

Trust Board

Minutes of the Trust Board meeting held in public on Thursday 1 September 2011 at 10 am in the Postgraduate Centre, the John Radcliffe Hospital.

Present	Dame Fiona Caldicott	FC	Chairman
	Professor Edward Baker	TB	Medical Director
	Professor Sir John Bell	JB	Non-executive Director
	Mr Paul Brennan	PB	Director of Clinical Services
	Mr Alisdair Cameron	AC	Non-executive Director
	Ms Sue Donaldson	SD	Director of HR
	Mr Mark Mansfield	MM	Director of Finance and Procurement
	Professor David Mant OBE	DM	Associate Non-executive Director
	Sir Jonathan Michael	JM	Chief Executive
	Mr Geoff Salt	GS	Non-executive Director
	Mr Andrew Stevens	AS	Director of Planning and Information
	Mr Mark Trumper	MT	Director of Development and the Estates
	Mrs Anne Tutt	AT	Non-executive Director
	Mrs Elaine Strachan-Hall	ESH	Chief Nurse
	Ms Eileen Walsh	EW	Director of Assurance
	Mr Peter Ward	PW	Non-executive Director
	Mr Chris Goard	CG	Chair, NOC Trust Board
In attendance	Mrs Megan Turmezei	MET	Associate Director of Governance
	Professor Stuart Emslie		Observer

Declarations – there were no declarations.

The Chairman wish to recognise the retirement after many years dedicated service and assiduous support to staff in the Oxford Hospitals of **Mrs Debbie Pearman, RNC convener**. The Board wished her a very happy retirement.

The Chairman welcomed Professor Stuart Emslie as an observer.

TB 59/11 Minutes of the meeting held on 9 June 2011

The minutes of the meeting were approved and signed as a correct record.

TB 60/11 Matters arising from the Minutes**45/11 p 3 Cranio-facial team**

The Board noted that an invitation for the Board to meet the team in recognition of their work was being extended.

54/11 Major Incident Plan

The Board agreed that plans to manage ‘internal disasters’ should be in place. Mr Brennan confirmed that these were being actively developed.

TB 61/11 Chairman's Business

The Chairman congratulated Mr Salt on his appointment as a Trustee of the Nuffield Medical Trust. The Board welcomed this appointment to the Board of a significant medical charity.

TB 62/11 Chief Executive's report

The report was reviewed and the following highlights noted:

The Board recognised the successful renewal of the BRC as a major boost to and reflection of the developing partnership with the University and to the importance of translational clinical research in Oxford. All concerned in the preparation of the bid were to be congratulated. The additional resources allocated were significant being 50% above the previous award. The Board also noted the success of the Nuffield Orthopaedic Centre's BRU renewal bid and the additional funds for the BRC for the dementia proposal from Oxford Health and the Department of Psychiatry. Professor Baker commented that the challenge would now be to ensure that the renewed BRC and BRU delivered best value for patients and the organisation.

Sir Jonathan reported on the Joint Working Agreement and the Trademark License Agreement with the University of Oxford. The agreements would come into force on integration with the Nuffield Orthopaedic Centre. Sir Jonathan reported on the preferred name for the new organisation – the Oxford University Hospitals NHS Trust.

The Board noted the continuing work on options for the delivery of head and neck services. All stakeholders would be involved in the process which it was intended would be completed in the late Autumn and proposals would be brought back to the Board in due course but not before November.

The continued excellent performance of the ORH in completing patient safety alerts was commended. It was hoped that the work of the safety team might be recognised.

The timetable for the final proposals on the future of paediatric cardiac surgical services was not yet known. However, the process was currently the subject of a legal challenge by the Royal Brompton Hospital and hence the final outcome was likely to be delayed. The positive responses to the proposals put forward for collaborative work with Southampton University Hospital NHS were welcomed.

The Board noted the date for the Annual General Meeting and hoped that there would be a strong attendance from staff and the public. It was noted that the programme was being prepared and Mr Salt suggested that perhaps this occasion might provide the opportunity to recognise successes across the ORH. He thought it would be a good opportunity to engage with staff and the public.

TB 63/11 Quality Report

The Board reviewed the Quality Report and the following points were highlighted:

1. **HSMR** – the figures would be rebased in September and the recoding work done across the ORH earlier in the year should have an impact.

However, it should also be noted that this HSMR was a ratio and not an absolute measure of mortality and only one of a range of indicators. Professor Baker commented on the new ratio to be brought into use: the Standardised Hospital Mortality Index or SHMI. Work would continue to improve coding and the patient pathways.

2. **HAI** – strong performance continued although the targets for both MRSA and C Diff were challenging. It was noted that no targets or benchmark data were currently available for either MSSA or e.coli.
3. **Nurse staffing** – significant efforts were being put into the real time management and understanding of staffing levels across the clinical areas. Twice daily assessments were being undertaken at the Churchill and the John Radcliffe with staff being moved across services as required. The three sites’ operational bed management teams now working as a single entity.
4. **Inspections** – the visits continued and were now part of ‘business as usual’. Mrs Strachan-Hall commented that there had been some initial reticence by staff about the purpose and objectives of the visits/inspection but increasingly these were being regarded positively. The CQC follow-up visit report had been received and comments on its factual accuracy were to be returned later in September. A report on the inspection regime and its outcomes would be prepared for the Quality Committee in due course. ESH
5. **Patient experience and feedback** – Mr Cameron stated that he would wish to see more information on the steps being taken to ‘close down’ issues raised through patient feedback. It was noted that in many cases, the inspections provided the opportunity to tackle issues immediately but it was recognised that further work needed to be done to provide feedback on actions to the Board. Ms Walsh commented that outcome improvements and assurances on these outcomes would be built into reports for the future. Work continued on reviewing the information and data and on the development of appropriate reports that could mark and measure improvements over time. ESH/EW/EB
6. Mr Salt commented on the recent inspection visit that he had participated in. It had been a good visit and a positive experience. He commented that follow-up at Board and ward level was crucial and that staff did need to take ownership of and responsibility for areas and issues highlighted. This was agreed by members.

The Report was received.

TB 64/11 ORH NOC Integration

The Board noted the current position in relation to the planned merger. The CCP would be meeting on 5 September to consider its response and advice to the Secretary of State through the Department of Health’s Transactions Board which was

meeting on 22 September. Plans were being put in place in parallel to ensure that should a positive decision be reached during September, the integration could take place with effect from 1 November.

A Business Transfer Agreement was in place with the NOC and full integration plans were being developed. Appointments had been made to the Musculoskeletal and Rehabilitation Services Division and this was now operating in shadow form. Final arrangements were being agreed in relation to the integration of corporate services and the legacy document was in preparation to support handover to the new organisation.

Sir Jonathan reported that discussions had been held with the Department of Health and, in response to a question from Mrs Tutt, whilst there was a possibility that the integration might not go as planned, the Board was committed to the integration and he was confident that both the SHA and the Department of Health recognised the benefits of the proposals. The Executive team would be meeting the Department of Health before the Transactions Board meeting.

Mr Goard confirmed the NOC Board's commitment to the integration and it would be strongly supporting the realisation of the plans and the delivery of benefits.

The Board considered the document, noting the positive outcomes of the individual work streams and the level of support among key stakeholders for the proposed integration.

The Board resolved the following:

1. That the transaction may be completed having regard to all pertinent matters as identified through the Business Case and integration planning process.
2. That delegated authority be granted (if necessary) to the Chairman and the Chief Executive to sign off any relevant documentation associated with the transfer.

TB 65/11 Developing safe and sustainable acute services in South Central

The Board noted the paper produced by South Central and issued by the Bucks and Oxon PCT Cluster Chief Executive and welcomed its proposals. The ORH had specific interests in all three services referred to: vascular, stroke and trauma, and business cases were in development and included in the ORH Business Plan for the current year. The proposals were discussed and whilst the proposals meshed with the strategic objectives of the ORH in terms of service delivery and research and would be included within the clinical services strategy, the IBP and the LTFM, it would be essential for the financial and other resources to be put in place to ensure viability of the plans and resulting services.

All members of the Board were clear on this point; the ORH was not in a position to undertake additional work across the wider system without the appropriate commitment of resources from the commissioners.

The Board also noted the problems arising from PbR and the tariffs, and the negative impact on many of the major hospitals undertaking specialist and complex work of this nature. The Shelford Group, of which the ORH was a member, was currently reporting to the Department of Health and No 10 Downing Street on the problems in funding, supporting and developing the necessary specialist and complex services and how these might be addressed.

Mr Brennan confirmed that work was continuing in partnership with the surrounding hospitals who would be key partners in the future strategic development of these, and other, clinical services.

Mr Salt welcomed the report as an important step forward in the strategic planning of services but reiterated the point about the importance of proper resourcing. He also asked whether all clinical services would be reviewed in this way and whether the new cluster SHA for the South of England would impact on these plans.

Mr Stevens commented that whilst the patient flows within the SHA were reflected in the document, it did not take account of other patient flows into the ORH; e.g. from Northamptonshire and from Swindon. However, the new cluster should facilitate stronger working of networks benefitting the ORH.

Mr Cameron asked whether sufficient work was being done to support the development of the necessary infrastructure for such services and to manage the step cost increases that were likely to arise. Mr Stevens reported on the work being done on the plans for changes in radiology, and particularly interventional radiology, and the critical care services; two areas which would be key to the strategic development of a number of clinical services.

Professor Baker said this was a very positive way forward based on the drive to improve clinical outcomes for patients which should be embraced by the ORH working in partnership with its DGH partners. Strong links should be forged with the BRC translational research themes to support service delivery and improvements in outcomes. This was a significant opportunity for the ORH.

Professor Mant pointed out the strong evidence that outcomes were improved through speed of access to specialist services and that partnerships needed to be made across all aspects of services: patients, GPs, DGHs, specialist centres and ambulances. This would be particularly important in services such as trauma and Mr Brennan confirmed that agreements were now being developed with the DGHs and South Central Ambulance Service on the pathways.

The Board noted the proposals and **agreed** that the final response should be signed off by Sir Jonathan in order to meet the deadline of 30 September. Copies of the final response would be circulated to members.

JM/AS

TB 66/11 HR and workforce report to 30 June 2011

The Board received the quarterly HR and Workforce report noting the following points:

1. Pay budgets remained over plan by £6.3m at month 4 although agency spend had reduced somewhat in the month. (see also item 68/11) The MARS closing date had now passed and a report would be brought to the Board in due course on the process. The outcomes would be considered in the context of the quality, financial and workforce plans.
2. Operational performance continued to have an impact on the workforce particularly in relation to DTOCs and the maintenance of escalation capacity.
3. Sickness absence rates were noted. The NOC rates were marginally lower and work was being done to see if their practice and processes could be shared to improve the position. Mr Goard commented that the NOC had had a problem with sickness absence in recent years but had taken active steps to improve the position to its current level.
4. The Divisions were being encouraged to review and manage medical staff sickness. Additional work was being done within divisions, including Cardiac Thoracic and Vascular to look at the sickness absence rates.
5. The NOC and ORH HR departments were now working closely together.
6. The refresh of the Values work – part of the Delivering Compassionate Excellence programme – was now underway and workshops would be taking place across the Trust, and including the NOC, during September. Mr Salt commented that he hoped that the development of the values and the required behaviours would also feed into recruitment across the Trust.
7. The Q2 HR and workforce report would include an update on ‘raising concerns’.
8. With respect to the update on reward and benefits, the Board noted that work was being done on the reward packages as part of the links with staff engagement. This was welcomed.

The report was received.

TB 67/11 Operational performance report Month 4

The report was considered and Mr Brennan confirmed that he would provide a briefing on the new targets for the Board at its next meeting. The key targets (cancer, 18 weeks and 4 Hour) had all been achieved for Q1 as agreed with the SHA and performance continued above target for month 4. This was welcomed.

The DTOC (delayed transfers of care) remained the biggest challenge currently and 45% of bed days were now being taken up by 3% of the activity – patients staying more than 14 days. Discussions continued at Chief Executive level and a number of measures were being put in place, including the ORH supported discharge scheme due to come into place in Oxford City in October and in Banbury in December. A reduction of some 50% was being aimed for in order to improve the operational performance across all areas.

Mrs Tutt commented that it would be helpful to have some of the detail on measures being taken and schemes being put in place in the performance schedules, Mr Brennan agreed to follow this up. **PB**

Mr Cameron asked whether EPR (Electronic patient record) would support changes and Mr Brennan confirmed that process work was being done as part of the EPR project and he had been working with Mr Stevens and the EPR team on this to see what improvements could be made in advance of implementation, particularly of the future clinical elements of the software.

The Report was received.

TB 68/11 Financial performance Month 4

Mr Mansfield highlighted the key features of the report which indicated the financial impact of the increased workforce and activity and hence a smaller surplus than planned. Operational pressures had impacted on the planned delivery of the CIP at this stage although work was continuing on delivery of the CIPs across all areas and specifically on the workforce plans.

Discussions were continuing with commissioners on demand and activity management and the objective for the ORH was operational equilibrium to allow the sustainability of the organisation.

Discussion took place on some specific details of agency usage in critical areas and it was agreed that additional information on this, to support the data and to provide context, would be provided in future reports. Specific areas highlighted included theatres, cardiology, pharmacy, radiography and reasons for agency/locum use included national shortages in specific specialist areas including pharmacy and radiography. In addition, supporting information would also be provided on the delivery of CIPs in future reports. **MM**

Work was continuing on job plans and it was hoped that this would be completed by the end of September. Updates would be provided in future reports. **MM/EB**

The Board received the financial report for Month 4.

TB 69/11 CQC Action Plan

The Board **received** the two action plans now in place noting that the delivery of the actions was being monitored through the Trust Management Executive. Further information continued to be provided to the CQC.

TB 70/11 Consultant appointments and sealings

The appointments and signings and sealing were noted by the Board. The Board welcomed the inclusion of information on mentors, personal development plans and induction programmes in the consultant appointment reports.

TB71/11 Board Committee meeting minutes

The Board received the minutes of the Quality Committee held on 21 June 2011. Mr Salt observed that progress was being made in terms of developing the reports and

the areas for review and discussion. The September meeting would be focusing particularly on assurance mechanisms for the Committee and hence the Board.

TB 72/11 Any other business

Mr Cameron suggested that more might be done to ensure that all the positive aspects of the ORH's work were publicised and shared. Sir Jonathan stated that the communications strategy would be updated and reviewed following the merger, should this be approved, and this would provide the opportunity to take forward a number of aspects including work with the GP community, the University and the public and staff. Professor Bell commented on the approach taken by the University. It was noted that an update was to be prepared for the Board all aspects of service developments, and regular updates were provided to the Executive team on the proactive press and media work being done. Professor Baker commented that significant efforts were put into positive stories and work with the media. **AS**

Professor Mant commented on the recent success of the University's medical school.

TB 73/11 Date of the next meeting

The next meeting of the Board to be held in public will be on Thursday 3 November 2011 at 10 am.

The Board then considered and agreed the following 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 (Section 1(2) of the Public Bodies (Admissions to Meetings) Act 1960)"