

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

**Board of Directors**

Minutes of a meeting held on

Wednesday, 30 September 2015 at 08:30

at the Unipart Conference Centre, Garsington Road, Cowley, Oxford OX4 2PG

**Present:**

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| Martin Howell | Chair of Trust |
| John Allison | Non-Executive Director |
| Ros Alstead | Director of Nursing and Clinical Standards - *part meeting* |
| Stuart Bell | Chief Executive |
| Mike Bellamy | Non-Executive Director |
| Alyson Coates | Non-Executive Director |
| Anne Grocock | Non-Executive Director |
| Mike McEnaney | Director of Finance – *part meeting* |
| Clive Meux | Medical Director and Director of Strategy |
| Lyn Williams | Non-Executive Director |
| Yvonne Taylor | Chief Operating Officer |
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| **In attendance:** | |
| Mandy McKendry | Patient Involvement and Experience Project Lead – *part meeting* |
| Sarah Measures | Senior Nursing Lead for Palliative Care for Children – *part meeting* |
| Kerry Rogers | Director of Corporate Affairs and Company Secretary |
| Hannah Smith | Assistant Trust Secretary (Minutes) |

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| **BOD**  **143/15**  a  b | **Welcome and Apologies for Absence**  The Chair welcomed Governors and staff who had attended to observe the meeting.  Apologies were received from: Jonathan Asbridge, Non-Executive Director, and Sue Dopson, Non-Executive Director. |  |
| **BOD 144/15**  a | **Declarations of Interest**  Alyson Coates noted that she had been an appointed as a governor of her former school and would update her details accordingly on the Register of Directors’ Interests. |  |
| **BOD 145/15**  a  b  c  d  e | **Minutes of the Meeting held on 29 July 2015**  The Minutes of the meeting were approved as a true and accurate record subject to replacing the reference at BOD 138/15(b) to “Non-Executive Directors” with “Executive Directors”.  ***Matters Arising***  **BOD 122/15(d) Sleep Treatment Trial**  To provide an update in due course to the Board.  **BOD 122/15(f) Collaboration in Leadership in Applied Health Research and Care (CLAHRC) annual report**  To present in due course to the Board.  **BOD 142/15(a) IT Strategy**  The Medical Director noted that the IT Strategy may be covered at an extended Board Strategy Session in late 2015/early 2016.  **BOD 123/15(b) Freedom to Speak Up Guardian role in collaboration with the Oxford Academic Health Science Network (AHSN)**  Mike Bellamy asked for an update on progress to develop the role. The Chief Executive replied that he had discussed this with the Chief Executive of the Oxford AHSN and this was being progressed, although the role had not yet been advertised. | **YT**  **SB** |
| f  g  h | **BOD 128/15(b) Income and revenue – heads of terms signed with Oxfordshire CCG**  Mike Bellamy asked for an update on progress to finalise contracts. The Chief Operating Officer replied that the contract for Mental Health Outcomes Based Commissioning in Oxfordshire had been signed. The Trust was exploring whether a similar model could be applied in Buckinghamshire.  *The Director of Finance joined the meeting.*  **BOD 130/15(b) Workforce Performance Report reference to the end of the pilot offering rapid access to musculoskeletal physiotherapy for staff**  The Director of Finance reported that the pilot would continue to the end of the calendar year.  The Board confirmed that the remaining actions from the meeting on 29 July 2015 had been completed or actioned: BOD 122/15(b); BOD 122/15(c); BOD 124/15(b); and BOD 134/15(c). |  |
| **BOD 146/15**  a  b  c  d  e  f  g  h  i | **Chief Executive’s Report**  The Chief Executive presented the report BOD 121/2015 which outlined recent national and local issues.  The Chief Executive welcomed Kerry Rogers as the new Director of Corporate Affairs and Company Secretary. The Chief Executive noted the retirement of Clive Meux as Medical Director from the end of March 2016 and thanked him for his work as an outstanding clinical leader. Subject to review by the Remuneration Committee, the Medical Director post would be advertised soon.  The Chief Executive noted that the investigation by Monitor was continuing and that Monitor had also been in discussion with Oxfordshire CCG about the potential impact of transformational change from Outcomes Based Commissioning.  The Chief Executive highlighted the completion of Oxfordshire CCG’s consultation on the future provision of community hospital services at Townlands Hospital in Henley and the decision to proceed with a new model of care. The Board congratulated Oxfordshire CCG on the successful outcome of the Townlands consultation and the new model of care.  The Chief Executive reported that Oxfordshire County Council was proceeding with plans for a consultation over the future provision of intermediate care beds at Chipping Norton. The Trust had collaborated with the Orders of St. John to suggest a viable model of service, offering more in-reach services, within the available funding.  The Chief Executive presented an update on Oxfordshire Learning Disability Services. A board with an independent chair had been established to oversee the transformation of Oxfordshire Learning Disability Services including the process to transfer contracts from the existing provider. The Chief Executive would present the terms of reference for this board to the next appropriate meeting. Commissioners in Buckinghamshire had also decided to proceed with Hertfordshire Partnership University NHS FT to provide Adult Learning Disability Services from their existing facilities. This may impact upon the provision of viable Learning Disability Services in Oxfordshire.  Mike Bellamy expressed concern about the impact on management and leadership time of the transformation of Oxfordshire Learning Disability Services. He noted the importance of confirming commissioning support and considering a funding estimate. The Chief Executive replied that these concerns had been put clearly to commissioners. The current lead commissioner was the local authority but commissioning responsibility would be transferred to Oxfordshire CCG. The Chief Executive emphasised that Oxfordshire Learning Disability Services must be delivered within the resources available but also be deliverable safely within the resources available.  The Chief Executive provided an update that the implementation of the new electronic-Patient Care Support System (Care Notes) in community services was ongoing. The software supplier was working to ensure that the Child Health part of the system was fully supported. If necessary, and to proceed with caution, the Trust would delay implementation further and take a share of the charge to continue with the National Programme for IT in the interim.  **The Board noted the report.** | **SB** |
| **BOD 147/15**  a  b  c | **Patient Experience – Nursing Palliative Care for Children**  Mandy McKendry and Sarah Measures presented the story of a palliative care team who had supported a child patient and their family through emergency admissions, care at home, respite care and close working with a local hospice.  The Board noted the impact on the team and the professionalism of the team throughout. Sarah Measures confirmed that the team was supported through regular supervision, pastoral supervision through the Chaplaincy service and was looking to engage with the Trust’s wellbeing groups.  **The Board thanked the team for their work.**  *Mandy McKendry and Sarah Measures left the meeting.* |  |
| **BOD 148/15**  a  b  c | **Updates from the Annual General Meeting (AGM) and Council of Governors meeting**  The Chair provided an oral update on the main items discussed at the AGM which had been held in Oxford on 10 September 2015. The Council of Governors had formally received the Trust’s annual report, accounts and the auditor’s report on these.  The Chair provided an oral update on the main items discussed at the Council of Governors meeting which had been held in Thame, Oxfordshire on 16 September 2015. The Council had approved the amendment to the Constitution which had been discussed at the Board meeting on 29 July 2015. The Council had considered the recommendation from the Council’s Nominations and Remuneration Committee to reappoint the Chair for a further term of three years and had approved the reappointment of the Chair.  **The Board noted the update.** |  |
| **BOD 149/15**  a  b  c  d  e | **Chief Operating Officer’s Report**  The Chief Operating Officer presented the report BOD 122/2015 which provided an update on a range of operational matters including: the Future in Mind report (promoting, protecting and improving children and young people’s mental health and wellbeing); the launch of the Oxfordshire Recovery College; and the temporary closure of Wenrisc Ward, Witney Community Hospital.  ***Future in Mind report***  The Future in Mind report set out the national case and future direction for increased investment in Child and Adolescent Mental Health Services (**CAMHS**). The CAMHS model which the Children and Young People’s Directorate had developed and which would be implemented over the coming months in Buckinghamshire met all the recommendations set out in the Future in Mind report.  Anne Grocock asked about the approaches of CAMHS commissioners other than Buckinghamshire. The Chief Operating Officer noted that in Oxfordshire, a review of CAMHS had been carried out and work taken place around the most appropriate model of services. In Swindon and Bath and North East Somerset, commissioners were keen to work with the Trust on further service developments especially around eating disorders services for young people.  The Chair noted that the report referred to need in CAMHS having outstripped investment. The Chief Operating Officer added that CAMHS referrals across counties had increased by 15-20 per cent. Joint work with commissioners had established that these were appropriate referrals therefore new and more preventative models of care were required in order to address issues earlier before they necessitated referral. Mike Bellamy noted that it would be useful to have an update on CAMHS developments in a few months’ time.  ***Oxfordshire Recovery College***  The launch of the Oxfordshire Recovery College had been held at the mental health charity Restore (the lead partner for the College) and the first courses had already started to run. The College was part of an agreed programme of work of the Oxfordshire Mental Health Partnership and would be using an educational approach to support mental health recovery. The College was also part of the Trust’s approach to embedding the Triangle of Care (the Carers Trust national scheme for improving outcomes for carers accessing mental health services) which recommended better partnership working between service users and their carers and organisations. | **YT** |
| f  g  h  i | ***Wenrisc Ward, Witney Community Hospital***  The Trust had reduced bed numbers across community hospitals from May 2015 to ensure safer staffing within available resources without over-reliance on agency staffing. To ensure safe running of all community hospitals across Oxfordshire, the bed reductions were consolidated into the temporary closure of Wenrisc Ward for 7 months from September 2015. Following consultation, all staff had been redeployed within the Trust and some staff had chosen to develop their clinical skills further through placements with other services such as the EMU (Emergency Multidisciplinary Unit), MIU (Minor Injury Unit) and Bladder and Bowel teams.  Lyn Williams asked if Wenrisc Ward could be reopened early if required as a contingency measure to address winter pressures. Yvonne Taylor replied that this would not address safety or funding issues and that last year when escalation beds had been opened and available this had not made a significant difference in addressing winter pressures.  Mike Bellamy asked when the Board would be able to review plans for the future pattern of community hospitals. The Chief Executive replied that this would be in 2016; the Board noted that this may also be a useful discussion item at a future Board Seminar. The Chief Executive noted that community hospitals would need to be equipped to operate in a system which provided more care for people in their own homes.  **The Board noted the report.** |  |
| **BOD 150/15**  a  b | **Quality and Safety Report – Effectiveness**  The Medical Director presented the report BOD 123/2015 which provided a summary of the Trust’s position in relation to a range of clinical standards and risks considered by the Effectiveness quality sub-committee. He highlighted good practice and achievements around: clinical audit; clinical policies; End of Life Care; and the AIMS (Accreditation for Inpatient Mental Health Services) which had been achieved by all adult acute and rehabilitation in-patient services during Q1.  The Medical Director noted that more work would need to take place around patient flow/Delayed Transfers of Care and this would be considered jointly with the Caring and Responsive quality sub-committee chaired by the Chief Operating Officer. |  |
| c  d  e | He drew the Board’s attention to the following areas of risk/concern: Mental Health Act visits from the Care Quality Commission (**CQC**); physical health care issues highlighted in recent clinical audits; practice against NICE (National Institute for Health and Care Excellence) guidance; medication management; and Patient and Personal Safety Training. In relation to medication management, he noted that capacity in the Pharmacy team was being considered and a review of Pharmacy staffing was underway.  Anne Grocock expressed her concern at the unacceptable ratings of the re-audits of the clinical audit on how family friendly mental health wards were. She asked what action was taking place to improve the ratings of this clinical audit. The Medical Director replied that although across areas there had been improvements in the availability of play activities for children of different ages, the Whiteleaf Centre wards did not have play areas for different age groups and this had had a significant impact on overall results. Improvement work was also taking place for forensic services to focus on opportunities for children to ask questions of staff and on the wider provision of family interventions. Clinical Directors were responsible for improvement actions and this would be tested through further re-audits.  Anne Grocock asked if ligature works were progressing, following comments by the CQC from Mental Health Act visits. The Director of Nursing confirmed that ligature works were progressing and part of a long-term Planned Preventative Maintenance Programme.  **The Board noted the report.** |  |
| **BOD 151/15**  a  b  c | **Quality Account Q1 Report**  The Director of Nursing presented the report BOD 124/2015 which included full Q1 data and outlined progress to deliver the priorities and objectives from the 2015/16 Quality Account (the report to the previous meeting in July 2015 had included available Q1 data). She highlighted:   * quality priority 2 (improve quality through pathway remodelling and innovation) and: (i) the introduction of a new Cognitive Behaviour Therapy pathway for patients with dental anxiety to reduce the need for sedation; and (ii) the achievement of Marlborough House, Swindon in reducing incidents of deliberate self-harm through changing practices in nursing observations – this may be rolled out more Trust-wide; * quality priority 3 (increase harm-free care) and the work taking place in particular to reduce the number of avoidable grade 3 and 4 pressure ulcers; and * noted that there had been a reduction in performance in Care Programme Approach metrics which was attributed to ensuring consistent recording in the new Care Notes (the new electronic-Patient Care Support System) in Adult and Older Adult Mental Health Services.   Lyn Williams noted that the data on the impact of the Street Triage scheme referred to on page 15 of the report did not necessarily support the anecdotal evidence of the positive impact of Street Triage. He asked whether there would be a formal evaluation of the impact of Street Triage and of other new initiatives generally to determine whether they should be continued. The Chief Operating Officer replied that the evaluation which had already taken place of the Street Triage scheme had demonstrated a marked reduction in Oxfordshire of Section 136 admissions which had indicated that more appropriate decisions were being taken on referrals, admissions and detentions in police stations. The Street Triage scheme had only recently been extended into Buckinghamshire as well as Oxfordshire therefore reporting combined figures may potentially be less useful than reporting the impact separately for each county. The Director of Nursing added that other new initiatives would be evaluated through the final Quality Account to determine whether targets and priorities had been met.  Alyson Coates noted the reference at page 12 of the report to some services which had a waiting list and asked which services this related to and whether waiting times were an issue. The Chief Operating Officer replied that waiting lists existed for community services in particular, such as physiotherapy and speech and language therapy. Urgent referrals into these services were dealt with promptly but this had an impact on the waiting times for more routine cases. The Trust was discussing the resources required to clear waiting lists and improve access to pathways with commissioners and other providers. |  |
| d  e | Mike Bellamy referred to the themes listed on page 12 of the report and asked how progress against these was fed back to front line staff. The Director of Nursing replied that feedback was through Senior Leaders conferences, Linking Leaders conferences and the Extended Executive.  **The Board noted the report.** |  |
| **BOD 152/15**  a  b  c | **Inpatient Safer Staffing (Nursing)**  The Director of Nursing presented the report BOD 125/2015 which set out actual nurse staffing levels on each ward against expected levels for August 2015. Overall safe staffing levels had been maintained as set out in the report. However, staffing on nine wards remained a concern and there were challenges in relation to recruitment, retention and rising levels of sickness on some wards which were being examined by management with support from HR.  Lyn Williams noted that reporting on inpatient staffing levels had been available for approximately 15 months and asked how well the Trust had learned to use this information. The Director of Nursing replied that the reporting was helping to draw attention to daily pressures and specific hotspots so that focused support could be provided more quickly.  **The Board noted the report.**  *The Director of Nursing left the meeting.* |  |
| **BOD 153/15**  a  b  c | **Finance Report**  The Director of Finance presented the report BOD 126/2015 which set out the Trust’s financial position at the end of month 4. The Trust had Earnings Before Interest, Taxation, Depreciation and Amortisation of £4.2 million, which was £0.5 million ahead of plan, and an Income and Expenditure (**I&E**) deficit of £0.8 million which was £0.5 million ahead of plan. The Trust plan was for an I&E deficit of £5.4 million. Cost improvements of £1.5 million had been delivered, £0.5 million behind plan. The Trust’s financial plan would be revised at the half-year point.  The Trust had achieved a Continuity of Service Risk Rating of 3, which was better than the rating of 2 planned at this stage. From month 5, Monitor had revised its risk ratings to include two new elements: I&E margin and I&E margin variance from plan. Under Monitor’s revised risk rating, known as the Financial Sustainability Risk Rating, the Trust had achieved an overall risk rating of 3 at month 5 (based on a scale where a rating of 1 equates to highest risk and a rating of 4 to lowest risk).  **The Board noted the report.** |  |
| **BOD 154/15**  a  b  c  d | **Performance Report**  The Director of Finance presented the report BOD 127/2015 which set out the Trust’s performance at month 5 against a range of indicators including key performance indicators (**KPIs**) from Monitor and those related to Commissioning for Quality and Innovation (**CQUIN**) payments.  All Monitor targets had been achieved with the exception of Care Programme Approach (**CPA**) patients having a formal review within 12 months. Performance in August 2015 against this target had been 93.4 per cent, below the target of 95 per cent. Data sourcing difficulties had been experienced as the 12 month reporting period spanned the transition between the RiO and Care Notes electronic-Patient Care Support Systems.  The detail and values of CQUINs were also still being developed. The Buckinghamshire contract had been signed. There was agreement on the Oxfordshire contract and this provided for penalties to be reinvested in services. Anne Grocock noted that it was very unsatisfactory for these matters to be still unresolved at this stage in the reporting year.  **The Board noted the report.** |  |
| **BOD 155/15**  a  b  c | **Workforce Performance Report**  The Director of Finance presented the report BOD 128/2015 which set out performance against a range of workforce indicators including: bank and agency usage; vacancies; turnover; reasons for leaving; and sickness. Although bank and agency spend had decreased in August 2015 compared to July 2015, the Trust-wide vacancy rate remained relatively high at 7.31 per cent, with the largest spend on nursing staff. Against the Monitor target for bank and agency of 5 per cent, the Trust at August 2015 was running at 9 per cent with key hotspots at the Highfield (due to patient acuity), in district nursing (due to shortages) and generally in forensic and acute mental health wards. The Trust had submitted a plan to Monitor to demonstrate how to reduce levels to the target of 5 per cent.  The Board discussed the reporting it should receive on HR case work. The Director of Finance suggested that this be included on a quarterly basis in workforce reporting for more granular focus. The next extended Board Strategy session in October 2015 would also consider HR and workforce in more depth. Alyson Coates noted that it would also be useful to receive more information about actions being taken in relation to wider HR trends, issues and performance indicators.  **The Board noted the report.** |  |
| **BOD 156/15**  a  b | **Use of emergency powers – Oxfordshire CCG capable provider process for Wellbeing and Psychological Therapies**  The Chief Operating Officer presented the report BOD 129/2015 on the decision, pursuant to the exercise of emergency powers/urgent decision by the Chief Executive and the Chair, to submit a bid to do the Oxfordshire CCG capable provider process for Wellbeing and Psychological Therapies.  **The Board noted the report.** |  |
| **BOD 157/15**  a  b | **Carers Strategy Progress Report 2014/15 and Forward Plans 2015/16**  The Chief Operating Officer presented the report BOD 130/2015 which provided an annual update of work under the Carers Strategy to improve outcomes for carers. She noted the impact of membership of the Carers Trust, the Triangle of Care and 2015/16 action planning to apply learning to improve services.  **The Board noted the report and APPROVED the 2015/16 way forward and high level action plan objectives.** |  |
| **BOD 158/15**  a  b  c  d | **Updates from Committees**  ***Finance and Investment Committee – 14 July 2015 and 08 September 2015***  Lyn Williams presented the Minutes of the meeting on 14 July 2015, an oral update of the meeting on 08 September 2015 and noted the main items considered. He provided an update on the disposal of the Manor and Tindal sites and noted that the preferred bidder had attempted unsuccessfully to renegotiate planning permission and had tried to reduce their offer price to the Trust. The Trust had, therefore, gone to the second bidder in the process and had reached agreement on heads of terms with them.  Lyn Williams also noted the progress in developing a new service line reporting system, which could have a significant positive impact on managing costs and reporting the contribution of individual services.  ***Quality Committee – 17 July 2015 and 09 September 2015***  The Chair presented the Minutes of the meeting on 17 July 2015, an oral update of the meeting on 09 September 2015 and noted the main items considered.  ***Audit Committee – 17 September 2015***  Alyson Coates presented an oral update of the meeting on 17 September and highlighted that:   * the Audit Committee had received a presentation on the actions in place to respond to the clinical audit of End of Life Care; * regular review of Losses and Special payments had demonstrated a continued and sustained reduction in payments and also in overpayments to staff which was very positive; and * the Internal Audit programme was not making required progress and this would be discussed further during the Board meeting in private. |  |
| **BOD 159/15**  a | **Any Other Business**  None. |  |
|  | The meeting was closed at 11:37  **Date of next meeting: Friday, 23 October 2015** |  |