

**Public Trust Board Meeting**  
**15.00 – 17.45**  
**3<sup>rd</sup> August 2009**  
**Board Room, Trust Offices**

**MINUTES (Approved)**

Present:

Name	Initials	Title
Joanna Foster	JF	Chair
Jan Fowler	JFo	Chief Executive
Jenny Howells	JH	Director of Finance and Commercial Development
Bev Edgar	BE	Director of Workforce and Organisational Development
John Adsetts	JA	Non Executive Director
Michael Rogerson	MR	Non Executive Director
Chris Goard	CG	Non Executive Director
Andy Carr	AC	Non Executive Director
Angela Coulter	ACo	Non Executive Director

**In attendance:** Nicki Sullivan – Minutes  
Tom Walsh – Complaints Officer, NOC  
Bill Renwick – Oxfordshire Health Informatics Service  
John Skinner – Oxfordshire Health Informatics Service  
Vicky – Oxfordshire Health Informatics Service  
Lydia Rylance-Knight – Senior Infection Control Nurse, NOC

Todd Davidson  
Kiran Bountra Work Experience Student  
Melanie Proudfoot Head of Marketing and Communications  
Eva Blacklock Patient Liaison Group

**Summary of key points/items approved**

**Key Point 1: Trust receives excellent CQC Hygiene Code Inspection results**  
**Key Point 2: Swine flu action plan noted**  
**Key Point 3: Business cases for CRS and Additional Plastic Surgeon approved**

Item No.	Action
<b>09/10.35</b>	<b>Welcome and Apologies</b>
	<ul style="list-style-type: none"> <li>Apologies were <b>RECEIVED</b> from Sara Randall, Tony Berendt, Sue Dopson and Dale Haddon.</li> <li>JF welcomed ACo to her first public Trust Board meeting and thanked the guests noted above for their attendance.</li> </ul>
<b>09/10.36</b>	<b>Declaration of Conflicts of Interest</b>
	<ul style="list-style-type: none"> <li>No declarations were made.</li> </ul>

## 09/10.37 Minutes of the Public Trust Board Meetings Held on 1<sup>st</sup> June 2009

- The minutes of the public Trust Board meeting held on 1<sup>st</sup> June 2009 were **APPROVED** as an accurate record.

## 09/10.38 Matters Arising

- There were no matters arising not already covered by the agenda.

## 09/10.39 Reports from the Chair and Chief Executive

- JF noted that Derek Day had now stepped down as a Non Executive Director and registered the Board's thanks for his significant contribution to the Trust.
- JFo summarised her report and noted the content of the Care Quality Commission (CQC) Hygiene Code inspection report which was appended. (awful word!!) This showed the Trust as being fully compliant with the legislation following a very positive visit which resulted in extremely complimentary feedback about the Trust and all its staff. An internal inspection the following week in other areas of the Trust backed up the findings. The Board **THANKED** all staff and in particular Tony Berendt for their efforts and **NOTED** the significant achievement which the report represents.
- JFo noted that swine flu was now at pandemic levels although Oxfordshire was not currently a hot spot. The Trust's focus remains on supporting the Primary Care Trust (PCT) by assisting with staffing antiviral collection points (ACPs). It was **NOTED** that attendance at ACPs was tailing off although a further wave is predicted in the Autumn . It was **CONFIRMED** that there would be no dispensation in relation to performance targets in recognition of swine flu and thus the Trust faced a major planning challenge should the situation deteriorate. JA asked about the Trust's role in the event of a more significant wave of swine flu. It was **CONFIRMED** that the Trust will be used as a step down facility for recovering patients from the ORH and those for whom care arrangements have broken down. Decisions would then need to be taken about elective surgery and high dependency care currently provided by the Oxford Radcliffe Hospitals (ORH).
- It was **NOTED** that the HR department had been awarded team of the year at the recent HPMA awards (not HMA as stated in the report). The Board **CONGRATULATED** BE and the team on this achievement.
- A Privacy & Dignity workshop was held on 16<sup>th</sup> July to focus on raising awareness of this important issue. It was noted that the NOC is fully compliant with single sex accommodation initiative .. An awareness campaign is being devised to start in the Autumn and patient views will be sought.
- It was **NOTED** that the Chief Executive of the Strategic Health Authority (SHA) was due to leave his post to move to the Department of Health (DoH).
- JFo reported that the AHSC Steering Group was due to meet in September to discuss a second bid.
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## 09/10.40 Patient Story

- The aim of this exercise is to bring the patient experience to the fore as the context for Board decision making.
- Tom Walsh presented a recent case
- ACo asked how patient experience was measured. It was **CONFIRMED** that a quarterly report combining feedback on Complaints, the Patient Advice &

Liaison Service and the Patient Experience Tracker was received by the Board on a quarterly basis. The patient story can then give a personal flavour to the data presented.

- CG asked if this experience was a regular occurrence. Tom Walsh confirmed that this was an extreme case but informed the privacy and dignity agenda referred to in the Chief Executive's report.
- It was **AGREED** that this exercise was extremely useful in future a summary of lessons learned would be included with the story.

#### 09/10.41 Paediatrics – ORH Position Paper

- JFo summarised the report which was prepared by the ORH, following the NOC review of the transfer of paediatric inpatient services to the ORH, presented to the Board in march 09.
- It was **NOTED** that a steering group had been formed to review ongoing issues identified .

It was **NOTED** that the Executive team was due to meet with clinicians involved and Executive to Executive meeting with the ORH was being arranged which would provide an opportunity to discuss this issue.

JFo

#### 09/10.42 Modern Matron Report

LRK summarised the report and highlighted the key points which included;

- The removal of 'special measures' previously put in place
- The development of the Ward Manager role with added administration assistance.
- CNS away day which focussed on leadership and profile raising.
- Rollout of the Productive Ward initiative.
- Continuing high standards of cleanliness reflected in the CQC report.
- Successful introduction of the *red tray* initiative to highlight those with assisted feeding needs. This will be extended to include *red jugs* for those at risk of dehydration.
- Cross validation of hand hygiene audits to ensure consistency.
- Extension of MRSA screening to all admissions.
- Overall it was felt that staff were more engaged and local ownership of issues was being taken which is a big improvement.
- The Board **NOTED** the report.

#### 09/10.43 NHS Constitution

- JFo summarised the report and noted that to the NHS constitution will become law in the Autumn. A discussion is needed regarding the Trust's state of readiness relating to the rights and pledges included.
- MR asked whether electronic correspondence would be covered by the pledge to copy patients in on all letters written about their care. ACo noted that a solution would be to write to the patient and copy the GP. This would promote use of simple language and a personal approach.
- It was **AGREED** that constitution would be reviewed by the Directorates with gaps to be identified and discussed thereafter.

#### 09/10.44 CRS Business Case and Data Centre Project Initiation Document

- JFo presented the refresh of the business case and invited the representatives of the Oxfordshire Health Informatics Service (OHIS) to summarise the key points.
- Attention was drawn to the timescale for implementation
- JA expressed concern that there was little choice in the matter and that confidence about the safety of the exercise and the ability of the system to cope overshadowed the benefits being presented. John Skinner confirmed that gateways had been built into the process which would not be passed through until rigorous testing had been carried out to protect the Trust from the issues it suffered when CRS RO was introduced.
- JFo noted that this was not just about a change in technology but also a major change and represented the biggest challenge to the Trust in its recent history.
- MR requested regular updates to the Board on benefit realisation as a result of the implementation of the LC1 version of CRS.
- The need for the engagement of clinicians was also noted. It was agreed that a lot of the issues experienced during the initial introduction related to the product not being fit for purpose. The upgrade to LC1 differed in that the system was tried and tested and clear benefits had been realised.
- MR requested that assurance regarding training for staff be provided to the Board..
- It was noted that this initiative would be locally funded and identification of funding remained outstanding
- The Board **APPROVED** the business case.

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## 09/10.45 Business Case for Additional Plastic Surgeon

- JFo summarised the case and noted that the driver was the governance issues associated with the current service. A risk to the income projection was also noted.
- Discussion ensued about the need to balance specialist work, for which the Trust was one of only a few providers, and the governance risks with the financial pressure presented by tariff payments for complex operations. It was **NOTED** that the appointment was needed to support current services as well as any repatriation or expansion to services in the future. It was **CONFIRMED** that if this case is not approved this would pose risk to the sustainability of the current service..
- JH noted that there could be a case for some limb reconstruction and bone infection work to be made an exception under HRGv4 but at present there was not enough data to present an immediate challenge in relation to this business case.
- It was **NOTED** that the cost pressure would not fall completely within the financial year 09/10 as it was likely an appointment would not be taken up until January 2010.
- It was further **NOTED** that although the proposal carried significant financial risks it was supported by both the Directorates and the Executive as a necessary action in light of governance considerations.
- Concern was **EXPRESSED** about the financial pressure this appointment would create in an already challenging climate. AC noted that the calibre of the incumbent would most likely mean they could turn their hand to other specialities. In addition it reinforces the clinical safety message as paramount.
- The Board **SUPPORTED** the business case.

**09/10.46 Performance Report**

- The report was **REVIEWED** by exception.
- Operations – cancellations are slightly up. Delayed discharges remain a concern with issues centering on social care packages. Diagnostics have not hit their stretch targets. A proposal to add MRI capacity was put forward to the Executive but this was refused on affordability grounds. Trust is currently fulfilling its 18 weeks obligations. It was **NOTED** that in relation to cancer waiting times the patient's decision to refuse the appointment offered could not be adjusted and thus a breach would stand. The Board **EXPRESSED** its extreme concern that the Trust would be penalised for offering patient choice. There is still some work to do to continue to reduce the emergency admissions target. Debate continues regarding compliance with NICE guidance on DVT assessments. The Integrated Governance Committee is monitoring this closely.
- Finance – it was **NOTED** that the metrics would be changed from the October report to bring them in line with nationally issued performance metrics..
- Human Resources and Organisational Development – BE requested that the Board refer to the Mandatory Training action plan to review attendance by course as the overall figure is too general. Totals have increased but significant issues remain with resuscitation training. Sufficient courses are available but the challenge is releasing staff time for training.
- The Board **NOTED** its extreme concern at the ongoing problems with mandatory training compliance.in this area.
- BE confirmed that there were currently 10 staff with suspected swine flu and that long term sickness cases were being managed on a weekly basis.
- The Board **NOTED** the report.

**09/10.47 Biomedical Research Unit Annual Report and Partnership Board Minutes**

- The Board **RECEIVED** the report and minutes and **NOTED** the content.

**09/10.48 South Central Shaping the Future Programme**

- JFo summarised the report and noted the work being undertaken in relation to the financial challenge.
- It was **AGREED** that this topic should form part of a future Board Seminar for discussion and contribution

**09/10.49 Annual Accounts**

- The Board **RECEIVED** the accounts and **RATIFIED** the decision of the Audit Committee to approve them.
- The Board **NOTED** that all financial duties had been met.

**09/10.50 Equality and Diversity Annual Report**

- BE summarised the report and noted the inclusion of baseline data to enable improvement going forward.
- The Board **RECEIVED** the report and **NOTED** the contents.

**09/10.51 Mandatory Training Action Plan Update**

- See item 09/10.46 above.

**09/10.52 Committee Minutes**

The Board received the minutes of the following committees and noted the contents;

Charitable Funds Committee 17<sup>th</sup> February 2009  
Executive Committee 26<sup>th</sup> May and 23<sup>rd</sup> June 2009

**09/10.53 Any Other Business**

- It was **NOTED** that the Annual Report had been approved, printed and delivered in preparation for the Annual General Meeting on 17<sup>th</sup> September 2009.
- The Board **NOTED** that the Trust had achieved a score of 3 for its ALE rating which was an improvement on last year. The Board **THANKED** JH and her team for their work in improving standards.

**Date of next Public Trust Board meeting: 5<sup>th</sup> October 2009 – 15.00 – 17.00  
in the Board Room, Wingfield Building**

Signed: .....Joanna Foster .....

Joanna Foster, Chair