for 2008/09: Oxfordshire Primary Care Trust

Mr Stevens reported that Oxfordshire Primary Care Trust had agreed to pay the Trust £9,700,000 for clinical activity that the Trust had provided above the service level agreement [SLA] for 2008/09. He and Mr Murphy were developing assumptions with service providers to underpin the SLA for 2009/10 before it was signed; and Mr Murphy and Mrs Strachan-Hall were taking part in a joint clinical group.

Mr Hurst pointed out that South Central Strategic Health Authority was pressing PCTs to conclude negotiations for SLAs for 2009/10, and suggested that the Board should be kept informed about the fast-changing position. Despite their complexities, the recalculations of HRG4 would be completed by Friday 16 January, so that final offers could be issued by Friday 6 February. Monitor was likely to ask what the Trust's contingency plan would be if unplanned clinical activity was not reduced.

The Chairman reported that she and Mr Campbell Davis had met the Chairman and Chief Executive of the PCT on the previous day, accompanied by other officers.

Mr Campbell Davis added that further discussion of the commissioning agenda would take place on Monday 12 January 2009, in order to promote completion of the work within the next eight weeks. The Trust would have to decide upon its own capacity, and carefully monitor actual activity against the agreed SLA from Month 1 of 2009/10.

Dr Morris suggested that the Trust should move in a considered way towards different working practices. These changes could be promoted by more structured discussion between clinicians in the Trust and those in primary care about the provision of designated services, and moving further services to primary care. Such changes would require effective communication within and outside the Trust.

Resolved

- **To approve the report.**

5 **International Financial Reporting Standards [IFRS]**

Mr Hurst reported that the Audit Committee had considered a paper on the local implications of IFRS at its meeting in December 2008. The new standards would apply to annual accounts from 2009/10, although the Department of Health [DH] had required Trusts to re-submit accounts for 2007/08 in a pilot exercise of the IFRS rules during December 2008. Although official DH guidance was not yet available, the following effects on the Trust were expected, and the Communications Team was preparing for negative publicity:

- an adverse impact on the Trust's planned surplus, against a modest cash gain
- reduced capital charges
- an improved financial risk rating because IFRS impacted positively on EBITDA.
- movement of PFI schemes, refurbishment projects and impairments on new buildings on to balance sheets, with penalties attaching to improving buildings
- transfer of the impairment change to the I and E account
- annual accrual of unclaimed annual leave
- changes to the revaluation reserve
- a positive impact on EBITDA.

Resolved

- **To approve the report.**

6 **Performance Improvement and Cost Reduction Programmes - and financial outlook**

Mr Hurst gave a presentation on the performance and cost reduction programmes for 2008/09 and 2009/10. The cost improvement programme [CIP] was well-established, and the savings achieved were largely recurrent. Divisions had been challenged both to devise CIPs, and to prepare detailed Directorate project plans for each scheme. The Board would be given progress reports every two weeks, and Ms Langridge would be involved to obtain assurance for Non-Executive Directors.

Mr Hurst added that, for budget setting, directorates had been sent activity assumptions, so that expenditure budgets could be aligned with the activity that directorates had to deliver. Price changes would need to be separated from activity changes.

Mr Campbell Davis commented that it would be helpful to achieve the greatest savings during the first part of the financial year.

Resolved

- **To approve the report.**

7. **Infection control**

Dr Morris reported the following:

Methicillin-Resistant Staphylococcus Aureus [MRSA] – Dr Derrick Crook [Consultant in Infection Control], Ms Lily O’Connor [Infection Control Nurse] and he had reviewed the result for MRSA for the end of December 2008. They had discussed bacteraemia sources, focusing on a clinical strategy for contaminants. The twelve-year trend for all cases of staph. aureus infections had flattened, and the Trust remained below the national threshold for the incidence of bacteraemia of 50% the level in 2003/04.

Clostridium Difficile [C. Diff] – By December 2008, there had been 22 cases of C. Diff, below the upper limit of 37 cases.

Death certification – The Trust handled each death where MRSA or clostridium difficile figured on Part I of the death certificate as a serious untoward incident, but none in December had required further action to be taken. He would re-circulate the guidance on death certification.

Resolved

- **To approve the report.**

8. **Academic Health Sciences Centre [AHSC]**

Professor Buchan described the background and benefits of AHSC status. He distributed draft copies of Part I of the application, on which he invited comments by Monday 12 January, to facilitate formal submission to the Department of Health by Friday 16 January 2009.

Mr Stevens set out the project management arrangements, which aimed to integrate the AFT [Academic Foundation Trust]/AHSC project management arrangements. Relevant working groups were being established, and the Programme Management Board had met earlier in the day. The work was divided among seven workstreams, including processes for the four business planning pilots, organisational development, business processes, AFT/AHSC financial modelling, and drafting the AHSC application. Participating organisations would take part in project management process according to their involvement in any given governance issue. The Nuffield Orthopaedic Centre would be a pilot centre for

the collaborative programmes, but Oxfordshire and Buckinghamshire Mental Health Trust would remain outside the core. The Board of Directors would have to consider appropriate interim Board arrangements if the Trust and its partners achieved AHSC status. Guidance on the Health Innovation and Education Cluster [HIEC] would not be issued before February. A combined meeting and dinner for stakeholders would be organised in early-February.

Mr Rigby requested consideration of timing and handling issues. The Chairman thanked those involved for their enthusiasm and hard work.

Resolved

- **To approve the report.**
- **To circulate the revised project timetable to Committee members.**

AS

9. **Safeguarding Children: Implications of the 'Baby P' Case**

Ms Chapman and Mrs Strachan-Hall gave the presentation. Following national publicity about 'Baby P', the Trust had received at least five requests for details of its systems for safeguarding children. The Oxfordshire Safeguarding Children Board comprised relevant statutory and other organisations, including the Trust, and *inter alia* considered their interfaces. It published an annual report. In December 2008, 411 children had been reported as being of concern, of which 42 cases had been validated.

Mr Rigby asked whether a Non-Executive Director should champion safeguarding children on the Board.

Resolved

- **To approve the presentation and report.**
- **To consider at a future meeting of the Board of Directors the assurance that the Board required in relation to the Trust's role in safeguarding children.**

FC

10. **Any other business**

None.

11. **Date of next meeting**

Friday 6 February at 2.00pm in the Board Room of the John Radcliffe Hospital.