

BOARD MEETING – PART 1

MINUTES

Minutes of Part 1 of the Board Meeting held at 9.30am on Wednesday 14th March 2007 in Room 6 of the Postgraduate Centre at Milton Keynes General NHS Trust commencing at 9.30a.m. The meeting was held in public.

PRESENT:

Mr M Rowlands	-	Chairman
Mr R Baird	-	Director of Finance & Deputy Chief Executive
Mrs A Reed	-	Director of Operations
Sir John Southby Bt	-	Vice-Chairman and Non-Executive Director
Mrs E Wogan	-	Non-Executive Director
Ms R Spada	-	Associate Non-Executive Director
Ms J Smith	-	Associate Non-Executive Director
Ms M Sexton	-	Acting Director of Nursing

IN ATTENDANCE :

Mr D Radbourne	-	Director of Organisational & Service Development
Ms C Wilkinson	-	Director of Human Resources
Mr B Heavisides	-	Director of Facilities
Ms V Wood	-	Foundation Trust Project Director & Trust Secretary (Minutes)
Ms M Mullarkey	-	Patient & Public Involvement Forum
Dr R Butterworth	-	Chairman Medical Advisory Committee

OBSERVERS

Mr C Meredith	-	Member of the Public
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OM/07/18 CHAIRMAN'S WELCOME & ANNOUNCEMENTS

Actions

The Chairman opened the meeting noting that this is Mr Baird's final Board meeting before his retirement in April. He went on to describe Mr Baird's long and loyal service to the Trust and to thank him on behalf of the Board and the Trust for his considerable commitment and contribution. He will be greatly missed within the Trust and across the health community.

It was also noted that this was also Ms Wood's last Board meeting before moving on to a new post. The Chairman thanked her for her contribution to the Foundation Trust application and for her work in the role of Trust Secretary.

The Chairman informed the Board that Mr Sunil Bali had resigned as a non-executive Director and recorded his thanks to Mr Bali for his contribution to the Trust Board

OM/07/19 APOLOGIES

Apologies were received from :

Ms J Rodney	-	Chief Executive
Dr S Lanzon-Miller	-	Medical Director
Ms M Southcote-Want	-	Director of Nursing

The Chairman welcomed Ms Sexton in the capacity of Acting Director of Nursing, during Ms Southcote Want's absence.

OM/07/20 MINUTES OF THE MEETING HELD ON 14/11/06

Ms Smith noted that on page 5, under the heading MRSA, her comments relating to Community acquired HCAIs should read '*community acquired HCAIs are more prevalent than they used to be*'.

Subject to the above amendment, the minutes were accepted as an accurate record and signed by the Chairman.

OM/07/21 MATTERS ARISING

Mr Radbourne informed the Board that during the course of reviewing evidence for ALE, the Trust's auditors had commented that the minutes of the February meeting did not adequately reflect the fact the Board had approved the Purchasing and Supplies Strategy.

For the avoidance of doubt, it was reconfirmed that the Board approved the Purchasing and Supplies Strategy presented by the Director of Finance at the meeting of the Trust Board which took place on February 14th 2007. It was agreed that the first meeting of the Procurement Committee would take place before the end of the 2006/07 financial year.

OM/07/22 CHIEF EXECUTIVE'S REPORT

Mr Baird presented the report on behalf of Ms Rodney, noting the progress that has been made on the Controls Assurance action plan since the last meeting.

Noted

OM/07/22 PERFORMANCE REPORT

1. Finance

Mr Baird presented the report, informing the Board that there been little change since the last Board meeting, one month ago. Since that meeting, attention had been focussed on the SLA negotiations with PCT and the CRS go-live.

Questions

Sir John asked whether the Trust is confident of receiving payment for all work being undertaken and of the ability of CRS to record, report and bill for all activity.

Mr Baird confirmed that he had every confidence in the ability of CRS in relation to issues raised by Sir John.

Regarding payment, Mr Baird advised that all PCTs are trying to minimise payments over the final months of the financial year. Negotiations are ongoing with the PCT regarding definitions and legitimate activity. He was unable to advise the Board that the situation presented no risk to the Trust, but was hopeful of a mutually satisfactory outcome.

In response to queries from Ms Spada, Mr Baird confirmed the following :

- The Trust will not be disadvantaged in the coming year by the revenues released, in year, by the SHA .
- The Trust expects to achieve the forecast year end position despite the additional spending on CRS.

CRS

The Board were informed of the enormous effort by a large number of staff

members over the go-live weekend. Thanks were recorded on behalf of the Board to all staff who were involved in the go-live, for their commitment to the Trust and for their willingness to adopt new working arrangements .

Whilst the system is now working on a day to day basis, this is a very challenging time for the Trust as it continues to understand the operational issues, correct problems and get used to a new system.

Mrs Reed added that the Trust is providing substantial support to the customer facing aspects of the system and acknowledged that they are not yet perfect. and that work is ongoing to improve them. She apologised to those patients who had been affected by this change.

Dr Butterworth raised concerns over some operational issues and ability of the super users to resolve all problems.

Mr Baird advised that whilst the super – users provide as much support as they can they will not be able to resolve every problem. The Board were also informed the system that they had been trained on was not the same as the system that went live in the Trust.

It was agreed that Mrs Reed will work with Dr Butterworth, outside the meeting, to understand and address the operational issues.

AR/RButterworth

Questions

1. In response to a query from Mrs Wogan, it was confirmed that training and support will be provided on an ongoing basis.

2. Mr Radbourne sought clarification of the contractual specification regarding timeliness of response in resolving problems and any leverage that the Trust may be able to make use of.

Mr Baird confirmed that some response times are included in the contract and that leverage exists via the Governance arrangements in place with the SHA and it's nominated lead executive.

It was confirmed that all issues are being logged and that the time taken to resolve them varies with the nature of the issue.

3. Ms Spada sought further clarification of the monitoring of key issues.

Mr Baird advised that all issues are being actively monitored, currently on a daily basis. Sir John confirmed that, through the project group, all issues are prioritised, ownership is allocated and progress is recorded and escalated as required.

4. In response to a query from Mr Rowlands, Mrs Reed confirmed that where appointments have been disrupted staff are being as flexible as possible to resolve the issues to the patients satisfaction. The result of this is that additional staff are required to enable the Trust to resolve issues promptly on an individual basis.

Noted

2. Director of Operations

Mrs Reed presented the report.

Questions and Discussion

Sir John noted that the Trust had seen the forecast annual total of A&E attendances within 10 months. This indicates that the Walk in Centre (WIC) is not having an impact on A&E attendances.

Mrs Reed confirmed that the WIC receives a high level of attendances but that these are not generally patients who would otherwise have attended A&E.

Mr Radbourne asked how confident the Trust is of achieving the A&E target for the forthcoming year.

Mrs Reed advised that the Trust will be required to work closely with the PCT

and community teams to achieve this. In doing so it was acknowledged that there is a need to look more broadly at a range of other issues that impact on A&E activity.

The Board noted the report, recognising the risk identified above in relation to the A&E target .

3. Director of Nursing

Ms Sexton presented the report .

Questions and Discussion

Mrs Wogan informed the Board that she had recently attended a Bereavement Study day, which she had found very useful. She felt that additional support is required to better equip staff to deal with bereavement and strengthen the support they can provide to patients, families and carers.

Ms Mullarkey informed the Board that the PPI Forum had written to the SHA regarding the reporting of MRSA data and had now received a reponse. The PPI forum feel that the response does not adequately address the issues raised in their letter and are seeking guidance as to whether they should write another letter. It was agreed that this be addressed outside the meeting.

MS/MM

Sir John raised concerns about the reducing level of spiritual care services provided by the Trust and, in particular, the recent cancellation Sunday services.

Ms Sexton acknowledged this concern and advised that the situation is under review, noting the Chaplain is currently on sick leave.

Noted .

4. Director of Organisational & Service Development

Mr Radbourne presented the report.

Noted

5. Director of Human Resources

Ms Wilkinson presented the report.

Questions and Discussion

CRS

In response to a question from Ms Spada about the long term impact of CRS, Mr Baird confirmed that this is reflected in the business plan for 2007/08. He also confirmed that the Trust's highest priority must be continue to provide the level infrastructure required to maintain the current level of services.

Turnover

In reponse to a point raised by Dr Butterworth in relation to the staff turnover KPI, it was agreed that the wording will be changed to reflect the fact the figure given each month is a rolling annual.

CW

Noted

6. Director of Facilities

Mr Heavisides presented the report.

Noted.

OM/07/24 MATTERS FOR DECISION, DISCUSSION AND APPROVAL

APPROVAL

1. Budgets for 2007/08

Mr Baird presented this paper, noting that these can only be presented as roll-

over budgets until the LDP process has been completed and contracts signed.

The Board approved the roll-over budgets presented and the proposed next steps. It was agreed that further report will be presented to the May meeting of the Trust Board

Action RB

2. Objectives & Business Plan – 2007/08

Mr Radbourne presented this item, informing the Board that the format reflects, as far as is possible, the model of the Foundation Trust annual plan. He requested feedback from Board members, outside the meeting, over the next three weeks.

In response to Mr Baird's concern about distributing a document which contains finance and activity data which have not been finalised, Mr Radbourne reminded the Board of the differences between a Foundation Trust annual plan and a non-FT Trust business plan. The FT annual plan is a declaration of what the Trusts expects will happen and the associated business risks and mitigations. Mr Baird felt that as the timing of the Annual Plan co-incides with the conclusion of the LDP, then figures and intentions should match.

Ms Spada sought clarification of the process for developing the detailed action plans which will support delivery. Mr Radbourne confirmed the process adopted for :

- Establishing links to the Assurance Framework
- Performance reporting to the Trust Board
- The development of business plan and actions plans through the Clinical Divisions.

The Board approved the Annual Plan and Corporate Objectives 2007/08 in principle, noting the timeframe for feedback as identified above.

3. Outline capital programme - 2007/08

Mr Heavisides presented this item.

Sir John asked for the views of Board colleagues in respect of the equipment replacement budget and whether they felt it was sufficient when balanced against other elements of the budget.

Mr Radbourne confirmed that the proposed capital programme had been discussed by the Executive Team prior it being brought to the Trust Board.

Mr Heavisides advised that as a Foundation Trust the Trust will adopt a business case approach for equipment purchase.

Mr Baird confirmed that capital planning process is supported and facilitated by significant professional expertise and support from the Facilities Department as well as input from the Clinical Divisions and Directorates.

The Board approved the outline capital programme as presented, noting that a detailed programme will be presented to the May meeting of the Trust Board.

RH

4. Q4 – Facilities Performance Report

Mr Heavisides presented this item.

Noted

5. Healthcare Commission Healthcheck Submission: Board Compliance Assessment

Ms Sexton presented this item, requesting feedback content of the paper and the evidence supplied by the end of March.

Questions and Discussion

In response to query from Ms Smith, it was confirmed that the MRSA trajectory includes both Trust and community figures.

Ms Spada sought clarification of the implications of being not fully compliant. Mrs Reed advised that this is difficult to predict. In the previous year the response of the Healthcare Commission (HCC) had varied with the nature of the issue and, on this basis, Trusts had often not been penalised for not being fully compliant. It is not yet known whether the HCC will adopt a similar approach for the forthcoming year.

Ms Sexton advised that, as yet, there is no precedent for the Trust's situation and no guidance has been issued regarding weighting applied to the range of standards.

Sir John sought clarification of the methodology used to calculate of the score achieved in section 2.1- Lapse Risk Assessment C4a. Discussion followed and it was agreed that the score had been calculated correctly.

It was confirmed that the document will be circulated to the PPI Forum for comments, following the receipt of internal feedback, during the first week of April.

The Board approved the submission, subject to the process for feeding back comments as identified above.

Ms Smith sought clarification of the process for addressing any serious issues that may be raised.

It was agreed that, should the situation arise, Chairman's action would be taken outside of a scheduled Board meeting.

6. Recruitment & Retention Strategy

Ms Wilkinson presented this item.

In response to query from Dr Butterworth, it was confirmed that web based recruitment for medical staff will be in place during the next 12 months.

The Board approved this item.

7. Disciplinary Policy & Procedure

Ms Wilkinson presented this item.

The Board approved this item.

8. Estates Investment Plan

Mr Heavisides presented this item, informing the Board that was document is intended to be a living document which must continue to link with Trust's Business Plan and the Estates Strategy.

The Board approved this item.

9. Risk Management Strategy

Ms Sexton presented this item, informing the Board that the strategy will require further review in year when to reflect the forthcoming NHSLA Standards.

In view of this it was agreed that the document review date be amended from 2010 to 2007.

MS

Ms Wilkinson sought clarification of the consultation process that this policy had been through. It was agreed that this will be addressed outside the meeting.

MS

Ms Smith commended the quality of the document.

The Board approved this policy subject to the outstanding issues, identified above, being addressed.

10. IM&T Strategy

Mr Baird presented this item, informing the Board that detailed plans will be worked up by the IT Strategy Group.

Questions and Discussion

The Board agreed that this was a high quality document.

In response to a query from Ms Spada, Mr Baird clarified the involvement of the Council and PCT in the NpFIT Programme Board and confirmed that Terms of Reference of the Programme Board have been agreed. He also advised that the PCT is a joint implementer, along with the acute Trust, of CRS and the decision had been taken jointly for the acute Trust to go-live first.

Mr Heavisides noted that the IM&T Strategy is consistent with, and supportive of, expenditure and capital programmes.

Mr Baird advised that it is important that Trust maintains its historical level of investment in IT.

The Board approved the IM & T Strategy

OM/07/25 COMMITTEE MEETING MINUTES

There were none

OM/07/26 CHAIRMAN'S REPORT

Mr Rowlands reported verbally.

Finance Director

The Board were informed that recruitment to the post of Finance Director was not yet finalised.

Appointment of non-executives.

Interviews will take place on 29 March. There are now 3 vacancies to fill and a request has been made to the Appointments Commission that all 3 be filled through this process, if possible. A response is awaited from the Appointments Commission.

Noted

OM/07/27 MEDICAL DIRECTOR'S REPORT

There was no report due to the Medical Director's absence on study leave.

OM/07/28 MAC CHAIRMAN'S REPORT

Dr Butterworth reported verbally on the MAC meeting, which had been held the previous day.

He passed on a request for feedback on the recent exercise regarding a 10 PA job plan. Ms Wilkinson agreed to action this.

CW

Concern was expressed over recent proposals to change the way in which Death Certificates are to be completed and that there been no input from Post graduate Education and Training or the Deanery. It was confirmed that the matter has now been referred back to the Deanery for review.

Dr Butterworth concluded his report by thanking Mr Baird, on behalf of MAC, for his contribution to the Trust and noting that Mr Baird is highly respected by the Consultant body.

Noted

OM/07/29 PPI FORUM REPORT

Ms Mullarkey reported verbally, updating the Board on issues raised in the last report. Work have now been undertaken on the following issues and reports will

be available in the near future :

- Ward 3/19
- Carewatch survey
- Imaging

With the expectation that PPI Fora will be dissolved by the end of 2007, an increasing amount of joint working is taking place between the acute Trust and PCT PPI Fora.

The reducing numbers of PPI staff means that a small number of staff are involved in a large amount of committee representation. A list is available on request.

Ms Mullarkey advise that will be taking some time off and that Ms Mattinsley will represent the PPI on the Trust Board.

She thanked to Mr Baird, on behalf of the PPI Forum.

Noted

OM/07/30 ITEMS FOR INFORMATION

1. SEM LIFT

Noted

OM/07/31 ANSWERS TO WRITTEN QUESTIONS FROM THE PUBLIC

The following question was received from Mr C. Meredith .

How is it possible to be meeting demand 'in a timely way ' by setting a maximum of 18 weeks from referral to treatment for most patients by March 2008 (OM 07/23(2) Operations Directorate Report) and to describe as 'fast access to our local people' the national priority of achieving an 18 week maximum from referral to treatment by December 2008 (summary Annual Plan 2007/08 OM/07/24 (2))

(Typed as written)

The Chairman advised that he will respond in writing. The question and response will be included in the minutes. **MR**

OM/07/32 ANY OTHER BUSINESS

Mrs Wogan informed the Board that she had received comments from 3 families regarding the improvements in Outpatients and how well they had all been treated by all of the staff they had contact with whilst in the Outpatients Department. She requested hat this been passed on the staff in this department. Mrs Reed agreed to do so . **AR**

OM/07/33 DATE OF NEXT MEETING

Wednesday 9th May 2007 in Room 6 of the Postgraduate Centre at Milton Keynes General NHS Trust

OM/07/17 EXCLUSION OF THE PUBLIC

The Chairman will move : that that representatives of the Press and other members of the public be excluded from this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest. Section 1 (2) Public Bodies (Admission to Meetings) Act 1960.

The meeting closed at 12.05.