

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

**Board of Directors**

Minutes of a meeting held on

Wednesday, 26 November 2014 at 09:00

in the Boardroom, Chancellor Court, Corporate Services, Oxford

**Present:**

|  |  |
| --- | --- |
| Martin Howell | Chair of Trust  |
| Jonathan Asbridge | Non-Executive Director |
| Ros Alstead | Director of Nursing and Clinical Standards |
| Mike Bellamy | Non-Executive Director |
| Alyson Coates | Non-Executive Director *– part meeting* |
| Sue Dopson | Non-Executive Director  |
| Anne Grocock | Non-Executive Director  |
| Mike McEnaney  | Director of Finance |
| Clive Meux | Medical Director |
| Lyn Williams | Non-Executive Director |
|  |  |
| **In attendance:** |
| John Allison | Associate Non-Executive Director |
| Justinian Habner | Trust Secretary (Minutes)  |
| Eddie McLaughlin | Service Director |

|  |  |  |
| --- | --- | --- |
| **BOD****158/14**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 Cedric Scroggs, Stuart Bell (Clive Meux had been appointed Acting CEO in his absence), Yvonne Taylor, Chief Operating Officer (Eddie McLaughlin, Service Director was attending in her absence). |  |
| **BOD 159/14**ab | **Declarations of Interest**The Board receive the written report confirmed that interests listed in the Register of Directors’ Interests remained correct.The Trust Secretary reminded directors that they may make declarations in writing to him at any time. | **All** |
| **BOD 160/14**abcdefghij | **Minutes of the Meeting held on 24 October 2014**The Minutes of the meeting were approved as a true and accurate record, subject to the amendment of typographical errors.***Matters Arising*** **BOD 136/14 (c)** – **Executive and Non-Executive Visit Report** – the Director of Nursing and Clinical Standards agreed to circulate the updated report to all directors out-of-session. Furthermore, the Board agreed to include an item providing an update on visits at each Board meeting.**BOD 136/14 (g)** – **Equality Objectives** – the Director of Nursing and Clinical Standards explained that Objective 10 would remain as presented to Board but that the proposed approach to achieving it was being reviewed. Furthermore, references to LD in the objectives had now been included.**BOD 136/14 (h)** – **Finance Report** – the Director of Finance noted that the financial recovery plan was now referenced in the public finance report to Board. The Chair said that for future meetings this report should also show progress being made against the recovery plan.**BOD 137/14 (b)** – **Mental Health Access Targets** – the Director of Finance said that work was underway to collate data and include such in future performance reports to Board. The Director of Nursing and Clinical Standards asked that the data be presented as a separate report to Board in the first instant (before being included in performance reports). The Chair agreed and asked if this could be presented to Board in early 2015.**BOD 139/14 (c)** – **Q&S Report – Clinical Effectiveness** – the Medical Director explained that the two wards not taking part in the inpatient standards of care audit represented the position some time ago; processes had been changed to ensure the wards would now participate.**BOD 140/14 (b) & (c)** – **Inpatient Safe Staffing** – the Director of Nursing and Clinical Standards said that she continued to review and work on the report to refine how risk was referenced and how the impact of staffing levels could be best measured. The Board noted that this required ongoing work and further refinement over time.**BOD 140/14 (d)** – **Inpatient Safe Staffing** – the Director of Finance explained that the HR department was liaising with members of the Director of Nursing and Clinical Standards department to ensure vacancy and recruitment data was reported accurately.**BOD 141/14 (b)** – **Safeguarding Annual Reports – Training** – the Director of Nursing and Clinical Standards confirmed that there were no concerns with the levels of safeguarding training.**BOD 143/14 (c)** – **OD Strategy** – the Chair asked that the proposed 2015 seminar on implementing the OD strategy focus on providing a critical review of its implementation. The Trust Secretary agreed to raise this with the Chief Executive on his return and explained that the Executive team planned to discuss the strategic framework’s implementation in December 2014. | **RA****JCH****MMcE****MMcE / YT****JCH** |
| **BOD 161/14**abcdefg | **Chief Executive’s Report**The Medical Director as Acting CEO presented his written report which outlined recent national and local issues. The Board noted the copy of the NHS Five Year Forward View which was appended to the report and discussed how many of the initiatives that the Trust had already commenced were in line with this vision. The Board agreed that the proposed Board strategy sections from 2015 should consider the Forward View in more detail and that a document be drawn up which described what the Trust was doing to meet the vision and challenges; this document could be then communicated more widely and particularly to staff.The Board discussed the Manor House / Tindal Centre planning application decision by the Aylesbury District Council Planning Committee and agreed it was a disappointing outcome. Having attended the committee meeting, the Director of Finance provided an overview of his experience and how the committee members had considered the application. He added that he was now reviewing the impact on the Trust of the committee’s decision. The Chair noted that the Trust had good working relationships with Buckinghamshire County Council but it was clear that more work was required to foster productive relationships with the district councils. The Board asked that the Director of Finance consider whether an appeal against the decision could and should be lodged, whether there were opportunities with commercial partners on developing the site (i.e. for affordable housing for Trust staff) and to follow up Anne Grocock’s contact who may be able to assist.On the Bicester Community Hospital development, the Board noted the current proposal for the services to transfer to the new building in early December 2014 should all the building works and deep clean be completed in a satisfactory manner. The Board discussed the development and experience of NHS Property Services’ project management and agreed that their board should be made aware of the Trust’s view as part of the post project review. The Medical Director explained that the Oxford City Community Hospital had successfully transferred from the John Radcliffe Hospital site to the Fulbrook Centre over the most recent weekend. The Board welcomed that news and congratulated staff for their hard work to make the transition a success. The Director of Nursing and Clinical Standards said she would look to have the experience of this transition reported to Board through a patient story session in the New Year.The Chair, Director of Finance and Trust Secretary gave an oral account of the FTN conference that they had attended, along with Alyson Coates, in Liverpool.**The Board noted the report.** | **CM****JCH****MMcE****SB****RA** |
| **BOD 162/14**abc | **Update from Council of Governors Meeting**The Chair provided an oral update on the main items discussed at the most recent Council of Governors meeting. He noted that the Council had proposed further amendments to the Trust Constitution to enable the appointment of additional Governors and that the Board would consider this later in the meeting. He also noted the presentation on the Oxfordshire mental health partnership arrangements and the Trust financial position, both of which the Governors seemed to find valuable and had provided welcome feedback on.The Chair also noted that as both Mike Bellamy and Anne Grocock’s current terms were coming to an end in early 2015, he and the Deputy Director of HR had written to all Governors seeking their approval to extend their terms until 31 March 2015 to provide time for a more detailed re-appointment process to be undertaken by the Council when it met in March 2015.**The Board noted the update.** |  |
| **BOD 163/14**abcd | **Chief Operating Officer’s Report**On behalf of the Chief Operating Officer, the Service Director presented the report which provided an update on a range of operational matters. The Board discussed the mental health resilience funding bids that had been supported and congratulated the directorate for having submitted these. The schemes funded would have direct and positive impacts on service users and it was hoped that the evaluation of such would allow the schemes to be funded by commissioners in future years.The Director of Nursing and Clinical Standards noted the update on the Physical Disability Physiotherapy Service and asked for confirmation that this service was subject to physician oversight given the changes being made to the service model.**The Board noted the report.** | **EMcL / YT** |
| **BOD 164/14**abcdef | **Quality and Safety Report – Patient Experience**The Director of Nursing and Clinical Standards presented the report which provided an update on a range of quality and safety matters, with a particular focus on patient experience. In presenting the report she highlighted the four themes that were consistently raised through feedback as being areas that required improvement:-* Patients want to feel informed, be given options and take part in decisions.
* Patients want to be provided with good information that is tailored to them and is timely.
* Patients want staff to communicate clearly with them.
* Families and carers want to be involved, listened to and respected.

Lyn Williams said that the Friends and Family Test results in the Adults directorate were not as good as those in Children and Young People and asked why this was the case. The Director of Nursing and Clinical Standards said it was not clear but she was looking into it.Mike Bellamy said he was not sure of the timescales by which the agreed improvements would be implemented and achieved. The Director of Nursing and Clinical Standards said she would ask the Patient Experience group to review this and think about how to work with directorates to achieve timely implementation.Jonathan Asbridge said that real-time immediate feedback provided to teams and clinicians was often just as valuable as other sources of feedback and said that thought needed to be given to how this information was recorded and acted on.The Board discussed the four key themes and noted that the consultant / care co-ordinator would be crucial to achieving improvements against these themes. As part of the discussion, the Board was informed about the ‘partially compliant’ submission made to Monitor on the responsible clinician / named nurse requirements stemming from the ‘Hard Truths Report’ and that a follow-up report would be presented to the Integrated Governance Committee / Quality Committee in early 2015.**The Board noted the report.** | **RA** |
| **BOD 165/14**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 October 2014. She noted that recruitment of nurses continued to be an issue for the Trust, as it was across the United Kingdom; the matter was being raised with the Royal College of Nursing. Whilst the Trust was making progress in recruitment some wards continued to have 20 per vacancy rates.Lyn Williams said he was very concerned about the vacancy levels which were becoming a critical issue for the Trust. The Director of Finance agreed and proposed that part of the December Board seminar be used to discuss recruitment and retention details in more detail.The Chair said he had been advised that Oxford Brookes University was not seeing a demand for more nurses to be trained in Thames Valley. The Director of Nursing and Clinical Standards said she had understood that there had been an increase requested by the Health Education Thames Valley board and said she would look into this in more detail.Mike Bellamy said that further work was required on the report to show where there were ongoing concerns or trends in particular wards; this information was needed to allow the Board to focus on those most concerning areas.**The Board noted the report.** | **MMcE / JCH****RA****RA** |
| **BOD 166/14**abcd | **Quality Account 2014/15 Q2 Report on Progress**The Director of Nursing and Clinical Standards presented the report which set out progress being made against the eight quality priorities. She noted that the report had been discussed by the Integrated Governance Committee in detail. Furthermore, she explained that there remained some issues in getting information to include in the report, particularly from the Older Peoples directorate.Mike Bellamy noted the reference to ‘500 teams’ in the report and said that he thought this was too many. The Service Director said that this may be an over estimate of the reality as it would depend on how the teams were defined. The Board agreed that future reports needed to define the clinical teams.In addition to the point made by Mike Bellamy, the Chair said he was concerned about the ‘chain of command’; there appeared to be far too many layers from the ‘ward to board’ and said that this needed to be addressed through the OD work. The Director of Finance added that the HR department was working on developing a generic template structure for Trust services.**The Board noted the report.** | **RA****SB / MMcE** |
| **BOD 167/14**abcd | **Finance Report**The Director of Finance presented the report which set out the Trust’s financial position month 7 and a forecast year-end position. He outlined the main challenges which were behind the overall adverse position against plan and explained that they were largely those that had been previously reported. In particular he noted the impact of the Out of Area Treatments; the Trust’s adult mental health service was already very efficient with little capacity to suddenly take additional long-term patients which meant that OATs were more likely. Neighbouring mental health trusts were in similar positions.*Alyson Coates joined the meeting at this point.*The Chair asked whether the financial recovery plan was being measured separately and the Director of Finance confirmed that it was and that it would feature in future finance reports.Mike Bellamy said that future reports should include more detail on why the Trust had a CoSRR of 2 and the recovery plan to return it to a 3.**The Board noted the report.**  | **MMcE** |
| **BOD 168/14**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 highlighted the improvement in performance against the CPA targets and the Board welcomed this. **The Board noted the report.** |  |
| **BOD 169/14**abcd | **Workforce Performance Report**The Director of Finance presented the report which set out performance against a range of workforce indicators. He noted that a significant number of sickness absences were due to anxiety and stress and explained that action was being taken to address this. In terms of staff turnover, he explained that the number of leavers completing forms was low so it was often hard to determine why staff were leaving; more needed to be done to obtain this information so it could inform how the Trust could do more to retain staff.The Board discussed the report and noted its concern with the performance against many of the indices. The Board agreed that alongside considering recruitment issues, wider HR matters should be presented and discussed at the Board seminar in December 2014.Alyson Coates asked what workforce assumptions had been made in the financial re-forecast. The Director of Finance said that the re-forecast assumed that the Trust was not able to resolve the problems and that they continued at the same levels.**The Board noted the report.** | **MMcE / JCH** |
| **BOD 170/14**a | **Governor Mileage Rates****The Board received and approved the report to set the mileage rate for Governors at 0.45p per mile.** |  |
| **BOD 171/14**abcd | **Trust Constitution – Appointed Governors**The Trust Secretary presented the report which set out proposed amendments to the Trust’s Constitution. He explained that the Council of Governors had considered and approved at its meeting on 5 November 2014 the following amendments:-* Replacing the existing Election Rules with the new ‘Model Election Rules.
* Increasing the number of Appointed Governors

The report explained the rationale for the Council’s proposal.The Board discussed the proposal to increase the number of Appointed Governors and agreed with the suggestion.The Director of Nursing and Clinical Standards suggested that, in the future, the Trust may wish to replace Appointed Governors from the voluntary sector with those from other statutory bodies because, in her view, they often had greater capacity to work on the Council.**The Board approved the report and the proposed amendments to the Constitution following approval from the Council of Governors.** |  |
| **BOD 172/14**abcd | **Consultant Medical Staff Employer Based Clinical Excellence Awards Report**The Medical Director presented the report which set out options for Board decision on awarding local employer based Clinical Excellence Awards (CEAs) to consultant medical staff. In presenting the report he reminded the Board of the background to the CEA process and the Trust’s procedures for agreeing and awarding these. He said that the proposal for 2014 was to award at a rate of 0.20 x eligible consultants (Option 1) which was consistent with the approach taken by the Board in previous years. In presenting the proposal, the Medical Director said that both the Chief Executive and Chief Operating Officer had informed him that they supported Option 1.Jonathan Asbridge asked whether consultant staff recruited from outside the Trust and who had an existing CEA would restrict the number awarded by the Trust. The Medical Director said that the Trust followed national guidance in terms of the number of CEAs to be awarded; the number was not increased if consultants were appointed with existing CEAs.The Director of Finance said that the process for consultant staff should be compared to the process for rewarding and recognising other staff in the Trust. He said he felt it would send the wrong message to staff if one group appeared to receive an award but others were not eligible; accordingly he was minded to not support Option 1 but preferred the development of a scheme for all Trust staff. The Board went on to discuss this in detail and considered the impact on all staff groups (including consultants) if CEAs were awarded, if CEAs were not awarded and how other staff could be appropriately rewarded. The Board noted that, in previous years when considering CEAs, it had agreed that an approach for awarding non-consultant staff should be developed but none had ever been agreed or implemented. Accordingly the Board agreed that action must be taken in the coming year on ensuring that there was an appropriate scheme for all Trust staff in the future.**The Board approved the report and the implementation of Option 1 for the consultant medical staff and, in so doing, requested that options to recognise other staff be considered.** | **SB / MMcE** |
| **BOD 173/14**abc | **Minutes from Committees*****Charitable Funds Committee – 1 October 2014***Anne Grocock presented the draft Minutes of the meeting and noted the main items considered at the meeting.***Finance & Investment Committee – 10 November 2014***Lyn Williams provided an oral update on the main items discussed at this meeting. He explained that significant focus had been given to the financial recovery plan. In addition he noted that the Committee had noted the progress being made on estates matters including the rationalisation of the estate; the Committee had approved the sale of Mandalay House to Comfort Care Services.***Integrated Governance Committee – 13 November 2014***The Chair provided an oral update on the main items discussed at this meeting. As this was the final meeting of this Committee in this format he explained the process to implement the new Quality Committee and its sub-committees from 1 January 2015. |  |
| **BOD 174/14**a | **Integrated Governance Committee Annual Report 2013/14****The Board received and approved the Committee’s annual report.** |  |
| **BOD 175/14**a | **Any Other Business*****Questions from Governors, Members and Others Attending***The Chair invited questions and comments from those attending and two Governors provided feedback on issues including how to reward and recognise non-consultant staff, the views amongst Trust staff of the most recent letter sent signed by the Chief Executive and how to engage staff in implementing the NHS Five Year Forward View vision. |  |
|  | The meeting was closed at 12.25**Date of next meeting:** **28 January 2015** |  |