

**Public Trust Board Meeting**  
**14.00 – 17.00**  
**7<sup>th</sup> June 2010**  
**Board Room, Trust Offices**

## MINUTES

Present:

Name	Initials	Title
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
Jenny Howells	JH	Executive Director of Finance and Commercial Development
Michael Rogerson	MR	Non Executive Director (Acting Chair, in part)
Chris Goard	CG	Non Executive Director (Acting Chair, in part)
Angela Coulter	ACo	Non Executive Director (in part)
Dale Haddon	DH	Non Executive Director
Andy Carr	ACa	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

### Summary of key points/items approved

**Key Point 1: Director of Infection Prevention and Control Report received**  
**Key Point 2: Strategy for Joint / Overseas Working discussed**  
**Key Point 3:**

Item No.	Action
<b>10/11.28</b>	<b>Welcome and Apologies</b> <ul style="list-style-type: none"> <li>Apologies were <b>RECEIVED</b> from Joanna Foster and Sue Dopson.</li> <li>MR welcomed visitors to the meeting and explained the rules of engagement.</li> </ul>
<b>10/11.29</b>	<b>Declaration of Conflicts of Interest</b> <ul style="list-style-type: none"> <li>ACa declared that he was a Director of NOL. JFo and ACa declared that they were Trustees of the Appeal.</li> </ul>
<b>10/11.30</b>	<b>Minutes of the Public Trust Board Meetings Held on 29<sup>th</sup> March 2010</b> <ul style="list-style-type: none"> <li>The minutes of the meeting held on 29<sup>th</sup> March 2010 were approved as an accurate record with the exception of the final sentence of Point 10/11.13 which should read “The Board <b>AGREED</b> to delegate responsibility for approval of the final version of the report in May and will ratify it at the public meeting in June to enable the mandatory timescales to be met”</li> </ul>
<b>10/11.31</b>	<b>Matters Arising</b> <ul style="list-style-type: none"> <li>BE confirmed that the training issue relating to the Being Open Policy had been resolved and the Safety Quality and Standards team would reword the relevant section accordingly.</li> <li>ACo asked about the action plan prepared following the patient story which</li> </ul>

was heard at the last Board meeting. SR confirmed that the issues had been widely disseminated across the Trust and work was ongoing in relation to the areas addressed. The patient had received a verbal update from the PALS manager (the patient's preferred method of communication) and a letter of apology from Joanna Foster. It was **AGREED** that TB would circulate the transcript of the recording to Board members for information and that SR would submit an updated action plan at the next meeting for assurance.

TB

SR

- ACo queried Non Executive Director representation on the Integrated Governance Committee. It was **AGREED** that JFo and ACo would discuss the matter with Joanna Foster on her return.

JF/ACo

### 10/11.32 Reports from the Chair and Chief Executive

- JFo summarised the report and highlighted the key known changes in policy resulting from the change of government. It was **NOTED** that a new Operating Framework was likely to be received at the end of the month with a white paper due in July 2010. In addition it was **NOTED** that Strategic Health Authorities (SHAs) would be disbanded by April 2012. The Trust has received a letter from South Central SHA outlining its priorities for the remainder of its tenure. JFo to circulate this for information. It was **AGREED** that the Trust will need to review its strategic direction in the light of these policy changes.
- The emerging structure of the Thames Valley Health Innovation and Education Cluster (HIEC) was **NOTED**. The implications of being a non Foundation Trust and being part of a company limited by guarantee were **NOTED** and it was **AGREED** that the Board would receive a more detailed briefing in future as more details became known.
- It was **NOTED** that the Human Resources (HR) team had again been nominated for HR Team of the Year and also for an award in recognition of work on wellbeing.
- Discussion ensued around the new government's initiatives. It was **AGREED** that GP engagement would be a key focus and that the Trust needed to be aware of the potential destabilising effects of the proposed changes and associated risks.

JFo

### 10/11.33 Patient Story

- The Board heard a recording of a patient who had been very happy with their care whilst in hospital. The benefits of using recordings to aid the wider sharing of learning were **NOTED**. It was **AGREED** that more specific information on what made the experience so positive was needed to ensure that this could inform future coaching and training sessions.
- It was **AGREED** that all methods of patient feedback needed to be incorporated into a single model to build a complete picture of the patient experience.
- ACo referenced the patient safety seminar which had been run previously and asked for an update on the points raised by the NOC Network and the Patient Liaison Group. TB summarised the actions taken to date and noted future plans.

### 10/11.34 Annual Infection Control Report

- TB summarised the report, prepared in his role as Director of Infection Prevention and Control. It was **NOTED** that the Trust had had no cases of MRSA in the previous year and only 6 cases of c.Difficile versus a target of 9.
- The move to a disposable endoscope system was also **NOTED**.
- TB was congratulated on the excellent results. JFo asked what the Trust

needed to do to move from good to exceptional. TB confirmed that a focus on surgical site infections and urinary tract infections, a reduction in catheterisation and reducing anti microbial prescribing would all help to achieve this.

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

#### 10/11.35 Final Accounts

- It was **NOTED** that the accounts had been reviewed in detail by the Audit Committee earlier today and approved in draft. These will be ratified at the next meeting of this Board.
- JH noted that the auditors were completing their checks today and had agreed to the reported figure of a £311k year end surplus prior to technical adjustments. This means that the Trust has met its break even duty. Accounts will be filed by close of business today making the Trust one of the first to do so.
- The Board **THANKED** JH and her team for their professionalism and hard work in preparing the final accounts to such a demanding time scale.

#### 10/11.36 Statement of Internal Control

- It was **NOTED** that this had been approved at the Audit Committee earlier today.
- The period of insufficient assurance in relation to mandatory training until the end of July 2009 was **NOTED**.
- It was **NOTED** that the Information Management Committee should now be called the Information Governance Group and that IWL accreditation should in fact be Investors in People.
- The Board **APPROVED** the statement with the amendments outlined above.

#### 10/11.37 Audit Committee Annual Report

- MR summarised the report and noted the key responsibilities and action of the Audit Committee.
- It was **NOTED** that the item regarding Information Governance referred only to the Data Warehousing project and that this had been requested by the Trust.
- The Board approved the report.

#### 10/11.38 Monthly Finance Report

- JH summarised the report and noted a £45k surplus in month 1. However this was qualified by the fact that some activity relating to the previous year had been included in this figure. A true estimate showed a £245k deficit which extrapolated out to a £3m deficit at year end.
- It was **NOTED** that £5m of the £6m Cost Improvement Plans (CIPs) had now been identified but some were high risk. Areas for focus are agency spend and run rate.
- The revised format of Appendix A to show research figures separately was **NOTED**. This aimed to prevent the distortion produced by including this data in the overall figures.
- DH asked about the progression of clinical engagement initiatives. It was **NOTED** that there had been a marked increase in volunteering and interest following leadership training and that regular meetings were ongoing to capitalise on ideas.
- The Board **RECEIVED** the report and **NOTED** the contents.

#### 10/11.39 Key Performance Indicators

- JFo introduced the new format and noted that more detail is available should the Board wish to query specific issues as well as flexible trend analysis. Feedback from the Non Executive Directors was requested.
- It was **AGREED** that SR would provide a glossary of terms to assist with understanding. The report was then reviewed by exception.
- **Safety, Quality and Standards** – TB confirmed that the surgical site infection figures were due to reporting issues and that an increase in overall incident reporting was a good thing and thus he intended to remove the RAG rating on these items. Concern around pressure ulcers was highlighted. Work is ongoing via the Tissue Viability Nurse to address this.
- **Activity** – SR reported on the continued focus on delayed discharges and highlighted the case of some OCE patients waiting over 100 days for care packages. A shared breach of the cancer target with Oxford Radcliffe Hospitals Trust (ORH) was **NOTED**.
- **Finance** – please see point 10/11.38 above
- **Workforce and Organisational Development** – higher sickness levels were **NOTED**. BE reported that work was ongoing with the General Manager of the Musculoskeletal Directorate to reduce this including focusing on return to work interviews and managing long term sickness cases. Action around mandatory training were also **NOTED**.
- The Board **RECEIVED** the report and **NOTED** the contents.

SR

#### 10/11.40 Patient Environment Action Team Scores 09/10

- The Board **NOTED** the excellent score and the fact that the PEAT process was under review. It was **CONFIRMED** that the Trust would continue with its internal PEAT programme until otherwise advised.

#### 10/11.41 Annual Quality Account 2009/10

- TB summarised the updated version and noted that this had been submitted to the Primary Care Trust (PCT), Health Overview and Scrutiny Committee (HOSC) and LINKS for comment. To date no changes have been requested.
- Discussion ensued about the prescribed form and it was **NOTED** that this was not reader friendly. It was **AGREED** that the Trust should prepare a shorter summary document which summarises the important information in a more presentable way.
- The Board **APPROVED** the report.

#### 10/11.42 Trust Annual Report

- JFo summarised the draft document and noted that the majority of the report is in a prescribed form. Feedback was requested to be sent to JFo.
- The Board **APPROVED** the report.

#### 10/11.43 Annual Training Plan

- BE summarised this high level plan which demonstrates the use of both internal and external funds for training purposes. It was **NOTED** that the clinical engagement programme was not included in the report due to it being a one off piece of work.
- It was **NOTED** that not all funding was secured. It was further **NOTED** that external funding cannot be transferred from one programme to another.
- Consultant Continuing Personal Development (CPD) was queried and BE confirmed that it was not included in the plan as it was a contractual right.
- Customer Care training was discussed and it was **NOTED** that patient safety modules should be added to this course.

- It was **NOTED** that education funding currently comes from the Strategic Health Authority (SHA) so there is a lack of clarity over what will happen when this body is dissolved in April 2012.
- The Board **APPROVED** the plan.

#### 10/11.44 CRS Programme Update

- SR summarised the report and noted that the delay to programme was due to information governance issues around the LC1 upgrade. This was now due for implementation in February 2011. It was **NOTED** that the financial implications had not yet been finalised although the general costs had been debated during the private session of this meeting.
- SR highlighted the risks affecting implementation which could delay the project further and noted that a significant number were unquantifiable and outside the Trust's control.
- Other points to note were the proposed implementation date being in the last quarter of the financial year, the use of a pause in the project timescale to bring forward actions to mitigate known risks and the use of a new code base and UK based upgrade centre.
- Discussion ensued about the future use of the programme, other options, government direction, the impending domain change and change management. It was **NOTED** that representatives from both BT and Cerner attend the Live Sites meeting which JFo Chairs and thus are aware of the concerns.
- Sue Woollacott tabled a question regarding the effect on patients if the government cancelled its commitment to the CRS programme. It was **CONFIRMED** that the Trust has other systems in place but a significant amount of work and financial investment would be needed to manage data and workstreams and the benefits of the clinical functionality of CRS would be lost if government support for Cerner was withdrawn.
- The Board **CONFIRMED** its commitment to the project and asked SR to bring back information on the financial and logistical information as soon as it was available.

#### 10/11.45 Strategy for Joint / Overseas Working

- JH summarised the report and noted that the Board's approval is required in its capacity as corporate Trustee of charitable funds.
- It was **NOTED** that the strategy complies with all up to date guidance and that priority countries had been identified by the Department of International Development.
- Discussion ensued around Human Resource issues and the need to align processes, incorporate occupation health issues and obtain relevant indemnities for incoming overseas workers.
- Other points to note included the benefits of formalising links over and above volunteering, what the NHS can provide in the developing world, staff development and the benefits to the reputation of the Trust.
- Discussion then turned to whether this proposal was strong enough or significantly different from current procedure to justify separate implementation. It was **AGREED** to approve the principle of a framework for international working, to consult with the clinical community on the best procedure and to formulate a framework via the Medical Staffing Committee.

#### 10/11.46 Any Other Business

- BE noted that there was a potential clash with the 4<sup>th</sup> October 2010 Board

meeting when 3 Executive Directors could be called to attend an Employment Tribunal. NS to investigate changing the date to ensure quoracy.

**NS**

**Date of next Public Trust Board meeting: 2<sup>nd</sup> August 2010 – 14.00 – 17.00  
in the Board Room, Wingfield Building**



Signed:

**Joanna Foster, Chair**