

**Board of Directors (BD)**

**BD2009.67**

Minutes of the meeting held in public at 10.00 am on Thursday, 16 July 2009, in the Training Room at the Horton General Hospital in Banbury.

<b>Present</b>	Dame Fiona Caldicott DBE	FC	Chairman <i>in the Chair</i>
	Professor Alastair Buchan	AB	Non-executive Director
	Mr Alasdair Cameron	AC	Non-executive Director
	Mr Chris Hurst	CH	Director of Finance and Procurement
	Ms Caroline Langridge	CL	Non-executive Director
	Mr Andrew McLaughlin	AMc	Chief Operating Officer
	Dr James Morris	JM	Medical Director
	Dr Colin Reeves CBE	CR	Vice Chairman
	Mr Brian Rigby CBE	BR	Non-executive Director
	Mr Geoff Salt	GS	Non-executive Director
	Mr Andrew Stevens	AS	Director of Planning and Information
	Mrs Elaine Strachan-Hall	ESH	Director of Nursing and Clinical Leadership

<b>Attending</b>	Ms Susan Brown	SB	Senior Communications Manager
	Ms Hannah Dyson	HD	Office Manager, Finance Directorate
	Ms Rainy Faisey	RF	Deputy Director of Human Resources
	Mr Simon Lazarus	SL	Deputy Director of Finance
	Mr Jerry Park	JCP	Board Secretary

<b>Apologies</b>	Mr Trevor Campbell Davis	TCD	Chief Executive
	Ms Sue Donaldson	SD	Director of Human Resources and Organisational Development
	Dr Henry Reece	HR	Board Associate
	Professor Adrian Towse	AT	Board Associate

**Action**

Opening the meeting, the Chairman welcomed those present, including one member of the public.

**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.

**BD09/52 Minutes of the previous meeting**

After discussion, it was

**Resolved**

- **To sign the minutes as an accurate record of the public meeting of the Board of Directors held on Thursday 21 May**

2009, subject to noting that in BD09/44: Trust Risk Register the risk described in 023 derived from tensions in the Trust between the specific need to balance budgetary control with patient safety, that reflected those reported by the Healthcare Commission at Mid Staffordshire NHS Foundation Trust.

**BD09/53 Matters arising from previous minutes**

After discussion, it was

**Resolved**

- To approve the schedule of outstanding actions, subject to noting that in TB 42 and 42a: Foundation Application: Governance Structure the Commercial Committee would refer agreed issues to the Board; in BD09/38: Children's Services at the Horton General Hospital all four middle-grade posts had been filled; in BD09/47: Briefing on action identified to improve patient safety following the unexpected death of a child during surgery the meeting on Monday, 20 July 2009 would be for scoping purposes; and that Mrs Strachan-Hall would circulate details to Directors of the membership, and arrangements to recruit an independent surgeon to the group; and in BD09/46: Care Quality Commission: Declarations of Compliance with the Standards for Better Health in 2008/09 and 2009/10 LiNKs had participants, not members, although its stewardship committee had members.

**BD09/54 Chairman's remarks**

The Chairman recommended the appointment of Mr Cameron to membership of the Board's Audit Committee, and of Mr Salt to membership of its Governance Committee.

**Resolved**

- To approve the appointment of Mr Cameron to membership of the Board's Audit Committee, and of Mr Salt to membership of its Governance Committee.

**BD09/55 Chief Executive's Report**

In Mr Campbell Davis' absence, Mr Hurst presented the report. The Trust continued to face a challenging financial position.

Following the appointment of Mr Jim Easton as NHS National Director for Improvement and Efficiency, a range of strong candidates had applied for his existing post as Chief Executive of South Central Strategic Health Authority (the SHA). Professor

Buchan commented that it would be helpful for associated universities and NHS trusts to take part in the selection process in some way.

**Resolved**

- **To receive the report.**

**BD09/56 Academic Foundation Trust (AFT) application and Oxford Academic Health Science Centre (AHSC) application**

Mr Stevens presented the paper. The Implementation Steering Group (ISG) had met, and agreed that:

- The AHSC application needed additional support from the SHA. Accordingly, Dame Fiona had contacted Mr Easton, who had given further spoken assurances of support.
- The AHSC reapplication should be based on a looser confederate organisation than that described in the original application. The meeting had engaged Eversheds LLP to set out by Friday 17 July 2009 the legal options, and their relative merits and demerits, against a specification with which it had been provided.
- The function of the ISG at this stage was to establish whether the partners still wanted to take part in an AHSC. Accordingly, a tripartite working group led by Sir John Bell, Regius Professor of Medicine, and also comprising Mr Easton and Ms Andrea Young, Chief Executive of Oxfordshire Primary Care Trust (the PCT), supported by Mr Stevens, had been established to oversee the detailed reapplication.

The Strategic Partnership Board of the Trust and the University of Oxford had met on Thursday 2 July 2009, and agreed to:

- propose in writing to Dr Geoffrey Harris, Chairman of the SHA, that the job specification for the appointment of Mr Easton's successor should include a reference to the AHSC reapplication.
- convene a meeting of the tripartite working group by Friday 24 July 2009.
- informally discuss the reapplication process in general terms with Lord Darzi.
- submit a paper for consideration at the next meeting of the Strategic Partnership Board proposing extensions to the Board's membership.

**Resolved**

- **To approve the report.**

**BD09/57 Quality Strategy**

Mrs Strachan-Hall presented the strategy. She invited comments on the proposed areas for focus during 2009/10; and asked whether any issue had been omitted. Stroke Care had been included as a service where improvement was possible. Accident and Emergency services might be added to the patient's experience. Each directorate would be asked to compile a plan to improve safety outcomes and the patient's experience.

Ms Langridge suggested that neurosciences should be included, following comments made by the patient who had attended the last public Board meeting; and Mrs Strachan-Hall agreed to report on the outcomes of the investigation that had followed the patient's intervention.

The Chairman agreed that the Board agenda needed to connect more explicitly with clinical issues, and proposed that presentations should be made on topics 8.1 and 8.5. She had recently visited two areas in the Trust, and found them revealing; and she urged other Directors to undertake such visits.

Responding to Mr Cameron's enquiry, Mrs Strachan-Hall acknowledged that the Board should understand why some topics were included, and others excluded. The proposed topics were those in which the Trust needed to make most progress, as a result of weaknesses identified by (for example) the Patient Survey. She had asked each specialty to identify quantifiable measures. Mr Salt agreed that the Trust must focus on measurable action. Responding to his further enquiry, Mrs Strachan-Hall explained that the noise level at night would be measured incrementally in successive patient surveys. Mr Stevens pointed out that the Trust currently measured over one hundred quality indicators. Professor Buchan added that the inclusion of stroke care, cardiac care and fractured necks of femur demonstrated an inevitable bias towards measurable topics. Dr Reeves questioned whether the Trust had the capacity to manage all of the proposed topics; and suggested that a rolling programme should be developed for successive years. Mrs Strachan-Hall explained that the Trust was already working on most of the issues listed. However, she would arrange a Board workshop to consider a quality strategy for a period of three to five years.

Mr Salt welcomed the statement in paragraph 5 that quality of service could often be improved by a change of focus and

attitude, and an understanding of how simple improvements could deliver benefits to patients and their families.

**Resolved**

- To approve the Quality Strategy
- To arrange presentations to the Board on topics 8.1 and 8.5.
- To arrange a Board workshop to consider a quality strategy for a period of three to five years.

ESH

ESH

**BD09/58 Same Sex Accommodation**

Mrs Strachan-Hall presented the report. The improvements works were nearing completion, and progress had been general in this area. The Trust's Estates work had been moved from two-to four-weekly external monitoring, although the Board had still to determine its own reporting frequency.

Responding to Mr Salt's enquiry, Mrs Strachan-Hall explained that the Trust did not yet have an action plan to achieve 100% compliance, as it had not (for example) considered the separate provision of intensive care units for male and female patients.

Ms Langridge suggested that the Board should be advised of current compliance with the full requirements since their initiation, and given a clear indication of those areas where work remained. Responding to Ms Langridge's further enquiry on the progress made towards replacing the current model of patients' gown, Mrs Strachan-Hall explained that she was still trying to review this issue with Sunlight, the Trust's linen services contractor, through Mr Ian Humphries, Director of Estates and Facilities. Responding to the Chairman's suggestion, she agreed to reiterate that that the Board wished this matter to be resolved. She would add a specific progress report to her future reports to the Board.

Mr McLaughlin said that some of the national guidance did not make full sense, and was likely to be changed.

Dr Reeves referred to the constraints of existing buildings, and reported that the Audit Committee had considered a related audit during 2008.

**Resolved**

- To approve the report.

**BD09/59 Infection Control Work Programme 2009/10**

Dr Morris presented the work programme. Its inclusion on the agenda formed part of the Trust's "ward to Board"

communications. The attitudes and engagement of staff had proved as important as action plans in making progress towards (for example) achieving a reduction of 75% in the incidence of MRSA over the preceding three to four years. Many items in the programme had become routine, such as the formal enquiries that followed the reporting of untoward occurrences. Paragraph 10.2 demonstrated engagement with the wider health economy. Although the programme did not at present include antimicrobial stewardship, the Infection Control Committee had now agreed a related work plan that he would add to the programme with the Board's approval. Mrs Strachan-Hall added that the Trust needed to develop related local standards alongside the national requirements.

Responding to Professor Buchan's enquiry, Dr Morris explained that it was not yet possible to report infection rates to the Board by ward, and improvements were needed in recording elements such as wound infections. However, the Trust measured process and outcome, and areas with poor records were known.

The Chairman emphasised that Directors individually and the Board collectively carried significant responsibilities for managing the prevention and control of infection. To meet these, full support and clear priorities were needed.

Responding to Mr Cameron's enquiry, Dr Morris confirmed that the Infection Control Team would not lose its sense of direction in such an extensive programme. It had particular priorities, such as reducing the incidence of lines-related infections, but he was confident that the full programme could be moved forward simultaneously. Responding to Mr Cameron's further enquiry, he added that the description "good" that had been applied to some standards was generally backed by explicit measures (for example, in line care management).

Ms Langridge asked whether the Trust measured hand hygiene by the public and appropriate staff, and whether simple principles of hygiene needed more effective communication. Responding to Ms Langridge's further enquiry, Dr Morris explained that the hospitals triaged self-referring patients who presented with swine 'flu on arrival, and referred them back to their general practitioners unless admission was required. He and Mrs Strachan-Hall would consider possible changes to these arrangements, although he could not readily foresee any improvements to the process. Professor Buchan commented that some hospitals elsewhere had introduced more elaborate arrangements.

**Resolved**

- To approve the Infection Control work programme for 2009/10.
- To consider possible changes to the triaging arrangements, for swine flu. JM, ESH

**Performance**

**BD09/60 Financial performance**

Mr Hurst introduced the agenda, and Mr Lazarus gave the related presentation.

Although the Trust's financial position was serious, there were signs of movement back towards plan. In Month 3, the Trust was off-plan by £3.5m, which yielded a total deficit of £6m when added to the lost surplus planned at £2.5m. Although detailed activity data was not yet available for Month 3, referrals from primary care in Oxfordshire appeared to be approximately 8% greater than those planned. In part, this explained why pay costs were greater than planned, although it did not explain the fall in non-pay costs. Responding to Professor Buchan's enquiry, Mr Lazarus said that the Finance Team was still examining why non-pay costs had fallen, but Mr Hurst pointed out that some savings derived less from reduced consumption than from more effective procurement.

The Chairman asked how the inflated referral rate was being addressed with the PCT. Mr McLaughlin explained that the Trust was hemmed in by the requirement to treat patients within specified time limits once they had been referred. The clinical collaboration attempted between primary and secondary care in 2008 had been reinstated, although there was little evidence of inappropriate referrals from primary care. Mr Hurst added that the Executive Teams of the Trust and of the PCT were due to jointly consider referral levels. Mr Stevens described the range of issues that required urgent consideration: micro-issues, such as actions agreed from the recent 'speed-dating' exercises, should be implemented; macro-issues, such as a 'referral holiday', should be finalised; and the risk-sharing arrangements in the service level agreements should be re-negotiated. Ms Langridge suggested that the Trust should address these issues with GPs, as well as with the PCT.

Professor Buchan asked whether local investment in primary care was at the expense of secondary and tertiary care. Mr McLaughlin said that benchmarking demonstrated that this was

not so, and that local investment in primary care was at an appropriate level. However, Dr Morris questioned whether the funding of nine community hospitals affected the volume of income available to the Trust. Mr McLaughlin noted that the Trust's own costs were not helped by operating services on three sites.

Dr Reeves said the problems described were common in London hospitals, and suggested that the SHA should assist resolution of the local issue. Mr Lazarus pointed out that the SHA had calculated that, within its own boundaries, additional secondary care was being provided above plan to a value of £13m. Of that total, the Trust's additional provision to the PCT accounted for £10m.

Dr Reeves emphasised that achievement of the cost improvement programme (CIP) remained essential to financial recovery. essential.

**Resolved**

- **To approve the report.**
- **To establish the position of the SHA in resolving the funding issues between the Trust and the PCT.**

CH

**BD09/61 Operational performance: May 2009 (Month 2)**

Mr McLaughlin presented the activity report, in its revised format. The services that it included were central to the Trust's reputation and to the quality of care that it provided. He hoped to extend the number of green-rated issues, and to reduce the number of red-rated, and drew attention to the following issues:

- There had been poor performance in Accident and Emergency. As this was a well-resourced, well-designed facility, the issues concerned processes. Although further action was needed with primary care and social services, since early June 2009 it had focused on related pathways, and 99% of care had been delivered within four hours.
- Performance on cancelled operations had been falling since May 2009. Late finishes had been ended to reduce costs, with some consequent problems, and more flexibility was needed.
- Performance on cancer was significantly below target. Activity was now measured differently, and new national standards were expected.
- Data recording for delayed transfers of care had been changed.
- Performance in the 18-weeks target, which had previously

been very good, had emerging problems: the Trust's inability to outperform national standards, which would have yielded a one-off gain, and the need to develop data quality to ensure full accuracy.

Ms Langridge asked whether a patient's refusal of early cancer treatment could be referred back to her/his GP. Mr McLaughlin explained that the two-week referral route was not a good means of identifying cancers; and that such patients were sometimes unaware that they were cancer referrals. Mr Cameron suggested that these instances should be recorded for each general practice, to identify areas of weak referral. Mr McLaughlin pointed out that the locum and trainee GPs generally made the least satisfactory referrals. Ms Langridge suggested that the Executive Directors should raise this issue at their meeting with the Executive Team of the PCT.

Ms Faisey presented the workforce report. The Human Resources Team was still analysing the data to explain why pay expenditure was increasing. Ms Langridge asked why the consultant vacancy in adult congenital abnormality had not yet been approved. Ms Faisey agreed on the desirability of filling appropriate consultant posts promptly, but suggested that it was also necessary to ensure that such appointments would still be needed in the middle-term. Mr McLaughlin pointed out that the Trust did not charge for that particular service, and the Chairman asked him to resolve this issue with Ms Langridge outside the meeting.

Mr Salt said that, at its meeting on Thursday 9 July, the Audit Committee had been told that the process for approving vacancies was unnecessarily bureaucratic; and Dr Reeves suggested that full responsibility for pay budgets should be delegated to directorates. Mr McLaughlin agreed that necessary vacancies should be approved, but adequate margins should also be established to support investment in any development. The Chairman said that a balance was needed, and while she supported the practice of detailed local involvement and accountability, a form of parallel overview was also needed.

#### **Resolved**

- **To approve the report.**
- **To resolve the issue of approval of the consultant vacancy in adult congenital abnormality.** SD, CL, JM
- **To raise at the meeting with the Executive Team of the PCT the perception that locum and trainee GPs generally made the least satisfactory referrals.** CH

**BD09/62 Board Assurance Framework**

Mrs Strachan-Hall presented the Framework. Paragraph 2 set out risks that were still rated red after mitigation, and she invited comments on those identified.

**Resolved**

- **To approve the Board Assurance Framework.**

**BD09/63 Trust Risk Register**

Mrs Strachan-Hall presented the Trust Risk Register, drawing attention to operational risks that appeared in the Board Assurance Framework as affecting the Trust's strategic objectives.

**Resolved**

- **To receive the current version of the Trust Risk Register.**

**BD09/64 Core Standards**

Mrs Strachan-Hall presented the report.

Responding to Ms Langridge's enquiry, Mrs Strachan-Hall said that the issue of medical staff appraisal had still to be resolved, but was unlikely to affect the Trust's rating on core standards.

Professor Buchan recommended that consultant appraisals should be completed by 30 November 2009.

**Resolved**

- **To approve the report.**

**Regulatory**

**BD09/65 Registration with Care Quality Commission**

Mrs Strachan-Hall presented the briefing that Mrs Megan Turmezei, Associate Director of Governance, had prepared.

The Chairman thanked Mrs Turmezei for her contribution to this agenda item.

**Resolved**

- **To approve the report.**

**BD09/66 Healthcare Commission Investigation of Mid Staffordshire NHS Foundation Trust: 'Could It Happen Here?'**

Mrs Strachan-Hall presented the report. It was a response to the question that Professor Towse had asked as Chair of the Governance Committee: could the issues identified in

Staffordshire occur in this Trust? Accordingly, the Care Quality Board had considered the question, and had identified some similarities that were being deliberated on in more detail. Some matters, such as mortality rates, were to be added to the Quality section in the monthly Performance report.

Mr Cameron said that the Board should be more explicit about its procedures for hearing bad news, and dealing with it. The Trust should open up internal and external communications, including 'whistle blowing' processes, so that the Board knew of deviations from agreed standards of care. Mr Hurst added that the Board should also draw local conclusions from national events and reports, and have its own agenda of issues. Ms Langridge suggested that the Board should be briefed on benchmarked comparisons of (for example) unexpected deaths; and Dr Morris said that the Board should be informed of systemic deterioration. The Chairman said that she would give further thought to the agenda that the Board should pursue, and she asked Ms Faisey to ask Ms Donaldson for recommendations regarding staff issues.

Ms Langridge emphasised the value of 'shadowing'. Dr Morris agreed, and recommended that it should be broadly-based across the Trust. Mrs Strachan-Hall reported that she worked clinically every Monday, and would willingly facilitate walk arounds with the Non-executive Directors.

**Resolved**

- **To approve the report.**
- **To give further thought to the agenda that the Board should pursue.**
- **To ask Ms Donaldson to recommend staff issues that should be reported to the Board.**

**SD**

**RF**

**BD09/67 Consultant appointments, and signing and sealing of documents**

Mr Park presented the report.

**Resolved**

- **To approve the report.**

**Reports from Board Committees**

**BD09/68 Report from the Audit Committee of Thursday 4 June 2009**

Dr Reeves presented the report. He had reported the recommendations of the meeting, and the significant financial achievements of the Trust during 2008/09, to the confidential

meeting of the Board of Directors on Friday 5 June 2009.

**Resolved**

- **To receive the report.**

**BD09/69 Finance and Performance Committee meeting of Friday 8 May and Friday 5 June 2009**

The Chairman presented the report.

**Resolved**

- **To receive the report.**

**Any other business**

There was none.

**Time, date and place of next meeting**

10.00am on Thursday 3 September 2009 in the Stable Block Committee Rooms at the John Radcliffe Hospital.

DRAFT