

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

**Board of Directors**

Minutes of a meeting held on

Wednesday, 30 April 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:** | |
| Justinian Habner | Trust Secretary (Minutes) |

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| **BOD**  **47/14**  a  b | **Welcome and Apologies for Absence**  The Chair welcomed members of the public who had attended to observe the meeting.  Nil apologies. |  |
| **BOD 48/14**  a  b | **Declarations of Interest**  The Board reviewed the Register of Directors’ Interests report. The following changes were requested:-   * Ros Alstead – remove “Chair – National mental health and LD Directors and Leads Forum” * Stuart Bell – remove “Wife is Volunteer with Fairbridge Charity” and replace “Wife is Magistrate, Merton Bench” with “Wife is Magistrate, Northampton Bench” * Cedric Scroggs – remove “Shareholder – portfolio of listed shared which includes sundry pharmaceuticals”   **Subject to the above, the Board confirmed that the interests listed in the Registers of Directors’ Interests remained correct.** |  |
| **BOD 49/14**  a  b  c  d  e  f  g  h | **Minutes of the Meeting held on 26 March 2014**  The Minutes of the meeting were approved as a true and accurate record, subject to the amendment of typographical errors on pages 2, 3, 5, 6, 7, 8 & 9.  ***Matters Arising***  **BOD 34/14 (b)** – **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 34/14 (c)** – **Service Change Consultations** – the Chief Operating Officer said an update on the Oxfordshire older peoples service consultation would be provided in the next Chief Operating Officer’s Report. Other consultation outcomes would be referenced in future reports.  **BOD 37/14 (g)** – **Choice Policy** – the Chief Operating Officer explained that the draft policy was undergoing further review following comments from partners and that an updated version would be presented to the boards of each partner in due course. As part of the presentation to Board, Mike Bellamy asked if data on the proportion of delayed transfer of care due to family requests could be presented.  **BOD 40/14 (b)** – **Workforce KPIs** – the Director of Finance said that the workforce report had incorrectly reported on finance figures which had led to the confusion about headcount numbers. He said that, in future, only the finance report would include financial detail.  **BOD 41/14 (b)** – **Mandalay** – the Chief Operating Officer reported that agreement with Comfort Care had been reached to provide high-level step-down support in the Mandalay building which would allow the current Mandalay services to be transferred to Opal Ward in the Whiteleaf Centre.  **BOD 45/14 (d)** – **Dignity Plus Work and PFI** – the Director of Finance said that there was no requirement under PFI contracts for the financier to undertake work such as Dignity Plus; it was the Trust’s responsibility to ensure that the building was fit for purpose.  The Board discussed the community hospital development in Bicester which was nearing completion and the proposed development in Henley; both were being managed by the Oxfordshire CCG. The Chief Executive explained that the Executive Team had recently discussed the developments and the Director of Nursing and Clinical Standards had agreed to lead a small project team to oversee any move of Trust services into the new Bicester hospital building. The Board noted that more detail was required from the CCG on what the Trust was being asked to take on in both Bicester and Henley which was needed to allay concerns around suitability of premises. | **YT**  **YT**  **YT** |
| **BOD 50/14**  a  b  c  d  e | **Chief Executive’s Report**  The Chief Executive presented his written report which outlined recent national and local issues.  The Chief Executive noted the Positive and Proactive Care guidance and reminded the Board that the Trust had already commissioned a review into the approach to Prevention and Management of Violence and Aggression (PMVA) and that a decision would be made shortly on the training provider to be contracted in the future. He added that the Trust’s review and the national guidance set out that PMVA was not just about skills but also needed to include the wider ethos of care. The Director of Nursing and Clinical standards agreed and said that the national guidance included areas such as rapid tranquilisation and, as such, she would consider what was reported to Integrated Governance Committee in the future.  The Chief Executive updated the Board on the discussions taking place with Oxfordshire CCG on the proposed mental health and community health contracts. It was likely that heads of agreement would be signed in the coming weeks which would address services such as community nursing and complex needs. The Board welcomed the progress that had been made but noted that, as the Trust’s financial baseline was now clearer, there would be significant financial challenges for the Trust in the current and future years.  The Chair informed the Board that he and the Chief Executive had recently met with Cllr Tricia Birchley and Trevor Boyd from Buckinghamshire County Council. The meeting was positive and considered ways the Trust could work more closely with the Council in the provision of services in Buckinghamshire.  **The Board noted the report and approve the consultant appointment.** | **RA** |
| **BOD 51/14**  a  b | **Chief Operating Officer’s Report**  The Chief Operating Officer presented the report which provided an update on a range of operational matters.  **The Board noted the report.** |  |
| **BOD 52/14**  a  b  c  s  e | **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. The report focussed on patient experience and the Director of Nursing and Clinical Standards noted that it showed the wide variety of sources that the Trust was using in order to receive patient feedback.  The Director of Nursing and Clinical Standards also drew attention to the sections that addressed the Monitor targets. On the *Cdif* target, she noted that the Trust’s year-end position was 14 cases, of which 2 were deemed avoidable.  Mike Bellamy said he remained concerned that there was no over-arching framework for addressing concerns raised by patients; he said that there clearly was a lot of work taking place in order to understand the views of patients but a framework was needed to ensure known problem areas were addressed. The Director of Nursing and Clinical Standards said that committees being proposed through the governance review would help address this concern.  Lyn Williams noted the information relating to the LD target and asked whether the new electronic healthcare record would help in taking forward the work around flagging patients with learning disabilities. The Chief Executive said that the new record should address this in part but added that the crucial point was how the Trust’s records linked with those of other services and providers.  **The Board noted the report.** |  |
| **BOD 53/14**  a  b  c  d  e  f  G | **Safety and Quality Report on Individual Services – Urgent Care**  The Director of Nursing and Clinical Standards presented the report which provided a detailed review of the safety and quality dimensions in the Urgent Care service. She explained that she was developing a schedule of such reports for specific services and said that Urgent Care would be reported on, in this detail, once a year.  The Chair noted the appendices and asked why they were included given the ratings against essential standards were for all services and not just Urgent Care. The Director of Nursing and Clinical Standards said she would amend this prior to publication. She noted the Chair’s concerns about the number of red rated results and explained that work was occurring to address these.  The Board considered the trend in demand for this service, which was increasing, and considered the reasons for this and what it meant for the skills required of staff.  Alyson Coates said she was concerned that some clinical audit results have not been rated or no action had taken place to address concerns. The Director of Nursing and Clinical Standards said that the service directorate was aware and now addressing the concerns. The Medical Director provided additional assurances on the new centralised monitoring system that was being established which reported results to the Integrated Governance Committee.  Lyn Williams noted clinical the audit result on the extent to which antimicrobial prescriptions were compliant with commissioner’s guidelines and said he was not happy with the result reported. The Board discussed clinical audit results and noted that, in some cases, it was not necessarily desirable to have clinical audit results at 100 per cent. It was agreed that more thought needed to be given to how clinical audit results were presented and the information published to ensure people could understand the results and place them within the wider context.  Mike Bellamy asked whether future reports on Urgent Care could include more detail on how the service linked with other services, patient case scenarios and how the service could develop in the future.  The Board went on to discuss the type of information on services that was being reported. It was suggested that the amount of performance related information was increasing which was not helping the Board to see the wider picture and undertake its role in setting strategy. Also, it was suggested that there was little information on how front-line staff saw the possible development of their services. The Board asked the Executive Team to consider the type of information being presented to ensure the Board does not become overly involved in performance management.  **The Board noted the report.** | **RA**  **RA / CM**  **RA**  **SB** |
| **BOD 54/14**  a  b | **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 drew attention to Q42 (review of eating disorder pathway and focus on early intervention) and explained that the Trust had missed this CQUIN target and not received any income associated with it because it had been assumed that the CQUIN monies would be received for the steps taken towards the target. He noted that this provided a useful lesson when reviewing and agreeing CQUIN targets in the future.  **The Board noted the report.** |  |
| **BOD 55/14**  a  b  c  d  e | **Workforce Performance Report**  The Director of Finance presented the report which set out the key workforce performance indicators.  Anne Grocock asked for an explanation on the adverse spend in-month being reported on staff and the Director of Finance said that he was not sure this was accurate and, as explained earlier in the meeting, he would ensure future HR reports did not contain financial information. Alyson Coates sought assurances that this was not indicating that the HR department did not understand budgets and their management. The Director of Finance assured the Board that the HR department did understand budget management and that the issues related to reporting of complex financial information.  Anne Grocock noted the reported drop in long-term sickness and asked if this was due to the stress management courses; the Director of Finance said it was too early to tell whether these courses had been a contributing factor.  Anne Grocock noted the exit questionnaire data and noted the number of leavers saying that they had not been treated fairly. The Board noted that this may be due to the re-organisation of services but agreed that the results needed careful monitoring over the coming months.  **The Board noted the report.** | **MMcE** |
| **BOD 56/14**  a  b  c | **Report on Progress on Implementing the Recommendations from the Second Frances Report**  The Director of Nursing and Clinical Standards presented the report which, had been reviewed in detail by the Integrated Governance Committee, and provided an overview of the action taken to implement relevant recommendations from the second Frances Report.  The Board noted that the report needed to be updated on page 9 to reflect that the EMU and Whiteleaf Centre had now been opened.  **The Board noted the report.** | **RA** |
| **BOD 57/14**  a  b | **Finance Report**  The Director of Finance presented the report which set out the Trust’s financial position at year-end.  **The Board noted the report.** |  |
| **BOD 58/14**  a  b  c  d  e | **Annual Plan 2013/14 – Q4 Report**  The Director of Finance presented the report which provided the Q4 update against the Trust’s Annual Plan.  The Board noted the work that took place under the ‘Developing our Business’ objective and agreed that more work was required to support taking on new NHS work in the future. The new approach to support business development within the Chief Operating Officer’s remit was noted and the Chair requested an update on this be provided at a future Board meeting. The Board discussed the type of business and services it should seek to provide and partners that should be engaged for this.  Mike Bellamy noted the investment in laptops and iPads and asked whether these had resulted in improvements in the use of staff time. The Director of Finance said that it was too early to tell; the focus for 2013/14 had been the installation of the hardware.  The Board noted the number of actions being taken by the Estates and Facilities department and was advised that this department would now have a regular performance review like those held for the service directorates. The Board welcomed this and suggested a future Board seminar also consider wider issues in the estate remit.  **The Board noted the report.** | **YT**  **JCH / MMcE** |
| **BOD 59/14**  a  b | **Board Assurance Framework**  The Chief Executive presented the report which provided the Q4 Board Assurance Framework update. It set out the strategic risks to the Trust achieving the seven Strategic Objectives. The Board noted that the BAF continued to be developed with a focus on ensuring lead directors / managers and due dates were identified for all actions.  **The Board noted the report.** |  |
| **BOD 60/14**  a  b  c | **In-year Submission to Monitor – Q4 2013/14 Report**  The Director of Finance and Trust Secretary presented the report which set out the Trust’s proposed Q4 submission to Monitor. They noted, as discussed earlier in the meeting, the *Cdif* target would be declared as not having been met; Monitor had been kept informed of the Trust’s performance against this target and action that had been taken during the year and a further explanation would be provided in the covering letter to be submitted to Monitor.  Alyson Coates asked whether the Executive Directors were satisfied that the work that had been undertaken justified declaring compliance against the LD target. The Director of Nursing and Clinical Standards confirmed that she was satisfied with the declaration of compliance but reminded the Board that there would always be more work to do to ensure ongoing compliance and that patients with learning disabilities had their needs met.  **Subject to the comments above, the Board APPROVED the Q4 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 – subject to identifying that the *Cdif* target had been missed.** | **JCH / SB** |
| **BOD 61/14**  a | **Corporate Registers**  **The Board received and noted the following Corporate Registers:-**   * **Application of Trust Seal** * **Gifts and Hospitality** |  |
| **BOD 62/14**  a  b  c | **Minutes from Committees**  ***Finance and Investment Committee – 10 March 2014***  Lyn Williams presented the draft Minutes of the meeting; he noted the capital programme business cases that had been approved and the discussion on the long term financial plan.  ***Charitable Funds Committee – 9 April 2014***  Anne Grocock presented the draft Minutes of the meeting. The Board welcomed the progress that had been made in addressing concerns with slow moving funds.  ***Audit Committee – 22 April 2014***  Alyson Coates provided an oral update on the most recent Committee meeting. She explained that the focus had been on the year-end process and noted that the Committee had congratulated the finance team for completing work in tight timescales. |  |
| **BOD 63/14**  a  b | **Transfer of Contraception & Sexual Health Fund to Oxford Radcliffe Hospitals Charitable Funds.**  Anne Grocock and the Trust Secretary presented the report which proposed transferring the Contraception & Sexual Health Fund to the Oxford Radcliffe Hospitals Charitable Funds. The transfer was proposed given that the Oxford University Hospitals NHS Trust now provided the service to which the charitable fund supported. In presenting the report they highlighted the risk around potential liabilities but noted that the risk of a claim was deemed small.  **The Board approved the report and the transfer of the fund.** |  |
| **BOD 64/14**  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 1200  **Date of next meeting:**  **28 May 2014** |  |