

Public Trust Board Meeting
15.00 – 17.00
2nd February 2009
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
Chris Goard	CG	Non Executive Director
Sue Dopson	SD	Advisor to the Board

In attendance: Nicki Sullivan – Minutes

Melanie Proudfoot MP Head of Communications of Marketing

Summary of key points/items approved

Key Point 1: Review of Board Assurance regarding Safeguarding Children & Young People

Key Point 2: Approval of Estates Strategy

Key Point 3: Review of Board Assurance regarding Information Governance

Item No.		Action
08/09.100	Welcome and Apologies	
	<ul style="list-style-type: none"> JF accepted the apologies of Andy Carr and welcomed SD to her first Public Board meeting. 	
08/09.101	Declaration of Conflicts of Interests	
	<ul style="list-style-type: none"> No declarations were made 	
08/09.102	Minutes of the Previous Meeting	
	<ul style="list-style-type: none"> The minutes of the meeting held on 1st December 2008 were AGREED as an accurate record. 	
08/09.103	Matters Arising	
	<ul style="list-style-type: none"> 18 Weeks On Site Triage – SR confirmed that this initiative was not going ahead on the instruction of the PCT 	
08/09.104	Reports from the Chair and Chief Executive	
	<ul style="list-style-type: none"> JF reported that the Interim Chair of the ORH, Dame Fiona Caldicott, had 	

visited the Trust and had been able to see some of the Trust services. A follow up visit is to be arranged to allow Dame Fiona to tour OCE, which she was unable to view due to time constraints.

- Andrew Smith MP had also made a regular visit to the Trust and has reconvened the Specialist Orthopaedic All Party Group. He is in contact with Ben Bradshaw, Minister for Health in relation to the emerging impact of HRG v4.
- JF also attended the Foundation Trust Network Annual Conference and the Chairs Conference. Both events focussed on quality, leadership and the new competition and co-operation regulations.
- JFo noted that Part I of **Oxfordshire's AHSC bid** had been submitted on 16th January 2009. Part II is currently being developed. The NOC has held a series of staff briefings to engage staff and keep them informed. A DVD has been produced to aid this process and will be made available on the Trust's internet site.
- It was confirmed that the **CRS contract** has now been placed with BT which starts to mitigate the risks surrounding this issue. However no firm date for the arrangements to support data migration or moving to LC1 with a 3-6 month lead time is yet available. It was further confirmed that the contract for RIS and PACS is likely to be placed with CSC.
- **Healthcare Acquired Infections** – A peer review was undertaken at the Trust's request by members of the CHAIN network following the threat of breaching C.difficile targets. The written report is awaited but verbal feedback was extremely positive with a view that the Trust was on the way to being an exemplar site. The SHA are aware of the Trust's position in relation to C Diff.
- **Operating Framework** – unprecedented levels of efficiency are needed in preparation for tough financial conditions ahead for the NHS. No new national targets have been set but there is the potential for local targets to be implemented to address local health needs, via the Vital Signs process. There will be a high focus on quality linked to efficiency.
- **Corporate Objectives Planning** – event held on 26th January 2009 was very useful. Corporate and directorate objectives are currently being formulated and will be brought back to this Board for approval in April.
- **Prime Minister's Delivery Unit** – due to visit Oxfordshire in February to review the 18 week pathway targets. The Trust will take part in this event aimed at sharing best practice.
- **Staff and Patient Survey Results** – Results will be brought back to the next Board meeting along with action plans.
- **Investors in People** – The trust is due for re-accreditation in February. It was confirmed that this encompasses all NOC services but not the Botnar Centre, which is affiliated to the University.
- JF asked if further **GP engagement events** were planned. It was noted that the recent event would be followed up by e-newsletters with a further annual event in December.
- JF also asked about the **ARC application**. It was noted that the site visit by the International Panel had taken place and a decision was awaited.
- The Board **RECEIVED** the reports.

08/09.105 Safeguarding Children

- JFo presented the report and summarised the need for a review of Board level assurance following the Baby P case in Haringey. The Board was asked to review the assurance in place and note the work that needed to

be done.

- It was confirmed that there was a dedicated Child Protection doctor and nurse with time built into their job plans to cover this area.
- The Childrens Advisory Group had also revised their terms of reference to specifically cover this area.
- Links with the ORH have been established to review and follow up incidents and share best practice..
- Training for all staff is offered at appropriate levels with assessments of frequency and compliance currently being undertaken.
- Links with Oxfordshire Safeguarding Board are also in place.
- The national child mapping exercise has been undertaken with required actions finalised through the Childrens Advisory Group.
- In summary the Trust expects to declare full compliance in this area to the Healthcare Commission for 2008/09. There is committed leadership and a relatively low risk but there are still gaps and an action plan has been developed to address these.
- It was confirmed that there was a good reporting procedure in place and high visibility of leads as evidenced by incidents which had occurred in the past. However there was a need to review resources to ensure this remained the case.
- MR queried whether the Board should be CRB checked as an example. It was **AGREED** that the Non Executive Directors do not have clinical involvement and therefore it was not necessary from a safeguarding point of view
- The Board **NOTED** the report and **AGREED** to review the assurance as part of the Standards for Better Healthcare Declaration process.

08/09.106 Estates Strategy

- JH presented the document and summarised the content. It was noted that this was an organic document which needed to be periodically revised and updated due to the constantly changing nature of the estate and the impact of external initiatives eg: the Carbon Reduction Strategy.
- The document is split into three sections; where the Trust is now, where it aims to be in the future and how it intends to achieve this.
- **Part One** – current occupancy costs stand at 14% which overall benchmarks very well. However there are some areas which could be improved eg: electricity. Areas for efficiency savings are noted. There is a relatively low risk from backlog due to the age of the buildings on site. The document includes recommendations for space utilisation and usefulness.
- **Part Two** – The document sets out general objectives, developments and investment opportunities eg: an Acquired Brain Injury unit. The sustainability agenda is also taken into account. For information The Sustainability Strategy and Travel Plan are due in 2009.
- **Part Three** – The document sets out a summary of business and capital investment plans needed to achieve the goals described in Part Two. It was noted that these will need to be updated for IFRS and the budget review.
- JF thanked JH and her team for the extensive report.
- DD requested assurance that space planning was undertaken with a long term view in mind eg: theatres. JH confirmed that the extension planned to theatre storage would not accommodate new theatres in itself but would enable reallocation of space to increase theatre capacity if needed to assist with capacity planning.

- JA noted the need to address the issue of the Trust's "carbon footprint" and to use this as an opportunity to fully understand it and come up with innovative solutions.
- There followed discussion on potential options for developments on the site.
- It was **AGREED** that these issues would be taken forward by Projects Board and will be reported to Board in line with SFI's.
- MR requested an annual development opportunities report be brought to the Board to include ideas for future business cases, even if these have not formally commenced, to allow the Board to have input at an early stage. It was noted that the Estates strategy is reviewed annually by the Board.
- The Board **RECEIVED** the Strategy and **APPROVED** the contents.

08/09.107 Review of Paediatric Service Transfer – Update

- BE noted that 4/5 of the reports due had now been received. Ongoing work around patient pathways needs to be included to give a full picture and draw conclusions.
- Main issues identified to date include governance (tracking of incidents) and pathways (duplication of notes, out of hours access).
- A final report including recommendations will be presented to the next Public Board meeting.
- It was noted that of the 21 original staff transferred, 15 had now left.
- DD queried where the responsibility for meeting the 18 week pathway lay. It was confirmed that it was shared, no matter which Trust was responsible for the delay. SR confirmed there to date no breaches had occurred.

BE

08/09.108 Information Governance Report

- SR summarised the Trust's position in relation to the Information Governance Toolkit requirements.
- The main challenge continues to be the collection of electronic data however the Trust is focusing on achieving a score of "3" which would be an excellent result.
- The Board **RECEIVED** the report and **NOTED** the assurance contained therein.

08/09.109 Performance Report

Finance

- JH summarised the current financial position which showed a small expected loss in December due to the lower levels of activity but retained a small surplus year to date, allowing a break even position to continue to be forecast.
- Overspends on both pay and non-pay continue, largely due to the over performance.
- The biggest current risk is the over performance against contract which is currently running at between £5m and £5.5m, presenting a serious affordability issue to the PCT. A proposal has been offered by the Trust and a response from the PCT is awaited. It was confirmed that most Q2 invoices for over performance had now been paid.
- Discussion ensued regarding the underlying reasons for the over performance which is currently running at 27% year on year. It is believed that the successful implementation of the 18 weeks waiting target is a significant factor.

- JH advised the Board of the impact on the Trust's capital resource limit of not selling the Littlemore Land and receiving the capital in relation to the BRU. In theory this could cause a statutory breach but it is expected that this can be negotiated to produce a satisfactory conclusion.

Operations

- SR noted that the 18 weeks waiting time had been sustained through the December target despite capacity issues, particularly in diagnostics.
- The theatre utilization rate is incorrect due to lack of data collection. This will be rectified shortly.
- Delayed discharges continue to present a challenge but there is limited scope to resolve this as it is so dependant on other agencies.

Workforce

- BE noted that both the time to recruit and number of vacancies continued to decrease.
- Agency spend increased in December due to higher levels of sickness.
- A final date for review of job plans has now been set.

SQS

- TB noted that the number of incidents reported since the introduction of the Datix system had doubled but that this was expected and encouraged as it reflected a better reporting culture..
- The first case of MRSA bacteraemia within the Trust for 13 months has been confirmed.
- There continue to be sporadic cases of C.difficile but there is no evidence of transmission between patients.
- Sharps injuries – 2009 has been designated to target the reduction of sharps injuries.
- Trips / falls – mainly without consequence. Several are attributable to a single patient eg: during rehabilitation.
- Aggression to staff – mainly due to one individual
- Unplanned transfers – work is ongoing to understand the trends which contribute to this figure.
- It was noted that the KPIs will change from April 2009 to show a smaller number of high level indicators. However there will always be the opportunity to drill down behind these numbers in areas which cause concern.
- The Board **RECEIVED** the report.

08/09.110 Board Cycle

- The Board **NOTED** the proposed cycle and **APPROVED** it.

08/09.111 NHS Constitution

- JFo noted that this had been published on 21st January 2009 and offered a useful context for the Trusts own work already started around values and vision.
- It was **AGREED** that a document outlining the Trust's values would be presented to a future meeting.
- The Board **RECEIVED** the Constitution and **NOTED** the contents.

08/09.112 Minutes to Receive

- There were no minutes to receive at this meeting.
- It was **NOTED** that Executive Committee minutes had been received in private session due to some items containing commercially sensitive information.

08/09.113 Any Other Business

- There being no other business the meeting closed at 17.00

**Date of next Public Trust Board meeting: 30th March 2009 – 15.00 – 17.00
in the Board Room, Wingfield Building**

Signed:
Joanna Foster, Chair