

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

**Board of Directors**

Minutes of a meeting held on

Wednesday, 24 September 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 |
| Jonathan Asbridge | Non-Executive Director |
| Mike Bellamy | Non-Executive Director |
| Alyson Coates | Non-Executive Director *(part meeting)* |
| Anne Grocock | Non-Executive Director  |
| Mike McEnaney  | Director of Finance |
| Clive Meux | Medical Director |
| Cedric Scroggs | Non-Executive Director |
| Yvonne Taylor | Chief Operating Officer *(part meeting)* |
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| **In attendance:** |
| Justinian Habner | Trust Secretary (Minutes)  |

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| **BOD****117/14**ab | **Welcome and Apologies for Absence**The Chair welcomed Governors and members of the public who had attended to observe the meeting. Apologies received from Sue Dopson, Non-Executive Director and Lyn Williams, Non-Executive Director. |  |
| **BOD 118/14**a | **Declarations of Interest**The Board confirmed that interests listed in the Register of Directors’ Interests remained correct. |  |
| **BOD 119/14**abcdefghj | **Minutes of the Meeting held on 30 July 2014**The Minutes of the meeting were approved as a true and accurate record, subject to the amendment of typographical errors.***Matters Arising*** **BOD 97/14 (b)** – **Service Re-modelling** – the Board noted that the overview of what each Service Directorate covered still needed to be circulated once it had been developed and the Chief Executive said he thought this would be ready in the coming weeks now that key appointments had been made within each directorate.**BOD 97/14 (d)** – **Staff Survey and Staff Friends and Family Test** – the Director of Finance said survey results and corresponding action plans would be presented in either the next Workforce Report to Board (in October) or alongside the patient experience report (due in November).**BOD 103/14 (a)** – **Executive and Non-Executive Visits** – the Chair said that his Executive Assistant was drafting the spreadsheet which would show planned visits and asked that the Director of Nursing and Clinical Standards circulate the paper which had been updated following discussion at an Executive team meeting. **BOD 111/14 (b)** – **NHS Constitution Compliance Report** – the Director of Nursing and Clinical Standards said that she would discuss with the Trust Secretary who should take responsibility for this report in the future and, therefore, manage presentation to the Integrated Governance Committee.**BOD 111/14 (c)** – **NHS Constitution Compliance Report (LD Indicator)** – the Board noted that the additional information showing the self-assessment against the learning disabilities indicator had been circulated out-of-session.**BOD 98/14 (b)** – **National Tariff** – the Chief Executive informed the Board that he had submitted a written response to Monitor’s consultation on the tariff; a proposed approach was expected in the middle of October 2014.**BOD 98/14 (c)** – **Complex Needs Service** – the Chief Executive advised the Board that Buckinghamshire commissioners had now confirmed that, following review of the document prepared by the Trust alongside their consideration of the feedback from service users, they now intend to fund the Complex Needs Service in the coming year (although they will not apply the full deflator).  The Board welcomed this positive outcome and noted the commitment from the Buckinghamshire CCGs to work with the Trust to ensure that the service is commissioned on a sustainable basis. The Chief Executive said that a formal announcement from Oxfordshire CCG on their intentions in relation to the service in Oxfordshire had not yet been made.*The Chief Operating Office joined the meeting at this point.***BOD 98/14 (d)** – **Most Capable Provider Assessment Outcome** – the Chief Executive said that the Oxfordshire CCG’s governing body was expected to make a decision on the adult mental health services ‘most capable provider’ assessment at its meeting to take place in the coming day. | **YT****MMcE****RA****RA / JCH** |
| **BOD 120/14**abcdefg | **Chief Executive’s Report**The Chief Executive presented his written report which outlined recent national and local issues. The Chief Executive noted the item on car parking and explained that the Estates and Facilities Department had reviewed the Department of Health’s principles against the Trust’s policy and concluded that the Trust’s approach to car parking, for both staff and patients / visitors, was reasonable and in line with the Department’s principles. The Director of Finance said that implementation of the Trust’s policy would commence in March 2015 and the impact of implementation would be kept under review.The Chief Executive noted his meeting with Principal Medical Ltd and explained that this had been an opportunity to discuss the emerging issues around primary care and its current model. The Chair welcomed this and said that these discussions should also take account of how the Trust may wish to develop community hospitals.In terms of the meeting with the University of Oxford’s estates department, the Chief Executive said that this was convened to consider how the two organisations could work together on developing the Warneford Hospital site and improve in-patient mental health care in Oxford. It was agreed that a formal joint committee should be established that would need to be part of the Trust’s governance system.On the Bicester Community Hospital development, the Chief Executive said that the Trust was still not satisfied that the work was completed to allow the Trust to safely occupy and provide services from the new building. The Board noted that NHS Property Services retained responsibility for managing the contractors. The Board welcomed the news that agreement had been reached with Oxfordshire CCG on the additional revenue costs for the new building.On the Townlands Community Hospital development, the Chief Executive said that he understood building works had now started on site despite the many unresolved issues. He noted that the Trust had repeatedly set out concerns with the building design, in particular the fire safety concerns around a two-storey building and how evacuation would take place for the type of patient’s that this hospital would care for. He reminded the Board that the Trust was not contractually obliged to take on the new building when it was completed. The Chief Executive also set out concerns with the current building works which had seen contractors cutting off water supplies to the current community hospital which had resulted in the kitchen being flooded. This was unacceptable and he Trust had informed NHS Property Services of its concerns and explained that if they could not produce a safe environment for the provision of services during building works then the Trust would need to review whether it could continue to provide services from the site whilst construction work was taking place. The Chief Executive confirmed that the Trust would seek reimbursement from NHS Property Services for the costs associated with the flooding. The Board noted its concerns around the costs to the wider NHS associated with this current development.**The Board noted the report.** | **SB / JCH** |
| **BOD 121/14**ab | **Update from Annual General Meeting**The Chair provided an oral update on the main items discussed at the Annual General Meeting which had been held in Oxfordshire. He noted that the Council of Governors had formally received the Trust’s annual report, accounts and the auditor’s report on these. Feedback on the event had been positive and the presentations from services were commended. The Board agreed but suggested, for the next AGM, additional time aside to allow participants more time to view the service information board. The Chair said he would seek Council feedback at its next meeting.**The Board noted the update.** | **MGH / JCH** |
| **BOD 123/14**abcde | **Chief Operating Officer’s Report**The Chief Operating Officer presented the report which provided an update on a range of operational matters. The Chief Operating Officer noted the work taking place with Oxfordshire CCG on reviewing the District Nursing service to look at how activity levels could be reduced. She said that whilst it had been previously agreed that this would be completed by 1 October 2014, the review was still not complete so further discussions with the CCG would need to take place to consider ways forward and how to manage on-going risks. The Director of Nursing and Clinical Standards explained what work was taking place in the interim to support the service until the agreed review was completed and the three simple clinical interventions (to be diverted from the service) had been agreed. The Board discussed the District Nursing service and supported the Chief Operating Officer’s approach to resolving the situation which saw the service not being fully funded for its levels of activity.Jonathan Asbridge noted the School Health Nursing service that thought be given to the key outcomes that would be used to measure success and how the nurses could be supported to influence head teachers and to work with other professionals to support children with a range of underlying issues. The Chief Operating Officer agreed and said the service model which the Trust had proposed to commissioners would address these points.The Chair asked for an update on whether staff uniforms would be introduced following pilots in the previous year. The Director of Nursing and Clinical Standards said that, generally, staff in the Older People’s directorate were adopting uniforms. In the Children and Young People’s directorate uniforms were not being adopted although this was being discussed in relation to School Health Nursing. For the Adult directorate, there did not appear to be much support for uniforms although in other parts of the country adult mental health services were starting to re-introduce uniforms. The Board agreed that, where uniforms were not being used, the Trust’s dress code policy must be enforced.**The Board noted the report.** |  |
| **BOD 124/14**abcde | **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. She noted the section on incidents and, in particular, the part showing the number of unavoidable pressure ulcers. She explained that the services ensured that the process to determine whether an ulcer was unavoidable or not was very rigorous; nevertheless, even for unavoidable ulcers further thought was required as to how to address these and do more to keep the number low.On the level of reported PDRs, the Director of Nursing and Clinical Standards explained that it was likely that the service transitions was a factor in the number completed by the due date being lower that target. Anne Grocock asked whether the approach to PDRs and the desire to have them all completed at the same time should be reconsidered in light of experience and the Director of Nursing and Clinical Standards agreed and said that this was being looked at.Anne Grocock noted the themes from SIRIs and asked how these would be addressed, in particular the involvement of carers which seemed to be a feature of many investigations. Building on that, Mike Bellamy suggested that rather than investigations each developing their own specific recommendations (which therefore required action plans), general themes should be agreed and recommendations from investigations would be to reference back to the themes. Action plans to address themes should be developed and this approach would reduce the burden of producing individual action plans following each SIRI. The Board supported the implementation of this suggestion. The Board noted that some of the charts were incorrect and should be amended before the report was published.**The Board noted the report.** | **RA****RA** |
| **BOD 125/14**abcde | **Inpatient Safe Staffing**The Director of Nursing and Clinical Standards presented the report which set out actual nurse staffing levels on each ward against expected levels for the month of August 2014. She reminded the Board that the national requirement was for this information to be published on the 10th of every month; as this was before Board meetings she said that if contentious or worrying information would be published then the Board would be informed out-of-session. She added that the six monthly establishment report would be presented to Board in October 2014.The Director of Nursing and Clinical Standards said the Trust’s headline data compared favourably with other providers; however, when examined more closely, the data showed that there were issues with specific services. She also explained that it was not possible to show how staffing data related to care experience and outcomes although work was taking place on this and the report included some graphs that brought together a range of data sets. The Board agreed that linking the staffing level with other data sets and attempting to show the impact of staffing levels should continue to be pursued.more clearly the initiatives taken to narrow the gap between planned and actual levels. The Director of Nursing and Clinical Standards said she would consider this and also how this report linked back to the Workforce Report.*Alyson Coates joined the meeting at this point.*The Chief Executive said he was pleased that the Trust was continuing to publish more data such as safe staffing levels and said that thought would be given to how the data could be better explained to the public and also used in research. He said he would discuss this further with Sue Dopson and through the CLAHRC.**The Board noted the report.** | **RA****RA****RA****SB** |
| **BOD 126/14**ab | **Quality Account 2014/15 Q1 Report**The Director of Nursing and Clinical Standards presented the report which outlined the progress made in Q1 on the eight quality priorities for 2014/15. She noted that the report had been presented to the Integrated Governance Committee for comments, particularly on its format, and added that further comments would be welcomed out-of-session to help inform how the Q2 report would be structured.**The Board noted the report.** |  |
| **BOD 127/14**abcde | **NHS Equality Delivery System – Equality Objectives 2014-18**The Director of Nursing and Clinical Standards presented the report which set out the Trust’s proposed Equality Objectives; these had been considered by the Integrated Governance Committee which had endorsed them. Alyson Coates said that she would like to see a reference to learning disabilities included in the objectives. She also said that the report appeared to focus too much on Oxfordshire and asked that the Trust’s other counties be covered.Anne Grocock said she had understood that Objective 10 would be amended following discussion at the Integrated Governance Committee. The Director of Nursing and Clinical Standards said that had been a further discussion since that meeting where it had been agreed that the objective was correct but the mode of delivery required amendment. The Chief Executive said that clarity was required and asked that the Director of Nursing and Clinical Standards provide further information either at the next Board or out-of-session on the approach being taken.The Board discussed the report overall and debated how this workstream should be pursued to ensure it addressed concerns in the most effective way. **Subject to the points above, the Board approved the report.** | **RA****RA** |
| **BOD 128/14**abcdef | **Feedback from Board of Directors Away-day Discussion on Strategy**The Chair provided an overview of the outcomes following the recent Board away-day.He noted that the Board had discussed the Senior Independent Director (as set out in the Monitor Code of Governance) and agreed that this role would now be established and appointed to and it was proposed that Cedric Scroggs be appointed to this role (the basis of this appointment would be separate to the Vice-chair role which Cedric also held). The Board supported this appointment and agreed to present the proposal to the Council of Governors for final approval.The Chair also noted the discussion around strategy and how the Board could best be involved in that. The Medical Director (in his role as Director of Strategy) had agreed develop a plan whereby the Board had quarterly strategy updates and opportunities to discuss strategy in more detail. A proposed approach would be presented to Board for approval in October.The Trust’s financial position was also discussed at the away-day and it was agreed that this would be a major focus for the Board over the coming months.Finally, the Chair and Chief Executive set out that future Non-Executive Director appraisals would include feedback from Executive Directors.**The Board noted the update.** | **MGH / JCH****CM** |
| **BOD 129/14**abc | **Finance Report**The Director of Finance presented the report which set out the Trust’s financial position at year-end. The shortfall in delivery of CIPs was noted as well as the Trust being behind plan by £1.7 million. He explained that, as a consequence, work was now taking place to review the forecast with a view to presented a re-forecast position as part of month 6 for Board consideration and approval.The Chair said it was clear that the financial outlook was worse than originally planned and, in addition to achieving a realistic re-forecast, work needed to take place on agreeing mitigations. Mike Bellamy agreed and said that future reports on finance when the Board met in public should provide more detail on how the Trust was addressing the emerging problems.**The Board noted the report.**  | **MMcE** |
| **BOD 130/14**ab | **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 improvement in performance against the CPA metric and explained that the only area at risk was the CQIN Safety Thermometer target.**The Board noted the report.** |  |
| **BOD 131/14**abc | **Workforce Performance Report**The Director of Finance presented the report which set out performance against a range of workforce indicators. Turnover continued to be higher than in previous years but the exit interviews were not indicating a trend in reasons for staff electing to leave. Sickness absence had also been an issue over the summer months and this needed to be addressed before the winter period (when sickness absence was traditionally higher).The Board discussed the emerging picture suggested by the data and considered the extent to which stress experienced by staff was impacting on sickness absence and recruitment. Considering this, Alyson Coates asked whether the Trust’s Occupational Health service was delivering the support required. The Director of Nursing and Clinical Standards said reviewing this service and other models (such as a staff support service) was something that could be looked at. The Chief Executive suggested looking at the sickness absence rates for organisations which had a staff support service as part of the proposed review.**The Board noted the report.** | **RA / MMcE** |
| **BOD 132/14**abcde | **Minutes from Committees*****Integrated Governance Committee – 14 May 2014***The Chair presented the Minutes of the meeting and noted that he had provided an oral update on the main items considered at a previous Board meeting.***Audit Committee – 22 May 2014***Alyson Coates presented the draft Minutes of the meeting and noted that she had provided an oral update on the main items considered at a previous Board meeting.***Audit Committee – 11 June 2014***Alyson Coates presented the draft Minutes of the meeting and noted that she had provided an oral update on the main items considered at a previous Board meeting.***Charitable Funds Committee – 16 July 2014***Alyson Grocock presented the draft Minutes of the meeting and noted that she had provided an oral update on the main items considered at a previous Board meeting.***Integrated Governance Committee – 24 July 2014***The Chair presented the Minutes of the meeting and noted that he had provided an oral update on the main items considered at a previous Board meeting. |  |
| **BOD 133/14**abc | **Any Other Business*****Associate Medical Directors***The Medical Director informed the Board that the following had been appointed Associate Medical Director for each directorate:-* Dr Nick Hindley, Children & Young People
* Dr Vivek Khosal, Adult
* Dr Brian Murray, Older People

***Waiting Times***Mike Bellamy asked where waiting times for services were being monitored and the Chief Executive said that this point was being considered by the Executive team as clarity was required on how and where waiting times were being kept under review.***Questions from Governors, Members and Others Attending***The Chair invited questions and comments from those attending and one Governor gave some feedback on a number of issues including supporting the idea of future AGMs starting earlier to provide more time to see information about services, consider holding awareness sessions for Governors on the Trust accounts, ideas to address staff morale, and ideas for Governors to visit services where possible. |  |
|  | The meeting was closed at 11.50**Date of next meeting:** **24 October 2014** |  |