

Public Trust Board Meeting
14.00 – 16.00
6th December 2010
Boardroom, Trust Offices

MINUTES

Present:

Name	Initials	Title
Christopher Goard	CG	Chair
Jan Fowler	JF	Chief Executive Officer
Tony Berendt	TB	Executive Medical Director
Sara Randall	SR	Executive Director of Operations and Performance
Jennifer Howells	JH	Executive Director of Finance and Business Development
Beverley Edgar	BE	Executive Director of Workforce and Organisational Development
Michael Rogerson	RG	Non Executive Director
Angela Coulter	ACo	Non Executive Director
Dale Haddon	DH	Non Executive Director
Andrew Carr	ACa	Non Executive Director

In attendance: Nicki Sullivan (NS) – Minutes
 Monique Wilkinson (MW) – Chair, Patient Liaison Group
 Rachel Mellor (RM) – Head of Profession, Nursing (in part)

Summary of key points/items approved

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

Item No.	Action
10/11.90	Welcome and Introduction <ul style="list-style-type: none"> Apologies were RECIEVED from Sue Dopson
10/11.91	Declaration of Conflicts of Interest <ul style="list-style-type: none"> TB noted that he held an honorary contract with the Oxford Radcliffe Hospitals Trust (ORH) which related to any item connected with the proposed integration.
10/11.92	Minutes of the Trust Board Meeting Held on 4th October 2010 <ul style="list-style-type: none"> The minutes of the meeting held on 4th October 2010 were APPROVED as an accurate record.
10/11.93	Minutes of the Extraordinary Trust Board Meeting Held on 2nd December 2010 The minutes of the meeting held on 2 nd December 2010 were APPROVED as an accurate record with the exception of the following points; <ul style="list-style-type: none"> Page 2 – JH requested that the requirement to consult with LINKS be added. Page 3 – in relation to the Heads of Terms item JH requested that the word “would” be replaced with the phrase “was expected to” Page 3 – “agreement breached” to be replaced with “agreement reached”. NS
10/11.94	Matters Arising

- BE reported back on the Patient Story discussed at the meeting held on 4th October. She confirmed that feedback from Monique Wilkinson had been formalised into an action plan and implementation of this was being managed by the Patient and Public Involvement Forum (PPI). Some items have already been addressed and feedback has been given on others which are ongoing.
- It was **NOTED** that this action plan would be ongoing with other feedback from the Patient Liaison Group (PLG) and similar bodies being incorporated. This will feed into the Quarterly Patient Experience Report received by the Board.
- It was **CONFIRMED** that the Directorates formed part of the PPI forum and took ownership of actions via this group.

10/11.95 Report from the Chief Executive

- JF summarised the report and noted that the Operating Framework for 2011/12 was due to be published in mid December.
- The Board **RECEIVED** the report and **NOTED** the contents

10/11.96 Report from the Chair

- CG reported that he had spoken with Sir Jonathan Michael (Chief Executive, ORH) in Dame Fiona Caldicott's (Chair, ORH) absence. Both organisations remained committed to the merger and the due diligence process was due to start in the near future.

10/11.97 Patient Story

- BE noted that she had attended a recent LINKS event focused on patient experience. During this session 2 opposing stories which highlighted the importance of communication had stood out.
- The first related to comments made on a comment card thanking staff for working late to accommodate a delayed ultrasound scan.
- The second related to the experience of a patient brought in for day surgery and prepared for the procedure. However when she was seen by the consultant, who was not the consultant who referred her for surgery, she was told the procedure was not appropriate and sent home without an explanation. To date she has not received any follow up.
- Discussion ensued about how this type of feedback was reviewed and learning disseminated. It was **NOTED** that the Patient and Public Involvement (PPI) Strategy will be presented to the Board in February 2011. This is aligned with the ongoing action plan referred to above which takes into account all feedback. TB suggested patient stories should be treated as incidents and investigated in the same way. This would offer a structure to enable lessons learned to be embedded in ongoing thinking. It was **NOTED** that there was still work to do to close the loop with the Directorates and to link in to service redesign. BE to take forward.
- The Board **RECEIVED** the report and **NOTED** the contents.

BE

10/11.98 2010/11 Corporate Objectives – 6 Month Review

- JF summarised the report, which represented the regular 6 month review of corporate objectives. In addition a review of the ongoing applicability of each objective had been carried out to take into account the proposed merger with the ORH.
- Items rated as red (under achieving) were **NOTED**. It was **CONFIRMED** that plans were in place to mitigate the risks identified where possible. This was discussed in more detail under the Performance Report and CRS Upgrade item below.

- SR expressed concern that the digital dictation item had been removed as she was not aware that this had been stood down. JF to investigate.
- MR asked about the possibility of attaining NHSLA Level III before the merger. It was **NOTED** that a significant amount of work would be needed to achieve this, as evidenced by a recent informal inspection, and there was a risk that the Trust would lose its current Level II status as result. TB confirmed that in practice the Trust was functioning at Level III in many areas but to be formally accredited the inspection would need to be brought forward and significant resources invested which was considered counterproductive in the current climate. It was **NOTED** that the Trust was still committed to maintaining its Level II score and that only the planning to attain Level III was being deferred.
- The Board **APPROVED** the outcomes of the review.

JF

10/11.99 Performance Report (Month 7) including Monthly Finance Report

The Executive Directors reported by exception.

- **Cancellations** – SR noted that the monthly target had been missed but the Trust was still achieving the required Year to Date figure. The lapse had been caused by the need to admit a significant number of emergencies in month.
- **Delayed Transfers of Care (DTC)** – continue to be a significant problem and figures are still increasing. This remains due to a lack of available funds in the social care budget. Additional funds are being made available from a variety of sources to unblock the system however the rising figures will impact upon the Trust's quality scores leading to a rating of "quality under review".
- **18 Weeks** – It was **NOTED** that from Quarter 3 the Department of Health (DoH) and Strategic Health Authority (SHA) would begin reporting on median waits in addition to the number of patients who complete their pathways within 18 weeks. The Trust is currently outside the median targets. SR confirmed that the Primary Care Trust (PCT) had been formally asked whether achievement of these targets was a priority and it had been confirmed that they did not wish to increase activity due to the cost implications.
- **Data quality** – work is ongoing to improve this figure.
- **Finance** – JF confirmed that the Trust is currently reporting a year end surplus of £600k. To achieve the target a total of 1% of turnover needs to be forecast. The figure of £600k is conservative but reflects the risks associated with winter such as snow and seasonal flu. It was **NOTED** that the Cost Improvement Plans (CIPs) were performing well but a small number remained high risk, hence the lower rating. The key challenge remains over performance and the risk of non payment. It was **NOTED** that the commissioners had been formally advised of the problem and that recent changes in thresholds were unlikely to impact in this financial year. A response is awaited. JH confirmed that the PCT did not feel that continued over performance reflected a failure of the Triage Service to manage demand. This work is appreciated but more needs to be done to reduce demand. It was **NOTED** that the report now included performance against Foundation Trust (FT) risk ratings for information.
- **Sickness** – continues to reduce but remains above target. However it was **NOTED** that the goal was a very challenging one. The Trust is delivering on its wellbeing targets and long term sickness continues to be proactively managed.
- **Mandatory training** – resuscitation continues to be below target. Discussion ensued as to why this is and what could be done to remedy the situation. It was **NOTED** that training is lengthy in comparison to other courses, cannot be delivered via e-learning and needs to be level appropriate to the individual. As a result staff are sometimes unable to attend due to the needs of the service being unable to accommodate their absence. It was **CONFIRMED** that,

although the figure is not reported, the Trust can track compliance on a shift by shift basis to ensure full resuscitation cover. JF and BE will review this way in which data is presented to provide assurance to the Board that there is fully trained cover around the clock.

JF/BE

- The Board **RECIEVED** the report and **NOTED** the contents.

10/11.100 Fire Risk Assessment Report

- JH summarised the report and noted that all last year's actions were confirmed as completed.
- A small number of minor recommendations were made which mainly related to behaviours such as propping open fire doors. Action plans are underway for areas for which the Trust has responsibility and engagement with G4S and Albion will ensure that all other points are accounted for. Confirmation that they had taken the necessary actions was requested to be given to the next Board meeting as was confirmation from BMI Healthcare that they had carried out the necessary fire assessments.
- Discussion ensued about the best way to communicate with staff on this issue as it was felt global emails were not always effective. It was **CONFIRMED** that the use of automated screen savers was not possible. Ideas should be submitted to JH.
- The Board **APPROVED** the report.

10/11.101 QIPP and Reform Plan Update

- JH summarised the report and noted that national focus on this initiative is increasing. It represents an alternative method of reporting to CIPs and it was **CONFIRMED** that planning for 2011/12 was already underway.

10/11.102 Ward to Board Report

- RM attended to present the report, which is an updated version of the Modern Matron report. The focus is now on nursing quality indicators which have been reviewed to bring them in line with current requirements and this report highlights clinical audit results. Other sections will be prioritised in future.
- The actions planned for the next quarter were **NOTED** and it was confirmed that mock Care Quality Commission (CQC) inspections would be carried out every 4 months.
- MR asked how quality indicators improve patient care. It was **NOTED** that the focus on quality eg: documentation audits lead to the addressing of failing areas, refinement of systems and processes and encourage cross learning, all of which feeds back into an improved patient experience. It was **AGREED** that follow up should mirror that subsequent to patient safety visits to ensure all loops are closed.
- It was **NOTED** that there was a joint nursing event planned with the ORH for later in December where mapping against each Trust's indicators would be discussed.
- It was **AGREED** that a traffic light system to rate results would aid review and understanding.
- The Board **RECEIVED** the report and **NOTED** the contents.

10/11.103 Kennedy Rheumatology Research Institute

- ACa confirmed that Heads of Terms had been signed to effect the transfer of the Kennedy Institute to Oxford from London. The Trustees have committed to spending £80m to support a new building and research with the University contributing a further £16m.

- It is believed that 6 consultants would be seeking honorary contracts with the Trust. This will enhance the profile of both organisations and assist with the work of the Biomedical Research Unit (BMRU). Their work will be complimentary to the existing consultant body.
- The Board **NOTED** the information.

10/11.104 Medical Revalidation Responsible Officer

- JF summarised the SHA's requirement to nominate a Responsible Officer for medical revalidation. This is a legal requirement. It was **CONFIRMED** that Dr Tony Berendt, Executive Medical Director, will fulfill this function.
- The Board **APPROVED** the appointment.

10/11.105 Care Record Service (CRS) LC1 Upgrade Training Plan

- SR summarised the plan and confirmed that the 2010.01 system had now been built with testing being in its final phase. This is due to come online on 12th February 2011 however the second technical upgrade due to take place in early December has been delayed. This will therefore impact on the imminent Domain 1 split and the implementation of the LC1 upgrade. A new date is awaited and the dates in the plan will be adjusted accordingly.
- It was **NOTED** that a phased approach will be taken to the upgrade and lessons learned from previous installations have been reviewed and incorporated into the plan. Key items include training a significant proportion of Trust staff to be super users, ensuring training materials and standard operating procedures are in situ and that there is a clear change management process, updating the training environment with fixes in real time, implementing "train the trainers" plans and ensuring integrated involvement across the Directorates.
- It was **NOTED** that training would be mandatory and must be completed to enable a smartcard to be issued. Without a smartcard staff cannot carry out their duties.
- It was **NOTED** that there were plans in place to support those who suffered from fear of change and lack of confidence with IT use.
- The Board **APPROVED** the training plan.

10/11.106 Creating a Healthy Oxfordshire (CAHO) Abingdon Pilot

- SR summarised the report and noted that the initiative had commenced in 5 practices in Abingdon on 1st November 2010. The aim is to reduce the number of adults being referred to emergency care.
- The Didcot area is due to start in December with Wantage and Wallingford following in March 2011. The success of the pilot will then be evaluated before it is rolled out in Banbury, Witney and Oxford.
- It was **NOTED** that numbers involved were small to date but that other similar schemes had claimed impressive results around the country. Eventually this should help with delayed transfer and demand issues throughout the system.
- It was **AGREED** that the Board should be given regular updates on the initiative.
- The Board **RECEIVED** the report and **NOTED** the contents.

10/11.107 Any Other Business

- **NOC Charity** – JH summarised the annual accounts which were tabled for information. These have been approved by the Charities Committee and independently examined by the Audit Commission. It was **NOTED** that a query had been raised over the recommendation relating to the Harlequin system as

it was not clear what was required. It was **CONFIRMED** the charity has no investments in stocks and shared. The Board **APPROVED** the accounts in its capacity as Corporate Trustee and authorised JF and MR to sign them.

- **Register of the Seal** – the Board **NOTED** that the seal had been used as detailed in the paper provided.

10/11.108 Date of Next Public Board Meeting

- It was **NOTED** that the next Public Board meeting would take place on Monday 7 February 2011 at 14.00 in the Trust Boardroom.

Signed:

Christopher Goard, Chair