

**Meeting of the Oxford Health NHS Foundation Trust**

**Board of Directors**

[DRAFT] Minutes of a meeting held on

Friday, 25 October 2013 at 0900 in the Boardroom, Trust HQ

**Present:**

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| Martin Howell | Chair of Trust |
| Stuart Bell | Chief Executive |
| Mike Bellamy | Non-Executive Director |
| Sue Dopson | Non-Executive Director |
| Anne Grocock | Non-Executive Director |
| Clive Meux | Medical Director |
| Cedric Scroggs | Non-Executive Director |
| Yvonne Taylor | Chief Operating Officer |
| Lyn Williams | Non-Executive Director |
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| **In attendance:** | |
| Caroline Birch | Deputy Director of Nursing |
| Justinian Habner | Trust Secretary (Minutes) |
| Jayne Halford | Deputy Director of HR – *part meeting* |
| Dan Leveson | Head of Strategy and Programmes – *part meeting* |
| Gerald Sheeran | Head of Financial Services |

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| **BOD**  **130/13**  a  b | **Welcome and Apologies for Absence**  The Chair welcomed Governors and members of the public who had attended to observe the meeting.  Apologies received from: Mike McEnaney, Director of Finance; Ros Alstead, Director of Nursing and Clinical Standards; and Alyson Coates, Non-Executive Director. |  |
| **BOD 131/13**  a | **Declarations of Interest**  The Board confirmed that interests listed in the Register of Directors’ Interests remained correct. |  |
| **BOD 132/13**  a  b  c  d  e  f  g  h  i  j  k | **Minutes of the Meeting held on 26 June 2013**  The Minutes of the meeting were approved as a true and accurate record, subject to the following:-   * Amending typographical errors on page 10.   ***Matters Arising***  **BOD 117/13 c – Dignity in Care** – the Board agreed that the proposed whole system event on dignity in care should continue to be pursued with OCCG and that the Director of Nursing and Clinical Standards should update the Board when appropriate.  **BOD 119/13 c – CQC Community Mental Health Survey**– the Deputy Director of Nursing explained that the Trust was continuing to wait for the CQC to publish the national survey result scores which would show how the Trust compared.  **BOD 119/13 f – Friends and Family Test** – the Deputy Director of Nursing said it was difficult to determine, with confidence, what lead to the decrease in the Minor Injuries Units’ scores; the Chair said that, whatever the cause, the performance needed to be kept under review.  **BOD 119/13 i – Complaints** – the Chair said that the information on individual complaints within the category of insufficient care in the community still needed to be circulated to Board members out-of-session.  **BOD 119/13 n – Patient Experience** – Anne Grocock said that Ray Fitzpatrick had indicated that he would be interested in presenting patient experience information at a future Board seminar.  **BOD 120/13 a – *CDiff* Target** – the Trust Secretary outlined how the Trust should report against the Monitor *CDiff* target; Monitor had been consulted and the performance team understood how to complete this section of the in-year reports.  **BOD 120/13 c – CQUIN Targets** – the Chair said that he had raised with the FTN the issue of NHS Safety Thermometer results counting against CQUIN (when the problems were not caused by the Trust); it did not seem that any other NHS FTs had raised this point as a concern.  **BOD 121/13 c – TUPE Transfer** – the Chief Operating Officer said that no final date had been set for the TUPE transfer relating to pharmacy staff at HMP Bullingdon. She would update the Board in due course.  **BOD 122/13 c – Shared On-call**– the Chief Executive said that a formal decision on sharing on-call arrangements between OUH and the Trust still needed to be made; examining legal arrangements to support this would take place in due course.  **BOD 124/13 b – Excellence Awards** – the Chief Executive said that should the OxAHSC designation be awarded then the idea of excellence awards for staff across the health economy would be pursued at that point. | **RA**  **JCH**  **YT**  **YT / SB** |
| **BOD 133/13**  a  b  c  d  e | **Chief Executive’s Report**  The Chief Executive presented his written report which outlined recent national and local issues.  In addition to the items contained in the report, the Chief Executive informed the Board that the Emergency Multidisciplinary Unit (EMU), Abingdon Hospital, had won the Guardian Healthcare Awards for innovation; this award was well deserved as the service was a good example of an effective and innovative response to supporting older people in Oxfordshire. The service also showed good collaboration between partners. The Board welcomed the news and noted that EMUs would be implemented in other parts of the county in due course.  The Chief Executive also noted the reported changes in the management structure of OCCG; the CCG was facing significant financial pressures such that Stephen Richards had taken the decision to take on a clinical leadership role. The Board noted that the Executive team was working with OCCG as they considered options of outcomes based commissioning.  The Board noted the report’s section on the Government’s preferred candidate for the role of chair at Monitor and noted that, since it was written, it appeared that the Health Select Committee had decided to not recommend the proposed candidate for the role.  **The Board noted the report and approved the consultant appointments, welcoming these as they were the Trust’s first interface medicine consultant appointments.** |  |
| **BOD 134/13**  a  b  c  d  e | **Chief Operating Officer’s Report**  The Chief Operating Officer presented the report which provided an update on a range of operational matters. She also tabled the ‘Pan-Oxfordshire System Resilience Plan 2013-14 which set out how partners would manage winter pressures across Oxfordshire; the boards of all partners were requested to review and approve the plan. She explained that a similar plan was being produced for Buckinghamshire although the Trust’s role in winter resilience in that county was less given that it did not provide community services.  Lyn Williams said the plan was comprehensive and asked how the Trust planned to staff the additional beds. The Chief Operating Officer said that work to recruit staff to manage the additional funded capacity had started in August; in addition existing staff members were being supported to better manage holidays over pressure periods to ensure cover was maintained. She informed the Board that she was confident that the plans were on track.  Mike Bellamy asked whether the county-wide plan would also support initiatives to encourage people to access the most appropriate services during periods of pressure. The Chief Operating Officer said that the plan covered this and that OCCG had received funding for communications related work. That said, she noted that there was little evidence to show that publishing information actually resulted in reduced waiting times so it was important that the funding was used carefully.  On the main report, the Chief Executive noted the item on District Nurses which explained the action plans being developed to tackle the increasing workload and enhance the clinical leadership. The Board discussed the work occurring, considering this in the context of the wider debate across the country of the role health and care ‘visitors’ should play in supporting older and vulnerable people in society.  **The Board noted the update and approved the Pan-Oxfordshire System Resilience Plan 2013-14.** |  |
| **BOD**  **135/13**  a  b  c  d  e | **Quality and Performance Report**  The Chief Operating Officer presented the report which set out the Trust’s performance against a range of indicators including KPIs from Monitor and those related to CQUIN. She explained that all Monitor targets were being met although when reporting on the *CDiff* target a narrative would be included in the in-year report to Monitor that set out the Trust’s year-to-date performance against the CQUIN target (which was different from the overall year-end target used by Monitor.  The Chief Operating Officer explained that performance appeared to be slipping against the CPA targets and explained that this was due to data not being recorded correctly on the electronic care record and the fact that the Trust had started to audit all patient records rather than just audit a sample. Guidance had been issued to clinicians about data recording and the quarterly report to be presented to the Integrated Governance Committee was showing an improvement. The Chair said assurance needed to be provided that the concerns only related to data entry and that this was not masking a deeper problem; he suggested that the Integrated Governance Committee consider this point when it reviews the report at its upcoming meetings. Lyn Williams agreed and reminded the Board that as it considered CPA a key component of care then efforts needed to be made to improve the data entry to ensure that where problems in care practice existed then they could be identified and addressed.  Anne Grocock noted that there appeared to be a slippage in performance for targets relating to early intervention; she asked whether this was due to issues with staff management. The Chief Operating Officer said there had been issues with a high number of staff sickness absences and maternity leave which were being addressed by managers. In addition, the service remodelling work would help address concerns.  On the sections relating to CQUIN, Mike Bellamy asked whether future reports could indicate the overall financial risk to the Trust if the relevant targets were not achieved. The Chief Operating Officer said she would raise this with the Director of Finance.  **The Board noted the report.** | **YT / MMcE** |
| **BOD**  **136/13**  a  b  c  d  e  f | **Quality and Safety Report**  The Deputy Director of Nursing presented the report which provided an overview of incidents and safety themes, as well as the Trust’s position against CQC outcomes. She noted that there were some errors on a number of the graphs in the report which would be amended prior to the report’s publication.  The Board noted the increase in the number of green and yellow rated incidents and welcomed this as it showed that staff felt supported to report when incidents occurred.  Noting the overall rise in the number of reported patient seclusion episodes, Anne Grocock said that the reference to the number on Kennet Ward should be reviewed prior to publication as the information being presented was not clear.  Mike Bellamy noted that 500 incidents still needed to be assessed and have risk ratings confirmed, and said that this number needed to be reduced. The Deputy Director of Nursing agreed and said that the Trust’s risk team was working on this; the number should reduce over the coming months.  Mike Bellamy asked whether a project lead for the physical interventions review had been identified and the Deputy Director of Nursing said that one of the Heads of Nursing, Gavin Garman, was taking on this role. Mike Bellamy welcomed that but said assurance needed to be provided to the Board / Integrated Governance Committee that the required resource and capacity for the review was available.  **The Board noted the report.** | **CB**  **CB** |
| **BOD**  **137/13**  a  b  c  d  e  f  g | **Workforce Performance Reports**  *The Deputy Director of Human Resources joined the meeting at this point.*  On behalf of the Director of Finance, the Deputy Director of Human Resources presented the report which set out the key workforce performance indicators. She noted the rise in the number of reported sickness absences and set out the new process for managing sickness which was being implemented. The Board discussed sickness absence and considered whether the Employee Assistant programme would help reduce the overall rate.  Anne Grocock noted the information on staff reasons for leaving the Trust and said that some of the reasons provided appeared concerning. She suggested thought be given to how to obtain more information about some reasons through the exit questionnaires.  Anne Grocock said the report showed a rise in the number of absences due to back problems in corporate areas and asked whether this indicated a problem with the Trust’s manual handling training or ways of working. The Deputy Director of Human Resources said that the Occupation Health team were looking at this and that it appeared that the use of hot-desks and the equipment required for that (i.e. laptops) could be a reason behind some of the problems. The Board agreed that, if this was the reason, then thought needed to be given to the Trust’s approach to working environments.  Lyn Williams asked that future reports provide more information on recruitment hotspots and the differences between long-term and short-term sickness.  Lyn Williams noted that there appeared to be a high number of staff conduct and disciplinary cases, and asked whether the Trust’s position was in line with other NHS trusts. The Deputy Director of Human Resources said that it seemed that, nationally, mental health services, had a higher number of these cases. She said she would look at providing more detail in future reports and agreed with Lyn Williams’ comment that the Trust’s HR processes (recruitment, appraisal, etc) needed to be kept under review as a way to preventing these incidents from occurring.  The Deputy Director of Human Resources updated the Board on the staff influenza vaccination programme and said that a total of 20 per cent of staff had been vaccinated. Of this number, 35 per cent of frontline staff had received the vaccination (against the national target of 75 per cent). The Board welcomed the progress being made.  **The Board noted the report.**  *The Deputy Director of Human Resources left the meeting at this point.* | **JH / MMcE** |
| **BOD**  **138/13**  a  b  c  d  e  f | **Summary Report of the Key Findings of the Inquiry into SIRI 30 (IM)**  The Medical Director presented the report which provided a summary of the investigation commissioned by the Trust into the SIRI involving IM. The patient, IM, had absconded from a pre-discharge forensic facility, travelled to Poland where he was apprehended but, tragically, appears to have self-harmed and subsequently died whilst detained in Poland. He explained that the summary had been prepared by the team which had investigated the case which had included an external expert in the person of the Clinical Director from Broadmoor. The Medical Director also tabled a report which provided further detail on the action being taken against each of the recommendations made by the panel investigating the case.  The Medical Director outlined to the Board how the patient, IM, came to be receiving services from the Trust and his progression through those services to the forensic pre-discharge unit, Lambourn House. He explained that the investigation confirmed that IM had been appropriately placed in this type of facility; had he remained in the prison system he is likely to have been placed in an open prison. The Medical Director noted that IM’s progress through the Trust forensic services had always been with Ministry of Justice approval.  Whilst the report did confirm that the patient was appropriately placed in the pre-discharge unit and that the motivation for absconding remained unclear, nevertheless, some recommendations had been made to improve areas. The Medical Director said that he welcomed the investigation report and fully supported each of the recommendations made.  The Chair welcomed the summary report and said he supported each of the recommendations made. Anne Grocock asked whether the Board would be kept inform of progress made against each recommendation and the Medical Director confirmed that he would present an update report to Board in February 2014.  Cedric Scroggs asked for confirmation that the relevant parties had been informed about this incident and the report. The Medical Director said that the relevant regulatory bodies (CQC & Monitor) and commissioners had been informed. He said that the CQC had not expressed any serious concern at this stage but it would review the investigation in detail in due course.  **The Board noted the report in SIRI 30 (IM) including the findings and recommendations made. In so doing, the Board recorded its condolences for the tragic death of IM.** | **CM** |
| **BOD 139/13**  a  b  c | **Finance Report**  The Head of Financial Services presented the report which set out the Trust’s financial position for the year-to-date and the forecast year-end position. He noted that the Trust was presently operating behind plan and action was being taken to address. In terms of the FRR, he explained that the Trust was rated 3 in line with the plan and that this rating remained the year-end forecast.  The Chair said that addressing the poor performance against the CIP plans and preparing robust plans for 2014/15 must the focus of the remaining year.  **The Board noted the report.** |  |
| **BOD 140/13**  a  b | **Annual Plan 2013/14 Q2 Report**  *The Head of Strategy and Programmes joined the meeting at this point.*  On behalf of the Director of Finance, the Head of Strategy and Programmes presented the report which summarised the Trust’s progress against its annual plan. He acknowledged that the report format still needed refining so as to provide the Board with assurances that the plan was being met and gaps were being addressed. Lyn Williams agreed and suggested that the report should be structured in a similar way to that of the Quality and Performance Report; as it was currently written it was difficult for the Board to monitor progress.  **The Board noted the report.**  *The Head of Strategy and Programmes left the meeting at this point.* |  |
| **BOD 141/13**  a  b | **In-Year Submission to Monitor – Q2 2013/14 Report**  The Trust Secretary presented the report which set out the 2013/14 reporting requirements to Monitor and the Trust’s proposed submission for Q2. He noted the other reports presented to Board which had provided the required detail to support the submission. He explained that, when making the submission, further narrative on the *CDiff* position as well as information on SIRI 30 (IM) would be provided to Monitor.  **The Board noted the reporting requirements and approved the Q2 submission to Monitor. As part of the submission, the Board confirmed the following statements:-**   * **The Board anticipates that the Trust will continue to maintain a FRR of at least 3 over the next 12 months.** * **The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after application of thresholds) and a commitment to comply with all known targets going forwards.** |  |
| **BOD 142/13**  a  b | **Monitor Risk Assessment Framework Report**  The Trust Secretary presented the report which provided an overview of Monitor’s new ‘Risk Assessment Framework’ which commenced from 1 October 2014. The report also included an analysis of the Trust’s rating against the two new ratings.  **The Board noted the report.** |  |
| **BOD 143/13**  a | **Corporate Registers: Report on Application of Trust Seal**  **The Board received and noted the report.** |  |
| **BOD 144/13**  a  b  c  d | **Minutes from Committees**  ***Finance and Investment Committee – 9 September 2013***  Lyn Williams presented the draft Minutes of the Committee for information. He highlighted the Committee’s consideration of the Whiteleaf Centre project and noted that the S106 Agreement remained outstanding.  ***Integrated Governance Committee – 11 September 2013***  The Chair presented the draft Minutes of the Committee for information. He highlighted the Committee’s consideration of review being undertaken on physical restraint and informed the Board that the Committee had approved the Divisional action plans which had been drawn up against the Board-approved Carers Strategy.  ***Audit Committee – 19 September 2013***  Lyn Williams provided an oral update on the Committee’s most recent meeting. He said that the Committee had received more assurance that the Trust was now managing the payroll issues however ongoing updates were still required. The Committee had also expressed its concern about the Trust’s performance against clinical audits; these concerns had been made known to the Integrated Governance Committee.  ***Charitable Funds Committee – 25 September 2013***  Anne Grocock presented the draft Minutes of the Committee for information. |  |
| **BOD 145/13**  a  b | **Charitable Funds Committee Annual Report 2012/13 and Recommendations for the Future Structure of the Committee**  Anne Grocock presented the report which provided the Committee’s annual plan for 2012/13 and also set out a proposed new structure and Terms of Reference for the Committee. If supported, the new structure would start from January 2014.  **The Board received the annual report and approved the new Terms of Reference to take effect from 1 January 2014.** |  |
| **BOD 145/13**  a  b  c | **Any Other Business**  None.  ***Feedback / Questions***  The Chair invited those present who had observed the meeting for any feedback or questions.  Two Governors provided feedback and said that they welcomed the items being discussed by the Board and were pleased at the significant focus being given to safety and quality matters. |  |
|  | The meeting was closed at 11.45  **Date of next meeting:**  **27 November 2013** |  |