

**Public Trust Board Meeting**  
**14.00 – 15.40**  
**4<sup>th</sup> October 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
Jennifer Howells	JH	Executive Director of Finance and Business Development
Michael Rogerson	MR	Non Executive Director
Chris Goard	CG	Non Executive Director
Angela Coulter	ACo	Non Executive Director
Dale Haddon	DH	Non Executive Director

**In attendance:** Nicki Sullivan (NS) – Minutes  
 Sue Woollacott (SW) – Chair, NOC Network  
 Sue Thwaite (ST) – NOC Network  
 Monique Wilkinson (MW) – Acting Chair, Patient Liaison Group  
 Christine Skeldon (CS) – Head of Safety, Quality and Standards  
 Ian Mackenzie (IM) – Head of Organisational Development (in part)

### Summary of key points/items approved

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

Item No.	Action
<b>10/11.62</b>	<b>Welcome and Apologies</b> <ul style="list-style-type: none"> <li>Apologies were <b>RECEIVED</b> from Andy Carr, Sue Dopson and Bev Edgar</li> <li>JF welcomed visitors to the meeting and explained the rules of engagement.</li> </ul>
<b>10/11.63</b>	<b>Declaration of Conflicts of Interest</b> <ul style="list-style-type: none"> <li>There were no conflicts of interest declared.</li> </ul>
<b>10/11.64</b>	<b>Minutes of the Public Trust Board Meetings Held on 2<sup>nd</sup> August 2010</b> <ul style="list-style-type: none"> <li>The minutes of the meeting held on 2<sup>nd</sup> August 2010 were <b>APPROVED</b> as an accurate record.</li> </ul>
<b>10/11.65</b>	<b>Matters Arising</b> <ul style="list-style-type: none"> <li>SR confirmed that her action point in relation to the Key Performance Indicators had been completed.</li> <li>SR confirmed that the training plan for the CRS LC1 Upgrade would be submitted to the December meeting of this Board.</li> </ul>
<b>10/11.66</b>	<b>Reports from the Chair and Chief Executive</b> <ul style="list-style-type: none"> <li>JF reported that the interviews for the Chair post would take place on 5<sup>th</sup></li> </ul>

October 2010.

- The success of the Annual General Meeting, which was well attended, was noted. Contributors were thanked.
- JFo summarised her report and drew attention to the information on the future strategic direction of the Trust. This has been presented in a variety of public forums.
- It was also noted that Helen Stradling, the Trust's Macmillan Cancer Nurse Specialist, had reached the final 3 in the national Cancer Nurse of the Year competition. The Board **CONGRATULATED** Helen on her achievement and wished her well in the final stage.

#### 10/11.67 Patient Story

- JFo introduced Monique Wilkinson (MW) who gave a presentation comparing her 2 experiences at the Trust whilst a patient. A summary of the points presented is appended to these minutes.
- JF thanked MW for her feedback. It was **AGREED** that MW will meet with Bev Edgar to discuss these points and obtain an update on how issues will be addressed.

#### *High Reliability Organisation*

#### 10/11.68 Quarterly Incidents Report

- TB summarised the report, which is monitored by the Integrated Governance Committee.
- It was **NOTED** that the Trust was third in its peer group for numbers of incidents reported and the highest in the South Central region, remembering that high reporting organisations were considered to be the safest. This is therefore a good achievement.
- The Board **RECEIVED** the report and **NOTED** the content.

#### 10/11.69 Whole System Winter Plan

- SR summarised the report, which forms the escalation framework for Oxfordshire.
- The Board **RECEIVED** the report and **NOTED** the content.

#### 10/11.70 Oxford Radcliffe Hospitals Paediatric Cardiology Report

- TB summarised the report which was prepared, at the request of the Strategic Health Authority (SHA) following an investigation into paediatric cardiology services provided by the Oxford Radcliffe Hospitals Trust (ORH).
- MR asked how this kind of review would be picked up when the SHA is disbanded in 2012. TB noted that the Trust had already begun a review prior to the SHA's request and had procedures in place to ensure any similar future scenarios would be reviewed in the same way.
- CG asked about the items classed as "amber" which related to mentoring for consultants. TB confirmed that there is no formal mentoring scheme in place due to the Trust's small size but there is clear support for all new appointments. It was **NOTED** that job planning and appraisals are included in performance reviews.
- The Board **RECEIVED** the report and **NOTED** the contents.

#### 10/11.71 Estates Strategy Annual Review

- JH confirmed that a formal review had not been undertaken due to the potential impact of the Creating a Healthy Oxfordshire (CAHO) programme and the proposed integration with the ORH. An update against the current strategy

was provided.

- The Board **RECEIVED** the report, **NOTED** the contents and **WAIVED** the need for a full review to take place for the year 2010/11.

### *Financial Sustainability*

#### **10/11.72 Standing Financial Instructions and Standing Orders**

- JH summarised the annual review and noted the minor changes made in order to comply with external changes.
- The Board **RECIEVED** the report and **NOTED** the contents.

#### **10/11.73 QIPP Submission**

- JFo summarised the report which the Primary Care Trust (PCT) submitted to the SHA on the Trust's behalf at the end of September.
- It was **NOTED** that the challenges and assumptions relate to Oxfordshire only.

#### **10/11.74 Performance Report (including Finance Report)**

- JH summarised the finance report and noted the reasonably strong financial position of a £625k YTD surplus before technical adjustments (£395k after adjustments). This includes a benefit of £300k from 2009/10. As a result the year end forecast has been increased to a £400k surplus.
- Pressures remain on this position including CRS implementation costs, a build up of activity and the risk of non payment for over performance whilst still incurring costs and costs associated with the proposed integration with the ORH. In addition pay costs remain high.
- JH confirmed that all Cost Improvement Plans (CIPs) have now been identified.
- CG highlighted agency costs. JH confirmed that there are difficulties in recruiting to some posts eg: Band 5 nurses and that the MSK Tier 2 Triage Service is currently staffed through agencies. SR reported that there had been a significant drop in agency usage during September due to the management of sickness and the impact of e-rostering which should be seen in the October figures.
- ACo noted that the ORH does not have the same recruitment issues. JFo confirmed that the Trust was linking with the ORH to try and resolve the situation with Band 5 nurses, which was the only area of concern.
- SR commented on the activity data and noted that cancellations were up due to anaesthetist sickness but that overall the Trust remains within its YTD target. Delayed discharges continue to rise. This remains due to increasing pressure on social care funding. This is a Oxfordshire system wide issue which has been escalated to Executive level in an attempt to find resolution.
- TB commented on the Safety Quality and Standards data. There was an increase in the number of pressure ulcers reported in August. These have been investigated and there is no single cause. Work is ongoing around education and root cause analysis in this area. The link with feedback from MW was noted. TB to highlight to the investigation team.
- JFo commented on the Human Resources (HR) figures on behalf of Bev Edgar. Sickness levels remain above the challenging target but continue to fall and positive improvement has been seen in many areas. There are still 2 courses within the mandatory training suite that are non compliant with the 75% completion target. Plans are in place to rectify this and the Directorates are responsible for implementation and monitoring.
- JFo drew attention to the trend graphs which had been included for information. It was agreed that these were very useful in aiding understanding.
- The Board **RECEIVED** the report and **NOTED** the content.

**10/11.75 Annual Audit Letter (Current Year)**

- JH summarised the report and noted that the Trust had received a clean audit opinion as well as a clean use of resources report.
- A confirmed score of 3 for ALE was received. This is the same as last year but is still an improvement on last year as standards increase year on year. It was **NOTED** that all level 4 criteria had been met but that no notable practice was demonstrated, which is a prerequisite for achieving level 4.
- The action plan was **NOTED** and it was confirmed that the Trust would not seek to achieve a level 4 score as the ALE scheme was not going forward. Payment by Results (PbR) action plans are being addressed via clinical coding. It was **NOTED** that the plan was prepared prior to the proposed integration with the ORH.
- It was **NOTED** that a lower audit fee was being proposed for next year.
- The Board **RECIEVED** the report, **NOTED** the content and **THANKED** the Finance Team for their outstanding work in achieving these results.

**10/11.76 Register of Interests**

- JFo summarised the annual refresh of the register of interests.
- The Board **RECEIVED** the report and **NOTED** the contents.

***Customer Focus***

**10/11.77 Mapping Quality Accounts**

- TB summarised the report and noted that it was being provided for assurance regarding tracking of evidence.
- It was **NOTED** that the Research and Development Annual Report and Biomedical Research Unit Annual Report were submitted to the Board which cover the research element.

***Engaged Workforce***

**10/11.78 Single Equality and Human Rights Plan**

- IM summarised the need to update the plan in the light of the new Equalities Bill and aligning the Trust with the SHA and Care Quality Commission (CQC) guidelines.
- Other issues to note included the lack of Black, Minority and Ethnic (BME) representation at the highest levels of the Trust and the links with safeguarding work and the equality and diversity agenda.
- SR asked if the action plan was achievable due to its size and scope. IM confirmed that a lot was already in progress so not everything needed to be implemented from scratch.
- DH noted that it was not prioritised and asked if it could be re-ordered to show what could be delivered in each of the years covered and be mapped to Corporate Objectives to aid understanding and tracking of progress.
- JF asked about the work of the BME group. IM reported that work had been successfully undertaken to identify a group of Band 5/6 employees to undertake the Great Leaders programme.
- JF asked if the ORH had a similar plan. IM confirmed that their 2008 plan was still in place but that this was due to be reviewed shortly.
- JF asked about education following the introduction of the new Equalities Bill. IM confirmed that a briefing paper had been circulated with an initial approach to be assessed via the forthcoming staff survey and ongoing work around Trust values.
- It was **NOTED** that the Trust's Chaplain, Tess Ward, was leaving to take up a

IM

post in end of life care. The ORH chaplain will cover in the interim. The Board **THANKED** Tess for her valuable contribution to the Trust particularly in relation to her multi faith work.

- The Board **APPROVED** the plan with the amendments noted above.

#### 10/11.79 Annual Equality Report 2009/10

- IM summarised the report. It was confirmed that this will be published on the Trust's website. DH felt that the key points needed to be extracted to make it more reader friendly and encourage engagement.
- The Board **RECEIVED** the report and **NOTED** the contents.

#### *Clinical Innovation*

#### 10/11.80 Biomedical Research Unit Annual Report

- JFo summarised the report which is submitted to the Board for information. Comparative information shows that the Unit is performing very well.
- TB highlighted the key points as being the recruitment of large numbers of patients, the number of grants received, the relocation of the Kennedy Institute, the increase in size of the Botnar Centre and the number of post graduates being attracted. He felt that the Unit was well placed for a successful renewal next year although it is likely that funding will decrease.
- It was **NOTED** that the Board has not seen formal confirmation of the Kennedy Institute move. Andy Carr to be asked to provide this at the next meeting.

AC

#### 10/11.81 Any Other Business

- It was **NOTED** that this was JF's last Public Trust Board Meeting before her retirement from the post of Chair. In his role as Deputy Chair, MR thanked JF on behalf of the Trust for her long service and the many and significant achievements which had been made during her tenure.

**Date of next Public Trust Board meeting: 6<sup>th</sup> December 2010 – 14.00 – 17.00  
in the Board Room, Wingfield Building**

Signed:

Joanna Foster, Chair