

**Public Trust Board Meeting**

**14.00 – 17.10**

**29<sup>th</sup> March 2010**

**Board Room, Trust Offices**

**MINUTES (Approved)**

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
Kevin Davis	KD	Acting Executive Director of Finance
Michael Rogerson	MR	Non Executive Director
Chris Goard	CG	Non Executive Director
Angela Coulter	AC	Non Executive Director
Dale Haddon	DH	Non Executive Director
Sue Dopson	SD	Board Advisor

**In attendance:** Nicki Sullivan (NS) – Minutes  
 Jennifer Howells (JH) – Executive Director of Finance and Business Development  
 Sue Woollacott (SW) – Chair, NOC Network  
 Monique Wilkinson (MW) – Acting Chair, Patient Liaison Group  
 Danny Ball (DB) – Graduate Management Trainee  
 Lydia Rylance-Knight (LRK) – Senior Infection Control Nurse (in part)

**Summary of key points/items approved**

- Key Point 1: Service Plan 2010-11 approved**
- Key Point 2: Financial Plan 2010-11 approved**
- Key Point 3: Staff survey 2009-10 reviewed**

Item No.	Action
<b>10/11.01 Welcome and Apologies</b>	
	<ul style="list-style-type: none"> <li>• Apologies were <b>RECEIVED</b> from Andy Carr.</li> </ul>
<b>10/11.02 Declaration of Conflicts of Interest</b>	
	<ul style="list-style-type: none"> <li>• No declarations were made.</li> </ul>
<b>10/11.03 Minutes of the Public Trust Board Meetings Held on 1<sup>st</sup> February 2010</b>	
	<ul style="list-style-type: none"> <li>• The minutes of the meeting held on 1<sup>st</sup> February were <b>APPROVED</b> as an accurate record with the exception of the following points;</li> <li>• Any Other Business – Kevin Davis did not have Executive responsibility for Estates.</li> <li>• P4 Quality Accounts Briefing – BE clarified the point relating to staff data. This gives a full picture but is something patients would not be aware of otherwise.</li> <li>• P4 Discharge Summary – noted that this was included in the Performance Report rather than being submitted separately.</li> <li>• Trust Board Cycle – noted that the Operating Plan / Budget approval timescale needed to be accelerated to be taken before the end of the financial year.</li> </ul>

**NS**

#### 10/11.04 Matters Arising

- Being Open Policy – the action point attributed to BE and TB was carried forward.
- Vision and Values – this will be circulated electronically
- SR noted the successful transfer to the BT data centre and thanked everyone involved for all their hard work.

BE/TB

#### 10/11.05 Reports from the Chair and Chief Executive

- JF noted the recent visit from the Chair of the Strategic Health Authority (SHA).
- JFo summarised her report and noted the key points as follows;
  - The Care Quality Commission (CQC) has confirmed that the Trust has been registered without conditions.
  - A decision on vertical integration with Community Health Oxfordshire (CHO) has been received. The contract being awarded to Oxfordshire and Buckinghamshire Mental Health Foundation Trust (OBMH).
  - The Human Tissue Authority inspection had been very successful and the work of Andy Price in relation to this was **NOTED** and **THANKS EXTENDED**. No conditions have been added to the licence. It was confirmed that the Botnar Research Centre held its own licence in relation to activities undertaken there.
- AC noted the good results of the patient survey but highlighted that trends analysis over the past few years would give a better indication of the direction the Trust was moving in, in relation to patient satisfaction. JFo confirmed that an action plan would be submitted to the Board and that trends should be reviewed as part of a Board seminar on patient experience. The Trust continues to score above average for the NHS overall.

#### 10/11.06 Patient Story

- TB summarised a meeting which he, SR and AC had had with a patient who had been treated for tumour removal and hip replacement. Her treatment had been successful and she had nothing but praise for the clinicians carrying out the surgery. However her experience of general care within the Trust had raised some issues. Key points included;
  - Perception around staffing.
  - Pain control over the weekend.
  - Attitude of some staff.
  - Communication.
  - Discharge planning.
  - Outpatient clinics for follow up appointments.
- The Board **APOLOGISED** for the poor experience this patient had had. TB and SR will discuss the specific issues with the Directorate staff and formulate an action plan which will be returned to the Board for assurance.
- Discussion ensued as to the wider issues highlighted and Patient Representatives, SW and MW were invited to give their thoughts.
- The Board **AGREED** to review the action plan referred to above and to delegate authority for its implementation to the Directorate Boards.

TB/SR

#### 10/11.07 Estates Strategy

- JH summarised the annual refresh of the strategy and noted the key updates which referred to the sustainability agenda, infrastructure costs, backlog maintenance and the Biomedical Research Unit and Mary Marlborough Clinic sites.

- The Board **APPROVED** the updates.

**10/11.08 Independent Enquiry into Care Provided by Mid Staffordshire NHS Trust January 2005 – March 2009 Summary Report**

- JFo summarised the background to the inquiry and asked that all Board members read the full report if they had not already done so (electronic copies had already been circulated). A gap analysis had been prepared against the 18 recommendations made and these have been reviewed by the Integrated Governance Committee and Nursing Professional Advisory Group. It was **NOTED** that the SHA require an assurance report from the Trust by the end of March in relation to this matter.
- The gap analysis was **REVIEWED** in detail and actions proposed.
- Discussion ensued about resolving issues which are “below the radar”. Ideas included swapping roles, unannounced visits, improving 2 way communication and obtaining feedback from relatives. It was **CONFIRMED** that improving the capture of patient experience information was a Directorate objective for 2010/11.
- TB noted that it was difficult to quantify the Trust’s mortality rate as patients are not re-admitted here. It was thought the data could be obtained via other avenues but assistance would be needed to ensure accuracy.
- It was **AGREED** that in future the minutes of the Integrated Governance Committee would be copied to all Non Executive Directors for information.
- An action plan is being developed and will be reviewed at the Integrated Governance Committee
- The Board **RECEIVED** the report and **NOTED** the content and **CONFIRMED** their assurance.

NS

**10/11.09 NHSLA Level 2 Confirmation Report**

- The Board **NOTED** the significant achievement of the Trust in obtaining a Level II score.
- TB reported that the small resulting action plan was being tracked through the Integrated Governance Committee with a view to achieving Level III in 2012. This was the earliest recommended by the assessor and will be a departmental objective.
- The Board **RECEIVED** the report and **NOTED** the contents.

**10/11.10 Quarterly Untoward Incident Report**

- TB summarised the report and noted the key trends identified.
- TB confirmed that he was confident all data on unplanned transfers was accurate as reporting records were now reconciled with those of the Ambulance Service. Further work is being done on the data collection forms.
- KD requested the report should include comparing incidents by category over the last 4 quarters to enable further trend analysis. TB to provide.
- The Board **RECEIVED** the report and **NOTED** the contents.

TB

**10/11.11 Modern Matron Report**

- LRK summarised the report which covers the period January – March 2010. Key points included;
  - Organisation of an orthopaedic conference in June for Clinical Nurse Specialists and Ward Sisters.
  - Consistent low level of pressure ulcers across the Trust.
  - Events including continence awareness week, no needless skin damage work, hand hygiene awareness week, privacy and dignity

- initiatives and work to reduce surgical site infections.
  - Improvement in Nursing Key Performance Indicators.
  - Good PEAT scores.
  - Within targets for c.Difficile and MRSA infections.
  - Skills mix review underway.
- AC asked if any work had been done on customer care initiatives. BE noted that a programme had been developed specifically for clinical administration teams but that this could be adapted for nursing and healthcare staff. BE
- The delay in obtaining dietician approval for the 4 week rolling menu in the Oxford Centre for Enablement was noted. The Board **REQUESTED** that this be escalated to enable resolution. LRK
- The Board **RECEIVED** the report and **NOTED** the content.
- TB reported that LRK had recently won the South East regional Infection Control Nurse of the Year award and will shortly hear whether she has been successful at national level. The Board **CONGRATULATED** LRK on this well deserved achievement.

#### 10/11.12 Swine Flu Vaccination – Board Assurance

- SR summarised the report and highlighted the increased numbers of staff who had been vaccinated.
- The Board **RECEIVED** the report and **NOTED** the contents.

#### 10/11.13 Draft Quality Report for 2010/11

- TB summarised the amendments to the template and will circulate an updated document electronically. Comments were invited and should be submitted to TB. In particular it was suggested that improving the capture of patient experience data should be a priority. TB
- It was **NOTED** that the Trust must submit its template for approval by the PCT and the Overview and Scrutiny Committee. The publication date will be June 2010. ALL
- AC asked about the design and suggested that all graphs should begin at zero to emphasise achievements made. TB advised that there was minimal leeway as much of the content was in a prescribed form. MR suggested producing an abridged summary which would be easier for the public to read and understand. The Board agreed this proposal. TB to produce. TB
- The Board **AGREED** 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

#### 10/11.14 Corporate Objectives 2009/10

- JFo summarised the report which represents a review of last year's corporate objectives.
- Overall good progress was made and those which require further work have been rolled forward to 2010/11.
- The Board **RECEIVED** the report and **NOTED** the contents.

#### 10/11.15 Board Assurance Framework / Trust High Risk Register

- The Chair agreed to take these two items together. JFo summarised the reports which represent a review of last year's assurance framework and high risk register.
- It was **NOTED** that there were no outstanding assurance items and of the two items noted as high on the risk register the Medicines Policy issue was now resolved and an action plan was in place to mitigate the issues with the bleep

system.

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

#### 10/11.16 Emergency Preparedness Report

- SR summarised the annual refresh of the Emergency Planning strategy and noted the progress made against last year. It was **CONFIRMED** that this was monitored on an ongoing basis by the Integrated Governance Committee.
- The Board **RECEIVED** the report and **NOTED** the contents.

#### 10/11.17 Service Plan 2010/11

- JFo summarised the report, noting that it amalgamated the Corporate Objectives, Board Assurance Framework, Financial Plan and Performance Reporting for 2010/11 which it made sense to review together.
- The Board **APPROVED** the Corporate Objectives and the Board Assurance Framework, noting that the Audit Committee had been delegated to monitor the latter.
- Discussion ensued regarding the key performance indicators to be reported. It was noted that some indicators are no longer monitored by the CQC but remain for Board review as they are felt to be useful for the Trust.
- MR asked about the consequences of failing to deliver on any national targets. JFo confirmed that it would affect the Trust's performance ratings. It was **NOTED** that the CQC set the threshold for achievement after all data has been submitted.
- AC asked if enough data on clinical efficiency was included in the light of future financial challenges. It was **NOTED** that this data was reported to the Integrated Governance Committee and it was **AGREED** that the Executive would suggest a way to report this meaningfully without the Board becoming bogged down in excessive detail.
- CG noted that as national patient survey reports are not received until the end of the year it is difficult to track progress against patient experience. The patient experience report comes to the Board quarterly. It was also suggested that the Patient Liaison Group could track patient experience on an ongoing basis to gain a more in depth picture.
- The Board **APPROVED** the Service Plan

JFo

#### 10/11.18 Financial Operating Plan 2010/11

- KD summarised the report and noted the recommendations for approval. Key points included;
  - The pressure of current commissioning position and the fact that the contract with Oxfordshire PCT for 2010/11 had yet to be agreed.
  - The level of savings needed to achieve a £100k surplus (currently £6m of which £2.2m had already been identified).
  - Tariff would not increase in 2010/11 therefore the Trust would need to absorb inflationary pressure on pay and non pay costs.
  - Strong cash position.
- It was **NOTED** that the projected surplus was less than 1% but to increase this would merely add to the savings target and that risks remain around contracts yet to be agreed and the high level of savings yet to identified.
- CG queried the budgeted non pay expenditure which had risen. KD confirmed that this was based on current levels of activity and would reduce if activity declined.
- MR raised concerns around allocations, particularly in relation to management costs. KD confirmed that this was due to the requirement to implement the

CRS system which demanded its own project team.

- AC asked about the impact of current demand management systems. SR noted that lessons have been learned from last year when the onus was on the PCT to implement demand management initiatives and this Trust is managing the Tier 2 initiative itself.
- The Board **APPROVED** the Financial Plan.

#### 10/11.19 Performance Report

- The Executives reported by exception.
- SR noted that the Trust had not met the targets for cancelled operations and delayed transfers of care. The MRSA pre screening target has in fact been achieved. The figures noted is due to issues with the ORH reporting system. Work is ongoing to enable GPs to receive electronic discharge summaries earlier than the planned LC1 upgrade to CRS.
- BE noted that mandatory training was 2% below target but that this should be rectified by year end. Sickness remains above target but is still below the NHS average. The target will therefore remain at 3% for 2010/11.
- KD noted that the reported surplus was higher due to an uplift in activity but consultancy fees and technical adjustments needed to be taken into account. It was **NOTED** that the Trust had achieved its savings targets for 2009/10 which as a significant achievement. The Board **THANKED** everyone for their commitment and hard work in this respect.
- The Board **RECEIVED** the report and **NOTED** the contents.

#### 10/11.20 Annual Audit Letter

- KD summarised the report.
- The Board **NOTED** the letter.

#### 10/11.21 Objectives for Charitable Funds Expenditure

- KD summarise the need for a framework to cover decisions relating to requests for larger amounts and to plan future usage.
- The Board **APPROVED** the objectives.

#### 10/11.22 Annual Patient Environment Assessment (PEAT) Submission 2010

- JFo summarised the report which had been covered in the Modern Matron report at point 10/11.11 above.
- Formal results are due later in the year and will be brought back to the Board for information.
- The Board **RECEIVED** the report.

#### 10/11.23 2009 Staff Survey

- BE summarised the results and advised that an action plan will be prepared, which will be monitored by the Equality and Diversity group. This will include an analysis against last year's results and communications to staff.
- It was **NOTED** that although the results were good there were areas for improvement which represented opportunities to engage staff.
- The Board **RECEIVED** the survey and **NOTED** the content.

#### 10/11.24 Pension Choice

- BE summarised the report which highlighted an exercise undertaken to enable staff to select an appropriate pension scheme.
- It was **NOTED** that the Trust's responsibility was to provide the choice, not to offer financial advice or monitor the response.

- The Board **NOTED** the action plan.

**10/11.25 Information Security Report**

- SR summarised the report and noted that there were no significant governance issues to highlight.
- The related action plan will be reviewed by the Information Governance Group and then monitored by the Integrated Governance Committee.
- The Board **RECEIVED** the report and **NOTED** the contents.

**10/11.26 Board Committee Minutes**

The following sets of minutes were reviewed;

- Charitable Funds Committee – no issues to note
- Executive Committee – no issues to note. Discussion ensued regarding receiving the minutes of this committee in public session due to the occasional commercially sensitive nature of the items discussed. It was **AGREED** to circulate the minutes to all members but not to include them as part of the papers publicly available.

NS

**10/11.27 Any Other Business**

There being no other business the meeting closed.

**Date of next Public Trust Board meeting: 7<sup>th</sup> June 2010 – 14.00 – 17.00  
in the Board Room, Wingfield Building**



Signed:

Joanna Foster, Chair