

## Public Trust Board Meeting

15.00 – 17.00

30<sup>th</sup> November 2009

Board Room, Trust Offices

# MINUTES

Present:

Name	Initials	Title
Joanna Foster	JF	Chair
Jan Fowler	JFo	Chief Executive Officer
Tony Berendt	TB	Medical Director
Jennifer Howells	JH	Director of Finance and Commercial Development
Sara Randall	SR	Director of Operations and Performance
Bev Edgar	BE	Director of Workforce and Organisational Development
Michael Rogerson	MR	Non Executive Director
Chris Goard	CG	Non Executive Director
Dale Haddon	DH	Non Executive Director
Angela Coulter	AC	Non Executive Director (in part)
Sue Dopson	SD	Board Advisor

**In attendance:** Nicki Sullivan – Minutes  
Rachel Mellor – Head of Profession, Nursing (in part)  
Sue Woollacott – NOC Network  
Monique Wilkinson – Patient Liaison Group (in part)

### Summary of key points/items approved

**Key Point 1: Creating a healthy Oxfordshire programme report reviewed**  
**Key Point 2: Care Records System resource plan and benefits realisation approved**  
**Key Point 3: Staff Health and Wellbeing strategy approved**

Item No.	Action
<b>09/10.76</b>	<b>Welcome and Apologies</b> <ul style="list-style-type: none"><li>Apologies were <b>RECEIVED</b> from Andy Carr.</li></ul>
<b>09/10.77</b>	<b>Declaration of Conflicts of Interest</b> <ul style="list-style-type: none"><li>No declarations were made.</li></ul>
<b>09/10.78</b>	<b>Minutes of the Public Trust Board Meetings Held on 5<sup>th</sup> October 2009</b> <ul style="list-style-type: none"><li>The minutes of the public Trust Board meeting held on 5<sup>th</sup> October 2009 were <b>APPROVED</b> as an accurate record with the exception of the first point on page three which should read “It was <b>NOTED</b> that the Trust’s Winter Plans had been linked in with the pandemic and surge planning to ensure resilience”</li></ul>
<b>09/10.79</b>	<b>Matters Arising</b> <ul style="list-style-type: none"><li>There were no matters arising not covered elsewhere on the agenda.</li></ul>
<b>09/10.80</b>	<b>Reports from the Chair and Chief Executive</b> <ul style="list-style-type: none"><li>JF reported on recent meetings with the Chairs Group, facilitated by the Said Business School, and Fred Hucker of Oxfordshire Primary Care Trust (PCT)</li></ul>

who reiterated the value in a task based Board to Board exercise between the NOC and the PCT in the foreseeable future. In addition JF chaired the panel for appointing new Non Executive Directors to the Board of the Oxford Radcliffe Hospitals (ORH) Trust.

- JF also thanked Board members for their contributions to the recent Celebrating Success event which had been a very positive occasion.
- JFo summarised her report and noted the key points as being the good progression of the seasonal and swine flu vaccination programmes, achieving the shortlist for the Health Innovation and Education Cluster (HIEC) bid, the approval of the OCE Mezzanine Floor business case by the Executive Committee, the postponement of the Oxfordshire AHSC bid until after the general election and the service planning event due to take place on 11<sup>th</sup> January 2010 which will shape the corporate objectives for 2010/11.
- In relation to the HIEC bid TB agreed to circulate the make up of the panel for interest. It was **NOTED** that the process was very different to that of the AHSC application and engagement and participation of a number of organisations, including education, local business, councils as well as NHS organisations, had been secured..

TB

#### 09/10.81 Patient Story

- JFo summarised the experience of a patient who attended an outpatient's appointment to find that their notes were not available. This not only caused inconvenience and potential risk at the time but led to a loss of trust and confidence in the care provided to the patient.
- It was **NOTED** that there was a tracking system in place but that the speed of updating this in the case of emergency appointments was an issue. It was **NOTED** that a recent audit indicated that the actual number of similar incidences was very small but this does not decrease the impact on the individual or the overall reputation of the Trust.
- The process of hearing patient stories was then discussed. It was **AGREED** that hearing personal experiences was useful but that this needs to include information regarding solutions and accountability for assurance purposes.

#### 09/10.82 Risk Register

- It was **AGREED** to keep the risks around CRS, infection control and cancer targets at their current levels. It was **CONFIRMED** that the register was reviewed in detail at the Integrated Governance Committee to provide assurance.
- The Board **RECEIVED** the report.

#### 09/10.83 Controlled Drugs Assurance Report

- JFo summarised the annual report and noted that such a report was considered 'good practice' to provide assurance.
- The Board **NOTED** that JFo is the Trust's accountable officer (AO) in relation to controlled drugs and further **NOTED** that incidents identified related to compliance with policy and not misuse of controlled drugs.
- The Board **APPROVED** the annual report.

#### 09/10.84 Safeguarding Report

- JFo summarised the report which covers both child and vulnerable adult protection issues and highlighted the Standards for Better Healthcare

compliance.

- BE noted that new guidance on employment checks regarding safeguarding was due imminently and that there could be a cost implication if process change is needed.
- MR queried whether a new member of staff could start work if a clear Criminal Records Bureau (CRB) check had not been received. BE confirmed that decisions were made individually and a risk based approach was adopted. It was **NOTED** that all offers of employment were conditional on satisfactory references and checks being received. It was further **NOTED** that G4S and the University are responsible for checking their own staff but the Trust gains assurance via their policy and procedures. The Board requested transparency from both organisations on this point to be assured that all employees on site were suitably screened.
- JFo highlighted the need for the Board to review and approve a safeguarding declaration to be published on the Trust's website. This was duly done and the Board **APPROVED** the statement with the proviso that the section regarding pre-employment checks was amended to include reference to the risk based approach in the absence of CRB checks prior to commencing employment.

#### 09/10.85 Fire Assessment Report

- JH summarised the 2008/09 audit results which showed the Trust had reached a good standard of fire safety with risks being classed as tolerable. Recommendations have already been implemented and the focus has moved from response to prevention.
- The Fire and Rescue Service also inspected the site and returned a positive assessment with the Trust benchmarking well against similar sites.
- It was **NOTED** that implementation of the recommendations would be monitored by the Health and Safety Committee.
- The Board **RECEIVED** the report.

#### 09/10.86 Creating a Health Oxfordshire

- JFo summarised the programme which came out of the PCT organised event earlier in the year which aimed to address Oxfordshire's financial position from 2011 onwards when savings of £80m per annum would need to be made.
- JFo noted concerns about the potential to deliver on the strategies formulated. AC concurred, noting that the project did not appear to have moved forward since the initial meeting with no concrete timings being published.
- The Board **EXPRESSED** a strong interest in supporting this work collectively with a view to helping shape ideas and build concrete timeframes.
- CG queried the possibility of disinvestment. JFo reported that no specific services had been identified at this stage and that the work was focused on an approach to develop disinvestment decisions based on clinical evidence. JH noted that the programme was not all about reduction but about doing more with static resources.
- The Board **RECEIVED** the report.

#### 09/10.87 Standards for Better Health Assurance

- TB summarised the report and noted that Internal Audit had given the process an "excellent" rating. The information had been shared with the Strategic Health Authority and PCT.
- It was **NOTED** that the interim self declaration, previously approved by the

Board was due to be submitted in mid-December.

- The Board **RECEIVED** the report.

#### 09/10.88 Risk Management Policy and Procedures

- TB summarised the document and noted the proposed change to the process and control documents as a result of the recent survey and policy day. The aim is to reduce the current policy portfolio, which is in excess of 200 documents, to an overarching set of approximately 25 with associated procedures to allow accessibility and facilitate easier updating and training. It was **NOTED** that this process would take approximately 12 – 18 months to embed.
- TB formally thanked Christine Skeldon and the Safety, Quality and Standards team for this enormous piece of work.
- The Board **APPROVED** the policy

#### 09/10.89 Care Quality Commission Performance Ratings 08/09

- JFo summarised the ratings which are being formally received in public and noted that the Trust had been awarded “good” ratings for both quality and financial management. This is a significant achievement and places the Trust in the top 13 most improved organisations. The Board **NOTED** its thanks to all the staff involved.
- The Board **RECEIVED** the report.

#### 09/10.90 Performance Report Including Monthly Finance Report

- This months Performance Report was not available and will be circulated to Board members electronically within 7 days.
- JH summarised the Finance Report noting that the Trust was on track to deliver a break even position at year end. The expected over performance in Quarter 3 was beginning to come through and therefore there was a need to act prudently to keep control on expenditure. SR reported that the Trust was currently running a paper triage system with a view to moving to a full triage system in due course if demand did not decrease.
- It was noted that considerable settlement of outstanding debts had been achieved since the report was prepared and that fixed assets now exceeded £100m.
- SR queried whether aged debt would affect the Trust’s ALE rating. JH confirmed that it would not.
- CG noted that bank/agency spend remained high. It was confirmed that this was partially due to the over performance Although costs were slightly higher it was agreed that this was the best way to manage staffing in an uncertain climate.
- The Board **RECEIVED** the report.

JF

#### 09/10.91 Standing Financial Instructions and Standing Orders

- JH highlighted the changes to the document.
- The Board **APPROVED** the amendments.

#### 09/10.92 Corporate Objectives Mid Year Review

- JFo summarised the changes and noted that the AHSC item should be replaced with achievement of the HIEC bid.
- SR highlighted the updated actions and noted the need to keep pushing to achieve the targets around patient copy correspondence and formal reporting

of the Productive Ward series.

- JH highlighted the delay in delivering service line monitoring which had an impact on the implementation of service line management which was due by year end.
- BE highlighted the ongoing work for items marked amber but confirmed that they should all be delivered by year end and noted that Customer Care training development is underway. The staff survey results are due to be reported in February 2010.

#### 09/10.92 Review of CRS Business Case, Resource Plan and Options for Progression

- SR summarised the significant changes to the business case previously agreed. The most important of these being that the Strategic Health Authority (SHA) no longer intends to support any of the costs associated with the project. As a result some Trusts now intend to pause along the pathway.
- The stages of the project and revised deadlines were reported and it was **NOTED** that part of the Trusts capital programme will be set aside to fund this project, where capitalisation of costs is appropriate.
- It was **NOTED** that positive financial benefit realisation would not be seen until 2014. CG voiced concern about the level of investment and time against the delay in realising benefits. However it was **NOTED** that the project is not completely financially driven and will result in immediate patient safety and patient experience improvements.
- The Board was formally invited to visit the Cerner facility in Paddington on 4<sup>th</sup> January 2010 when the system will be demonstrated in a clinical setting.
- The Board **APPROVED** the revised finances and noted that annual benefits reviews and savings against budget would be provided.

#### 09/10.93 Sustainable Development Management Plan - update

- JH summarised the document and noted the amendment to the timescale which would result in a formal report to the February meeting of this Board.
- It was **NOTED** that work on the Trust's carbon footprint and corporate citizenship projects was being tied in to this plan.
- Although the overall score may seem low JH confirmed that this benchmarks favourably with other Trusts and is where this Trust expected to be at the start of its work.
- It was **CONFIRMED** that the Sustainability Steering Group would oversee this project.
- The Board **RECEIVED** the update and will receive the final plan in February 2010.

#### 09/10.94 Approval of Charitable Funds Accounts 08/09

- JH summarised the accounts and asked the Board to delegate authority for approving these to the Charitable Funds Committee due to the timescales involved.
- The Board **AGREED** and duly **DELEGATED** the required authority.

#### 09/10.95 Health and Wellbeing Strategy

- BE summarised the document and noted the proactive stance aimed at improving overall employee wellbeing and thus reducing sickness and other absence which is not just about cost but the impact on patient care and customer service. It was **NOTED** that this strategy coincides with the

- appointment of a new Employee Assistance Programme (EAP) provider.
- CG asked for clarity on the possibility of achieving the targets included. BE confirmed that the sickness target was a stretch but that it was achievable. It was also **NOTED** that it would not be productive to eradicate turnover completely as this would stifle the flow of new talent into the Trust.
  - Discussion ensued around measuring take up of the EAP, bullying and harassment and long term sickness.
  - It was **CONFIRMED** that a start and finish group had been set up to monitor the implementation of this strategy and action plan. **BE**
  - The Board **APPROVED** the strategy.

**09/10.96 Learning and Development Strategy**

- BE summarised the strategy and noted the link with the HIEC bid, coaching framework and talent management work which was ongoing.
- The Board **APPROVED** the strategy.

**09/10.97 Board Committee Minutes**

The Board **REVIEWED** the minutes of the following sub-committees;

- Executive Committee – 27<sup>th</sup> October 2009

And **NOTED** the contents.

**09/10.98 Any Other Business**

- TB noted that the Trust would be assessed against NHSLA Level II in January 2010.
- There being no other business, the meeting closed.

**Date of next Public Trust Board meeting: 1<sup>st</sup> February 2010 – 15.00 – 17.00  
in the Board Room, Wingfield Building**

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

Joanna Foster, Chair