

Public Trust Board Meeting
15.00 – 17.20
1st December 2008
Board Room, Trust Offices

MINUTES

Present:

Name	Initials	Title
Joanna Foster	JF	Chair
Jan Fowler	JFo	Chief Executive
Sara Randall	SR	Director of Operations and Performance
Jenny Howells	JH	Director of Finance and Commercial Development
Bev Edgar	BE	Director of Workforce and Organisational Development
Tony Berendt	TB	Medical Director
John Adsetts	JA	Non Executive Director
Derek Day	DD	Non Executive Director
Michael Rogerson	MR	Non Executive Director
Andy Carr	AC	Non Executive Director (in part)

In attendance: Nicki Sullivan – Minutes

Eva Blacklock	EB	Patient Liaison Group
Rachel Mellor	RM	Head of Professions
Sylvie Thorn	ST	Service Manager, Rehabilitation

Summary of key points/items approved

Key Point 1:

Key Point 2:

Key Point 3:

Item No.	Action
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08/09.79	Welcome and Apologies
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- JF **welcomed** everyone to the meeting and **noted** the apologies of Chris Goard

08/09.80	Declaration of Conflicts of Interests
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- No declarations were made

08/09.81	Minutes of the Previous Meeting
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- The minutes of the meeting held on 29th September 2008 were **AGREED** as an accurate record.

08/09.82	Matters Arising
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- **Register of Interests** – JFo reported that this is nearly complete and will be circulated to Board members shortly.
- **Estates Strategy** - The Board **AGREED** to defer this item until the February meeting due to the workshop planned for December to review

potential development on site

08/09.83 Reports from the Chair and Chief Executive

- JF advised the Board that Mr Will Jackson had been appointed to the post of knee consultant following the recent round of interviews.
- JF officially welcomed Chris Goard to the Board in his absence and confirmed that Professor Sue Dopson had been co-opted as an Advisor to the Board without voting rights. A summary CV was circulated for information.
- JF noted that the Celebrating Success event had gone extremely well and that over 60 recognitions of achievement had been awarded.
- JFo reported on the AHSC bid and noted that the timescales for various parts of the bid were very tight. If necessary an extraordinary meeting of the Board would need to be convened to take decisions.
- The Annual Healthcheck rating for 2007/8 was summarised
- It was **noted** that the CRS situation remains the most significant business risk to the Trust.
- High levels of referrals continue with a year end forecast of £7.2m over performance for all commissioners. In addition the Trust continues to seek work outside its traditional catchment area. JFo also confirmed that the MOD contract had been renewed for a further year.
- JFo reported that the Care Quality Commission (CQC) would come into being on 1st April 09 and were now consulting on use of their powers particularly in relation to enforcement. It was **noted** that it would become a legal requirement to register with the CQC in relation to Healthcare Acquired Infections in 2009.

08/09.84 Hygiene Code Report and Action Plan

- TB reported on the Healthcare Commission's visit and subsequent findings.
- The Trust was considered fully compliant in 3 of the 4 duties assessed, however there were 3 sub duties of duty 4 were found to need attention. These have been rectified immediately and action plan has been returned to the HCC.
- It was **noted** that the Commission are able to revisit the Trust after 6 months to check improvements. However it is unclear which body will carry this out due to the creation of the CQC.

08/09.85 Modern Matron Report

- RM introduced ST and presented the report. Key points included;
 - Focus on hand hygiene and maintaining improvement
 - Monthly meetings with GSL and Contract Manager to address local cleaning issues
 - Infection control measures introduced in the quarter included replacement of old furniture, piloting of new equipment and introduction of decontamination tape.
 - Improvements to nutrition included the canteen being open at weekends and the introduction of the red tray system to highlight patients who need assistance to eat and to monitor quantities consumed.
 - Initiatives implemented in the last quarter include the Patient Experience Tracker and the ongoing rollout of the Productive Ward initiative.

- MR asked about the length of time taken to replace furniture. This was due to having to seek alternative sources of funding and the ordering process.
- Patient concerns surrounding food were discussed. RM reported that Aramark had been receptive to comment and had taken action where they could eg: increasing portion size and increasing the amount of frozen food available for out of hours needs.

08/09.86 Corporate Objectives

- JFo presented the report and noted the main issues in relation to delivery of objectives
- Over 50% had already been achieved.
- Main concerns were the number of C.difficile cases which had breached the annual baseline, the delayed discharge rate which will impact on the Trust's ratings, CRS issues which are affecting the introduction of Directly Bookable Services and the OD programme which remains in the process of delivery.
- MR queried whether the open MRI was working at full capacity. SR confirmed that there issues around recruitment of radiographers' and training to staff the open MRI, plus the speed of this scanner and thus it was not as utilised as other machines. MR felt that the original business case should be reviewed as the assumptions made had not come to fruition. JH confirmed that this has been done and was submitted to Projects Board earlier in the year. A new model for development of business cases was due to be presented to the Executive Committee on 3rd December 08, which would include revised processes to ensure assumptions remained valid..
- It was also **noted** that a lot of work to reduce waste had been carried out across the Trust.

08/09.87 Performance Report

The Executive Directors reported by exception

- **Activity** – The 18 week target is still being achieved. An on site triage service will commence on site in January to assist with GP referrals which remain high. Challenges remain around diagnostics due to staffing issues. The delayed discharge rate is a cause for concern and an action plan is in place but the Trust has limited influence over community beds and care packages and does not have priority access to these. The overall length of stay is down.
- **Finance** – JH reported that the Trust was now in profit without transitional or non recurrent funding and ahead of plan in delivery of cost improvements which is a great achievement. Risks remain around the PCT's ability to pay for the over performance which is on course to exceed the PCT's target of £4m. The Trust needs to remain cautious about pay spend and vigilant on cost control. The cash position is stable but needs to be monitored.
- **HR** – BE reported that the time to recruit was down to 10 weeks which is below target of 12 weeks. Recruitment days have been successful for nursing and healthcare assistant posts. Vacancies have dropped to 56 from 92 and illustrates how retention strategies are working. The numbers of Personal Development Reviews carried out are rising but are still below target. Plans are in place to drive further improvement in this area. Sickness is within acceptable levels at 2.9% and is being well managed. The focus is now on resolving long term sickness cases. Turnover is

slowing down with the main reasons for leaving still being organisational change and uncertainty over future prospects.

- **SQS** – TB noted that there were no major concerns to report apart from the number of C.difficile cases noted above. Every case is reviewed individually. TB noted that incident reporting is now much better and thus the Board should expect numbers to rise. This does not mean that there are more problems but merely that reporting structures are more effective.

08/09.88 Standing Orders

- JH summarised the update and main changes.
- The item relating to the declaration of interests was **noted**.
- The item relating to the threshold at which Board level approval was required was **noted**. It was **AGREED** that items between £100k and £250k would be reported to the Audit Committee.
- The amendments were **APPROVED**

08/09.89 Care Records System Update

- SR tabled a paper due to the frequent changes in the CRS position, with the permission of the Chair outlining the most recent developments with the CRS contract process.
- The BT contract offering has been referred to the Treasury but due to the problems with the deployment of LC1 at the Royal Free the timetable has been pushed back further thus the Trust remains on a short form agreement with Fujitsu which represents a considerable risk to business continuity.
- The new timescale is now for LC1 to be implemented in 2010 with an offer for live sites to buy individual upgrades / enhancements in the interim at a cost of £0.5m per Trust. It has been argued with CfH that this would require a full business case before the Board could make a decision on value for money.
- SR is waiting for a full risk assessment and has requested a contingency plan from Connecting For Health and further assurances around these enhancements before requesting a decision and funds on this matter.
- The Board **noted** the developments and **reiterated its concern** regarding the risks involved.

08/09.90 Organisational Development and People Strategy

- BE presented the final version of the draft submitted to the previous meeting.
- There was a focus on equality and diversity and wellbeing which aligns with Department of Health direction.
- An education strategy is in development.
- DD questioned whether some statements needed to be amended in the light of developments surrounding an AHSC. It was agreed to let the current wording stand as no formal decisions could be taken at this point regarding future organisational form.
- MR asked if the Trust what work was required on equality and diversity issues. BE confirmed that the Trust complied with the relevant targets but more was required in terms of embedding good practice. The Equality and Diversity Steering Group was being reformed and will formulate a specific strategy and action plan to tackle key issues.
- JA noted that talent management should be moved up the list of priorities. BE confirmed that a framework would be put in place next year.

- The Board **APPROVED** the strategy.

08/09.91 Annual Healthcheck Report 2007/8 and Review of Compliance for 2008/9

- JFo confirmed that the Trust received a rating of Fair for quality and Good for use of resources in the 07/08 report. An action plan has been completed and submitted to the Healthcare Commission which addressed the points of insufficient assurance. It was felt that the results on the quality rating were disappointing but that more robust internal procedures were now in place which provide greater assurance on levels of compliance throughout the year.
- The interim position for 08/009 was noted as follows with the caveat that as thresholds were not published these should be treated as assumptions.
 - **ALE** – The Trust is consolidating its score of 3 while aiming to achieve 4. To achieve this compliance needs to be supplemented with demonstrations of notable practice.
 - **SBH** – This is being reviewed by the Integrated Governance Committee to ensure sufficient assurance in each of the lines of enquiry across the organisation. The aim is to declare full compliance for 2008/9.
 - **Existing Commitment Indicators** – 5 of 10 apply to the Trust. Aiming for a “fully met” rating . Delayed discharges indicator is only likely to achieve ‘ under achieved’).
 - **National Priority Indicators** – 10 of 16 apply to the Trust. The number of C.difficile cases will affect the Trust rating, despite the low levels. The aim is to achieve a score of Good or Excellent .There is also a follow up to the review of Childrens’ Services taking place this year and it was noted that the service for the NOC has now transferred in-patient activity to the Children’s Hospital at the ORH.
- Overall an improvement in ratings is forecast or 08/9.

08/09.92 Freedom of Information Requests Annual Report

- JFo presented the report and noted the significant increase in requests received. The majority are now from political and other organisations and no trends of concern were noted
- The Board **received** the report.

08/09.93 Research and Development Strategy

- TB presented the strategy and noted it had been consulted on with a range of stakeholders and accepted by the Research and Development Committee. It has been formulated with the BRU and an AHSC in mind.
- Discussion ensued regarding collaboration with industry, the protection of rights to discoveries and any resulting income stream to the Trust. AC noted that the University have significant resources devoted to this. The BRU governance structure takes on some of the research and development function and formalises the relationship with the University to enable assistance to be sought in this regard.
- The strategy was **APPROVED**.

08/09.94 Biomedical Research Unit Terms of Reference

- JFo presented the document and confirmed that the BRU would report direct to this Board via minutes of its meetings in future.
- The Board **APPROVED** the Terms of Reference.

08/09.95 Annual Audit Letter

- An updated version of this paper was circulated.
- The Board **thanked** JH and her team for their work on this project and their achievements.

08/09.96 Register of Seal

- JFo confirmed that the seal had been used for the Deed of Waiver for Camelia Ward which is now in place for 2 years and will be reviewed at that time.

08/09.97 NOC Network Annual Report

- JFo presented the report on behalf of Sue Woollacott.
- The Board **noted** its thanks and appreciation of the contribution made by the NOC Network particularly in relation the AHSC bid and the formation of the BRU.

08/09.98 Committee Minutes

The Board received the following minutes;

- **Audit Committee** – all points covered
- **Projects Board** – Main topics were the Estates Strategy and GSL claim
- **Executive Committee** – all points covered

08/09.99 Any Other Business

- Eva Blacklock confirmed that the Patient Liaison Group were due to meet shortly and would be setting a new agenda. All contributions would be welcome.
- JFo thanked Eva for her contribution to the Celebrating Success event.

**Date of next Public Trust Board meeting: 2nd February 2008 – 15.00 – 17.00
in the Board Room, Wingfield Building**

Signed:
Joanna Foster, Chair