

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

**Board of Directors**

Minutes of a meeting held on

Wednesday, 26 February 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 |
| Anne Grocock | Non-Executive Director  |
| Mike McEnaney  | Director of Finance |
| Cedric Scroggs | Non-Executive Director |
| 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 |

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| **BOD****19/14**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 Alyson Coates, Non-Executive Directors; Sue Dopson, Non-Executive Director; Clive Meux, Medical Director. |  |
| **BOD 20/14**a | **Declarations of Interest**The Board confirmed that interests listed in the Register of Directors’ Interests remained correct. |  |
| **BOD 21/14**abc | **Minutes of the Meeting held on 29 January 2013**The Minutes of the meeting were approved as a true and accurate record. ***Matters Arising*** **BOD 05/14 (e)** – **Service Re-modelling** – the Chief Operating Officer said that an updated service structure chart had yet to be completed; one would be shortly and then circulated.**BOD 12/14 (d)** – **Private Patient Income Strategy** – the Chief Operating Officer said that an update on the strategy relating to private patient income would be provided to Board in the private meeting. | **YT****YT** |
| **BOD 22/14**abcd | **Chief Executive’s Report**The Chief Executive presented his written report which outlined recent national and local issues. The Board was informed that the first inpatient wards were now moving into the newly built Whiteleaf Centre in Aylesbury. The Board welcomed this news and recorded its congratulations and appreciation to all involved in both the building of Whiteleaf and the transition of services to it. It was noted that a formal opening was being planned to take place around October 2014.The Chief Executive noted the recent FTN analysis on NHS foundation trust constitutions and the sections relating to significant transactions. The majority had chosen not to define ‘significant transaction’ in their constitution; the Chief Executive noted that the proposed amendments to the Trust’s Constitution considered by the Board in January 2014 did not include a definition and the Board recorded that it proposed to recommend this position to the Council of Governors when it considered the Constitution in March 2014.**The Board noted the report.** |  |
| **BOD 23/14**abcdef | **Chief Operating Officer’s Report**The Chief Operating Officer presented the report which provided an update on a range of operational matters. She noted the ‘choice policy’ across Oxfordshire that had been approved by Board last year and explained that an updated version would be presented to Board in March 2014 for approval. The Board noted that the staff consultation on the Older People’s Service developments was due to commence in the current week. Changes to the services were already taking place as a consequence of the relocation of services to the Whiteleaf Centre however it was anticipated that all older people’s services, including community services, would see changes implemented by the end of April 2014. The Board requested an update on the feedback on service change consultations within the next few months.Mike Bellamy noted the item on winter pressures and said, as the 2013/14 winter had not been as long or cold as previously predicted it was likely that the Trust, and other providers, had not experienced the anticipated service pressures. He warned against complacency in the coming years and said that further work was required across the health and social care system to develop radical options to deal with future severe winters. The Chief Operating Officer agreed and said work would continue with partners over the summer months to plan for future winter pressures. Mike Bellamy asked whether there was a capacity plan for the coming year which covered the entire health and social care system. The Chief Operating Officer said that there was a strategy for older people in general but agreed to take the capacity plan suggestion to the next Urgent Care Working Group and update Board when appropriate.Anne Grocock noted the older adult staff feedback on Trust values and asked how their suggestion on developing concrete examples of the values in daily practice would be taken forward. The Chief Operating Officer said that staff would be engaged in defining these examples through the service re-modelling work taking place.**The Board noted the report.**  | **YT****YT****YT** |
| **BOD 24/14**abcdefgh | **Quality and Safety Report**The Director of Nursing and Clinical Standards presented the report which provided an update on a range of quality and safety matters. In presenting the report, the Director of Nursing and Clinical Standards said the next report to Board would include an overview of the Trust’s implementation of the Francis report recommendations.Lyn Williams noted the section on patient restraint and asked whether the very broad definition of ‘restraint’ was problematic – did it result in incidents being recorded as restraint when they ought not to be recorded as such. The Director of Nursing and Clinical Standards said that the definition was wide and that this was a safety measure to ensure any possible form of restraint would be recorded; she acknowledged that the Trust’s definition was likely to be part of why Trust data on restraint appeared higher than many other mental health trusts. She noted that sub-categorisation of restraint data was reported to Integrated Governance Committee and said that for future benchmarking exercises, the sub-categorisation data should be used if possible. The Chief Executive agreed, he said he was reluctant to see the definition narrowed but asked that future data publications make the categories of restraint very clear.On restraint, Cedric Scroggs said he was hopeful that the intention was still to cease using prone and flexion methods of restraint. The Director of Nursing and Clinical Standards said that the review on restraint training and methodology was continuing and explained that the Integrated Governance Committee had recently discussed this in some depth.The Chair added that he would like to see future reports on restraint take account of the new ward environments in Highfield and Whiteleaf to see whether they had an impact on the incidents of restraint. He asked that the Integrated Governance Committee be kept up to date on this.Lyn Williams said that the time duration of restraint was wide and the Director of Nursing and Clinical Standards said that duration would be patient specific; she was not aware of any incidents reported where the length of time restrained was considered too long.Lyn Williams noted the proposed additional training for HCA’s and asked whether there was a national training programme or would the Trust develop its own programme. The Director of Nursing and Clinical Standards said that the training options were being scoped; she explained that the Cavendish Report made recommendations around HCA training but the Local Education Training Board did not fund training for this staff group.Mike Bellamy noted the skills section in the report which said that frontline teams required good leadership and asked how this would be achieved. The Chief Executive said that many of the building blocks were already in place to support this and he outlined how the service re-modelling was allowing leadership to be developed and strengthened in teams. He also added that teams needed to be given the right support, including appropriate information, to enable them to spend their time on the work required. The Board went on to discuss how this could be achieved and success measured in future reports; further thought on evaluation criteria was required.The Board noted the report.  | **RA****RA** |
| **BOD 25/14**abcd | **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 payments. He noted the *Cdiff* target and said that Monitor had been briefed on the position during the Q3 teleconference; they seemed to understand the Trust’s position. The Director of Finance noted the CPA compliance metric (T37) which was being missed and outlined the data recording and reporting issues that were behind this result. He explained the action being taken to address this and added that an audit of the position would be undertaken in March, the results of which would help inform the future action. Lyn Williams said he supported the approach outlined but had ongoing concerns with the Trust’s performance against this agreed target. The Chair agreed and said that Trust clinicians needed to be made aware of the Board’s concerns around performance against data recorded for CPA.The Board discussed the pressure ulcer CQUIN target and considered whether it would apply in the coming year; if it did then commissioners needed to be supported to ensure that the target was not perverse and that it helps support reducing the number of pressure ulcers acquired in hospital settings.**The Board noted the report.** | **MH** |
| **BOD 26/14**abcde | **Workforce Performance Report**The Director of Finance presented the report which set out the key workforce performance indicators. Mike Bellamy asked whether concerns expressed through exit interviews were reflecting wider dissatisfaction across the Trust. The Director of Finance said that the information gained through exit questionnaires needed to be correlated with other data sources, such as the staff survey, in order to understand the wider picture.Anne Grocock said that the divisional performance table showed varied performance on a range of metrics and asked whether divisions could learn from each other to improve performance; in particular she noted that the Children and Families Divisions seemed to be performing better than the others. The Chief Operating Officer said that the Children and Families Division was not comparable with other divisions given the type of services and staff profiles each had. That said, sharing good practice and having other divisions learn from the proactive staff engagement seen in Children and Families was something she supported.The Director of Finance said that the national staff survey results would be released on the day of the Board meeting and he provided an overview of the headline results for the Trust. Overall the Trust’s results seemed to show an improvement on the previous year. The Director of Finance said that he would circulate the results to Board members and then present the results alongside the Trust’s analysis at a future Board meeting.**The Board noted the report.** | **MMcE** |
| **BOD 27/14**abc | **Quality Account Quarter 3 Report**The Director of Nursing and Clinical Standards presented the report which outlined Q3 performance against the measures in the Quality Account 2013/14. Anne Grocock noted he CQC’s low amber risk rating for co-operation with other providers and asked how this rating was determined. The Director of Nursing and Clinical Standards said that she would provide detail on this out-of-session. **The Board noted the report.** | **RA** |
| **BOD 28/14**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 said that he was reasonably confident that the current forecast would be achieved. **The Board noted the report.**  |  |
| **BOD 29/14**abc | **Emergency Planning – Statement of Compliance**The Chief Operating Officer presented the report which set out the Trust’s declaration of compliance with the NHS Core Standards for Emergency Preparedness, Resilience and Response.The Board welcomed the report which showed excellent progress continued to be made in this area. The Board recorded its thanks to the Emergency Planning Lead, Katie Cleaver, for her work in this area.**The Board noted the report and declaration.** |  |
| **BOD 30/14**abc | **Minutes from Committees*****Finance and Investment Committee – 20 January 2014***Lyn Williams presented the draft Minutes of the meeting; he noted that an oral update had been provided to Board in January 2014.***Audit Committee – 6 February 2014***The Director of Finance provided an oral update on the main items considered at this meeting. He informed the Board that the internal audit tender process had been completed and TIAA had been awarded the contract to start from 1 April 2014. He explained that TUPE issues were still to be resolved.***Integrated Governance Committee – 12 February 2014***The Chair provided an oral update on the main items considered at the meeting. He noted that the Committee had discussed clinical audit process and results in detail; Lyn Williams said he thought TIAA may be able to help the Trust in this area. |  |
| **BOD 31/14**ab | **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 1120**Date of next meeting:** **26 March 2014** |  |