

Public Trust Board Meeting
15.00 – 17.35
30th March 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
Rachel Mellor	RM	Head of Professions, Nursing (in part)
Sue Woollacott	SW	NOC Network
Geoff Feasey	GF	NOC Network

Summary of key points/items approved

Key Point 1:
Key Point 2:
Key Point 3:

Item No.		Action
09/10.01	Welcome and Apologies <ul style="list-style-type: none"> JF accepted the apologies of Andy Carr JF confirmed that Items 13 and 14 would be removed from the agenda and that the minutes submitted by the Integrated Governance and Charities Committee and the Projects Board should be discarded as they are not Board Committees. 	
09/10.02	Declaration of Conflicts of Interests <ul style="list-style-type: none"> No declarations were made 	
09/10.03	Minutes of the Previous Meeting <ul style="list-style-type: none"> The minutes of the meeting held on 2nd February 2009 were AGREED as an accurate record with the exception of the item relating to the Information Governance report on page 4 which should read “the aim is to 	

increase the score by 25% for the coming year”.

09/10.04 Matters Arising

- **Estates Strategy** – it was confirmed that an annual update had been added to the corporate objectives and a seminar session will be used to focus on this.
- **Information Governance** – SR confirmed that the report had been submitted with scores of 1 – 9%, 2 – 75% and 3 – 15% which was pleasing.

09/10.05 Reports from the Chair and Chief Executive

- JF reported that the recruitment process for 2 designate Non Executive Directors had commenced. An Open Day was planned for 31st March which, although not part of the selection process, would give prospective applicants a better understanding of the Trust and its aims.
- The “What Next?” Programme visited the Trust in March which generated excellent feedback and promoted the Trust to a wider range of professionals who would not normally have considered a Non Executive post in healthcare.

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

- **AHSC application** – The Oxford bid was unsuccessful and feedback from the panel is being reviewed. The Panel Chair has been invited to Oxford to assist with planning the next steps and a further update will be forthcoming in due course.
- **Healthcare Commission Follow Up of Children’s Hospital Services** – undertaken on the back of the 07/08 check. Issues arose because the bulk of children’s services were transferred to the ORH in the interim therefore not all results were relevant.
- **Annual Healthcheck 08/09** – due to be submitted 01/05/09. Evidence is being finalised but falls outside the Board meeting timetable. Therefore time has been added to the forthcoming Audit Committee to enable the submission to be reviewed.
- **Healthcare Commission Reports on Mid Staffs / Birmingham Childrens Hospital** - lessons learned are to be reviewed at the May seminar.
- **Snow** – The adverse weather conditions at the beginning of February challenged service delivery. The situation has been reviewed and the results have informed updates to the major incident planning procedures. The Board recorded its thanks to all staff who managed to make it into the Trust and to those who tried and were prevented. Their dedication minimised the impact to patients which would otherwise have been significant.
- **MRSA Screening** – The Trust is on track to provide screening in line with Department of Health requirements.
- **Mixed Sex Accommodation** – Guidance on this issue has been refreshed with a new compliance date of 01/06/09. The Trust is compliant with the exception of the day surgery unit, which is impossible to segregate. A new process has therefore been introduced to plan single sex lists with overflow being accommodated in Ward A. This will commence 01/04/09 and forms part of the wider privacy and dignity work which is being undertaken by the Trust and will be monitored via the Patient Survey.

- **PEAT** – The annual survey has been completed with consistently high scores. The issues noted have been addressed.
- **Investors In People** – the Trust was reaccredited in March.
- The Board **NOTED** the reports

09/10.06 Paediatric Transfer Review

- BE summarised the report which was undertaken to provide a high level review following the transfer of children's inpatient services to the ORH in 2008. Questions were invited on the recommendations made.
- JA noted that it was widely recognised that the transfer had been unsatisfactory. There had been significant planning but the implementation had not been given the same focus and the change had not bedded in well. This underlined the need for operational capability and continued monitoring in addition to strategic planning.
- SW requested that patients be involved at the outset of any similar decision making processes as there were more likely to offer robust opinions.
- BE noted that project knowledge had been lost and cultural integration had proved more of an issue than at first thought which in addition to the lack of operational leadership had compounded the problem.
- JFo noted that the Trust should not lose sight of the fact that this move was right for the children involved. It is right that lessons should be learnt but the safety of the children needing inpatient care was the most important driver of the project.
- DD noted that the request for dedicated beds, which was removed at a very late stage, contributed to many of the issues identified. In hindsight this request was not practical but better management of expectations would have highlighted the issues earlier.
- TB noted that deadlines had been imposed by clinical staff eg: anaesthetic service which had informed the way in which the transfer had taken place. External circumstances which impact upon the timetable need to be taken into account and it is a credit to all involved that the service did not collapse.
- JF asked how lessons learned were being disseminated. It was agreed the report should be shared with the ORH and PCT and that the findings would inform the work being done by the LEAN team around patient pathways.
- The Board **NOTED** the report.

09/10.07 Public Health Strategy

- TB summarised the report and highlighted the current political focus on public health. The aim is to make clear the Trust's participation in local public health initiatives and the link with the key priorities of the PCT which highlight areas for attention.
- DD asked if there was an action plan linked with the strategy. TB confirmed this was due to be submitted to the June meeting of this Board.
- The Board **APPROVED** the strategy

TB

09/10.08 Corporate Objectives 09/10

- JFo summarised the report which follows on from the planning event held on 26/01/09. The aim has been to map the objectives to the key standards for better healthcare with a concentration on metrics to demonstrate performance.

- TB noted that the baseline figures for surgical site infection may need to be amended due to the focus on promoting a higher reporting culture.
- It was agreed that although there were a small number of objectives they encompassed a large amount of work in both strategic and service development.
- SW asked whether a barrier was to be installed in relation to solving the parking issues. JH agreed that the situation requires urgent review but no decisions have been taken on the way forward as yet.
- It was **AGREED** that the objectives were robust and the metrics sufficient and that a focus on patient safety would be maintained beyond the “year of patient and staff safety” which is about to end.
- The Board **APPROVED** the objectives for 09/10

09/10.09 Care Quality Commission HCAI Registration

- JFo reminded the Board that the Trust was obliged to register with the newly formed Care Quality Commission in relation to Healthcare Acquired Infections and confirmed that the Trust’s submission had been formally recognised.
- The Board **NOTED** the registration.

09/10.10 Assurance Framework 08/09

- JFo confirmed that this had been regularly reviewed through the Audit Committee. Most items had been mitigated and the risk reduced to low. Those which remain at medium are the c.difficile target, the financial position and the CRS system.
- The Board **NOTED** the report.

09/10.11 Performance Report

- JH summarised the financial position and noted that achieving a breakeven position would be extremely close. Activity has picked up in March but there is no margin for comfort.

The KPIs were reviewed and the main points summarised as follows;

- **Operations** – SR noted that data completeness for non admitted was now above 90%. A group is looking at improving user friendliness to further increase this figure. The power outage in March caused 9 operations to be cancelled. The reporting of delayed discharges is being reviewed with regional partners. This remains the focus of a 2nd meeting with social services but the Trust is not considered a “hot” site due to its lack of A&E services. However it was confirmed that the number of beds lost as a percentage of the overall total was higher than at the ORH for example. CG questioned whether prescribing contributed to the delays. It was agreed this was only a minor contributory factor.
- **HR** – BE noted that sickness levels were below target. Turnover remained 0.9% over target but this was still encouraging taking into account the level at which the Trust started the year. Appraisals are running at 62% completed but a huge amount of work is being done in March to increase this. Agency and bank costs represent a considerable spend during the year which is due to the difficulty in recruiting and the time taken to recruit. However work is continuing on both these issues which should be reflected in the KPIs shortly.
- **SQS** – TB noted that the number of incidents reported is up, which the Trust is encouraging. There have been no cases of c.difficile for 2

consecutive months. Surgical Site Infections are up against last year but this is thought to be a statistical anomaly for March 08 rather than an actual increase in infections. WHO guidelines for surgical safety have been implemented 10 months ahead of schedule. A radiation incident occurred whereby a patient received an x ray of the wrong site. There has been an ongoing substantial reduction in the number of complaints received and an overall improvement in the patient experience.

- The Board **NOTED** the report.

09/10.12 Service & Financial Plan

- JH summarised the document which will be used to underpin budgets for the forthcoming financial year. This has been based on Department of Health and Strategic Health Authority guidance and assumes 4.7% inflation and 3.0% efficiency savings.
- Other factors taken into account include smoothing for HRGv4 and PbR, a 2% demographic growth and demand management procedures being implemented by the Primary Care Trust.
- The Trust will continue to plan for a breakeven position excepting the technical deficit which the introduction of the IFRS will cause.
- The Board **NOTED** that the cost pressures relating to CRS will not be funded by the Trust. This has been confirmed by the SHA.
- The total cost pressures have been calculated as being £5.4m. The Cost Improvement Programmes have therefore been set at £6m which is ambitious.
- Budget setting principles have been reviewed to ensure that managers are not rewarded for overspending.
- It was noted that the breakeven position forecast for 08/09 was due to the levels of over performance being handled and this could not be relied on for future years.
- JH confirmed that contracts had been agreed with the majority of Oxfordshire commissioners but that demand management would be key. A drop in referrals has been seen in recent months and there is also significant focus from the SHA on this point.
- JH confirmed that the PCT intended to manage a “nil loss nil gain” position under HRGv4 but it was likely the Trust would lose approximately £1m nationally which would have to be offset by renegotiating other work.
- PFI claims have now been agreed but the legal paperwork remains unsigned.
- CG requested more detail on savings eg: monitoring on a fortnightly basis. It was confirmed that these were monitored within the monthly finance report.
- SR noted that there was a significant risk around the reduction in activity which needs to be monitored closely with the PCT.
- SW asked if there were any intentions to source new income streams. JH referred to the Corporate Objectives on service development and noted that referrals from Greece and the Ministry of Defence were due to continue. No avenues would be closed down and items such as the cancer service were being developed.
- The Board **THANKED** JH and her team for their work with the SHA and PCT and **APPROVED** the plan.

09/10.13 Modern Matron Report

RM summarised the report and noted the key points as follows;

- Vision For Nursing has been produced and nursing KPIs agreed for review by Service Managers, Heads of Profession, NPAG and Directorate Boards.
- Work with Ward Managers is ongoing to increase their supervisory role within the Musculoskeletal Directorate with a view to working towards a Junior Sister's role.
- Cleanliness is generally good but issues remain around lack of continuity of staff. This has been referred to GSL who are reviewing the situation.
- Tissue viability audits have been undertaken in conjunction with Ria Betteridge. OCE scored 100%. Musculoskeletal scores were lower however an improvement has been noted. There are issues around documentation throughout and use of Individual Care Plans. Both are being reviewed and taken forward.
- Protected mealtimes are providing effective and visiting times are being enforced with positive effect.
- Awareness is being raised in relation to mixed sex accommodation.
- Methods of plotting patient dependency are being developed.
- Questions were invited.
- BE felt that the vision for nursing is not ambitious enough to support the ideal of the "NOC Nurse" to support recruitment of the best candidate. JFo felt that the focus should be on care skills rather than academic achievement.
- DD felt that the medication errors section of the KPIs should be expanded to include reporting of errors and lessons learned however there was uncertainty as to how this could be measured. It was agreed that this linked more to objectives and was specific to nurses.
- JA noted that anomaly between the views of food. RM noted that the scores from Musculoskeletal were better than those from OCE because the food served its purpose and was acceptable to short stay patients. However longer term patients suffered from a lack of choice due to the 2 week menu rotation.
- CG noted that the nutrition scores in Musculoskeletal were poor to start with and asked for clarification. RM confirmed that they were in fact 10%. In a follow up audit the score increased to 45 – 55%. The Modern Matrons are working closely with the Ward Managers to monitor improvements. It was felt that the issue was with documentation rather than with care although assurance is needed in the form of paperwork to back this assumption up.
- MR asked if the skills mix of nurses was right. RM confirmed that there were higher levels of Band 5 and 6 nurses and it is planned to reduce this slightly. The resulting savings will be used to bring Band 2 Healthcare Assistants up to Band 3 competencies.
- TB asked if there was a link between the lack of documentation noted in the tissue viability audits and the number of pressure sores counted. RM explained the process for recording this data. TB remained concerned that lessons learned were not being disseminated however due to the lack of paperwork this could not be substantiated.
- BE asked if completion of PDPs/ PDRs should be included in the KPIs. It was agreed that these metrics should focus on clinical care as this information was reported elsewhere.
- The Board **THANKED** RM for her work and **NOTED** the report.

- JFo summarised the report which was largely positive (in the top 20% of Trusts).
- Improvements from last year included cleanliness, hand hygiene and privacy and dignity.
- Issues were noted as appointment times and food.
- The Directorates are currently developing action plans which will be submitted to the June meeting for approval.
- The Board **NOTED** the report.

09/10.15 Staff Survey Feedback

- BE summarised the report which showed an improvement against last year.
- The overall response rate was up.
- The number of staff intending to leave was down.
- Turnover was down.
- Communication and feeling valued was up.
- Work / life balance had improved.
- Stress had decreased.
- The main concerns related to feedback / appraisals and lack of knowledge of the counselling service.
- The action plan had been reviewed as a result but the overall feedback was encouraging.
- The Board **NOTED** the report.

09/10.16 Board Committee Minutes to Recieve

- The Board received the minutes from the following Committees;
- Executive Committee

09/10.17 Any Other Business

- There being no other business the meeting closed at 17.35

**Date of next Public Trust Board meeting: 1st June 2009 – 15.00 – 17.00
in the Board Room, Wingfield Building**

Signed:
Joanna Foster, Chair