

Report from the Public Meeting of the Board of Directors on Thursday 29 January 2009

Adult Cardiothoracic Surgery: Healthcare Commission Review

The Board received a report on the Healthcare Commission's review of the Trust's adult cardiothoracic surgery review. It is being sent to the SHA, with a recommendation that its Board of Directors now signs off the action plan at its own meeting in March 2009.

Adult Cardiothoracic Surgery: Local Outcomes

As a companion report to the above, Mr Rana Sayeed (Consultant Cardiothoracic Surgeon) presented a directorate report covering the routine monitoring of mortality, survival, and predicted mortality, based on data from 2007/08. High risk patients have been reviewed, and the level of mortality has often been lower than predicted. The unit attracts a stable proportion of high-risk patients. A reduced Euroscore would not be meaningful, as 2001/02 scores are not comparable with the current Euroscore. Confidence limits can be narrowed by review of individual procedures.

The Governance Committee has also considered this report. Notwithstanding the anticipated national benchmarking data, and the subsequent prospect of revised Euroscores, the unit appears to be monitoring itself effectively.

Board Assurance Framework

The Board approved the revised Board assurance framework, for immediate reference.

Capital Programme 2008/09 and 2009/10

The Board considered the capital programme.

There are changes to the Capital Programmes for 2008/09 and 2009/10. The Trust usually invests capital of approximately £40,000,000 each year, but in 2009/10 that sum will be reduced to approximately £20,000,000. This reduction means that capital charges of up to £3,000,000 will be avoided. The estimated value of the second tranche of schemes for 2008/09 is £6,400,000, and an over-commitment of £160,000 will be met from an agreed contingency sum of £250,000. Capital charges will remain broadly as estimated at the start of the financial year.

The new capital regime integrates capital and revenue expenditure. Capital proposals are subject to business planning and investment strategies, underpinned by considerations of eg backlog maintenance and statutory requirements.

Chief Executive's Report

Mr Trevor Campbell Davis (Chief Executive) reported on the following issues, that had arisen since the last meeting:

- From his recent meeting with Dr Bill Moyes (Chairman of Monitor), it was clear that the wider problems of the world economy were already placing financial pressures on the NHS. Given that these would impact inevitably on staffing levels, it would be necessary to couple clinical excellence to economic sense. Such pressures would affect the Trust's medium- and long-term plans, particularly given its need to demonstrate to Monitor an ability to retain a cash surplus.
- The formal opening by HM The Queen of the West Wing at the John Radcliffe Hospital had been a successful and popular event.
- Plans to transfer services to the new Cancer Centre at the Churchill Hospital in late March 2009 had reached an advanced stage.
- Clinical services, and particularly emergency facilities, had been under considerable pressure in recent weeks. Staff both in the Trust and in related agencies had maintained services in exemplary fashion.
- From both statistical and narrative sources, it was clear that the Trust was managing complaints effectively, and learning from them.
- Part I of the application to become an Academic Health Sciences Centre had been submitted. Part II would require a practical demonstration of joint working with NHS and other partners.

Financial Performance: December 2008

The Board received the monthly finance report.

Of planned capital expenditure, 57% had been committed. The cash position in December was satisfactory. The Trust will achieve its planned year-end surplus for 2008/09.

Savings will be recorded as planned for each quarter year of 2009/10, so that the budget sets out exactly when they are expected.

Healthcare Commission: Annual Health Check

The Board received a report on the Healthcare Commission's Annual Health Check.

National work is being carried out on indicators, but it is not always clear until the year has ended how these will be assessed.

Matrons and Improving Cleanliness and Infection Control

The Board received a Matrons' Report on improving cleanliness and infection control.

MRSA (Methicillin-Resistant Staphylococcus Aureus) Colonisation: Screening Elective Patients

The Board received a report on MRSA patient screening.

Patient screening is now part of the national performance indicators. Ms L O'Connor, Infection Control Manager, has undertaken much of the preparatory work to ensure that the Trust can introduce pre-admission screening for MRSA by 31 March 2009. The laboratories will be appropriately equipped, and electronic reporting will be installed in due course, but nursing support has still to be organised.

Operational Performance: November 2008 (Month 8)

The Board received the monthly report on operational performance.

The Trust is currently on target to remain below the maximum permitted incidence of MRSA, and is well below the maximum for Clostridium Difficile.

Patient Safety Strategy of South Central Strategic Health Authority (SHA)

The Board gave its support to the SHA's patient safety strategy.

The Trust is fully committed to patient safety. It already undertakes many of the workstreams that the SHA strategy identifies, in addition to some of its own *eg* in maternity services. Initially, there will be leadership interventions in four clinical areas.

Perinatal Unit Development

The Board authorised the use of funds, allocated to the redevelopment of the perinatal unit in the capital budget for 2008/09, to support the development of an outline business case for consideration at the Board meeting on Thursday 25 June 2009.

Robotic Surgery

The Board approved the case made by Professor Freddie Hamdy (Nuffield Professor of Surgery) and Ms Moira Logie (Director of Operations, Division A) for the development of robotic surgery.

This will be a collaborative venture between the Trust and the University. Internationally, robotic surgery is displacing 'keyhole' techniques for a wide range of surgical procedures for both men and women. At present, the United Kingdom has fewer robotic centres than continental Europe and the United States, where the proportion of *eg* prostate surgery undertaken robotically has risen from 10% to 80% in five years. In-house trials will be established if external arrangements cannot be made.

Although the project will be effectively cost-neutral, it will seek a contribution of £200,000 from charitable funds, and should be an attractive vehicle for voluntary fund-raising.

Standing Orders and Standing Financial Instructions The Board approved revised Standing Orders and Standing Financial Instructions.

The Audit Committee had endorsed both documents, and there will be a further opportunity to review them when the Trust is authorised as an Academic Foundation Trust.

Trust Key Risks

The Board approved the schedule of key risks for immediate reference. The likelihood and/or the impact of some risks had been reduced, or would be reduced, by *eg* the planned opening of the Cancer Centre.

Vice-Chairman: Appointment

Dame Fiona Caldicott (Chairman) proposed that there would be value for the Board and the Trust in appointing one of the Non-Executive Directors as Vice-Chairman. After discussion, Professor Adrian Towse was appointed to this post.