

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

**Board of Directors**

[DRAFT] Minutes of a meeting held on

Wednesday, 27 November 2013 at 12.30

in Unipart House, Oxford

**Present:**

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| Martin Howell | Chair of Trust  |
| Stuart Bell | Chief Executive |
| Ros Alstead | Director of Nursing and Clinical Standards |
| Mike Bellamy | Non-Executive Director |
| Alyson Coates | Non-Executive Director |
| Sue Dopson | Non-Executive Director *– part meeting* |
| Anne Grocock | Non-Executive Director  |
| Mike McEnaney  | Director of Finance |
| Cedric Scroggs | Non-Executive Director *– part meeting* |
| Yvonne Taylor | Chief Operating Officer  |
| Lyn Williams  | Non-Executive Director  |
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| **In attendance:** |
| Justinian Habner | Trust Secretary (Minutes)  |
| Mark Hancock | Deputy Medical Director |
| Claire Dalley | Director of Property Strategy and Services *– part meeting* |

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| **BOD****146/13**ab | **Welcome and Apologies for Absence**The Chair welcomed Governors and members of the public who had attended to observe the meeting.Apologies were received from: Clive Meux, Medical Director (Mark Hancock, Deputy Medical Director was in attendance). |  |
| **BOD 147/13**a | **Declarations of Interest**The Board confirmed that interests listed in the Register of Directors’ Interests remained correct. |  |
| **BOD 148/13**abcdef | **Minutes of the Meeting held on 25 October 2013**The Minutes of the meeting were approved as a true and accurate record, subject to the following:-* Amending typographical errors on pages 3, 7, 9, 10 and11.

***Matters Arising*** **BOD 132/13 e – Complaints** – the Director of Nursing and Clinical Standards explained what work had taken place to review the complaints within the category of insufficient care; she also provided an update on the plans to review the overall complaints process, including reviews of complaints.**BOD 132/13 i – TUPE** – the Chief Operating Officer confirmed that the TUPE transfer for pharmacy staff at HMP Bullingdon had taken place at the end of September 2013. The CCG were informed of the difficulties relating to this transfer.**BOD 132/13 j – Shared On-call** – the Chief Operating Officer said that a shared on-call over winter was not yet in place and, given that the current arrangements appeared to be working well, this may not be required.*Sue Dopson and Cedric Scroggs joined the meeting at this point.***BOD 133/13 – Outcomes Based Commissioning** – the Chief Executive provided an update on Oxfordshire CCG’s plans in relation to outcomes based commissioning. He explained that a joint letter with Sir Jonathan Michael from Oxford University Hospitals NHS Trust had been sent to the CCG setting out both trusts support for outcome based commission but highlighting some risks with the approach being taken. The Board welcomed the collaborative approach with OUH being taken to achieve outcomes based commissioning and asked for an update following the CCG’s discussion scheduled for 28 November 2013. The Board also agreed that opportunities for board-to-board meetings with OUH and CCG should be explored if these would help achieve a sensible commissioning model.The Chief Executive also provided an overview of the approach being taken by the two Buckinghamshire CCGs. | **SB** |
| **BOD 149/13**abcde | **Chief Executive’s Report**The Chief Executive presented his written report which outlined recent national and local issues. The Board noted the update on service re-modelling and the timescales for the required consultations. The communication to staff and wider stakeholders was discussed and the Board was advised by the Chief Executive that a ‘soft launch’ approach would be used to implementing changes to services in 2014. The Board also agreed that detail on the re-modelling should be presented to the Governors at a future Council meeting.Alyson Coates asked whether the Executive team had the resources available to support the proposed changes and whether criteria had been developed to evaluate the re-modelling. The Chief Operating Officer confirmed that the baseline budget had been set and KPIs were being developed. Sue Dopson added that DPhil student may be able to assist in the development of KPIs and the Board welcomed this suggestion.Lyn Williams asked how difficult it would be to staff the proposed service model, especially over weekends and shift patterns. The Chief Operating Officer explained that the consultation process with staff was looking at this; staffside were engaged and had been complimentary of the way the consultations were being conducted.**The Board noted the report.** | **YT** |
| **BOD 150/13**abcd | **Update from Council of Governors Meeting held on 7 November 2013**The Chair provided an oral update on the recent Council meeting and noted that Governors had re-appointed Cedric Scroggs as Non-Executive Director for 1 year and, both Lyn Williams and Alyson Coates for 3 years.The Chair also noted the problems with one of the presentations and reminded directors that, when presenting information to Council, care needed to be taken to ensure that the information could be seen.The Chair and Chief Executive informed that Board that, despite saying at the meeting that the financial information relating to commissioned services should not be distributed further (as the information was still in draft format), it appeared that information had been sent to a third party. The Chair said that this was disappointing and he would raise this with Governors at the next meeting.**The Board noted the update.** | **MGH** |
| **BOD 151/13**abcd | **Chief Operating Officer’s Report**The Chief Operating Officer presented the report which provided an update on a range of operational matters. She drew attention to the EMU service developments and explained that the EMU in Witney had been implemented through a soft launch and the service appeared to be functioning well.Anne Grocock asked for an update on the re-ablement service and the Chief Operating Officer explained that there had been a national audit of these services, the results of which would be reviewed when available. In terms of the Trust’s service, she explained that there continued be improvements in performance and outcomes.Anne Grocock noted the District Nursing pressures and asked what was being done to retain high quality staff in these difficult jobs. The Chief Operating Officer outlined the action being taken to address pressures, and said that a recent open meeting with DNs allowed the Chief Executive, Divisional Director and herself to hear, first-hand, about the issues being faced. Opportunities to make better use of DNs time were being explored and work was taking place with HR to improve recruitment. The Board welcomed the work taking place to address the pressures on the Trust’s DN teams.**The Board noted report.** |  |
| **BOD****152/13**abcdefg | **Quality and Safety Report** The Director of Nursing and Clinical Standards presented the report which provided an overview of incidents and safety themes, as well as the Trust’s position against CQC outcomes. She explained that this report had a focus on the clinical effectiveness outcomes over Q2. She drew attention to the clinical audit ratings and assured the Board that the Integrated Governance Committee was holding the Executive team to account for performance and detailed updates on work taking place to improve results was being presented to the Committee.Lyn Williams noted that the report showed a high demand for adult mental health inpatient beds and asked what the causes were. The Director of Nursing and Clinical Standards explained that there was a high demand nationally which seemed to be due to a range of factors; she said that the changes to the Trust’s services models did not seem to be a reason for the increase in demand. The Chief Executive added that, conversely, the demand for older adult mental health inpatient beds were decreasing and that the Trust needed to consider this as part of its service re-modelling work. Anne Grocock noted the Mental Health Act Visit to Ashursh PICU and the comments about the section 136 place of safety. The Director of Nursing and Clinical Standards explained that the Trust was working with the police to ensure that places of safety were used in appropriate circumstances; there had been occasions where individuals were taken to places of safety because they were difficult to manage but they did not have mental health problems. The Chief Operating Officer said she would provide the Board with an update in early 2014 once further work had taken place.Anne Grocock asked for an update on pressure ulcer incidents. The Director of Nursing and Clinical Standards explained that there had been an increase in the number of patients being treated for these ulcers however these were mostly patients who had such ulcers when admitted into the care of the Trust; very few patients acquired pressure ulcers when in community hospitals.Cedric Scroggs asked whether the report, in future, could provide more detail on community services given that this represented the vast majority of the patients seen by the Trust. The Director of Nursing and Clinical Standards agreed and said that work was taking place to measure and report on clinical outcomes for patients in the community.Mike Bellamy noted the points raised through a CQC visit about seclusion and asked if these were being picked up. The Director of Nursing and Clinical Standards said that action was being taken in line with agreed plans and that the work taking place on physical interventions would also review the use of seclusion in mental health services.**The Board noted the report and asked that missing charts / data be included in the version published on the Trust’s website.** | **YT****RA** |
| **BOD****153/13**abc | **Quality and Performance Report** The Director of Finance presented the report which set out the Trust’s performance against a range of indicators including KPIs from Monitor and those related to CQUIN. He noted the Trust CPA target and said that there remained data quality issues which resulted in a reported poor performance against the 6-month review target. The Chair said that the data quality issues needed to be resolved and that a clear trajectory included for this, and other targets being missed, to provide the Board with assurance that performance would improve.The Director of Nursing and Clinical Standards noted the exception reporting related to the CQUIN targets and said that the final bullet point referencing national trends on the safety thermometer needed to be checked.**The Board noted the report.** | **MMcE****MMcE / RA** |
| **BOD****154/13**abc | **Workforce Performance Report**The Director of Finance presented the report which set out the key workforce performance indicators. He drew attention to the exit questionnaire data and said that, over time, trend analysis of the data would be reported.On the exit questionnaire data, Anne Grocock said that she continued to be concerned with some of the issues reported as reasons for leaving the Trust; in particular, issues to do with fairness and equity, and linking this with information about the stress and anxiety data, presented a worrying picture. The Director of Finance agreed and said that the Trust’s health and wellbeing group was looking at this and updates would continue to be provided in the reports to Board.**The Board noted the report.** |  |
| **BOD****155/13**ab | **PCT Estate Ratification Report***Claire Dalley, Director of Property Strategy & Services, joined the meeting at this point.*The Director of Finance presented the report which provided an update on the estate transfer to the Trust from the former Oxfordshire PCT. In presenting the report he reminded the Board that it had previously agreed to the transfer in principle subject to a number of outstanding issues being resolved. He explained that a number of the issues had still to be resolved however, given this was a national process, it was unlikely that all of them would be. Accordingly, the report included a risk assessment of the main issues associated with completing the transfer. The Director of Finance said that, on balance, the benefits outweighed the risks and the Board concurred.**The Board approved the report and, in so doing, formally approved the transfer of properties from the former Oxfordshire PCT to the Trust.** |  |
| **BOD 156/13**abcdefghi | **Trust Estate Strategy Report**On behalf of the Director of Finance, the Director of Property Strategy and Services presented the report which set out the proposed Trust estates strategy over the coming 10 years. She explained that the Finance and Investment Committee had reviewed the draft strategy; Lyn Williams added that the Committee had requested some changes and as these had been incorporated the Committee recommended the Board approve the strategy.The Board was advised that the strategy’s key priorities were:-* a medium secure forensic campus;
* an adult mental health hub in Oxfordshire (like Whiteleaf in Buckinghamshire); and
* estate which supported locally integrated services, and was of good quality and financially viable.

Further, the Board was informed that the strategy would be a ‘live document’ in that it would be adapted over time to reflect the emerging service models and care pathways, and clinical need.The Board welcomed the strategy and agreed it represented a significant step forward. The Board noted that careful thought needed to be given as to how the strategy was communicated more widely. Noting that the strategy would inform what specific actions would be taken over the coming year (and set out in the 2014/15 annual plan), the Board requested further updates be presented in the New Year which clearly set out what would take place. **The Board approved the report and the Trust’s Estate Strategy 2013-2023.*****Manor House Land Sale***On behalf of the Director of Finance, the Director of Property Strategy and Services presented the addendum to the estate strategy report which provided an update on the Tindal Centre and Manor House land sales. She explained that, since the Manor House business case was approved, it was now proposed to retain a portion of the Manor House site land (including the Sue Nicholls building) as this could be better used for Trust services; the entire Tindal Centre site would continue to be sold. The report explained that partial sale of the Manor House land would mean that there was a £2.15m forecast reduction of planned income. To compensate this, the Trust’s CAPEX programme for FY14-FY16 would need reconfiguration. The Director of Finance added that the Trust would continue to pursue the section 106 with the local authority as this would give the Trust options in relation to the retained land in the future.The Chair and Lyn Williams both agreed that, financially, this proposal was problematic but the clinical and service case was well made. They noted that, in any event, the Trust had the option to sell the retained land in the future.Alyson Coates asked whether retain part of the land would impact on the saleability or value of the section to be sold. The Director of Property Strategy and Services said that the District Valuer was being consulted about the value but the Trust was of the view that it could realise the full value of the land. Nevertheless, she acknowledged that this issue needed to be kept under review.**The Board approved the report and retaining part of the Manor Hose site (previously planned for disposal) and agreed that the loss of capital receipt would be offset by a reduction in capital expenditure in FY14-FY16; the scope of the Manor House project would be amended accordingly on the basis that the underlying financial business case remained valid.** | **MMcE** |
| **BOD 157/13**abcde | **Car Parking Management**On behalf of the Director of Finance, the Director of Property Strategy and Services presented the report which set out an approach to care parking management for Trust sites. She noted the difficulties being faced by patients, visitors and staff in parking at many Trust sites. She drew attention to the proposed principles which included introducing a permit system for staff parking and pay & display for visitors.The Board discussed the proposed principles in detail; it was agreed that a car park management system needed to be introduced as a priority to address the concerns however a number of issues with the proposed principles were identified. A majority of the Board said that the report did not satisfactorily present the financial case for charging for permits or for pay & display. In addition, other concerns raised included the lack of reference to a wider green travel plan, and the lack of information about the engagement of staff, patients and others in developing the principles.The Board also noted that it was one of the few NHS organisations in the region that did not charge for car parking, but acknowledged that the Trust’s current approach to car parking was leading to significant difficulties for staff, patients and visitors.**The Board welcomed the progress being made to car park management. The Board did not approve the principle that charging for staff permits or pay & display should be introduced at this point in time and asked that further work occur to justify adopting this approach.** **Recognising the need to resolve the issue of car parking as soon as possible, the Board requested that a report be re-submitted in early 2014. Further, the Board agreed that the Whiteleaf Centre should be used as the trial site for any new system that was agreed.***Claire Dalley, Director of Property Strategy & Services, left the meeting at this point.* | **MMcE** |
| **BOD 158/13**ab | **Finance Report**The Director of Finance 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, as reported in the previous month, the Trust was presently operating behind plan and action was being taken to address this. He also outlined the work being taking to develop a Cost Improvement Programme for the coming year.**The Board noted the report.** |  |
| **BOD 159/13**a | **R&D Report****The Board agreed to defer this item until January 2014 when the Medical Director would be at the meeting.** | **CM / JCH** |
| **BOD 160/13**abc | **Minutes from Committees*****Audit Committee – 19 September 2013***Alyson Coates presented the draft Minutes of the Committee for information. She noted that the Committee had seen good progress being made in addressing issues relating to payroll and losses & special payments.***Finance and Investment Committee – 11 November 2013***Lyn Williams provided an oral update on the business transacted at the recent Committee meeting.***Integrated Governance Committee – 13 November 2013***The Chair provided an oral update on the business transacted at the recent Committee meeting. |  |
| **BOD 161/13**abc | **Integrated Governance Committee Annual Report 2012/13** The Chair presented the report which provided the Committee’s annual plan for 2012/13 and also set out revised Terms of Reference for approval.The Board noted that the Terms of Reference still referred to the Healthcare Commission and asked that this be changed to Care Quality Commission.**The Board received the annual report and approved the revised Terms of Reference subject to the above.** | **JCH** |
| **BOD 162/13**ab | **Any Other Business**None.***Feedback / Questions***The Chair invited those present who had observed the meeting for any feedback or questions and one Governor provided feedback on the meeting; she said she had welcomed the breadth of issues discussed by the Board. |  |
|  | The meeting was closed at 12.33**Date of next meeting:** **29 January 2014** |  |