

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

**Board of Directors**

Minutes of a meeting held on

Wednesday, 29 July 2015 at 08:30

in the Boardroom, Chancellor Court, Corporate Services, Oxford

**Present:**

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| Martin Howell | Trust Chair (Chair of the meeting) |
| Stuart Bell | Chief Executive |
| John Allison | Non-Executive Director |
| Jonathan Asbridge | Non-Executive Director  |
| Mike Bellamy | Non-Executive Director |
| Sue Dopson | Non-Executive Director |
| Anne Grocock | Non-Executive Director  |
| Mike McEnaney  | Director of Finance |
| Clive Meux | Medical Director and Director of Strategy |
| Yvonne Taylor | Chief Operating Officer |
| Lyn Williams | Non-Executive Director |
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| **In attendance:** |
| Mike Foster | Deputy Director of Nursing (attending for Ros Alstead, Director of Nursing and Clinical Standards) |
| Donna Mackenzie | Patient Experience & Involvement Coordinator - Children and Young People’s Directorate – *part meeting* |
| Sharon Ryan | Modern Matron - Children and Young People’s Directorate – *part meeting* |
| Hannah Smith | Assistant Trust Secretary (Minutes) |

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| **BOD****119/15**abc | **Welcome and Apologies for Absence**The Chair welcomed Governors, the Head of Hospital Inspection (for Mental Health, Learning Disability and Substance Misuse – South East Region) from the Care Quality Commission and members of the public who had attended to observe the meeting. Apologies were received from: Ros Alstead, Director of Nursing and Clinical Standards; and Alyson Coates, Non-Executive Director. The Chair welcomed Mike Foster, Deputy Director of Nursing, who was in attendance for Ros Alstead.  |  |
| **BOD 120/15**abc | **Patient Experience – Children and Young People’s Directorate** Donna Mackenzie and Sharon Ryan introduced the video which was in the process of being developed by the Patient Led Group for Eating Disorders and which would be premiered in full on 24 September 2015 at the Mindfulness Centre at the Warneford Hospital. Patients and staff had worked together on the video which would be embedded as part of staff training. The Board noted the benefit to patients’ self-esteem and confidence from their participation in the video and suggested that the video, once completed and if appropriate consent to share it more widely was obtained, be considered for the Mind Media Awards which celebrated the best examples of reporting and portrayal of mental health in print, broadcast and digital media. The Board thanked the patients and staff who had participated in the video. *Donna Mackenzie and* *Sharon Ryan left the meeting.*  |  |
| **BOD 121/15**a | **Declarations of Interest**None reported. |  |
| **BOD 122/15**abcdefgh | **Minutes of the Meeting held on 24 June 2015** The Minutes of the meeting were approved as a true and accurate record. ***Matters Arising*****BOD 104/15(d) Whiteleaf Centre project closure report**Lyn Williams confirmed that the report had been presented to the Finance and Investment Committee and noted that it would be presented to the Board when the Director of Nursing and Clinical Standards was in attendance to present it in person. **BOD 104/15(f) Ligature Risks Report** The Chief Executive noted that this should be presented to the next meeting of the Quality Committee. **BOD 104/15(i) Sleep Treatment Trial**The Chief Operating Officer noted that an update would be provided to the Board in due course. **BOD 109/15(f) Patient experience at an individual level**The Deputy Director of Nursing noted that feedback was already sought from service user groups, the membership of which remained relatively stable, and that this would also be developed further through the work of the Patient Involvement and Experience Project Lead over the next 6 months as part of the development of the Patient Engagement Strategic Framework. **BOD 115/15(b) Collaboration in Leadership in Applied Health Research and Care (CLAHRC)**The Chief Executive noted that the CLAHRC annual report would be presented to the Board in due course. **BOD 115/15(c) Publicising Research and Development (R&D) activity to a wider audience** The Medical Director noted that this would be progressed by the new joint University and Trust R&D Communications Officer. The Board confirmed that the remaining actions from the meeting on 24 June 2015 had been completed, actioned or were on the agenda for the meeting: BOD 104/15(b); BOD 104/15(c) – included as part of the Chief Executive’s Report at item BOD 123/15 below; BOD 104/15(g); BOD 104/15(j); BOD 104/15(m); BOD 104/15(o); BOD 104/15(p); and BOD 108/15(c) – included as part of the Chief Operating Officer’s Report at item BOD 124/15 below. | **RA****RA****YT****SB** |
| **BOD 123/15**abcdefghi | **Chief Executive’s Report** The Chief Executive presented the report BOD 99/2015 which outlined recent national and local issues. The Chief Executive highlighted the progress which had been made to implement actions recommended in the Freedom to Speak Up Report including collaboration with the Oxford Academic Health Science Network (**AHSN**) to host the Freedom to Speak Up Guardian role as this could link with the work of the Safer Care Collaborative at the AHSN. John Allison cautioned against use of the phrase “guardian” in the Freedom to Speak Up role in case this implied that whistle-blowers would need protection from a guardian in order to come forward, which should not be the case. The Chief Executive agreed and said that with the assistance of the AHSN the role could become a more independent one which focused on engendering a wider culture of trust. The Chief Executive reported on the publication of the Oxfordshire Safeguarding Children Board Response to Government Departments following the publication of Serious Case Review A to F. Recommendations relevant for the Trust and Oxfordshire Clinical Commissioning Group (**Oxfordshire CCG**) included to: review the sexual abuse pathway and access to therapeutic support for victims of abuse; review the effectiveness of the transition to adult services at age 18; and be mindful in use of language to refer to under 18s as children in professional meetings. The Chief Executive noted that Monitor would conduct an investigation into the Trust’s financial position, following the submission of the Annual Plan with a Continuity of Service Risk Rating (**CoSRR**) of 2 and the lower Cost Improvement target. Monitor had indicated that it recognised the significance of the high levels of efficiency achieved by the Trust, as set out in the Reference Costs Index, and the implications of insufficient funding received to provide services. Monitor had also proposed to hold a round table discussion with commissioners in recognition of the funding issues and the implications for NHS providers more generally. The Chief Executive reported on the formal communication from Oxfordshire CCG asking whether the Trust was open, in principle, to the mainstreaming of services for adults with learning disability which were currently not provided by the Trust. The Trust was open in principle to the move but had been clear that this would constitute more than a straightforward shift of contracts and would require fundamental service transformation and significant in-depth consultation with service users and their families. For the provision of any inpatient services, the Trust would seek to work in partnership with a highly specialist provider with expertise in mental health and learning disability services. Once the service model had been determined and appropriately resourced by commissioners, as the significance of the transformation required could not be absorbed by the Trust as part of business as usual, then the transition process could take 18 months to 2 years to undertake. Oxfordshire CCG is not the current commissioner for this service. The lead commissioner is Oxfordshire County Council, with close interdependence with commissioners in Buckinghamshire and with NHS England. Mike Bellamy noted the implications for management and leadership time for the Trust to become involved in transformation of learning disability services and emphasised the importance of commissioning support and funding to enable this, potentially across county boundaries and across commissioners. The Chief Executive provided an update on the Care Centre run by the Orders of St John at Chipping Norton as an intermediate care unit and for which the Trust provided nursing staff. The Trust was willing to contract to provide services into the unit, subject to the conclusion of the County Council’s consultation on the model of care and the resolution of funding and contractual discussions. **The Board noted the report.**  |  |
| **BOD 124/15**abcdefg | **Chief Operating Officer’s Report**The Chief Operating Officer presented the report BOD 100/2015 which provided an update on a range of operational matters including: changes to the commissioning and provision of the Oxfordshire health visiting service; Accreditation for AIMs (Acute Inpatient Services); the Oxfordshire Mental Health Partnership and the design, development and implementation of proposals from the Oxfordshire Mental Health Outcomes Based Commissioning (**OBC**) contract; and evaluation of the Witney Emergency Multidisciplinary Unit (**EMU**). The Chief Operating Officer highlighted the implications of the transition to Oxfordshire County Council of commissioning responsibility for the Oxfordshire health visiting service. A detailed transition plan had been signed-off by NHS England and the Trust was working to complete the transition process fully by 31 March 2016. This was a nationally mandated change and the Chief Operating Officer would discuss further with NHS England what resource would be available to support implementation. The risks of the change should not be born solely by the Trust but, given the severity, would be escalated to the Trust Risk Register which set out operational risks which could cause the Trust to fail to meet its objectives. The Board would be kept informed of progress in future reports and updates from the Chief Operating Officer. The Board Seminar in September 2015 would receive a presentation on the implications of the change in health visiting commissioning. Mike Bellamy added that although it was important to reflect the risks on the Trust Risk Register, the risks should also be communicated to, and shared with, Oxfordshire County Council at each appropriate level as the transition could generate significant but avoidable risks. The Board noted that although the transition had been nationally mandated, plans for local implementation appeared to vary significantly across county councils. The Board noted that future reports should include details of the transition plans for the Oxfordshire health visiting service to transition from delivering services to children registered at Oxfordshire CCG GP practices to delivering services to children resident in Oxfordshire only. Jonathan Asbridge emphasised the importance of getting this right for children, staff and as part of the Trust’s wider corporate social responsibility to the local community. There were potential risks which could manifest or continue to have an impact for years to come including for child safeguarding, vulnerable families and managing immunisations. He noted the importance of monitoring the change control processes and the relevant risk registers. The Chief Operating Officer agreed and added that the Trust was: contacting all families currently receiving health visiting services under the existing arrangements; identifying and working with vulnerable families to ensure that they received and would continue to receive health visiting services; and engaging with commissioners and public health bodies.The Board considered the evaluation of the Witney EMU. Mike Bellamy asked about the capacity of the EMU and how the service could develop. The Chief Operating Officer replied that the EMU operated 7 days a week and with extended hours so it already offered significant capacity. The various EMUs and minor injuries units which the Trust provided would also develop with the implementation of the Oxfordshire Mental Health OBC contract. The Board noted that it was very positive that Response Housing were developing a pilot of 10 units of stepdown housing exclusively for mental health patients who no longer needed acute inpatient beds but who would benefit from a comprehensive support package before they returned to wider community provision. Anne Grocock asked where the pilot housing was based. The Chief Operating Officer confirmed that the pilot was in Oxford. Mike Bellamy asked what other work the Trust was planning or doing with third parties on alternative supported housing arrangements. The Chief Operating Officer replied that this was part of the wider work of the Oxfordshire Mental Health Partnership between the Trust, Oxfordshire Mind, Response, Restore, Connection FS and Elmore Community Services. **The Board noted the report.** | **YT** |
| **BOD 125/15**abcde | **Quality and Safety Report – Safety** The Deputy Director of Nursing presented paper BOD 101/2015 which provided an overview of key quality and safety metrics with a particular focus on patient safety for Quarter 1 (**Q1**) 2015/16. He highlighted:* the increase in the number of reported incidents. This supported the Trust’s aim to report any and every patient safety incident;
* the decrease in the number of deaths. The report set out how deaths were reviewed and categorised;
* the top seven categories of incidents: communication/ confidentiality, fall related, health (pressure ulcers), medication, security, self-harm and violence/aggression;
* the increase in reported incidents of physical restraint, and the impact of individual patients accounting for a large proportion of these incidents, but also the reduction in the use of prone restraint. The Medical Director added that the aim was to reduce instances of prone restraint further and the Trust was considering not only the number of instances but how long any prone restraint was for and the purpose e.g. whether it related to medication;
* progress to implement the new national serious incidents framework;
* the Trust-wide learning event on medication management in June 2015; and
* work, including training and a video, which was taking place to raise the profile of the Duty of Candour.

Lyn Williams referred to the increase in the incidents of reported fires and asked whether there had been harm to people or property. The Deputy Director of Nursing replied that there had been an increase in incidents following the introduction of the Trust’s smoke free policy. The incidents related mainly to smoking but none had resulted in significant harm. Lyn Williams referred to page 7 of the report and asked why two unexpected deaths had not been reported as serious incidents. The Deputy Director of Nursing replied that these were cases which the Trust had been aware of through school health nursing services rather than directly through Child and Adolescent Mental Health services. Jonathan Asbridge noted the increase in the number of incidents relating to health (pressure ulcers) and added that it should be clear whether an incident also related to a sub-contractor or was solely related to the Trust. The Deputy Director of Nursing noted that the more recent increase may be following reporting delays whilst teams investigated whether the pressure ulcers were to be categorised as avoidable or unavoidable. **The Board noted the report.** |  |
| **BOD 126/15**abc | **Quality Account Q1 Highlight Report** The Deputy Director of Nursing presented Paper BOD 102/2015 which outlined progress to deliver the priorities and objectives from the 2015/16 Quality Account and included available Q1 data. Anne Grocock referred to page 4 of the report on the feedback from District Nursing teams on the pressures on the service and asked what was being done. The Chief Operating Officer replied that the Trust had been working with Oxfordshire CCG to find an interim solution to reduce the pressure on District Nursing teams as the operation of the service from 16:30-18:30 had not been funded by Oxfordshire CCG. In the interim it had been agreed, and additional resource put in place, for support to be provided through the Out of Hours and Hospital at Home teams. **The Board noted the report.** |  |
| **BOD 127/15**abc | **Inpatient Safer Staffing (Nursing)**The Deputy Director of Nursing presented paper BOD 103/2015 which set out actual nurse staffing levels on each ward against expected levels for June 2015. Lyn Williams noted the two wards which had become a concern and asked whether this could have been anticipated and addressed. The Chief Operating Officer replied that notice periods were often shorter than time to recruit and this was a particular challenge when staffing smaller units. **The Board noted the report.** |  |
| **BOD 128/15**abc | **Finance Report** The Director of Finance presented the report BOD 104/2015 which set out the Trust’s financial position at month 3. The Trust had Earnings Before Interest, Taxation and Amortisation (**EBITDA**) of £2.4 million, £0.2 million ahead of plan, and an Income and Expenditure (**I&E**) deficit of £0.2 million which was £0.3 million ahead of plan. The Trust plan was for an I&E deficit of £5.4 million. The position was driven by better than planned EBITDA and profit on disposal of an asset. At month 3, the Trust had achieved a CoSRR of 3 which was better than the rating of 2 planned at this stage. As referred to in the Chief Executive’s Report at item BOD 123/15, Monitor would conduct an investigation into the Trust’s financial position, following the submission of the Trust’s deficit plan and anticipated CoSRR of 2. The Director of Finance emphasised the importance of achieving improved commissioned income and the Cost Improvement Programme (**CIP**) target of £5.1 million. In relation to income and revenue, heads of terms had now been signed with Oxfordshire CCG; although revenue was £93,000 less than anticipated this was following negotiation from the original position and could be offset against available reserves. The forecast outturn for CIP delivery was still to meet or exceed target and the cash position was on target. Cost pressures, however, continued to include agency and drugs spend. **The Board noted the report**.  |  |
| **BOD 129/15**abcdef | **Performance Report** The Director of Finance presented the report BOD 105/2015 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 Monitor targets had been achieved in Q1 2015/16 with the exception of Care Programme Approach (**CPA**) patients being followed-up within 7 days of discharge. The Trust had achieved 94.5 per cent against a required target of 95 per cent. This was the first quarter in which the Trust had not met this target and performance otherwise continued to be good. Jonathan Asbridge asked whether the failure to achieve the CPA target would be reported as an incident and tracked through quality and performance systems. The Director of Finance replied that the target would be tracked and reviewed daily/weekly, not just quarterly. The Director of Finance confirmed that the data completeness targets which were still being evaluated at the time of writing of the report had been achieved. Mike Bellamy noted that only 10 CQUINs had been agreed and that the main Buckinghamshire CCG and Oxfordshire CCG CQUINs, which made up the majority, were reported as still being negotiated. He asked what progress was being made. The Director of Finance replied that the detailed CQUINs had been developed but had not been reported until they were signed-off; the Oxfordshire contract also provided for penalties to be reinvested in services. Mike Bellamy noted the challenges in reporting performance data during the transition to the new electronic-Patient Care Support System (Care Notes) and asked how many other organisations the software supplier also needed to support and provide resources to during this period. The Chief Executive replied that the Trust was the first implementer of the system across both mental health and community services and only a few other organisations were in the pipeline to follow. The Trust was therefore the first to access supplier capacity but also needed to contend with more of the development work. The Trust had already decided to delay implementation of the system in community services to allow more development time. **The Board noted the report.** |  |
| **BOD 130/15**abcd | **Workforce Performance Report** The Director of Finance presented the report BOD 106/2015 which set out performance against a range of workforce indicators. The Director of Finance outlined the headline key performance indicators against: turnover; sickness; bank and agency usage; and vacancies. Staff turnover, excluding internal transfers, continued to be high across directorates. Bank and agency usage also continued to be high, in line with vacancy rates. Sickness absence however had decreased significantly and was at the lowest reported rate since June 2011. Whistleblowing cases were down over this period last year. Anne Grocock and the Chief Operating Officer noted that the reference on page 19 to the end of the pilot offering rapid access to musculoskeletal physiotherapy for staff may not be accurate given the support being provided through the Trust’s charitable funds. To check and, if appropriate, amend. Mike Bellamy referred to the discussion at item BOD 127/15(b) above and asked whether extending notice periods would reduce the gap between staff leaving and new staff joining and thereby reduce the amount of time which bank or agency staff were required for. The Director of Finance replied that this was subject to discussion which was ongoing with unions and the Staff Partnership, Negotiation and Consultative Committee. **The Board noted the report.** | **MME** |
| **BOD 131/15**ab | **Fit and Proper Persons Test (FPPT) Update Report** The Director of Finance presented paper BOD 107/2015 which provided an update on the current status of the FPPT checks. **The Board noted the report.**  |  |
| **BOD 132/15**ab | **Trust Constitution – Board of Directors** The Chair presented paper BOD 108/2015 and the proposed amendment to the Constitution. As the Trust entered into more partnership and joint working arrangements within the wider health service economy, it may become expedient for members of the Board to take on formal roles such as that of a governor in another NHS foundation trust. It was proposed to amend the Constitution to facilitate this, subject to review and, if appropriate, approval by the Council of Governors. **The Board APPROVED the proposed amendment and RECOMMENDED the proposal for presentation to the Council of Governors for final approval.**  |  |
| **BOD 133/15**abc | **Business Plan Q1 2015/16 Report** The Director of Finance presented paper BOD 109/2015 which summarised progress against the Business Plan. The Chair referred to the Estates and Facilities plans and asked about progress on implementing car parking policies. The Director of Finance replied that implementation would take place during 2015/16. **The Board noted the report.** |  |
| **BOD 134/15**abc | **Board Assurance Framework (BAF) Q1 2015/16 Report** The Chief Executive presented paper BOD 110/2015 on the position of the BAF and highlighted the discussion at the Executive and Finance and Investment Committee meetings on the reporting against extreme and high BAF risk areas to the Board or to Board sub-committees. Lyn Williams added that the Finance and Investment Committee was willing to receive reporting against BAF risk area SO 2.2 in relation to business planning arrangements, subject to agreement by the Board. The Board discussed BAF risk SO 4.2 in relation to external partners and noted that this was regularly discussed at the Board and the Board had oversight of this. **The Board noted the report and AGREED that the Finance and Investment Committee should receive reporting in relation to BAF risk SO 2.2 around business planning arrangements.**  | **HS** |
| **BOD 135/15**abc | **In-year submission to Monitor – Q1 2015/16 Report** The Director of Finance presented paper BOD 111/2015 which set out the reporting requirements to Monitor and the proposed Q1 submission. He noted that other reports presented to the Board, including the Finance Report and the Performance Report discussed at items BOD 128/15 and BOD 129/15 above, had provided the data to support the proposed submission. The CPA target had been discussed at item BOD 129/15 above and as this was the first quarter in which the Trust had not met this target, the Trust could confirm that it would commit to comply with all known targets going forwards. The Chief Executive added that he would also cover the CPA target in his quarterly letter to Monitor and, in response to the exception reporting requirements of the new Monitor Risk Assessment Framework, would provide a copy of the Quality and Safety Report on Safety (paper BOD 101/2015) to provide information on suicides, homicides and absconsions in mental health services. **The Board APPROVED the report.**  |  |
| **BOD 136/15**abc | **Standing Financial Instructions (SFIs)**The Director of Finance presented paper BOD 112/2015 which set out the process to review the SFIs and the key changes proposed. Alyson Coates confirmed that the Audit Committee had reviewed, commented upon and recommended approval of the proposed changes to the SFIs out-of-session. The Board noted that the Scheme of Delegation would also be updated in lined with the revised SFIs, as set out in the report. **The Board APPROVED the revised SFIs.**  |  |
| **BOD 137/15**ab | **Investment Policy**The Director of Finance presented the Investment Policy which had been updated to reflect the new Monitor Risk Assessment Framework and recommended for approval by the Finance and Investment Committee. **The Board APPROVED the Investment Policy.** |  |
| **BOD 138/15**abc | **Organisational and Leadership Development Strategy Framework – Update Report**The Chief Executive presented paper BOD 114/2015 which provided: an update on progress in translating the framework into action; a summary of the main challenges for leadership and organisational development; an assessment of progress in aligning activities; and a list of priorities for the next six months. The Board discussed the importance of developing leadership within the Trust and noted that it may be helpful if the kind of meetings which the Medical Director was holding with consultants across the Trust were replicated by other Executive Directors. **The Board noted the report.**  |  |
| **BOD 139/15**abc | **Nursing Strategy**The Deputy Director of Nursing presented paper BOD 115/2015 which set out the Nursing Strategy which had been developed to set out clear ambitions towards achieving excellence in nursing and care. The Board noted that the development of the Nursing Strategy had also been discussed at the Board Seminar in July 2015. Jonathan Asbridge noted that this was a challenging and ambitious strategy and emphasised the importance of: providing resource to support revalidation processes; championing apprenticeships to support local recruitment and career development; and supporting other professionals, such as physiotherapists and occupational therapists, within wider multi-disciplinary teams**.****The Board APPROVED the Nursing Strategy.**  |  |
| **BOD 140/15**abcdef | **Minutes from Committees** ***Charity Committee – 07 May 2015 and 21 July 2015***Anne Grocock presented the draft Minutes of the meeting on 07 May 2015, the main items considered and noted that in the final version the location of the meeting had been corrected as this had taken place at the Warneford, not at Chancellor Court. Anne Grocock provided an oral update of the meeting on 21 July 2015 and highlighted the update which had been provided on the Age UK Circles of Support pilot project and the change in the timeframe for the pilot from the end of March 2016 to the end of April 2016. The Trust’s contribution to total funding would remain as previously agreed. ***Finance and Investment Committee – 12 May 2015 and 14 July 2015***Lyn Williams presented the draft Minutes of the meeting on 12 May 2015 and noted the main items considered. Lyn Williams provided an oral update of the meeting on 14 July 2015 and noted the committee’s concerns about the high level of unidentified savings in CIP projects. Further information about CIP would be presented to the Board meeting in private session. ***Quality Committee – 13 May 2015 and 17 July 2015*** The Chair presented the draft Minutes of the meeting and noted the main items considered. The Chair provided an oral update of the meeting on 17 July 2015 and highlighted the progress made with receiving escalation reports from quality sub-committees and on reviewing and updating policies.  |  |
| **BOD 141/15**ab | **Oxford Health Charity Annual Report and Accounts** Anne Grocock presented paper BOD 119/2015 which set out: the Annual Report and Accounts of the Oxford Health Charity; the Independent Examiner’s letter to management (which confirmed that there were no matters of significance to bring to the attention of the Board in its capacity as Corporate Trustee of the Charity); and the Letter of Representation. **The Board, in its capacity as Corporate Trustee of the Oxford Health Charity:*** **APPROVED the Annual Report and Accounts of the Charity;**
* **APPROVED the execution of the Letter of Representation; and**
* **noted the letter to management.**
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| **BOD 142/15**ab | **Any Other Business** ***IT Strategy***The Director of Finance noted that the IT Strategy had been raised at the recent Directorate Performance Reviews and that this would be coming up for review. The Board noted that this may be appropriate for review and discussion at a future extended Board session on strategy. ***Questions/comments from Governors, Members and Others attending***Geoffrey Forster, Governor, noted that he had been involved in judging the Staff Recognition Awards and had been very impressed by the entries.  | **CM** |
|  | The meeting was closed at 12:40**Date of next meeting: Wednesday, 30 September 2015**  |  |