

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

**Board of Directors**

Minutes of a meeting held on

Wednesday, 29 January 2014 at 09:00

in the Boardroom, Chancellor Court, Corporate Services, 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 |
| Anne Grocock | Non-Executive Director |
| Mike McEnaney | Director of Finance |
| 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:** | |
| Hannah Smith | Assistant Trust Secretary (Minutes) |

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| **BOD**  **01/14**  a  b | **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 Justinian Habner, Trust Secretary. |  |
| **BOD 02/14**  a | **Declarations of Interest**  The Board confirmed that interests listed in the Register of Directors’ Interests remained correct. |  |
| **BOD 03/14**  a  b  c  d | **Minutes of the Meeting held on 27 November 2013**  The Minutes of the meeting were approved as a true and accurate record, subject to the following: amending typographical errors on pages 5 and 9.  ***Matters Arising***  **BOD 148/13(e)** - **Outcomes Based Commissioning** - The Chief Executive provided an update on the Department of Health gateway review which had been undertaken on the Outcomes Based Commissioning project, the results of which would be presented to the Oxfordshire Clinical Commissioning Group (**Oxfordshire CCG**) Board tomorrow. Recommendations had included consultation with existing providers, including the Trust. The Chief Executive noted that discussions were ongoing with Oxford University Hospitals NHS Trust (**OUH**) to work collaboratively to achieve Outcomes Based Commissioning and to develop integrated models of healthcare.  **BOD 149/13(b)** - **Service Remodelling** - the Chief Operating Officer noted that an update on the remodelling would be incorporated into the next Governors’ Seminar on 11 February 2014. The Board also agreed that a further update and detail on the remodelling should be included on the agenda for the next formal Council of Governors’ meeting in March 2014.  **BOD 152/13(c)** - **Section 136 place of safety** - the Chief Operating Officer updated the Board that she had been working with the police and the Oxfordshire Joint Management Group (**Oxfordshire JMG**) on the use of section 136 place of safety. | **YT/ JCH** |
| e | Capacity for section 136 admissions was a greater issue in Oxfordshire than in Buckinghamshire. The Oxfordshire JMG had considered social care reporting on the details of section 136 callouts and the number of mental health assessments that had not needed to be converted into admissions and would keep this under review. The Trust was working to reduce the number of section 136 admissions through street triage initiatives, with mental health nurses operating alongside police officers, and the initial feedback had been positive about the number of occasions when section 136 admissions had been able to be diverted. In Wiltshire, the Child and Adolescent Mental Health Service (**CAMHS**) had provided training to the police on common mental health problems; CAMHS section 136 admissions in the area had since reduced by more than 50 per cent.  The Board confirmed that the following actions from the meeting on 27 November 2013 had been actioned, completed or were on the agenda for the meeting: 152/13(g); 153/13(a); 153/13(b); 156/13(d); 157/13(e); 159/13(a); and 161/13(b). |  |
| **BOD 04/14**  a  b  c | **Chief Executive’s Report**  The Chief Executive presented his written report which outlined recent national and local issues.  The Board noted the Monitor consultation document on governance reviews and the revised NHS Foundation Trust Code of Governance which had been updated further to the 2012 Health and Social Care Act and changes in the UK Corporate Governance Code. The Board noted that these highlighted areas where the Trust could review its practice.  The Chief Executive highlighted the successful designation of the Oxford Academic Health Science Centre (**AHSC**) from April 2014. The Oxford application was the only new application designated and joined the existing five AHSCs. The Chief Executive emphasised the importance of the six strategic themes which the Oxford AHSC would focus on: big data - delivering the medicine revolution; building novel NHS, university and industry relationships; modulating the immune response for patient benefit; managing the epidemic of chronic disease; emerging infections and antimicrobial resistance; and cognitive health - maintaining cognitive function in health and disease. |  |
| d  e  f | The Chief Executive noted the progress the Trust had already made around the theme of big data through initiatives such as the True Colours system which allowed patients to monitor and record their symptoms remotely using text, email or the website.  The Board reviewed the outcomes of the Consultant Advisory Appointment Committees.  **The Board noted the report and APPROVED the consultant appointments.** |  |
| **BOD 05/14**  a  b  c  d  e  f  g  h | **Chief Operating Officer’s Report**  The Chief Operating Officer presented the report which provided an update on a range of operational matters including the opening of the Witney Emergency Multi-Disciplinary Unit on 06 January 2014.  ***Winter Pressures***  The Chief Operating Officer highlighted that the Trust was on track to deliver all of its key performance indicators in relation to winter pressures funding although this was not the case system-wide in Oxfordshire and delayed transfers of care had remained static. Work was ongoing with the Oxfordshire CCG to review the discharge pathway for Oxfordshire and to move from four ready lists across the system to just one ready list which all organisations would work to. There were also challenges with tackling patient choice delays for patients in an acute bed awaiting a community hospital bed. The Trust routinely offered to repatriate patients who agreed to a less local bed as soon as a bed in their local community hospital became available.  Mike Bellamy asked whether significant reshaping of services, rather than incremental improvements, would take place in preparation for next winter. The Chief Operating Officer replied that longer term improvements were the focus of strategic discussions with OUH and that it would be important to ensure that services ran smoothly over the spring/summer period to avoid leaving unresolved issues for next winter.  ***Service remodelling and service developments***  The Chief Operating Officer provided an update on the progress of the service remodelling and recent service developments. The remodelling of Adult Mental Health Services had moved into the implementation phase. The Buckinghamshire Older People’s Services staff consultation process had been completed and positive feedback had been received on the proposed model of care. The Children and Families Service had been awarded the contract to provide the healthy weight management service for children and young people in Oxfordshire and, since the report had been written, had achieved an award on school health nursing.  The Chair asked where forensic, dentistry and podiatry services would fit into the service remodelling. The Chief Operating Officer replied that forensic services would be included within Adult Mental Health Services and dentistry and podiatry within a public health sub-directorate within the Children and Families Service. The Chair requested an updated structure chart of services in due course.  ***Aston Team Working***  Lyn Williams noted that the Improvement and Innovation Team would take over leadership of the next phase of the Aston Team Based Working development programme and asked whether they had received training to do this. The Chief Operating Officer confirmed that they had.  ***District Nursing***  The Board noted that the District Nursing service continued to be under pressure, caused primarily by the gap between demand and funded capacity, and noted the actions being undertaken to address this internally and with Oxfordshire CCG, as set out in the report. The Director of Nursing and Clinical Standards noted that reviews of recent Serious Incidents Requiring Investigation in the service had highlighted inconsistencies in treatment methods. The outcomes of the service remodelling would assist to improve standardisation and reliability of care through developing clearer care pathways focused on improving patient outcomes and experiences. Work was also taking place to improve the management structure to support District Nursing and strengthen clinical leadership in this area.  **The Board noted the report.** | **YT** |
| **BOD 06/14**  a  b  c  d  e  f  g  h  i | **Quality and Safety Report**  The Director of Nursing and Clinical Standards presented the report which provided an overview of: patient experience for Quarter 3; the regulation of Care Quality Commission (**CQC**) national standards; and infection prevention and control.  ***Patient Experience***  The Director of Nursing and Clinical Standards explained that this report had a focus on patient experience at individual service level and highlighted the responsibility of each team, as part of the ongoing service remodelling work, to focus on patient experience. The quality of the Trust’s responses to complaints, in particular those which were graded as less serious and signed-off within divisions, was also being revisited. An initial meeting had taken place with Mike Bellamy, Non-Executive Director, to review complaints which were signed-off within the Children and Families Service; other Non-Executive Directors were invited to future meetings.  Anne Grocock referred to the four standard questions which were used across the majority of services to assess patient experience and noted that the question where most improvement was required in the responses was around the information given to patients about their condition and treatment. Anne Grocock asked if the responses had been analysed to identify whether there were issues around insufficient information being provided or about the manner in which information was provided. The Director of Nursing and Clinical Standards replied that this would be investigated further through the new Patient Experience Committee as the analysis would inform the relevant improvement action required.  Mike Bellamy commented that the four standard questions did not fully encompass what patient experience was and noted that staff attitude and empathy could override the impact of quality of care in terms of how patients perceived the service they had received. Mike Bellamy suggested that the Trust should develop its patient experience strategy to set out and monitor the main parameters of patient experience. The Director of Nursing and Clinical Standards replied that the Trust was considering this and that the outcome may result in the Trust developing or changing the four standard questions which were currently used to assess patient experience.  ***CQC national standards***  The Director of Nursing and Clinical Standards highlighted that there were no major concerns against CQC national standards and that the most recent internal audit on CQC compliance had awarded the Trust a “good” assurance level. The CQC was moving to a new inspection framework and the impact on the Trust was set out in the report.  Mike Bellamy asked if Trust staff were putting themselves forward as specialists on inspection teams under the new CQC inspection framework. The Director of Nursing and Clinical Standards confirmed that staff were doing this.  Mike Bellamy referred to the five key questions under the new CQC inspection framework and noted that although the questions on being safe, effective, caring and responsive were already familiar to the Trust and reported upon, the fifth question around being well-led may pose a new reporting challenge. The Board considered the role of the Complaints Committee in providing assurance around leadership and the focus which the CQC already gave to how well the Board equipped itself to lead. The Director of Nursing and Clinical Standards noted that the Trust could develop its reporting in this area and that it may be an option to expand the reporting on learning and development to encompass this.  ***Infection prevention and control***  The Director of Nursing and Clinical Standards reported that the increase in the number of *Clostridium Difficile* infections (**CDI**) in the Trust was in line with national increases. The Trust had, however, received assurance from its participation in a monthly CDI health economy peer review meeting with OUH, Public Health England and Oxfordshire CCG that almost all Trust CDI cases were unavoidable and frequently linked with patients who required antibiotic therapy and which, therefore, increased their risk of developing CDI.  **The Board noted the report.** |  |
| **BOD 07/14**  a  b  c  d  e | **Quality and Performance Report**  The Director of Finance presented the report which set out the Trust’s performance against a range of indicators including key performance indicators from Monitor and those related to Commissioning for Quality and Innovation (**CQUIN**) payments. All CQUIN schemes were on track with the exception of the NHS Safety Thermometer as this CQUIN scheme would not be achieved for 2013/14.  The Director of Finance noted that the increase in the number of CDI cases would be reported to Monitor together with the assurance from the CDI health economy peer review process. The Board agreed that a detailed narrative explanation should be provided to Monitor to clarify how avoidable and unavoidable CDI cases could be distinguished.  The Board discussed the Early Intervention target and noted that the Monitor target did not fully reflect the nature of the caseload being treated. A significant number of the relevant cluster of patients were being managed appropriately and on target outside the Early Intervention service. The Chief Operating Officer added that the service remodelling would also review the Early Intervention service as currently two different models were operating across Oxfordshire and Buckinghamshire which led to different results being produced against targets.  The Board discussed the compliance with Care Programme Approach (**CPA**) metric and the four areas measured: identification of a care co-ordinator; a care plan in place less than 12 months old; care plan review within 6 months; and risk assessment review in the last 12 months. The Board noted that it would be useful if future reporting could include trajectories and milestones leading to targets within the CPA metric. The Chief Operating Officer noted that there was a complicated process to record the relevant information using the current electronic health record but that in future the next generation electronic health record may improve ease of data population and search functionality.  **The Board noted the report.** | **RA**  **MME** |
| **BOD 08/14**  a  b  c | **Workforce Performance Report**  The Director of Finance presented the report which set out the key workforce performance indicators. The Director of Finance highlighted that:   * although turnover was lower than last year, it was still slightly above target. The highest turnover related to Specialised Services although this was not unexpected given the nature of the work. Exit questionnaires were providing more data for trend analysis which would be refined so that particular areas could be focused upon; * sickness rates had decreased but were still above target. The Occupational Health function was soon to be re-launched to support staff and managers more effectively; * bank and agency use had increased slightly and was subject to a Cost Improvement Programme project to streamline replacement; and * vacancies had increased but below target.   Anne Grocock noted the impact of cold/cough/flu as a reason for sickness absence and noted that 53 per cent of frontline staff had received the flu vaccine against a target of 75 per cent. Anne Grocock asked whether the Trust would incur any financial penalty this year if it did not meet the flu vaccination target of 75 per cent. The Director of Finance replied that the Trust would not be subject to a financial penalty this year and noted that the Trust’s uptake of the flu vaccine had increased this year ahead of the national average.  Lyn Williams asked whether more detailed investigation had taken place into the causes of sickness absence such as anxiety/stress/depression and whether this was being contributed to by working environments or additional demands. The Director of Finance replied that more detailed investigation, and analysis to link areas of sickness absence with vacancies, could be carried out once the Occupational Health function had been re-launched. The Chief Operating Officer added that ward environments had already demonstrated the impact of good |  |
| d | clinical leadership and managerial support to reduce sickness absence and break the cycle of sickness, turnover and vacancies.  **The Board noted the report and welcomed the revised format.** |  |
| **BOD 09/14**  a  b | **Quality Account Quarter 2 Report**  The Director of Nursing and Clinical Standards presented the report which outlined Q2 performance against the measures in the Quality Account 2013/14. The Director of Nursing and Clinical Standards drew the Board’s attention to the key highlights from Q2 and noted that the number of avoidable pressure ulcers had reduced by 50 per cent in Q2 as a result of a range of actions implemented within Community Services including work to manage pre-existing pressure damage when patients came into Trust services.    **The Board noted the report and welcomed the development of the quarterly updates.** |  |
| **BOD 10/14**  a  b  c | **Whiteleaf Centre (formerly Manor House) update**  The Director of Nursing and Clinical Standards presented the report which provided an update on the project and noted that handover of the Whiteleaf Centre after completion of the construction programme had been successfully achieved on 17 January 2014.  The Board congratulated the Director of Nursing and Clinical Standards and the project management team on the successful handover of the Whiteleaf Centre on budget and on time and on the positive “green” rated outcome of the Department of Health gateway review of the project.  **The Board noted the report.** |  |
| **BOD 11/14**  a  b | **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. The Director of Finance noted that performance against plan had improved by £0.4 million although cost pressures remained which were being managed across Divisions. Overall, the Trust was still operating behind plan with EBITDA (Earnings Before Interest, Taxation, Depreciation and Amortisation) of £1.2 million behind plan and a surplus £0.7 million behind plan but this had improved since the previous report. Against Monitor’s new Continuity of Service Risk Rating (**CoSRR**), replacing the previous Financial Risk Rating, the Trust had achieved a CoSRR level 4 at month 9.  **The Board noted the report.** |  |
| **BOD 12/14**  a  b  c | **Annual Plan Quarter 3 Report**  The Director of Finance presented the report which summarised the progress of the Trust’s Annual Plan for Q3 and outlined key achievements, risks and changes to milestones for each project.  Lyn Williams noted that a Forensic Strategy was included amongst the projects to support the strategic aim of Delivering Operational Excellence and asked when this would be available. The Chief Operating Officer noted that the strategy needed further development in relation to changes in commissioning arrangements, ongoing discussions with specialist commissioners and the developing national picture on the future of Forensic Services with links to Adult Mental Health Services. The Chief Operating Officer estimated that a draft strategy may be available towards the end of Q1 FY15.  Lyn Williams welcomed the new format of the report but noted that this also highlighted the number of different objectives/projects against each strategic aim. Lyn Williams asked whether the Trust had too many objectives/projects and whether this was impacting on delays in delivering some projects such as the Forensic Strategy. The Director of Finance noted that it would be possible to consolidate some of the objectives/projects to bring more coherence to reporting. |  |
| d | Mike Bellamy referred to the strategic aim of Developing Our Business and asked what progress had been made to develop a strategy relating to private patient income. The Chief Operating Officer and the Medical Director noted that progress had been made in this area. The Chair requested that an update report be provided to the Board in due course.  **The Board noted the report.** | **CM/YT** |
| **BOD 13/14**  a  b  c | **In-year submission to Monitor – Quarter 3 2013/14 Report**  The Director of Finance presented the report which set out the Trust’s proposed Q3 submission to Monitor. The Director of Finance noted that, as discussed at items BOD 06/14 and 07/14 above, the CDI and Early Intervention Targets would be submitted with accompanying narratives. The Director of Finance confirmed that the Monitor target for CPA had been met.  Alyson Coates and the Director of Nursing and Clinical Standards noted that further assurance against compliance with requirements regarding access to healthcare for people with a learning disability would be useful prior to the submission. The Chief Executive requested that a note be circulated to the Board out-of-session and prior to the submission to provide more detail on this.  **Subject to the comments above, the Board APPROVED the Q3 submission to Monitor and confirmed that the Board:**   * **anticipated that the Trust would continue to maintain a Continuity of Service Risk Rating of at least 3 over the next 12 months; and** * **was satisfied that plans in place were sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and could make a commitment to comply with all known existing targets going forwards.** | **RA/ MME/ HS**  **RA** |
| **BOD 14/14**  a  b  c  d | **Trust Constitution**  The Chair presented the report which set out proposed changes to the Trust’s Constitution.  The Board considered the proposed changes and reviewed the following sections in more detail:   * section 9.15.5 at C18, the Chief Executive’s power to terminate a Governor’s appointment if considered unsuitable on the basis of disclosures obtained from the Disclosure and Barring Service. The Board noted that this was nationally consistent; and * section 2.8 at C101, appointment of senior independent director. The Board noted that although this section gave the Board the power to appoint a senior independent director, it did not oblige the Board to do so.   The Chief Operating Officer referred to Annex 4 at C46 and requested that the Trust Secretary check the number of governors proposed against the staff constituencies. In the report, the number of governors against the new directorates was proposed as 2 against Adult Services, 2 against Older Peoples Services and 4 against Children & Young People’s Services. The Chief Operating Officer noted that as Older Peoples Services was the largest directorate, it should have 4 governors, rather than Children & Young People’s Services.  **Subject to confirmation of the above, the Board APPROVED the proposed amendments to the Constitution before presentation to the Council of Governors for final approval.** | **JCH** |
| **BOD 15/14**  a | **Research and Development (R&D) Report**  The Medical Director presented the report which provided an overview of current R&D activity within the Trust. The Medical Director highlighted NHS initiatives with which the Trust was involved and which aimed to increase research productivity and accelerate the diffusion of innovation into clinical practice, such as the Academic Health Science Networks (**AHSNs**) (including the Oxford AHSN) and the CLAHRC (Collaboration for Leadership in Applied Health Research and Care) centres. |  |
| b  c  d  e  f | The Medical Director noted that it was important for staffing and governance within R&D to keep up with the pace of expansion and that a 5 year strategy for R&D should be developed.  Lyn Williams asked what processes were in place to monitor the performance of R&D activity. The Medical Director replied that the R&D Committee was being re-constituted to do this.  Alyson Coates asked what reporting was available on the funding and benefits of particular R&D projects. The Director of Finance replied that a separate R&D finance report tracked funding received and allocated on a project by project basis.  The Board suggested that future reporting consider:   * the impact into practice and value of R&D projects; * reporting around broader aspects of R&D activity than psychiatry; and * funding from industry and pharmaceutical companies.   **The Board noted the report.** | **CM** |
| **BOD 16/14**  a  b  c | **Board of Directors Scheme of Reservation and Delegation (the Scheme)**  The Chair presented the report which set out proposed changes following the annual review of the Scheme. The Scheme was anticipated to be brought back during 2014 following the outcome of the review of the Trust’s Integrated Governance Framework and to take account of Monitor’s changes to the NHS Foundation Trust Code of Governance.  The Board noted that:   * at 1.3.2.6 on page 12 there was a typographical error to amend; and * at 3.3.2 on page 18, the Chief Operating Officer would not directly manage pooled budgets arising from any Section 75 agreement as although she would have oversight of these budgets, she would appoint a manager to manage them on a daily basis. This section may, therefore, need to be revised accordingly.   **Subject to the comments above, the Board APPROVED the amendments and adopted the Scheme of Reservation and Delegation.** | **JCH** |
| **BOD 17/14**  a  b  c  d | **Minutes from Committees**  ***Finance and Investment Committee - 11 November 2013 and 20 January 2014***    Lyn Williams presented the draft Minutes of the meeting on 11 November 2013 for information and provided an oral update on the business transacted at the meeting on 20 January 2014.  ***Integrated Governance Committee – 13 November 2013***  The Chair presented the draft Minutes of the meeting on 13 November 2013 for information.  ***Audit Committee – 05 December 2013***  Alyson Coates presented the draft Minutes of the meeting on 05 December 2013 for information and provided an update that the interviews for the Internal Audit tender would be conducted this week.  ***Charitable Funds Committee – 08 January 2014***  Anne Grocock presented the draft Minutes of the meeting on 08 January 2014 for information and noted that a business plan for charitable funds would be developed. |  |
| **BOD 18/14**  a  b | **Any Other Business**  None.  ***Feedback / Questions***  The Chair invited those present who had observed the meeting for any feedback or questions. There were no comments or questions. |  |
|  | The meeting was closed at 12:27  **Date of next meeting:**  **26 February 2014** |  |