

Public Trust Board Meeting
14.00 – 16.15
2nd August 2010
Board Room, Trust Offices

MINUTES

Present:

Name	Initials	Title
Joanna Foster	JF	Chair
Jan Fowler	JFo	Chief Executive Officer
Tony Berendt	TB	Executive Medical Director
Sara Randall	SR	Executive Director of Operations and Performance
Bev Edgar	BE	Executive Director of Workforce and Organisational Development
Michael Rogerson	MR	Non Executive Director
Chris Goard	CG	Non Executive Director
Angela Coulter	ACo	Non Executive Director

In attendance: Nicki Sullivan (NS) – Minutes
 Sue Woollacott (SW) – Chair, NOC Network
 Monique Wilkinson (MW) – Acting Chair, Patient Liaison Group
 Melanie Proudfoot (MP) – Head of Communications (in part)
 David Bascombe (DB) – Head of Estates

Summary of key points/items approved

- Key Point 1: Review of CRS Business Case**
- Key Point 2: Review of Patient Experience Report**
- Key Point 3: Ratification of Final Accounts 2009/10**

Item No.	Action
10/11.47	Welcome and Apologies <ul style="list-style-type: none"> • Apologies were RECEIVED from Jennifer Howells, Sue Dopson, Dale Haddon and Andy Carr. • JF welcomed visitors to the meeting and explained the rules of engagement.
10/11.48	Declaration of Conflicts of Interest <ul style="list-style-type: none"> • There were no conflicts of interest declared.
10/11.49	Minutes of the Public Trust Board Meetings Held on 7th June 2010 <ul style="list-style-type: none"> • The minutes of the meeting held on 7th June 2010 were APPROVED as an accurate record with the exception of the addition of the key points (receipt of the DIPC report and discussion surrounding overseas work) and the replacing of the phrase “in conjunction” with “shared breach” in point 10/11.39.
10/11.50	Matters Arising <ul style="list-style-type: none"> • Thames Valley Health Innovation and Education Cluster – TB confirmed that David Doughty had been appointed as Chair and will be appointing an Executive, project management team and administration support over the next 3 months. • Patient Story Action Plan – SR circulated the action plan which was discussed at the previous Board meeting.

10/11.51 Reports from the Chair and Chief Executive

- JF reported that she and JFo had met with the Chair and Chief Executive of the Strategic Health Authority (SHA) recently and they have confirmed that the recruitment process for a new Chair is underway. Candidates will have the opportunity to visit the Trust during the application process.

JFo summarised her report. Key points included;

- The revision to the Operating Framework confirmed that process targets are no longer going to be centrally monitored. However they still form part of the Trust's contract with commissioners. The four tests for reconfiguration proposals were highlighted. Further details regarding the 30 day post discharge proposal are awaited. TB noted the danger of hospitals following an overly cautious discharge process to prevent readmission fines which would put intense pressure on the system and result in longer length of stay for patients.
- White Paper – Liberating the NHS The movement of commissioning to General Practitioners (GPs) and the abolition of SHAs and Primary Care Trusts (PCTs) were **NOTED** as key changes, however also the risks that the proposed GP consortia would not be ready in time to take on this responsibility. Also the risk of non achievement of the financial savings required due to the significant system change. It was **AGREED** that this was a period of instability and change for the NHS in general concerning for continuity of patient care, the impact on staff and what would happen to the functions of various oversight bodies such as the Overview and Scrutiny Committee carried out when they are disbanded. .
- 3 recent successes for the Trust were **NOTED**. Mr Chris Lavy has been elected to the Council of the Royal College of Surgeons, The Organisational Development department won the SHA award for achieving success through partnership for its work with apprenticeships and the Human Resources team received two awards (runner up, HR team of the year and highly commended, improving employee health and wellbeing) at the recent HPMA ceremony for 2010.
- Work to move towards a clinically led organisation was **NOTED**. Consultation is due to commence in the Autumn to take effect from April 2011.
- It was **NOTED** that the Care Quality Commission (CQC) would not be conducting an Annual Health Check this year but will instead use the benchmark data they have collected to inform the risk rating given to each organisation.

10/11.52 Patient Story

- JFo summarised the various methods which had been used to capture patient stories to inform change within the organisation. It was **AGREED** that interviews with the Board and recording experiences were the most powerful way of disseminating the information and they will be taken forward in this way from October.

10/11.53 Oxfordshire Public Health Report

- BE summarised the report and noted the 5 main long term threats to the region (breaking the cycle of deprivation, an ageing population, mental health and wellbeing, rising tide of obesity and fighting killer infections). These will be incorporated into the Trust's Public Health Strategy which will be reviewed by the Integrated Governance Committee in October and brought back to the Board for approval in December.

- The Board **RECEIVED** the report and **NOTED** the content.

10/11.54 Final Accounts 2009/10

- JFo summarised the report and noted the previous approval process via Audit Committee and a private session of this Board to comply with the national timescales. These have been signed and submitted by JFo with the delegated authority of the Board.
- The Board **RECEIVED** the accounts and **RATIFIED** the content.

10/11.55 Key Performance Indicators

The Executive Directors summarised the report by exception.

- SR highlighted the increase in delayed discharges. The Board **NOTED** the pressure on capacity and funding within the social care system. Work is ongoing to try and make pro active headway in this area eg: supported discharge. SR confirmed that a glossary of terms for the new KPI report was due to be circulated shortly and agreed to amend the graph showing the impact of the Musculoskeletal Triage Hub to include month data for the next meeting. The 20% reduction in patients being referred was noted. **SR**
- JFo summarised the finance paper and referred the Board to the narrative report. It was **NOTED** that a £0.7m gap in savings remained and that some identified schemes remained high risk. The Trust had a surplus of £307,000 before “technical adjustments” after the first three months of the financial year 2010/11.
- BE noted that the sickness rate was above target at 3.9% but remained below the NHS average. The use of the employee assistance programme to manage stress related problems and management of return to work interviews was helping to decrease this figure. Mandatory training figures for fire, resuscitation and safeguarding remain below target. Discussion ensued as to how this could be improved. It was **NOTED** that General Managers are focusing on this as a performance issue with staff and other initiatives are being rolled out to assist attendance such as e-learning. It was **NOTED** that there were no targets included for headcount although these were reported externally. This will be rectified for the next meeting. It was further **NOTED** that spend on agency staff was high. BE explained how this related to an under spend on the pay budget and overall vacancy management. The impact of e-rostering should also be seen in this area over the next few weeks.
- TB confirmed there were no areas of concern in the safety, quality and standards metrics.
- It was **NOTED** that the contract with Oxfordshire PCT had now been signed.
- The Board **RECEIVED** the report and **NOTED** the content.

10/11.56 Modern Matron Report

RM and LRK summarised the report. It was **NOTED** that the report was due to be amended to become more outcome focused and to incorporate the nationally agreed high impact nursing actions. Key points included;

- Agreement of nursing quality indicators.
- Review of nursing roles in preparation for graduate entry in 2013.
- Carrying out CQC spot checks to test readiness for inspection and individual knowledge.
- Introduction of e-rostering on 3 wards. This has highlighted some inconsistencies of rostering which are being rectified. A presentation to the Board is due in the near future.
- Funding secured for food hygiene training.

- Success of targeted hand hygiene training in clinical areas.
- Launch of new cleaning products to improve decontamination.
- Improvements to the Trust website to make infection control information more accessible to the public.
- MR asked if the skill mix review had identified any areas of imbalance. RM confirmed this was the case and highlighted the 3 year programme which had been put in place to redress this. More detail on this was **REQUESTED** in the next report.
- The Board **RECEIVED** the report and **NOTED** the content.

RM

10/11.57 Inpatient Survey and Action Plan

- BE summarised the report and noted that she was looking to pull all patient feedback together to inform a more detailed and comprehensive action plan.
- AC expressed concern that the action plan did not address all negative points from the survey. She felt more use of the Patient Liaison Group survey and other similar sources would be beneficial. In addition she noted that the key comparison is not with the NHS average but against Trust figures for last year.
- BE agreed with AC's comments and confirmed that work is underway to address these issues. Historically this has been devolved to the Directorates but has resulted in less of a joined up approach as some areas are monitored elsewhere eg: via CQUINS.
- AC and CG offered to assist with this work and it was **AGREED** that a revised integrated action plan would be submitted to the Board in October.
- The Board **RECEIVED** the report and **NOTED** the content.

10/11.58 Patient Experience Report

- TB summarised the report prepared from data from the Patient Advice and Liaison Service and Complaints team.
- AC noted that there appeared to be a lack of support for producing and revising patient information. SR disagreed, citing the Patient Information Group's work and confirmed that budgets for production are with the Directorates. However these are being pulled out to be identified separately to avoid confusion. In addition more work is needed to agree the best way to present information for patients both electronically and in print.
- The Board received the report and noted the content.

10/11.59 Patient Safety

- JFo summarised the report which was compiled from the results of the Patient Safety visits undertaken by Board members. This activity reinforces how seriously the Board takes this issue.
- Some recurrent issues were highlighted which was disappointing but no major problems had been identified.
- It was **NOTED** that there was now involvement from PPI groups in this initiative.
- JF invited comment from MW and SW. MW asked for feedback on the PLG survey to ensure it was useful to the Trust. BE to provide as part of the overall PPI strategy. MW reported that a recruitment drive was being undertaken to encourage new members to enable an increase in work rate and range. CG offered assistance with these projects. SW confirmed that the NOC Network were assisting the PLG with admin support etc in the interim. JF thanked MW and SW on behalf of the Board for their ongoing work.
- The Board **RECEIVED** the report and **NOTED** the contents.

BE

10/11.60 Review of CRS Business Case

- SR presented a review of the CRS business case.
- The key changes in the project timetable were **NOTED** along with the resource implications, change of code base, the information governance issues relating to the upgrade centre location and changes to the project scope.
- Risks associated with project development were discussed. These included issues around the Doman 1 split, lack of signed commercial agreements, and the cost implications of delays in following years.
- SR reminded the Board of the benefits of continuing with the project including improved patient safety and experience, elimination of waste, financial savings and acting as a catalyst for change.
- It was **NOTED** that implementation and training plans would be submitted to future Board meetings for assurance.
- The governance issues around UK versus US based upgrade centres were discussed. It was **NOTED** that it had been agreed that no patient information would leave the UK even if a US based upgrade centre was used. In addition the Trust's auditors have been asked to review governance arrangements during the upgrade to ensure security. SR agreed to provide correspondence confirming confidentiality to the Board in confidence.
- The Board **APPROVED** the review and the recommended changes and actions.

10/11.61 Any Other Business

- MR noted that an independent national review of Quality Accounts had established that approximately 50% were considered sub standard as the Board had not received the evidence quoted to support the claims made during the year in question. It was **AGREED** that the Trust's Quality Accounts should be reviewed to ensure this was not happening here, however it was felt that the majority of information included in the QA's had been reviewed and received by the Board prior to its inclusion. It was **AGREED** that a mapping document should be produced for ease of Board assurance in this regard. JFo to liaise with the Head of Safety, Quality and Standards.
- SW asked for assurance that CRS would not be affected by the government's proposed cuts in public spending. SR confirmed that the Trust was part of a national contract which was not due to expire until 2014 and was therefore protected until then. However thereafter the future is unclear and a long term Information Management and Technology strategy is being developed to include a variety of contingencies.
- There being no other business the meeting closed.

**Date of next Public Trust Board meeting: 4th October 2010 – 14.00 – 17.00
in the Board Room, Wingfield Building**



Signed:

Joanna Foster, Chair