

Public Trust Board Meeting

15.00 – 17.00

29th September 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
Penny Gardner	PG	Non Executive Director

In attendance: Nicki Sullivan – Minutes

Sue Woollacott	SW	NOC Network
Eva Blacklock	EB	Patient Liaison Group
Terry Garrett	TG	Patient Liaison Group
John Skinner	JS	Oxfordshire Healthcare Informatics Service (in part)

Absent: Andy Carr - Non Executive Director

Summary of key points/items approved

Key Point 1: Assurance Framework and Risk Register reviewed

Key Point 2: CRS Options considered and approved

Key Point 3:

Item No.	Action
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08/09.57	Welcome and Apologies
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- JF **welcomed** everyone to the meeting and **noted** the apologies of Michael Rogerson

08/09.58	Declaration of Conflicts of Interests
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- No declarations were made

08/09.59	Minutes of the Previous Meeting
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- The minutes of the meeting held on 4th August 2008 were **AGREED** as an accurate record with the exception of the removal of the action point attributed to SR on page 3 and with clarification that the Trust intended to work towards AHSC status regardless of the progress of its FT application.

NS

08/09.60	Matters Arising
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- **Transfer of paediatric services** – JFo **confirmed** that BE was the Executive lead and JA the Non-Executive lead for this review. Other

members of the group had been written to.

08/09.61 Reports from the Chair and Chief Executive

Chair's Report

- JF **thanked** everyone for their attendance at the AGM and Heritage Day held on 26th September 2008 and **thanked** the organising committee for their efforts.
- JF **confirmed** that the Trust had been represented at the AGMs of both the ORH and PCT.

Chief Executive's Report

- **AHSC** - JFo **reported** that the ORH had publicly backed the development of an AHSC as part of their FT application. An event for parties interested in forming an AHSC had been arranged for 15th October to give information about the accreditation process. It is believed the standard will be set extremely high.
- **CRS** – the short term agreement with Fujitsu has been extended to the end of May 2009 but the long term remains unclear and represents a high risk to the Trust.
- **Performance** – the increase in referrals remains at around 28% year on year. The 18 week target is still being achieved but additional resources now be needed to sustain this and prevent penalties being imposed.
- **Hygiene Code** – the final report has yet to be received but is due imminently.
- **TSSU** – a follow up inspection to the ISO accreditation process achieved in January 2008 found no outstanding issues, which is a major achievement.
- **PCT Strategy Review** – no major shift in priorities is expected but it will incorporate the recommendations from the NHS Review. An invitation to present to the Board has been extended.
- **Annual Healthcheck** – Results will be published on 16th October.. The “use of resources” score is likely to be good. A full report will be given to the next Board meeting.

JFo

08/09.62 Musculoskeletal Hand Hygiene Audit

- TB **presented** the report as an example of work on infection control. There is an improvement in levels being seen through the weekly audits but the target of 95% compliance has yet to be achieved.
- A framework is also being developed to deal with any persistent unsafe practice.

08/09.63 Retention and People Management Strategy

- BE **asked** the Board to treat this as a first draft due to CRS changes. An updated document will be brought back to the next meeting.
- It was however **noted** that mandatory training figures would form part of the KPIs to support improvements required by the Annual Healthcheck etc.
- DD feels that there is a huge amount contained within the strategy and that actions needed to be prioritised. BE feels that all areas noted require attention and although some would progress faster than others all need to be addressed.
- JA felt that the focus should be on team leaders at all levels as they are the people who can facilitate change. BE **reported** that the GREAT Leaders programme was underway and would focus on leadership skills within the Trust.
- JF felt that there was a gap in the vision around fairness and diversity within the workforce and **asked** that this be looked at as part of the update.

BE

08/09.64 Safer Management of Controlled Drugs

- JFo **explained** that the Trust was required to have an accountable officer for the management of controlled drugs and that she was currently acting in this capacity. The Board was asked to **confirm** this and **AGREED** to her nomination.

08/09.65 Board Level Senior Information Risk Officer

- JFo **explained** that the Trust was required to have a Senior Information Risk Officer (SIRO) and that Sara Randall had been nominated to act in this capacity. The Board was asked to **confirm** this and **AGREED** to the nomination.

08/09.66 Business Case for a Fifth Spinal Consultant

- SR **presented** the business case for a fifth spinal consultant to meet the unprecedented demand currently being experienced and to develop the service further.
- The Board was **asked** to ratify the decision to support the recruitment of a fifth consultant and **AGREED** to this request.

08/09.67 Care Records System Options

- SR **summarised** the current position with the short form agreement with Fujitsu having been extended to 29th May 2009. BT is likely to be the new provider and a draft proposal was received today. SR invited JS to summarise the options.
- JS **reported** that the most viable way forward was to move to a BT data centre, the others being to remain with Fujitsu or seek a new product, neither of which was realistic.
- The London sites have been previewing version 2 of Cerner Millennium and it has received a favourable response.
- The plan would be to move to the BT data centre between May and July 2009 with the introduction of LC1 in Autumn 2009 although a move direct to release 2 could happen if the first phases of the plan were delayed.
- The Executive Committee has **supported** this course of action to mitigate the current high risk and move the situation forward and the Board was **asked** to **ratify** this decision.
- JA asked what could go wrong. JS **responded** that there was an inherent risk in any IT project but that rigorous testing and quality gateways would be built into the process to mitigate these as much as possible. In addition the threat of delays and BT's contract renegotiation could also impact on the process.
- JFo **commented** that no option is risk free and that the Trust needed to learn from previous poor experiences by preparing as much as possible and testing extensively but also needed to be prepared for problems. SR also **noted** that the Trust would not agree to any significant go lives in the final quarter of the year due to the impact on performance.
- SR **confirmed** that the integration of PACS and RIS was not planned at this time but that integration remained the preferred option and the SHA has received a formal letter to this effect. JS **reported** that it is also BT's vision to integrate the systems which is positive.
- The Board **SUPPORTED** the recommendations.

08/09.68 Performance Report

- The Executive Team **reported** by exception on the performance KPI's.
- TB **confirmed** that the 2 data protection incidents were now being treated

as “near misses” rather than actual incidents. Medication errors could be attributed to better reporting structures and complaints seemed to be demonstrating a downward trend, although it was too early to be definite about this.

- BE **reported** that the time to recruit was reducing in part due to a successful recruitment day for healthcare assistant and nursing posts. Process bottlenecks have been identified and are being dealt with. Concerns remain around the number of Personal Development Reviews completed and staff turnover levels. JF **asked** if there were any patterns emerging as to reasons for staff leaving. BE **confirmed** that there was insufficient data at present to extrapolate this information but that the pattern was unusual taking into account the Trust’s current position and thus uncertainty about the future could definitely be a factor. Retention strategies and analysis of exit interview data are being undertaken to further work in this area.
- JH **confirmed** that the Trust continued to forecast a break even position at year end. Risks to this position remain the sale of the Littlemore land and increasing utility charges which are estimated to come in at £300k above budget. Over performance is mitigating this with a forecast of £7m for the year which needs to be delivered without excessively increasing costs. There is a concern that the PCT do not have the resources to investigate and mitigate the growth in referrals. JFo **noted** that this trend was being seen in other similar organisations although not to the same extent. GPs were driving demand for a variety of reasons. JH also **noted** that the cash position would need to be reviewed in October after the impairment funding has been repaid.
- SR **reported** that Diagnostics are maintaining their 6 week target which is a huge achievement given the staffing challenges. Delayed discharges are up to 7% which is high. A cross agency delayed discharge group is sitting to try and identify and resolve bottlenecks to progress this issue.

08/09.69 Risk Register / Assurance Framework

- JF **agreed** to take these items together.
- JFo **presented** the documents and summarised the items which had increased or decreased in severity.
- The Board reviewed in detail the high risks on the Assurance Framework and Risk Register and **RATIFIED** the actions taken and entries made.

08/09.70 Audit Committee Annual Report

- The Board **received** the report and **NOTED** its contents.

08/09.71 NOC Charitable Funds Mandate

- The Board **APPROVED** the signatories for the Charitable Funds mandate

08/09.72 South Central SHA Review of Trust Public Board Meetings

- JF **reported** that this document and been reviewed in the Board seminar which preceded this meeting. The Executive Team had **agreed** to produce recommendations and an action plan as a result which will be presented to the next meeting.

JFo

08/09.73 Register of Interests

- This has been produced in line with governance guidelines and to promote an open and transparent environment. There are some outstanding entries which are currently being chased.

NS

- The Board **received** the report and **NOTED** its contents

08/09.74 Trust Committee Structure

- JFo **presented** a revised structure which was prepared as a result of the auditor's recommendations. Integrated Governance Committee will now report in to both the Audit Committee and Executive Committee to ensure adequate independent Non Executive review.
- DD **expressed** concern that this would delay the minutes of this committee being presented to Board members. These concerns were **noted** but it was **AGREED** that as Non Executive Directors sit on both the Integrated Governance Committee and the Audit Committee there was ample opportunity for any concerns to be raised and dealt with as part of the proposed structure or as part of Executive Committee, the Risk Register or Assurance Framework. The Board therefore **AGREED** to approve the new structure and **review** the arrangement to see if the delay was causing real issues.

08/09.75 Estates Strategy

- JH **summarised** the report and **confirmed** that the final draft would be presented to the Board in December. A full copy of the first draft is available upon request.
- An informal external consultation is underway and the strategy aims to conform with the sustainability agenda and hygiene code inspection results.
- SW **reported** that the NOC Network were not having success from their lobbying for the 700 bus route to be extended. Oxfordshire County Council require a large sum of money for this to happen. Therefore parking will continue to be an issue. JH **confirmed** that the costs in question were prohibitive and that the plan lacked support from the ORH therefore other avenues need to be explored.
- The Board was **ASSURED** that all is in hand and will **receive** the full report in December

08/09.76 Future Use of Camelia Ward

- SR **presented** the report and **summarised** the main points for the future use of this ward after the transfer of paediatric inpatient services to the Childrens Hospital.
- 5 options were put forward and option 3 was considered the best fit. This has been **approved** at Projects Board and Executive Committee and represents the best all round solution to the challenges currently faced. In addition this option allows for the creation of facilities for 16-19 year olds with long term conditions.
- It was **AGREED** that usage of any space needs to be regularly reviewed to ensure changing demands are being met.
- DD **asked** if the NOC Appeal were supporting this proposal. JFo **confirmed** that the Appeal had been briefed and a waiver to the covenant to cover adult usage had been formally requested from the Trustees.
- The Board **RATIFIED** the decision to proceed with Option 3

08/09.77 Board Committee Minutes

The Board **RECEIVED** the following minutes

- **Integrated Governance Committee**
- **Audit Committee**
- **Projects Board**

- **Executive Committee**
- **NOC Network** – SW was asked to report on the work of the group and **reported** that the NOC Network continued to support the formation of an AHSC and had reaffirmed their view via the ORH FT consultation process. In addition SW **noted** that from recent patient feedback, continuity of nursing care was valued above bright new surroundings and that inter hospital transfers continued to be a source of stress.
- **Patient Liaison Group** – TG was asked to report on the work of the group and **reported** that the PLG are continuing ward visits and have gathered views on protected mealtime and visiting hours. In general the systems are working well. The group is also involved in PEAT inspections and the external signage review to provide a patient led viewpoint.

08/09.56 Any Other Business

- There being no other business the meeting closed at 16h 55

**Date of next meeting: 1st December 2008 – 15.00 – 17.00
in the Board Room, Wingfield Building**

Signed:
Joanna Foster, Chair