

Board of Directors

BD2009.22

Minutes of the meeting held in public on Thursday 29 January 2009 at 10.00 am in the Stable Block Committee Rooms 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
	Ms Caroline Langridge	CL	Non-Executive Director
	Dr James Morris	JM	Medical Director
	Dr Henry Reece	HR	Board Associate
	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	AT	Non-Executive Director
Attending	Dr Eleri Adams	EA	Clinical Lead, Neonatal Unit
	Professor Freddie Hamdy	FH	Nuffield Professor of Surgery
	Mr Ian Humphries	IH	Director of Estates and Facilities
	Ms Jane Kilbey	JK	Matron, Haematology
	Ms Moira Logie	ML	Director of Operations, Division A
	Ms Amanda Middleton	AMi	Director of Operations, Division C
	Mr Jerry Park	JCP	Board Secretary
	Ms Helen Peggs	HP	Director of Communications
	Mr Rana Sayeed	RS	Consultant Cardiothoracic Surgeon
	Dr Anne Thomson	AT	Directorate Chair, Children's and Genetics Services
	Mrs Megan Turmezei	MT	Assistant Director of Governance

Apologies No apologies for absence were received.

Action

Declarations of interest

No member of the Board disclosed, or had disclosed since the last meeting, any interest deriving from the business of the Trust, or from the agenda of the present meeting.

BD 09/1 Minutes of the last meeting

After discussion, it was

Resolved

- To sign the draft minutes as an accurate record of the meeting of the Board of Directors held on Thursday 20 November 2008.

BD 09/2 Matters Arising from Previous Minutes

After discussion, it was

Resolved

- To approve the schedule of outstanding actions, subject to noting under TB 76/08 that the requirement to release costs had been built into the formal process that had been taken forward with each Directorate in September and November 2008; and under TB42 & 42a that the terms of reference for the Commercial Committee had been redrafted.

JCP

BD 09/3 Appointment of Vice-Chairman

The Chairman proposed that there would be value for the Board and the Trust in appointing a Vice-Chairman. After discussion, it was

Resolved

- To appoint Professor Towse as Vice-Chairman for the duration of his appointment as a Non-Executive Director, or until the appointment had to be referred to the Council of Members under the constitution of an Academic Foundation Trust.

BD 09/4 Chief Executive's Report

Mr Campbell Davis presented his report for the period since the last meeting. He drew attention to the following:

- 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 (AHSC) had been submitted. Part II would require a practical demonstration of joint working with NHS and other partners.

Responding to Ms Langridge's enquiry, Professor Buchan and Mr Campbell Davis explained that the AHSC application should not become a public document until the outcome of the competitive bid was known. Responding to Ms Langridge's further enquiry, Mr Campbell Davis shared her satisfaction with Professor Willett's appointment as National Clinical Director for Trauma Care, as well as her concern that this would remove him from the Trust for part of every week. However, the Trust attracted persons of professional distinction, who were inevitably in demand by other agencies. Though regrettable in one sense, this practice allowed the Trust to learn about and influence the wider professional world. Responding to Ms Langridge's final enquiry, Mrs Strachan-Hall acknowledged growing public dissatisfaction nationally with mixed-gender wards, and agreed to present an annual progress report on the issue to the Board, and an interim report to an early meeting of the Board.

Resolved

- **To receive the report.**
- **To consider an interim report on mixed-gender wards at a meeting of the Board of Directors by 31 March 2009.**

ESH

Strategy

BD 09/5 Robotic Surgery

Professor Hamdy and Ms Logie made the presentation. The project was a collaborative venture between the Trust and the University. Internationally, robotic surgery was displacing 'keyhole' techniques for a wide range of surgical procedures for both men and women. At present, the United Kingdom had fewer robotic centres than continental Europe and the United States, where the proportion of *eg* prostate surgery undertaken

robotically had risen from 10% to 80% in five years. There was an opportunity in Oxford to develop a popular and influential facility. Approval was sought to develop this cost-neutral service.

Responding to enquiries from Dr Reece and Mr Rigby, Professor Hamdy explained that by leasing the equipment, the project would be cost-neutral for two years, and capital charges would be avoided. Although the project would seek a contribution of £200,000 from charitable funds, it would also provide an attractive vehicle for voluntary fund-raising. In addition, the Trust could charge commissioners an above-tariff fee of £1,500 for each procedure carried out robotically. If that were taken into account, the project would remain cost-neutral after two years. Moreover, the proposed technology would be third-generation, and he shared Dr Reeves' view that, by leasing equipment, the Trust could regularly update its technology.

Responding to Ms Langridge's enquiry, Professor Hamdy explained that although £200,000 would be needed in two years' time from charitable funds, confirmation was needed now that it would be available at that stage. Ms Langridge advised him to submit an early request for funding to the Charitable Funds Committee.

Professor Towse said that clinical evaluation of the project would be essential in itself, and in securing the support of Oxfordshire PCT (OPCT). Professor Hamdy agreed, and explained that in-house trials would be established if external arrangements could not be made. Ms Langridge suggested that the British Research Council might be willing to fund the clinical evaluation.

A member of the public questioned whether the supplier's commercial offer was satisfactory, given the internal list prices that such companies maintained.

Resolved

- **To approve the acquisition of a robotic surgical system in accordance with the paper submitted.** FH, ML
- **To submit an early request for related funding to the Charitable Funds Committee.** FH, ML

BD 09/6 South Central Strategic Health Authority (SHA) Patient Safety Strategy

Mrs Strachan-Hall presented the report. The Trust was fully committed to patient safety. It was already undertaking many of the workstreams that the SHA strategy identified, in addition to some of its own *eg* in maternity services. Initially, there would be

leadership interventions in four clinical areas. Professor Towse added that the Governance Committee had considered the strategy, and had supported it.

Mrs Strachan-Hall explained that the SHA also sought £100,000 from each Trust in 2009/10 to support the strategy. Ms Langridge suggested that, given existing cost pressures, it was critical to know whether this contribution would be for the SHA's own purposes, or for redistribution to the Trust for related projects. Mrs Strachan-Hall stated that in 2008/09 the Trust had already subscribed £10,000, of which £9,000 had been returned for local projects.

The Chairman referred to the programme of safety 'walk arounds' that Mrs Strachan-Hall had organised, and suggested that they might be used to reinforce some of the concepts of the strategy. Mr Rigby proposed that the strategy should be communicated to staff, but that some of the wording deployed by the SHA should be modified. Dr Reeves asked about the Trust's comparable position against hospital standard mortality rates and other matrices. Mrs Strachan-Hall explained that the Governance Committee had considered the HSMR, which demonstrated *inter alia* that the Trust performed above average overall.

Resolved

- **To confirm the Trust's support for the SHA's patient safety strategy.**
- **To approve an allocation of £100,000 to the SHA to support the strategy.**

ESH

CH, ESH

BD 09/7 Capital Programme 2008/09 and 2009/10

Mr Hurst presented the report. There were changes to the Capital Programmes for 2008/09 and 2009/10. The Trust usually invested capital of approximately £40,000,000 each year, but in 2009/10 that sum would be reduced to approximately £20,000,000. This reduction would mean that capital charges of up to £3,000,000 would be avoided. The estimated value of the second tranche of schemes for 2008/09 was £6,400,000, and an over-commitment of £160,000 would be met from an agreed contingency sum of £250,000. Capital charges would remain broadly as estimated at the start of the financial year. Mr Humphries added that the rate of expenditure had been reduced on some projects, eg parts of the cardiac scheme, to save capital in-year.

Responding to Professor Towse's enquiry, Mr Stevens explained that the new capital regime integrated capital and revenue expenditure. Capital proposals were subject to business planning and investment strategies, underpinned by considerations of *eg* backlog maintenance and statutory requirements.

Responding to Mr Rigby's enquiry, Mr Hurst explained that the Board would have sight of the revised capital programme for 2008/09, and would be asked at its meeting in March 2009 to approve expenditure of £20,000,000 for the 2009/10 capital programme, following a presentation to the Finance and Performance Committee at its meeting on Friday 6 February 2009.

Ms Langridge suggested that the Board should have the opportunity to approve the revised capital programme for 2008/09. Dr Reeves acknowledged that the Board would approve the 2009/10 programme, but said that the Board should understand which schemes had slipped, and why. Mr Hurst explained that the Board had approved the original programme, but that composition of the second tranche depended on in-year financial outcomes. The Executive Board had considered all the proposals for the second tranche, and each had been supported by a business case.

Dr Reece asked whether, given the difficult economic context of 2009/10, capital expenditure of even £20,000,000 was too high, and proposed a review of the business cases for the year.

Resolved

- **To have sight of the revised capital programme for 2008/09 at the meeting of the Finance and Performance Committee on Friday 6 February 2009.**

BD 09/8 Perinatal Unit Development

Ms Middleton presented the paper. The perinatal unit had only recently been acknowledged as a specialist service across a wider geographical area, and Oxfordshire was the only area of England without a dedicated unit. If the Board approved this recommendation today, the related outline business case would be available for consideration at the Board meeting on Thursday 25 June 2009.

Speaking as Director of Infection Prevention and Control, Dr Morris supported this development because the existing premises were environmentally unsuitable. Ms Langridge agreed that the premises were unsatisfactory, but given the cost of the scheme she questioned whether the facility would be needed if the number of multiple births continued to fall. In any case, it

was unlikely that the project would be carried out before 2010/11.

Mr Stevens pointed out that, although the *status quo* appeared not to be an option, the Board was being asked only to approve the development of a strategic business case, without further commitment at this stage. When it finally considered a full business case, it would have the benefit of the Estates Strategy that it was due to consider at the Board meeting on Thursday 26 March 2009. However, he stressed the need to establish affordability with commissioners.

Mr Rigby suggested that there was a danger of using essentially short-term commissioners' income for an essentially long-term capital development. However, Mr Stevens pointed out that income already funded capital charges.

Dr Reeves suggested that the Board should support the proposal in principle at present, and agree the development of an outline case only when it could do so in the context of the Estates Strategy. Dr Reece agreed that the Board should not consider capital projects piecemeal outside a broader context.

Resolved

- **To authorise the use of funds, allocated to the redevelopment of the neonatal unit in the capital budget for 2008/09, to support the development of the strategic outline case.**
- **To approve the establishment of a project board to oversee the development.**
- **To approve a related campaign of fund raising.**
- **To approve an approach to the SHA.**

AMi

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Performance

BD 09/9 Financial Performance: December 2008

Mr Hurst presented the report. The current assessed risk of achieving success was acceptable to Monitor. Of planned capital expenditure, 57% had been committed. The cash position in December was satisfactory. Responding to Mr Rigby's enquiry, he confirmed that the Trust would achieve its planned year-end surplus.

Responding to Mr Rigby's further enquiry, Mr Hurst explained that forecast expenses were included in the Cancer Centre, but that it was not possible to 'slip' on commissioning the development.

Responding to Dr Reece's enquiry, Mr Hurst agreed to capture savings planned for 2009/10 for each quarter year, so that the budget would set out exactly when savings were expected. Ms Donaldson added that vacancy controls were already in existence, and that the Executive Board had agreed further robust arrangements for reviewing vacancies and relocating staff.

Responding to Ms Langridge's enquiry, Mr Hurst explained that care provided for OPCT, but not paid for, was likely to cost the Trust approximately £6,000,000. Clearly, the Trust's surplus would be higher if it did not provide this unremunerated care.

Resolved

- To receive the report.
- To record the savings planned during 2009/10 for each quarter year.

CH

BD 09/10 Operational Performance: November 2008 (Month 8)

Mr Stevens presented the report. The Trust was currently on target to remain below the maximum permitted incidence of MRSA, and was well below the maximum for Clostridium Difficile.

Resolved

- To receive the report.

BD 09/11 Matrons and Improving Cleanliness and Infection Control

Mrs Strachan-Hall presented the report, assisted by Ms Kilbey.

A member of the public referred to his family's satisfactory experiences of the standard of care and cleanliness at the Churchill Hospital.

Resolved

- To receive the report.

Regulatory

BD 09/12 Standing Orders (SO) and Standing Financial Instructions (SFI)

Mr Campbell Davis presented the report. The Audit Committee had endorsed the revised SO and SFI, and there would be a further opportunity to review both documents when the Trust was authorised as an Academic Foundation Trust.

The following points were noted for revision at that stage:

- Clarity about the monitoring of capital expenditure.
- Clarity about the monitoring of non-pay expenditure.

- Clarity about the function of Non-Executive Directors in the early scrutiny of strategic issues.
- Transfer of responsibility for Executive management of the payroll function from the Director of Finance and Procurement to the Director of Human Resources and Organisational Development.
- Clarity about Executive management of Freedom of Information functions to be shared between the Director of Nursing and Clinical Leadership, and the Director of Planning and Information.
- Clarity about the role of the Strategic Partnership Board.

Ms Langridge suggested that the Board should have a Strategy Committee. Mr Hurst pointed out that strategy was the prime function of the Board itself; and Mr Campbell Davis added that other Board Committees, including Remuneration and Appointments, already had a strategic dimension.

Resolved

- **To approve the revised SOs and SFIs for immediate use.** All
- **To include the suggestions for clarification in the SO and SFI to be prepared for the AFT.** JCP

BD 09/13 Board Assurance Framework (BAF)

Mrs Strachan-Hall presented the review of the framework.

Ms Langridge asked why there were no red-rated risks. Mrs Strachan-Hall referred her to the paper on Key Risks, that was the next agenda item.

Resolved

- **To approve the revised BAF for immediate use.** All
- **To ask the Governance Committee to review the BAF again before 31 March 2009.** JCP, AT

BD 09/14 Trust Key Risks

Mrs Strachan-Hall presented the report. 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.

Resolved

- **To approve the schedule of key risks for immediate use.** All

BD 09/15 Healthcare Commission (HCC): Annual Health Check

Mrs Strachan-Hall presented the report. Work was being carried

out on indicators, but it was not always clear until the year had ended how these would be assessed.

Responding to Ms Langridge's enquiry, Mrs Strachan-Hall explained that the work in progress on stroke care (page 8) had included the designation of additional beds for stroke care. Professor Buchan added that successful stroke care also depended on support from other units.

Resolved

- **To receive the report.**

BD 09/16 Healthcare Commission: Adult Cardiothoracic Surgery Review

Mrs Strachan-Hall presented the report. After discussion, it was

Resolved

- **To receive the report, noting the actions taken in support of completing each of the thirteen recommendations.**
- **To forward the report to the SHA, recommending that its Board of Directors signs off the action plan at its meeting in March 2009.**

ESH

BD 09/17 Cardiac Outcomes

Mr Sayeed presented the report. The results dealt with mortality, survival and predicted mortality, based on data from 2007/08. High risk patients had been reviewed, and the level of mortality had often been lower than predicted. There was no likelihood of adverse comment by *Dr Foster*. Responding to Ms Langridge's enquiry, he added that the unit attracted a stable proportion of high-risk patients.

Professor Towse explained that the Governance Committee had considered this report, and shared Mr Sayeed's conclusions. Notwithstanding the anticipated national benchmarking data, and the subsequent prospect of revised Euroscores, the unit appeared to be safe, and to be monitoring itself effectively.

Responding to Mrs Strachan-Hall's enquiry, Mr Sayeed said that a reduced Euroscore would not be meaningful as 2001/02 scores were not comparable with the current Euroscore. Confidence limits could be narrowed by review of individual procedures. Mrs Strachan-Hall recommended that the Board should continue to scrutinise this performance for two more years.

Resolved

- **To receive the report.**
- **To ask the Governance Committee to continue to review**

cardiac outcomes for two more years.

JCP, AT

- To record the Board's congratulations to Mr Sayeed and his colleagues on satisfactory performance in cardiothoracic surgery.

JM

BD 09/18 Screening Elective Patients for Methicillin-Resistant Staphylococcus Aureus (MRSA) Colonisation

Dr Morris presented the report. Ms L O'Connor, Infection Control Manager, had undertaken much of the preparatory work that would ensure that the Trust could introduce pre-admission screening for MRSA by 31 March 2009. The laboratories would be appropriately equipped, and electronic reporting would be installed in due course, but nursing support had still to be organised.

Mr Stevens added that this requirement now formed part of the performance indicators.

Resolved

- To receive the report.

BD 09/19 Consultant Appointments

Mr Campbell Davis presented the report. After discussion, it was

Resolved

- To receive the report.

BD 09/20 Signings and Sealings

Mr Campbell Davis presented the report. At the next meeting of the Board, a report would be considered of the substantial number of documents signed and sealed in respect of the Cancer Centre project at the Churchill Hospital.

Resolved

- To receive the report.

BD 09/21 Minutes of Board Committees

Professor Towse presented the minutes of the meeting of the Governance Committee of Tuesday 23 December 2008; and the Chairman presented the minutes of the meeting of the Finance and Performance Committee of Friday 9 January 2009. After discussion, it was

Resolved

- To receive both sets of minutes.

Any Other Business

There was none.

Next Meeting

The next public meeting will take place at 10.00 am on Thursday 26 March 2009.

The Board considered a motion that representatives of the press and other members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest; and it was

Resolved

- **To carry the motion.**

Signed

Chairman

Date