

**Public Trust Board Meeting**  
**15.00 – 17.35**  
**1 June 2009**  
**Board Room, Trust Offices**

**MINUTES (DRAFT)**

Present:

| <b>Name</b>      | <b>Initials</b> | <b>Title</b>   |
|------------------|-----------------|--|
| 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                               |
| Michael Rogerson | MR              | Non Executive Director                               |
| Chris Goard      | CG              | Non Executive Director                               |
| Andy Carr        | AC              | Non Executive Director                               |
| Sue Dopson       | SD              | Advisor to the Board                                 |

**In attendance:** Nicki Sullivan – Minutes

|                   |    |                                     |
|-------------------|----|-------------------------------------|
| Kathy Wilshaw     | KW | Manager, PALS                       |
| Melanie Proudfoot | MP | Head of Communications of Marketing |
| Sue Woollacott    | SW | NOC Network                         |
| John Skinner      | JS | Head of OHIS                        |
| Bill Renwick      | BR | Oxfordshire CRS Programme Team      |

**Summary of key points/items approved**

**Key Point 1: Care Record Service presentation on the next phases of implementation ahead of Board approval of the business case**

**Key Point 2: Patient Experience Report, review of complaints, PALS and PET tracker information**

**Key Point 3: Approval of Learning and Development plan**

| <b>Item No.</b> | <b>Action</b>   |
|-----------------|---|
| <b>09/10.18</b> | <b>Welcome and Apologies</b> <ul style="list-style-type: none"><li>Apologies were <b>ACCEPTED</b> from Derek Day.</li><li>JFo noted that in keeping with feedback from the Board Development Day all members were requested raise questions and comments via the Chair. The priority topic from the agenda would be the CRS Presentation.</li></ul> |
| <b>09/10.19</b> | <b>Patient Story</b> <ul style="list-style-type: none"><li>JFo reminded the Board of a previous commitment to hear more patients' experiences. In future it is intended to begin each Board with a patient story and where appropriate invite patients to attend. It was <b>NOTED</b> that</li></ul>  |

this was not about addressing the problems encountered but about understanding the patients' experience.

- Kathy Wilshaw (KW) attended to read an account of a recent patient experience. .

#### 09/10.20 Declaration of Conflicts of Interests

- There were no declarations of conflicts of interest.

#### 09/10.21 Minutes of the Previous Meeting

The following amendments were noted to the minutes of the meeting held on 30<sup>th</sup> March 2009.

- 09/10.06 – SR noted that the paediatric beds issue was regarding beds being located together rather than dedicated beds.
- 09/10.11 – SR noted that the item requiring data capture referred to Infoflex and that delays to discharge were due to TTO's not prescribing.
- 09/10.12 – JH noted that this item should read "contracts have been agreed with the majority of commissioners" and further "The Trust has agreed a nil loss / nil gain position" and finally "the Trust could lose approximately £1m from other contracts".

The minutes were **APPROVED** with the amendments noted above.

#### 09/10.22 Matters Arising

##### Public Health Action Plan

- TB tabled the plan with the permission of the Chair and confirmed that this was an organic document which would be used to track progress against the actions noted.
- A light touch approach had been used to draw out the benefits of activities being undertaken.
- TB has liaised with the Clinical Director of the Musculoskeletal Directorate to prepare this document as the majority of new actions will fall within her remit.
- The Board **APPROVED** the plan.

#### 09/10.23 Reports from the Chair and Chief Executive

- JF reported that the process of recruitment of 2 new NEDs was almost complete with the Appointments Commission due to ratify the interview panel's recommendations on 3<sup>rd</sup> June 09. An extremely strong set of candidates had been fielded all of whom had been very enthusiastic about the Trust.

JFo summarised her report and noted the main points as follows;

- National CEO's Conference – focused on national financial forecast beyond 2010/11. It was confirmed that Comprehensive Review allocations for the remaining two years would be maintained at approximately 5.1% but thereafter growth was likely to be at zero. Effectively this means just to stand still, would need to make approximately £15-20billion in savings. It was **NOTED** that South Central has no surplus to cushion the pressure and therefore usual cost savings will not be sufficient. Pathway and system redesign and a focus on driving up quality and increasing efficiency and productivity via innovation is therefore needed and clinicians and management need to work together to ensure success.
- Standards for Better Healthcare – It was **CONFIRMED** that the Trust had

been unable to submit full compliance due to failures within the mandatory training standard.

- H1N1 (Swine Flu) – It was **NOTED** that the current health impact was mild but concern was now focused on a possible second wave at the peak of the seasonal flu period in the Winter. The Department of Health has confirmed that under-preparedness will not be acceptable and will be resilience testing in the near future. SR noted this indicated there must be an assumption that there would be no leeway in targets in the event of a pandemic. TB noted that there was widespread contamination in the US and cases in the UK were increasing. However the real concern is in the developing world where there is less access to anti-viral drugs and in South East Asia where the virus could mutate with avian flu. Vaccinations are being developed but resources need to be targeted. There are increasing local demands for staff to operate the HPA help lines and bigger numbers may be required in future.
- HR – the Board was **INFORMED** that the Trust's team had reached the finals of the "HR Team of the Year" award
- Privacy & Dignity – It was **NOTED** that although mixed sex accommodation was not an issue for the Trust this initiative would be used as an opportunity to raise awareness of privacy and dignity overall culminating in a seminar in mid July.
- Care Quality Commission – It was **NOTED** that there would be a year of transition to the new standards and that the Trust was likely to be required to submit a mid year declaration although details had not yet been confirmed.
- Innovation – the Board was **INFORMED** that the SHA now had a legal obligation for clinical innovation and the CEO Forum is to be used as a steering group. Substantial funds are available and a periodic call for ideas will be issued.
- The Board **NOTED** the reports.

#### 09/10.24 Internal Hygiene Code Action Plan

- TB summarised the results of the internal hygiene code inspection which had been discussed at the Private Board meeting on 11<sup>th</sup> May.
- It was **CONFIRMED** that actions would be tracked through the Integrated Governance Committee.
- JH noted that there were limited options available to the Trust in relation to its PFI partners and these are likely to be long drawn out.
- SR confirmed that the Musculoskeletal Directorate actions have been completed.
- TB to circulate an updated version of the plan with revised and completed deadlines.

TB

#### 09/10.25 Patient Experience Annual Report

- TB summarised the report.
- It was **NOTED** that funding for the Patient Experience Tracker (PET) system had yet to be agreed with the League of Friends.
- It was **NOTED** that the action plan attached to the PET section should in fact be applied across the services incorporated.
- AC asked if the new building had had a positive effect on complaints. It was felt that the new infrastructure may have contributed to the decline in

complaints but that the main driver had been improvements in the clinical administration department.

- CG noted that there was some incongruity between numbers when PALS was compared to PET. It was **AGREED** that the numbers were more significant than the percentage as they represented a group of discontented people.
- It was **NOTED** that the majority of complaints did not relate to clinical care but to basic functions such as administration and customer service.
- It was **AGREED** that the Board need to track this trend and monitor change, adding it as a key performance indicator if necessary.
- It was **NOTED** that a recent review of administration processes had been completed and this should assist in driving improvement.
- JF invited comment from Sue Woollacott (SW). SW noted that the NOC Network received very few complaints but asked if departmental “league tables” were published as this was very motivational. It was **CONFIRMED** that complaints were discussed at Directorate level and departments were aware of their performance in this regard.

#### 09/10.26 CRS Presentation

- John Skinner (JS) and Bill Renwick (BR) joined SR to present on the future plans for CRS. (A copy of the presentation is attached to these minutes for reference.)
- It was **NOTED** that the full business case and Project Initiation Document were yet to be finalised but would be presented to the August meeting.
- Following the presentation questions were invited. CG asked if milestones and gateways would be built in to enable the Board to monitor progress and risk and provide support as needed. JS confirmed that there were formal review points planned and that lessons would be learned from previous experience whereby gateways were entered when significant concern remained. SR noted that the Trust planned to add additional review points. In addition both BT and the Live Sites Group would be carrying out their own monitoring of the process.
- It was **AGREED** that there needed to be further clarity around the governance structure and ownership of risks and responsibilities.
- AC felt that there needed to be more detail on back up and contingency to provide proper assurance. JS confirmed that the situation was more secure with roll backs and advance testing possible. In short the data transfer could be tested prior to removing the Trust from the original data centre and thus problems could be identified and fixed prior to the switch over itself. It was **AGREED** that the transfer would still cause issues but all involved needed to mitigate these to the best of their ability.
- It was further **NOTED** that the system to which the Trust was intending to move was not a new entity and many of the functional issues had already been resolved. There was also significant experience to draw on.
- JA noted that the planned date of transfer was March 2010 and it had previously been agreed to avoid the final quarter for any major activities. It was **NOTED** that the risks would be mitigated as far as possible but the Trust had to fit in with the overall time scale of the project. It was further **NOTED** that contingencies were in place to enable paper working if a worst case scenario system failure was realised.
- JH noted that there were significant risks around funding for the project

without written confirmation from the SHA this would be managed. It was **AGREED** that resources would be shared between the live sites to ensure best use of funding.

- It was further **NOTED** that the RIS and PACS contracts negotiation would intersect with this project which represented a further risk.
- It was **AGREED** that more concrete assurance and written confirmation of funds would be made available to the Board at their July meeting.

#### 09/10.27 Annual PEAT Report Summary

- The Board **RECEIVED** formal notification of the PEAT report.

#### 09/10.28 Assurance Framework

- It was **CONFIRMED** that responsibility for reviewing the framework had been delegated to the Audit Committee.
- The Board **NOTED** the report.

#### 09/10.29 Performance Report

- JFo introduced the new format which had been devised to provide more comprehensive high level assurance and summarised the content.
- It was **NOTED** that some items will commence reporting part way through the year.

SR reported on the National Priorities exceptions as follows;

- Diagnostics – it was **NOTED** that the target shown was in fact the Trust's stretch target and was being exceeded due to an increase in referrals and staffing issues. An action plan for delivery in September was in place and this will have a positive impact on all waiting times.
- Cancellations – It was **NOTED** that the increase was caused by a high number of emergency admissions in April which had a knock on effect on Theatres. A group has been set up to review all cancellations with a view to improving this figure.

TB, JH, BE and SR then summarised the objectives which fall into each remit.

- JH noted that the Value for Money figures needed to be read in conjunction with the monthly finance report attached. It was **NOTED** that the figures in the report were estimated due to the constraints of reporting Month 1 but that the Trust was thought to be ahead of plan with a projected deficit of £350k. JH further confirmed that the financial metrics mirrored those of a Foundation Trust and that weighting had been used to balance out over performance and cost savings.
- It was **NOTED** that referrals had begun to increase again after a period of decline. This has been escalated to the PCT for demand management purposes.
- It was **AGREED** that the new layout was an improvement and would aid understanding and assurance.

#### 09/10.30 Letter of Responsibilities

- JFo reported that this would be signed in line with the annual accounts. The Trust was awaiting confirmation that assurance regarding its status as a "going concern" was no longer required. This will be reviewed through the Audit Committee.
- The Board **APPROVED** the letter.

**09/10.31 Training Annual Plan**

- BE summarised the report and noted that the Learning and Development Prospectus was on hold pending improvements in mandatory training attendance.
- It was **NOTED** that priority was being given to ensuring compliance with mandatory training as conditional on access to other development and training..
- The Board **APPROVED** the plan.

**09/10.32 Mandatory Training Action Plan**

- BE summarised the plan and noted the main points.
- A full update is due to be presented to the August meeting of this Board.
- The Board **NOTED** the plan.

**09/10.33 Board Committee Minutes to Receive**

The Board **RECEIVED** the minutes from the following sub Committees.

- Charitable Funds – it was **NOTED** that the volunteer services manager had been funded to the end of the financial year rather than the calendar year as stated.
- Executive Committee

**09/10.34 Any Other Business**

- JH sought delegation of the Board authority to the Audit committee to sign off the annual accounts by the 12<sup>th</sup> June . The Audit Committee will meet on 9<sup>th</sup> June.
- JA noted that the Audit Commission had advised the Trust that they intended to raise their charges by 20% in the forthcoming year. The Trust has appealed but there has been little movement. It was **NOTED** that in the private sector fees are static or reducing. The only other option is to appeal to the Ombudsman part of the Audit Commission. Discussion ensued as to the reasons why one public body was charging another such substantial increases as a result of government imposed rule changes. It was **AGREED** that the final response of the Audit Commission should be reviewed and further measures be discussed.
- There being no further business the meeting closed at 17.35

**Date of next Public Trust Board meeting: 3<sup>rd</sup> August 2009 – 15.00 – 17.00  
in the Board Room, Wingfield Building**

Signed: .....Joanna Foster 8 June 2009.....

Joanna Foster, Chair