

Trust Board

BD2009.1

Minutes of the Trust Board meeting held in public on Thursday 20 November 2008, at 10 am in the Training Room at the Horton Hospital, Banbury.

Present:	Sir William Stubbs	In the Chair
	Dame Fiona Caldicott	Non-executive Director
	Mr Trevor Campbell Davis	Chief Executive
	Ms Sue Donaldson	Director of HR & Organisation Development
	Mr Chris Hurst	Director of Finance & Procurement
	Ms Caroline Langridge	Non-executive Director
	Dr James Morris	Medical Director
	Dr Colin Reeves	Non-executive Director
	Mr Brian Rigby	Non-executive Director
	Mr Andrew Stevens	Director of Planning & Information
	Mrs Elaine Strachan-Hall	Director of Nursing & Clinical Leadership
	Professor Adrian Towse	Non-executive Director

Attending:	Ms Gill Walton	Head of Midwifery
	Ms Lynn Short	Matron, Horton Hospital
	Mrs Jenny Kitovitz	Acting Board Secretary

Apologies:	Professor Alastair Buchan	Non-executive Director
	Dr Henry Reece	Board Associate

Action

Declarations of Interest

None.

TB 76/08 Minutes of the meeting held in public on 18 September 2008

These were approved as a true record.

Matters arising

A post-meeting note would be produced around the need to release fixed costs as capacity reduced.

CH

A report on theatre strategy would be brought in the New Year as part of the business planning cycle.

The North Oxfordshire Needs Assessment should be available by the end of the month.

World Class Oxfordshire

Ms Catherine Mountford, Director of Planning & System Reform, and Dr Jonathan McWilliam, Director of Public Health gave a presentation on "World Class Oxfordshire", Oxfordshire PCT's 5-year Strategy to 2013.

TB 77/08 Chief Executive's Report

The Chief Executive referred to his report (TB2008.77) and highlighted:

- That the broader economic climate would make the ability to sustain patient safety particularly challenging and the Trust will need to match risk to known income streams. While finances are broadly on track, activity levels will need to be kept down. Next year is likely to be even more difficult and finance has risen to the top of the agenda.
- His thanks to all staff as the Trust scored "excellent" for the quality of clinical care in the Healthcare Commission's Annual Health Check.
- That the Queen would open the West Wing and Children's Hospital this coming week.
- That further developments in the work on the Academic Foundation Trust/Academic Health Science Centre would be brought to Trust Board.

TB 78/08 Business Planning 2009/10 – strategic framework

Mr Stevens explained that the purpose of the paper (TB2008.78) was to agree a strategic framework for the development of the Trust's business plan for 2009/10. The annual operating framework is normally released in October, but has been delayed. The framework is based on the ORH strategic objectives and is informed by the PCT Strategy and the Darzi Review.

Dr Reeves praised the strategic framework, but requested an intermediate view while it was developing. Mr Stevens noted that directorates would report back in early January.

PROMS would be considered under customer-focused patient care and the job description would need to encompass wider quality responsibilities associated with the recommendations of the Darzi Report.

Ms Langridge asked about neurosciences. Mr Stevens replied that while neurosciences had a strategic plan, the aim was to show next year's priorities, with particular focus on cancer and cardiac.

The Board would receive the final Trust Business Plan in March 2009. The paper links in with all other business planning including the FT application. The long term financial model (LTFM) is being used for generation of budgets and offers to

AS

commissioners. Ms Donaldson would work with Mr Stevens on workforce issues.

The Board signed off the Business planning strategic framework for 2009/10.

TB 79/08 Staff Safety Strategy Framework

ESH explained that the paper (TB2008.79) complemented the Patient Safety Strategy. Key areas of work are: reducing needle-stick injury; dermatitis and latex sensitivity; stress; increased awareness of safety management; and development and review of safety policies and procedures. The Board was asked to endorse the framework; Board members' participation in safety walkabouts; approve the performance improvement plan and receive annual updates on progress.

Professor Towse enquired about the origin of the targets. Mrs Strachan-Hall advised that an 8% reduction was an old NHS target which was well understood externally. The others are local targets the Trust should work towards. This should increase reporting and reduce incidents, and an Annual Report would be brought back.

Trust Board members would receive a list of safety walkabout dates for the year.

ESH

The Board approved the framework.

TB 80/08 Financial performance - September 2008 (Month 6)

Mr Hurst stated that he had continued to develop the report (TB2008.80) and would use Section A - At a glance - to navigate through it.

In respect of the current trading position, the in-month and year-to-date positions are both green. Although a larger in-month variance had been expected with the Cancer Centre delay, the Trust made a surplus of £0.7m in September which was £200k favourable to plan. The £6.3m cumulative surplus for the first six months will reduce with the Cancer Centre opening and a significant reduction in activity. In a bid to retain flexibility, some premium cost capacity has been left in. Where in-year cost pressures are concerned, the pay award was £3m more than the figure used in planning and energy costs have not reduced. This is a lean time for recruitment with the Cancer Centre opening delay and some cost pressure resulting from this. There is some cost improvement programme slippage. Clinical value for money programme - new staff are

coming on induction.

Where the forecast is concerned, the Board agreed to reduce the planned surplus to £2.3m because of the altered outlook. While there are risks in reducing costs, the report shows actions being taken to control finances.

£7.3m of cost improvement has been delivered in the year to date. Cost avoidance projects are faring better than planned, and productivity work streams have been going well, but there is less progress on the value for money work streams. Division B incurs all theatre costs and Division C incurs all lab services costs, although income does not come directly to these services.

At the end of the half year, 40% of the planned capital expenditure for the year as a whole had been spent.

Cash is becoming very tight. Payment for the additional work has been deferred which is causing cash pressures. The Trust has a risk rating of 3.

Where the year to date position is concerned, the Trust is just below plan at 7% out of 7.8%. In the first four months the Trust had carried out 6.7% more work for the PCT.

The Trust has a growth strategy for the workforce, but the level of clinical work has not abated.

The report features the long-term financial model (LTFM) for the first time. The Trust had a model which reflected a tight financial year in 2009, but would like the financial risk rating to have become a four.

Mr Rigby enquired how solid the £2.3m surplus figure was. Mr Hurst replied that the main issue is with Oxfordshire PCT. Whilst there have been positive and constructive discussions with the PCT, the big issue is the sustainable future. As negotiations have yet to be concluded there is still significant risk.

Mr Hurst noted that there would be more confidence about delivering the £2.3m if the Trust was paid for the extra work carried out. There is a delay between the time patients see their GPs and come for sessions/treatment. Catherine Mountford confirmed that GP referrals had reduced since July.

The Trust is bringing out waits - £3.7m. For the Trust will need to see about the impact for inpatients. Less serious care will be held back. A plan for reducing theatre lists by 2,500 will kick in from November/December onwards, and the Trust will need to

decide how to reduce capacity.

Ms Langridge reported that she had met the previous day with Andrew Murphy, Director of Performance Improvement, who had secured another £4m of savings and thought he could bring things back on track. Next year the Trust may need to save £45m and might consequently need to carry out radical changes. The Chief Executive added that Directorate and Executive teams had had a meeting to discuss next year. The residual gap was circa £2.3m. Next year will have to be a large figure and there is a significant level of uncertainty.

Other teaching hospitals are experiencing similar problems around the tariff. Mr Hurst continued that, where next year is concerned, there was growing concern through the health economy that the goal set by Monitor will be impossible for aspiring FTs to achieve. Oxfordshire has not enjoyed the same stability as some health economies and the situation looks difficult. However, the direction of travel remains the right one. Service line management will change the balance of where decisions are made within the organisation and will become more critical.

It was agreed that a session would be dedicated to thinking about the future. SLM will not be the only change the Trust needs to implement. It will need to decide how to play activity too.

The Chief Executive invited Non-executives to join the next week's Strategic Executive Board meeting in advance of a dedicated session for Trust Board. Dr Reeves enquired if the activity performed was consistent with the SLA. Mr Hurst confirmed that it was since this year's SLA represented lower activity in real terms. The level of patients seen has exceeded the plan. This represents £7.9m for Oxfordshire. Reduced from £20m to £10m. The PCT wishes activity to reduce to plan. The Trust will need to get activity to its planned level by year end. Mr Stevens added that the Trust has not been paid for overperformance, and the PCT has implemented an activity management plan because activity is over the agreed SLA level. It is hoped that agreement might be achieved next week.

Mr Hurst confirmed that Cancer Centre income assumptions are minimal for the current year.

The Chairman concluded that the report's new format was very helpful.

TB 81/08 Service Performance - September 2008 (Month 6)

Mr Stevens explained the increase in red areas on the charts was due to the need to adhere to the PCT's activity management plan. A number of the key waiting times targets are red because waits are being pushed out. To address the red indicator for patients being seen within 48-hours, the GUM service is altering opening hours and adding drop-in clinics.

The Cancer Centre opening will free up theatres for emergency care which will help to address emergency access issues. Performance has improved against the #NOF indicator. The MRSA position has returned to within profile. Patient falls are being monitored.

The Trust did not meet the target in-month for productivity improvement, which was impacted by the activity management plan. There is a system-wide project on delayed discharges. The missing notes indicator relates to problems with coding within the West Wing, and an audit report will feed back on specific issues.

Workforce performance is largely in line with previous months'.

The Chairman thanked Mr Stevens for the paper.

TB 82/08 Foundation Trust - outcome of consultation

Mr Stevens reported that the consultation period concluded on 19 September, and a comprehensive report would be brought in January. Overall, the majority of responses were supportive. The Trust was exploring with the PCT how to improve strategic alignment and clinical engagement, and issues with the University of Oxford were being resolved.

A number of bodies in the north of the county wished to understand how the bid to become an Academic Health Science Centre would affect the Horton Hospital. There was also concern about the distribution of membership. The suggestion that Oxford City was overrepresented would be reviewed.

Trust Board noted the contents of the paper.

TB 83/08 Foundation Trust - update on progress

Mr Stevens stated that three sets of issues were being addressed: the application to become an Academic Health Science Centre; the PCT's concerns around affordability and strategic and clinical engagement; and the action plan arising from the Historical Due Diligence exercise (which had been

incorporated into a combined action plan, embracing action plans arising from other strands of work such as the Auditors' Local Evaluation.)

Ms Langridge enquired about support. Mr Stevens replied that Julia Clarke was developing an integrated project plan to incorporate the AHSC, FT and other related work-strands. In response to a request for early information, the Chief Executive outlined the project resource that had been mobilised. Mr Hurst added that finance had an appropriate dedicated resource too.

The Board noted the paper.

TB 84/08 Trust Key Risks

Mrs Strachan-Hall reported that this assurance paper showed updated risks after discussion with Executive leads since July's Trust Board meeting. The top two risks were patient safety and sustainability of clinical services at the Horton Hospital. While the number of and type of risks has not changed, there is greater focus on financial issues, e.g. RR3, the PCT's financial pressures are ours too. Financial risk associated with tariff changes will be a key concern for next year.

Ms Langridge requested a general statement of plans and timetable for the Horton. Mr Stevens replied that the PCT and Trust had released a joint press release and GP bulletin, which would be circulated to Board members.

Professor Towse suggested it might be helpful to show after-scores too. Mrs Strachan-Hall confirmed it would be easy to do, and that the changes from last time would be added.

The Chairman thanked Mrs Strachan-Hall for the paper.

TB 85/08 Annual Health Check

Mrs Strachan-Hall explained that the detail on how indicators would be measured was still largely unclear. It was noted that the Healthcare Commission will be replaced by the Care Quality Commission from 1 April, and that Mr Hurst is leading a programme on improving ALE performance. Referring to the 07/08 Health Check, there was much to be pleased about. The Trust's performance was found to be excellent for quality of clinical services.

The Board acknowledged its appreciation of the contribution of all staff towards achievement of the score.

TB 86/08 HCC - Cardiac follow up report October 2008

Mrs Strachan-Hall stated that the full report had been included and showed significant progress in all areas. The Chief Executive said it was pleasing to note the progress of the Cardiac directorate, particularly the contributions of Mr Ratnatunga, Belinda Boulton and some other members of the department. This is the final Healthcare Commission report, and the Strategic Health Authority would now be responsible for monitoring and signing off the action plan. Mrs Strachan-Hall added that the next round of cardiac results would be brought to the Board. The Chief Executive confirmed that the Trust would continue to treat high risk patients.

TB 87/08 Infection prevention and control Annual Report 2007/08

Dr Morris stated that Management of HCAI - MRSA and C.diff and the Hygiene Code were foremost amongst the Trust's Key Risks, but that MRSA screening should be included also. Notification of a Hygiene Code inspection at sometime between 1 January and 31 March 2009 has been received.

The paper contains historical information. All aspects have been discussed extensively and should be self-explanatory. Dr Morris added that the substantial strides, which had been made during the year, were reflected in this year's C.diff profile. While reduced instances of MRSA last year reflected the hard work of Lily O'Connor, Ali Clarke and other members of Infection Control, there was less of an improvement than for C.diff. Meanwhile, much effective work was done by the full clinical teams on the wards.

The Chairman thanked Dr Morris for the paper.

TB 88/08 Matrons and Improving Cleanliness and Infection Control

Mrs Strachan-Hall noted that the report showed how matrons contribute to cleanliness and reducing HCAs. Cleanliness has improved. Matron Lyn Short agreed that the Matrons' reports are particularly positive and documentation is improving too. The Horton has its own in-house cleaning service whose members are part of a team.

Mrs Strachan-Hall added that Executive Board had received a deep cleaning plan as part of a five-year programme. The Trust will continue its plan for theatres and examine the best way to deal with other areas.

TB 89/08 Screening of elective patients for MRSA colonisation

Dr Morris advised that all elective and emergency patients would need to be screened as soon as practicable after 1 April 2009, and an implementation plan was included with the paper (TB2008.89). Alterations to laboratories, which will also need increased staffing levels to cope with circa 70,000 extra tests a year, should be complete by the beginning of February. Screening will also involve significant nursing time.

Comprehensive guidance has been received. The Trust will need to report the number of tests and patients it admits.

Members of the Department of Health and Prime Minister's Delivery Unit visited the Trust recently to check on preparations. Dr Morris said he was confident that screening could be introduced on time, and most easily in Banbury.

Professor Towse enquired about possible patient benefits. Dr Morris responded that, screening for emergencies would have been introduced first if there had been a choice. Most patients in acute medicine are emergency admissions and there is a significant debate around the value for money of a process of this size. However, the Trust has to comply, the initiative could help engender patient confidence and until fairly recently everyone was screened. Mr Stevens added that much work had been done on infection control for the BRC. It was noted that a significant research link will be beneficial, but GP screening would introduce more complexity.

Mr Hurst advised that the screening had been budgeted for, but that there would be associated opportunity costs.

TB 90/08 Maternity Performance Dashboard

Ms Gill Walton noted that one of the Kings Fund recommendations was that Trust Boards should have regular sight of a maternity dashboard to help identify safety issues. The current dashboard is still in its pilot phase and may change further over time. She had only reported on August and September, which experienced a high birth rate and low staffing levels, but the same level of demand was not expected over the next three to four months and staffing levels are now green. The Trust is able to deal with circa 9,000 births per annum.

The recent maternal death was an unpredictable catastrophic event, but the subsequent SUI investigation confirmed that staffing levels were adequate.

Young mothers have a dedicated midwife, and much is being done to assist them with parenting. More information about

breast feeding was requested for next time.

In response to a query about a possible rise in birth rates, Ms Walton replied that a 3% increase was anticipated and birth rates did not tend to fall during recession.

The labour ward currently receives 45 hours of consultant cover. There are two issues. The workforce plan proposes an increase in consultants, but there is an issue of cross-cover. There is not necessarily enough work for 15 consultants in obstetrics. The JR has mainly dedicated obstetrician and gynaecologists, but the Horton does not.

CL enquired if a similar report could be brought on NICU.

The Chairman thanked Ms Walton for the report.

TB 91/08 Board Committee minutes

Audit Committee meeting of 9 October - Dr Reeves explained that there was concern at the number of high priority recommendations so leads were being invited to explain themselves at December's meeting. There had been discussion with CEAC how to increase its effectiveness and the need for a new mid-point category to enable better sensitivity and fine-tuning. Alex Barnes had given a useful presentation on private patients. Next year was likely to see much financial pressure, and faster closure would be required. It was confirmed that CEAC reports would address the Historic Due Diligence.

Trust Board received the minutes.

Governance Committee meeting of 26 September - Professor Towse noted the issues were set out before the minutes. While there had been a number of good reports, the Committee should receive more exception reporting. TCD suggested this might be something with which Eileen Walsh could help.

The minutes were received.

TB 92/08 Annual Audit Letter

Mr Hurst commended the Letter and its recommendations. He noted that it differentiated between financial reporting and value for money, which reduced from a 3 to a 2. Its recommendation of developing service line reporting to the Board would be something on which to focus.

The Board received the Annual Audit Letter.

TB 93/08 Charitable Funds Annual Report 2007/08

Mr Hurst noted that the report described how some of the more than £6.5m of generated income was spent.

Ms Langridge added that Charitable Funds was a very valuable resource which had given a significant number of grants this year and established a Hospital Innovation Fund. While trustees are currently husbanding resources after the recent crash, Charitable Funds remains a valuable source of funding. The Horton Hospital has raised £220k out of £300k for the Brodey Centre.

TB 94/08 Consultant appointments, sealings and publications report

The consultant appointments and sealings were confirmed. However, a new format would be devised to improve clarity.

Any other business

Sir William Stubbs - The Chairman expressed his appreciation of the efforts of all staff on the three sites during his time with the Trust, paying particular tribute to senior colleagues.

Dame Fiona Caldicott expressed thanks on behalf of the Board for Sir William Stubbs' significant contribution to the Trust during his five years as Chair, and acknowledged the difficulties of running a public organisation within Oxfordshire.

Date of next meeting

Thursday 29 January at 10 am in the Stable Block Committee Rooms at the John Radcliffe Hospital.