

Trust Board

Minutes of the Trust Board meeting held in public on Thursday 1 November at 9am in the George Pickering Postgraduate Centre, The John Radcliffe Hospital.

Present:	Dame Fiona Caldicott	FC	Chairman
	Sir Jonathan Michael	JM	Chief Executive
	Professor Sir John Bell	JB	Non-Executive Director
	Mr Alisdair Cameron	AC	Non-Executive Director
	Mr Chris Goard	CG	Non-Executive Director
	Mr Geoffrey Salt	GS	Non-Executive Director
	Mrs Anne Tutt	AT	Non-Executive Director
	Professor David Mant OBE	DM	Associate Non-Executive Director
	Professor Edward Baker	EB	Medical Director
	Mr Paul Brennan	PB	Director of Clinical Services
	Mr Mark Mansfield	MM	Director of Finance & Procurement
	Ms Elaine Strachan-Hall	ESH	Chief Nurse
	Ms Sue Donaldson	SD	Director of Workforce
	Mr Andrew Stevens	AS	Director of Planning & Information
	Mr Mark Trumper	MT	Director of Development and the Estate
	Ms Eileen Walsh	EW	Director of Assurance
Apologies	Mr Peter Ward	PW	Non-Executive Director
In attendance:	Mr Adewale Kadiri		Deputy Head of Corporate Governance (minutes)

The Chairman welcomed Board members and members of the public and thanked members for agreeing to the earlier start.

TB99/12 Apologies and Declarations of Interest

Apologies had been received from Mr Ward. There were no declarations of interest.

TB100/12 Minutes of the meeting held on 6 September 2012

The minutes of the meeting were approved and signed as a correct record. There were no matters arising from the minutes.

TB101/12 Action log

The Chairman noted that all the actions on the log had been completed.

TB102/12 Chairman's Business

There was no Chairman's business

TB103/12 Chief Executive's Report

Sir Jonathan indicated that much of the content in the report was self-explanatory. He drew the Board's attention to the full review that had been announced by the Secretary of State into the Safe and Sustainable recommendations for the provision of paediatric cardiac surgery. He did not anticipate that this would lead to a significant alteration to the agreement that the Trust had entered into with University Hospital Southampton NHS Foundation Trust.

Mr Salt asked about the possible implications of the Acute Medicine Review for staff and patients. Professor Baker advised the Board of the changing nature of acute medicine with the number of emergency admissions increasing, putting pressure on to the system which had been recognised nationally. The Trust wanted to be in a position to integrate services across the medical specialties and improve access to specialist services. He advised that the intention was that medicine would also take ownership of some wards, leading to improved medical and nursing leadership which would be of particular benefit to longer stay patients. He acknowledged that this was an ambitious programme, but a necessary one. He also explained that this work was timely, ahead of the Royal College of Physicians' review, and indicated that it may require a reconfiguration of space. Sir Jonathan informed the Board that a detailed implementation plan would be brought to a future meeting.

Action (EB)

A detailed action plan regarding the acute medicine review is to be brought to a future Board meeting.

Mr Cameron commented that the Research Partnership Investment Fund was an exciting opportunity and asked what the Trust was required to do to get the most value from it. Sir Jonathan explained that there were two components – the first was linked to the Big Data initiative and related to the capability to analyse massive medical data sets with a view to helping to deliver improved medicines, better healthcare and economic growth from the UK's life sciences. The second related to earlier intervention in cancer with the use of novel drugs and treatments which held the promise of significant match funding from the private sector. He acknowledged that the proposal was still in the early stages of development with more detail about the project's deliverability and timescales being required. He emphasised that the Trust's clinical expertise was important to the project's feasibility and that Mr Trumper would be representing the Trust during these initial discussions with a report coming to the Board in due course.

Sir John stated that although this project was at an early stage, it presented the Trust with significant leverage and the potential to differentiate its cancer care delivery from that of other organisations. On the Big Data initiative, Sir John explained that there were a number of domains to this but that funding and skills required were already available, and that this work was very relevant to the Trust.

Sir Jonathan referred to the highly successful visit made to the Trust by Professor Sue Hill, the Chief Scientific Officer at the Department of Health. He made reference

to the complimentary letter that she had subsequently written to him and the fact that she was very impressed with the work of the Trust's healthcare scientists.

Dame Fiona congratulated Mrs Strachan-Hall on her appointment to the Board of the South Warwickshire Clinical Commissioning Group.

TB104/12 Monthly Quality Report

Professor Baker presented the first part of the report. In relation to the Medical Device Alerts, he informed the Board that as a result of staff shortages, a backlog of alerts had developed. He advised that additional staff had been appointed and the numbers were being reduced.

He stated that the Trust was making progress on CQUINs with only two red rated priorities – Child in a Chair and Oesophageal Doppler Monitoring. In relation to Child in a Chair, Professor Baker stated that whilst there had been delays in reaching agreement with the PCT, discussions had now moved forward. Oesophageal Doppler Monitoring was a national target but the SHA had not yet set up the relevant regional group.

Professor Baker advised that there had been a year on year fall in the number of untoward incidents recorded. He noted that the Datix system was now fully implemented and he expected this to lead to an increase in the number of untoward incidents reported. This is to be encouraged to support learning when things go wrong. 3 SIRIS had been reported in September and were being investigated.

On infection control, Professor Baker reported that the Trust was within its clostridium difficile threshold. There had been one case of MRSA in the year up to September with another in October. In relation to the recent cases of endophthalmitis, work was being done with the out patients department of the Eye Hospital to reduce the risk of further infections. He noted that one of the SIRIs reported in September related to a cardiac surgery infection. He described it as a complex case involving another hospital and primary care. As a result of the incident, he had asked the cardiac surgery team to provide him with their infection rates to compare with the best standards internationally.

Professor Baker informed the Board of the upgrade to one of the air handling units providing ventilation for two theatres at the John Radcliffe Hospital and noted that more work was to be done across the hospital to minimise risk.

Mrs Strachan-Hall presented the second part of the report. She advised the Board that 69 complaints had been received in September, which was in line with previous months. The Trust had reported for the first time on the percentage of patients who have received "harm free care" to enable completion of the NHS Patient Safety Thermometer. In September, the Trust achieved a "harm free" rate of 91.07%, which was a slight improvement on the previous month.

In respect to patient experience, Mrs Strachan-Hall stated that a business case was being prepared for the provision of a Trust-wide patient feedback system which would enable monitoring of the patient experience across the whole Trust and meet

the new national Family and Friends test requirement. She made reference to the fact that 97% of patients had stated that they would “recommend this hospital to others”, although some patients did have issues. Six executive walk rounds had been completed in September and the issue raised about call bells had been addressed.

Mrs Tutt noted that the CQUIN relating to delayed transfers of care (DTC) was of the largest financial value to the Trust and graded amber and asked how confident the Board should be that it would be achieved. Mr Brennan advised the Board that the number of delays had reduced from 170 to 111 with a target of 76 by the end of December. He explained that the CQUIN had been graded amber because of the requirement to achieve such a significant reduction.

The Board discussed the NHS Patient Safety Thermometer and the need to put the Trust’s “harm free” rate into a proper context. Mrs Strachan-Hall explained that Trusts are just beginning to publish their rates and advised the Board that the Trust was not an outlier. Benchmarked information would be included in the next Quality Report.

Action (ESH)

Information to show how the Trust is performing against others on the NHS Patient Safety Thermometer is to be included in the next Quality Report.

Mr Goard made reference to the ambition stated at the Quality Strategy implementation event, that the Trust aimed to be within the top 10% of Trusts in terms of mortality rates within 5 years and asked where the Trust currently was. Professor Baker explained that the Trust’s target was to reduce mortality levels year on year. The SHMI indicated a downward trend in the Trust’s mortality rate, and this level is now below the average across the NHS. However, he acknowledged that more work needs to be done to achieve further reductions..

Sir John Bell asked, in respect of CQUINs, why the Trust bore responsibility for delivering these when most were things that ought to be paid for by the PCT. Mr Mansfield advised that as part of the national contract, the Trust incurred the cost but did not receive payment if it did not deliver. He added that the list of innovations required under CQUIN would continue to grow.

Mr Cameron suggested that the Board should give consideration to reducing the 5% level of avoidable harm by 1%, and then a decision could be made as to whether this was an appropriate investment. This was a new initiative on which the Trust was not an outlier. Mrs Strachan-Hall reminded the Board that the Quality Strategy contained agreed targets for reducing harm and it was agreed that the Quality Committee would review the issue at its next meeting.

Action (ESH)

An analysis of the level of avoidable harm that is appropriate to the Trust to be conducted at the next meeting of the Quality Committee

Mr Salt advised that the Quality Committee was making good progress in respect of patient experience. Mr Brennan would report to the February meeting in relation to the one third of complaints relating to outpatient care which Mr Salt saw as a major step forward. He welcomed the fact that the Trust was prepared to invest in a Trust-wide patient feedback system and suggested that the recent Quality Strategy Implementation event showed that there was the desire amongst staff to put the patient experience at the top of the agenda alongside quality of care.

The Board resolved to **receive** the report and **note** its contents.

TB105/12 Foundation Trust Update including Outcome of Public Consultation and the Draft Constitution

Mr Stevens presented this paper. He indicated that the Trust was meeting all the milestones in the process and reminded the Board that the three external assurances – Quality Governance Framework, Board Governance Assurance Framework and Historical Due Diligence had confirmed that the Trust remained on course.

He noted that there had been some difficulty in scheduling the Board to Board meeting with the SHA, but that it would take place before Christmas enabling the Trust's Long Term Financial Model and Integrated Business Plan to be submitted to the Department of Health in January. Contact had been made with the Trust Development Agency's lead Director for the South of England who had commented positively about the Trust's application.

Mr Stevens outlined the scale and nature of the consultation and commented that it was a valuable experience both in relation to the FT application and the opportunity to receive wider feedback from patients, staff and others. Public meetings had been held across the county and key themes were as follows:

- There was significant goodwill towards the organisation which must be maintained.
- The Trust was one part of the local health economy and should develop integrated pathways of care and work more collaboratively with partner organisations including the County Council and the CCGs.
- More attention should be paid to local services to enable the Trust to have a robust set of core standards, for example in relation to providing information and dealing with correspondence etc.

During the course of the public consultation, a number of suggestions had been made in relation to the proposed governance arrangements:

- There were 3 layers of public membership – Oxfordshire residents, those from surrounding counties and the rest of England, with surrounding counties represented by 4 governors. Feedback received was that as Warwickshire and Northamptonshire look to the Trust for acute and specialist care, they should have 2 governors and the other counties (Gloucestershire, Wiltshire, Berkshire and Buckinghamshire) should share the remaining two. The Board accepted this recommendation

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- Each of the five Oxfordshire constituencies had been allocated two governors irrespective of size of population, but there had been a suggestion that the number of Governors should be varied to represent this. It was recommended that the present structure be retained as no consensus could be reached on a suitable alternative and the Board accepted this recommendation
 - It was agreed that staff employed by the Trust but seconded to its PFI providers under retention of employment arrangements would automatically be considered members of its staff constituency unless they chose to 'opt out', and that members of staff employed by the Trust's PFI partners and working on the Trust's sites would be allowed to join the staff constituency on an 'opt in' basis.
 - The split between clinical and non-clinical Staff Governors would be changed from 5:1 to 4:2, largely as a result of the addition of the staff seconded to the PFI providers. The Board accepted this recommendation
 - The Board agreed not to accept the suggestion for site specific Staff Governors
 - On the suggestion that the Oxfordshire Local Medical Committee (LMC) be invited to nominate a governor, the Board noted that the CCG was already represented, but acknowledged the importance of the Trust's relationship with local GPs as providers. The Board accepted the recommendation of an additional representative from the LMC.
 - It had been suggested that in view of the special relationship that the Trust has with the University of Oxford, an additional governor be appointed to represent that institution. However, the Board noted that there were other structures in place which cement that relationship and agreed that this was not necessary.
 - The Board discussed the suggestion that a governor be appointed specifically to represent the elderly population. It was thought that the membership and therefore the Council of Governors was likely to contain many older people which would outweigh the benefits in having a representative, for example from Age UK, who would speak specifically about care for the elderly. The Board agreed that once the Council was elected, it would invite one or more of the governors to represent elderly people and coordinate their voice.
 - The Board discussed the appropriateness of having a governor nominated by the Young People's Executive. The work that the Executive had done in making services more child friendly, championing privacy and obtaining the opinions of a hard to reach group of patients whose views are often overlooked was highlighted. The Board accepted the recommendation.

Sir Jonathan drew the Board's attention to the need to align paragraph 2.2 in Annexe 7 (Standing Orders for the Practice and Procedure of the Board of Directors) to paragraph 22.10 on page 8. The word "voting" had been left out in the Annexe. Ms Walsh drew attention to paragraph 8.7.2.2. and it was agreed that the word

“consultant” would be removed as the Trust does not issue honorary contracts to non-consultants. Mr Brennan enquired about the amendments on pages 6, 9, 13, 27, and suggested that these be specified.

An addendum to the paper was tabled containing some further amendments suggested by the Trust’s solicitors to bring the draft constitution in line with the relevant regulations. The Board agreed the amendments recommended by the solicitors.

The Board resolved to **agree** the recommendations set out in the paper and its addendum.

TB106/12 Emergency Planning Annual Report

This paper was presented by Mr Brennan. He advised the Board that the Trust was rated green for emergency planning. He stated that a desktop exercise had been carried out and lessons learned incorporated. The Trust’s Business Continuity Plans were audited 12 months ago and further training and development was required as part of the recommendations from that audit. He added that the winter plan had been updated and the Trust was now compliant with Department of Health requirements.

Mr Cameron enquired about the amount of live testing that would be done, on the basis that this enabled more learning. Mr Brennan explained that the desktop exercises had been conducted under the auspices of the HPA which represented a live situation. He stated that a full live exercise would be a major undertaking involving all partners and the ambulance service. There were dummy live exercises undertaken nationally in which the Trust’s staff participated and Sir Jonathan suggested that this be brought back to the Board in due course.

Action (PB)

Consideration to be given to conducting more live exercises to test emergency preparedness

Dame Fiona noted that some of the red ratings related to critical departments. Mr Goard made reference to the hurricane in New York and the fact that the reserve generator at one hospital had not worked. He suggested that in the past, the automatic switching system for the generator at the NOC did not work. Mr Trumper responded that there had been an engineering error at the NOC and the unit had been replaced. Testing took place once a month and more extensively once a year.

The Board resolved to **accept** and **endorse** the report.

TB107/12 Business Case for the relocation, refurbishment and re-commissioning of the Twin Theatre Complex at Nuffield Orthopaedic Centre

Mr Brennan presented this business case which had already been approved by the Strategic Planning Committee. The proposal was that two theatres retained after BMI had left were relocated adjacent to the existing 6 and brought back into use. There

would be a £2.3m capital cost for relocation and refurbishment of the plant and £500,000 equipment costs. This added capacity would enable the Trust to effectively meet existing demand, increase private patient work and allow for the transfer of capacity from the JR site in line with the wider Estates Strategy. He explained that the second theatre in the complex would be ready in early 2013/14.

During 2013, the implementation of the plan to decant from the 10 theatres in JR2 would commence to facilitate refurbishment. The programme provided for the moving of non-complex surgery to the NOC site and was part of the policy to have a range of work across all sites. The £2.8million cost of the project was in the agreed capital programme and the revenue cost was just over £3million a year, consisting of staffing and running costs. These costs would be off-set by re-provision of the "mobile" capacity and waiting list initiative activity.

Mrs Tutt enquired about the covenant change referred to in paragraph 5 which Mr Brennan stated was to enable the change of the ward from paediatric orthopaedic to orthopaedic.

There was a discussion as to how the project would be financed and it was noted that the impact on the Trust's income and expenditure position would be minimal this year with no advance revenue costs. In response to a question around the rate of return on investment Mr Mansfield advised that the focus had been on deriving long term non-financial benefits and that the rate of return had not yet been quantified.

TB108/12 Integrated Performance Report Month 6

Mr Brennan presented this report, the format of which had been slightly amended with a reduced divisional breakdown. He highlighted areas of good performance including staying above the 95% threshold on the A&E 4 hour wait target in spite of increased activity, and noted the support from other divisions. 18 week RTT had been maintained at Trust level, but performance was still below par in relation to neurosurgery, ENT and general surgery. The plan to achieve 90% had been fully implemented to deliver for October.

ON DTOC, Mr Brennan reported that the agreed system was being implemented. There had been a reduction to 111 delays across the local health economy but this had not translated to reductions for the Trust and enquiries were being made to understand why. In relation to screening and surgery on the 62 day cancer target, he reported that the September data had been uploaded and he expected the Trust to be rated green in October.

Mr Brennan reported that on Monitor's Compliance Framework the Trust had been rated red on the 4 hour standard. He explained that the Trust was green for Q2 but on the Monitor model, if 95% is not achieved in any month, it immediately turns red.

There was a discussion about data quality post the implementation of EPR. Mr Brennan assured the Board that significant improvements had been made with all the necessary steps being taken to deal with outstanding issues including outpatients. He confirmed that the commissioners were satisfied that there were no

EPR issues going forward and Sir Jonathan advised the Board of the contractual issues that were being addressed with the EPR suppliers at national level.

In response to a question about statutory and mandatory training, Ms Donaldson explained that the position had improved significantly, but that some staff were questioning the appropriateness of some of the specialist components. A question was raised as to whether it would be preferable to recruit staff on a permanent basis rather than relying on bank and agency staff and Ms Donaldson explained that it had been agreed to recruit to 85% of the establishment. She added that the situation was complex and that there were other factors to be considered.

The Board resolved to **note** the contents of the report.

TB109/12 Operational Performance Report Month 6

Mr Brennan presented this report which covered the Trust's performance against the key access targets, including 4 hour A&E waits and infection control. He added that VTE continues to improve slightly each month, while 62 day screening and 62 day surgery was on plan.

The Board resolved to **note** the contents of the report.

TB110/12 Financial Performance to 30 September 2012

Mr Mansfield presented this report. He advised that income and expenditure remained on plan but that there was little scope for deviation.

There was a discussion about whether the £9.6million NHSLA contribution could be reduced. The Board noted that there was a complicated formula used to calculate contributions. The national level of NHS litigation had been increasing and the Trust's risk profile was linked to that and not necessarily its own behaviour. It was agreed that the Finance and Performance Committee would review how these contributions were calculated.

Action (MM)

An analysis of how the NHSLA contributions are calculated is to be undertaken by the Finance and Performance Committee

The Board resolved to **note** the contents of the report.

TB111/12 Quarterly Human Resources and Workforce Report

Ms Donaldson presented this report. She reported that sickness absence was still below the 3% target but suggested it would be challenging to sustain this during the winter. The annual flu vaccination programme for staff was underway with 42% of frontline and 40% of all staff already vaccinated. The aim was to improve on last year's achievement of 52% of frontline staff.

She advised that turnover was slightly raised and although it remained in line with the Trust's target it needed to be kept under review. She informed the Board that although this rate compared well with local providers, nationally turnover rates were

falling. The next quarterly report would contain a comparison of Trusts within the Shelford Group. She reported that the Trust had struggled to get departing employees to say why they were leaving. Picker had now been commissioned to conduct an online survey in an attempt to improve the data. Mr Cameron suggested that modifying the recruitment process could also help reduce turnover

Ms Donaldson noted that non-medical appraisals were at 70% at the end of September. Although this was below the agreed target, data was now being recorded electronically on a common database. Work was also underway to trial new electronic appraisals, incorporating the Trust Values, using the new eLearning management system. She said the new system had been well received and good progress was being made in respect of statutory and mandatory training compliance.

On staff engagement Ms Donaldson provided details of the Listening into Action events that had taken place. She announced the launch of the Staff Recognition Scheme of which there had been over 100 nominations so far. Mr Goard asked if, in addition to the new recognition award for innovation, the requirement to innovate had been included in job descriptions and appraisals. It was agreed that this needed to be more explicit as appropriate.

On the proposed changes to the National Pay Framework, Ms Donaldson was asked to define the terms set out in paragraphs 49.2 and 49.4. She explained that “non-consolidated” meant that the payment did not form part of pensionable pay. Mrs Strachan-Hall explained that ‘preceptorship’ was a 1 year programme preparing newly qualified practitioners for practice. Ms Donaldson explained that it should be clear by the end of November if the proposed national changes would be put to union members for consideration.

The Board resolved to **receive** this paper and **note** its contents.

TB112/12 Monthly Self-Certification Report

Mr Stevens presented this report and explained that two self-certification reports had been submitted, with a third, which included September data, being attached. The Trust’s Governance Risk Rating was Amber/Green due in part to some anomalies in the model and that the Trust was also able to draw on the output of the 3 external assessments.

The Board was asked to delegate authority to the Chairman and Chief Executive to sign off the October submission. The Board resolved to do so.

TB113/12 Intellectual Property Policy

Professor Baker presented this paper which was an updated policy and an important element of the Trust’s plans to pursue innovation. He made the point that this policy was intentionally similar to that of the University of Oxford, particularly with regard to sharing the benefits of innovation with inventors, which had been a relatively opaque area in the past. This policy was a starting point for clarification and had included consideration of tax implications. He advised that a business

management function for research and development was being built, and that this would clarify reporting.

The Board resolved to **approve** the amended Intellectual Property Policy.

TB114/12 Annual Health and Safety Report 2011/12

Mr Trumper presented this report which constituted a statutory obligation and had already been reviewed by the Health and Safety Committee and the Trust Management Executive. The report covered the year 2011/12 and would be presented to the Board at an earlier point in future.

He explained that there had been a 60% increase in incident reporting which was a positive development, but there had also been a 20% reduction in RIDDOR reportable incidents. He noted that the rules around RIDDOR reportable incidents had changed and that a view would need to be taken as to how this year's figures could be benchmarked against those from last year.

The Board noted the number of major injuries recorded, despite the 29% reduction in them. Mr Trumper advised that each incident was individually investigated and lessons learned. Mrs Strachan-Hall suggested that there should be more focus on reducing back injuries which had increased and which Mr Trumper acknowledged was a challenge. Although the Trust Management Executive had approved doubling the resource for Health and Safety there had been difficulties in recruiting which had now been resolved. Ms Donaldson advised that occupational health was now conducting more risk assessments to help to prevent incidents of back injury and the statutory and mandatory training modules included advice on manual handling and the correct use of workstations.

Ms Walsh suggested that the table showing the number of major injuries should include the number of employees to provide context.

It was confirmed that there had been no prosecutions or warnings against the Trust during 2011/12.

Dame Fiona suggested that the report focussed heavily on staff and should include patients. This would be addressed in the next report.

The Board resolved to **approve** the report and the Three Year Performance Improvement Plan.

TB115/12 Register of Gifts and Hospitality – Routine 6 month report

Sir Jonathan introduced this item and advised that it raised no issues of note. In order to provide a higher degree of scrutiny, on this occasion, Trust Management Executive members had been asked to make nil returns in the event that they had no gifts to declare.

The Board resolved to **note** the contents of the paper.

TB116/12 Annual Audit Committee Report

Mr Cameron, the outgoing Chairman of the Committee, presented this report together with the Annual Audit Letter. He noted that the Committee had worked well with an improved outcome of the External Audit. He paid tribute to the support provided by Mr Mansfield's team, particularly in relation to addressing overdue actions. Mr Cameron commented that the Committee had been less satisfied with the input from Internal Audit and noted that the providers had been changed with the appropriate conversations taking place. He welcomed the risk deep dives at each meeting. Mrs Tutt noted that the Trust had received a clean audit report which was an improvement on the previous year.

The Board resolved to **receive** the contents of the Annual Audit Committee report and the Annual Audit Letter 2011/12

TB117/12 Annual Audit Letter 2011/12

This item was received along with the Annual Audit Committee Report at TB116/12.

TB118/12 Board Sub-Committee appointments

Sir Jonathan stated that discussions had already taken place with the Board Sub-Committees and the changes had been agreed by them. He was now seeking the Board's formal approval of these.

The Board resolved to **agree** to the proposed changes to the Audit Committee and Finance and Performance Committee appointments.

TB119/12 Reports from Board Sub-Committee reports

(a) Finance and Performance Committee

Mr Goard reported that this was his first meeting as Chairman of the Committee. He highlighted some of the key issues that the Committee intended to consider in depth including the use of bank and agency staff and a more vigorous approach to the management of costs. He indicated that the Committee was seeking to achieve a balance between the in-depth consideration of topical items and recurring regular matters to enable flexibility.

(b) Quality Committee

Mr Salt made reference to the significant issues of interest on page 3 of the report and highlighted the Committee's intention to spend one third of its time on key quality issues. He gave as an example the presentation on DTOC at the last meeting with the issues of nurse leadership, patient ownership and patient transfers for the next meeting. He also confirmed the focus on outpatient related complaints at the next meeting. Mr Salt announced that revised objectives for the Committee were to be discussed on 26 November.

(c) Audit Committee

Neither Mr Cameron nor Mrs Tutt added to the points raised under TB116/12

The Board resolved to **note** the contents of the reports and the attached minutes.

TB120/12 Consultant Appointments and Signing of Documents

Sir Jonathan stated that this was a regular report to the Board on the use of delegated authority regarding consultant appointments and use of the Trust Seal.

The Board resolved to **note** the contents of the report.

TB121/12 Any other business

There was no other business.

TB122/12 Date of the next meeting

A meeting of the Board to be held in public will take place on Wednesday 9 January 2013 in the George Pickering Postgraduate Education Centre, the John Radcliffe Hospital.

The Board then considered and agreed the following motion:

“that representatives of the press and other members of the public are excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity on which could be prejudicial to the public interest (Section 1(2) of the Public Bodies (Admissions to Meetings) Act 1960”.

