

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

**Board of Directors**

Minutes of a meeting held on

Wednesday, 29 April 2015 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 |
| John Allison | Non-Executive Director |
| Jonathan Asbridge | Non-Executive Director *– part meeting* |
| Ros Alstead | Director of Nursing and Clinical Standards |
| Mike Bellamy | Non-Executive Director |
| Alyson Coates | Non-Executive Director |
| Anne Grocock | Non-Executive Director |
| Mike McEnaney | Director of Finance |
| Yvonne Taylor | Chief Operating Officer |
| Lyn Williams | Non-Executive Director |
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| **In attendance:** | |
| Justinian Habner | Trust Secretary (Minutes) |
| Mark Hancock | Deputy Medical Director |
| Donna Mackenzie | Patient Experience and Involvement Co-ordinator *– part meeting* |
| Mel Norton | Clinical Practice Lead *– part meeting* |

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| **BOD**  **59/15**  a  b  c  d | **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 Clive Meux Medical Director.  The Chair noted that this was the first meeting of John Allison as a full voting Non-Executive Director and the Board welcomed him.  The Chair also noted that this was Justinian Habner’s last Board meeting and the Board thanked him for his support and wished him all the best for the future. |  |
| **BOD 60/15**  a  b  c | **Patient Experience – Patient Stories from School Health Nursing Service and CAMHS**  The Director of Nursing and Clinical Standards introduced Donna Mackenzie and Mel Norton who presented three patient stories providing experiences of the Oxfordshire School Health Nursing Service and CAMHS.  The Board welcomed the stories and considered how best to support school students through providing them and professionals with the information to obtain the services and support they may require.  The Board also discussed how to develop a body of evidence showing how the services described worked in the interests of young people; this evidence could be then used to support requests for further funding to expand the services.  *Donna Mackenzie and Mel Norton left the meeting at this point.* |  |
| **BOD 61/15**  a | **Declarations of Interest**  The Board received the written report and confirmed that interests listed in the Register of Directors’ Interests remained correct, subject to the following:-   * Martin Howell – Replace: “Wife employed by Personal Performance Consultants [PPC] – (PPC provide employee assistance programmes to organisations, including some NHS trusts but not Oxford Health NHS FT)” With: “Wife employed by Optum Health – (Optum Health provide employee assistance programmes to organisations, including some NHS trusts but not Oxford Health NHS FT)”. |  |
| **BOD 62/15**  a  b  c  d  e  f  g | **Minutes of the Meeting held on 25 March 2015**  The Minutes of the meeting were approved as a true and accurate record, subject to the amendment of typographical errors.  ***Matters Arising***  **BOD 44/15 (c)** – **Freedom to Speak Up Report** – the Chief Executive said that he planned to provide an update to Board in July 2015 on the progress made against the Freedom to Speak Up Report.  **BOD 44/15 (d)** – **Mental Health Services in Schools** – the Director of Nursing and Clinical Standards said she had not yet followed up on the suggestion to look at what services the Trust could offer to colleges and universities, and also consider approaching the college nurses association.  **BOD 44/15 (j)** – **Limited Assurance Internal Audit Report** – the Director of Finance said that the report and the management response to it would be considered in the private part of the Board meeting.  **BOD 47/15 (c)** – **Whiteleaf** – the Director of Nursing and Clinical Standards said that the Whiteleaf Centre programme close-down report would be presented to Board in May 2015.  **BOD 50/15 (d)** – **Bank & Agency** – the Director of Finance said that a budget of 24 per cent was set to cover all absences on inpatient wards; all other services did not have a budget to cover absences. The Chair asked whether this budget was set at the right level and the Director of Finance and Clinical Standards confirmed that the level had been manageable. The Chief Operating Officer added that she would not want the budget increased as it sent the wrong signal to services on how to manage absences.  The Board noted the previous suggestion of convening a board-to-board with Oxfordshire CCG (OCCG) and Oxford University Hospitals NHS Trust (OUH) and agree that this would be best held in late May to early June 2015. | **SB**  **RA**  **RA**  **SB / MGH** |
| **BOD 63/15**  a  b  c  d  e  f  g | **Chief Executive’s Report**  The Chief Executive presented the report which outlined recent national and local issues.  He provided an account of the meetings with partners taking place in Oxfordshire which demonstrated the strategic thinking around integrated approaches to challenge difficult areas. The Trust was participating fully in these meetings. The Chair said that the chairs of the Oxfordshire organisations should be involved and briefed as appropriate.  The Chief Executive also noted the meeting that had taken place with Southern Health NHS Foundation Trust which has discussed the Oxfordshire learning disability services that were currently managed by Southern Health. Oxfordshire County Council had signalled to Southern Health that it intended to conclude the contract at the end of the year and it had been suggested by some within the Council that the contract would be given to the Trust. At the meeting, the Trust had assured Southern Health that it had not agreed to this and the Trust would not take on the current service model. If the service model was about the integration of learning disabilities with other services, such as mental health, then the Trust would be willing to consider this.  The Chief Executive noted that the Trust had received formal notification that its inspection by the CQC would take place during the week commencing 28 September 2015.  The Board noted that the first stage of the implementation of Care Notes had taken place and the Chief Operating Officer confirmed that the feedback from services had been positive. The implementation for community services would take place in July.  Anne Grocock noted the item concerning the consultant appointments and said that she had ended up chairing one of the panels (rather than just sitting on it); she said that she felt this had gone well as it allowed the clinical panel members greater scope to question candidates and not be constrained by the requirements of being a panel chair.  Jonathan Asbridge noted the item on the Care Certificate and said that this, and the implications on the career development of HCA staff, should be included in the proposed workforce strategy discussion planned for the May 2015 Board meeting.  **The Board noted the report and approved the consultant appointments.** | **MMcE** |
| **BOD 64/15**  a  b  c  d | **Chief Operating Officer’s Report**  The Chief Operating Officer presented the report which provided an update on a range of operational matters. The Board welcomed the confirmation that the Trust had been awarded the Buckinghamshire CAMHS contract; the Board particularly welcomed that the Trust’s proposed service model, which saw a partnership with the voluntary sector, had been supported.  The Chief Operating Officer also provided an oral overview of the ‘Breaking the Cycle – the perfect week’ initiative that was taking place in Oxfordshire in which the Trust was participating with other partners. The initiative was providing lessons on how the urgent care pathway worked and could be improved.  Mike Bellamy asked whether there was now a greater understanding of the causes of delayed transfers of care in Oxfordshire. The Chief Operating Officer said that there was and it was clear that patient pathways were wrong; the Chair said that raising this with partners should form part of the proposed board-to-board discussions with partners.  **The Board noted the report.** |  |
| **BOD 65/15**  a  b  c  d  e  f | **Quality and Safety Report**  The Director of Nursing and Clinical Standards presented the report which provided an overview of key quality and safety metrics with a particular focus on safety. In presenting the report she acknowledged that further changes should be made to it before publication with, in particular, more analytical narrative being provided against the data.  She said that the report seemed to suggest that there were higher levels of incidents but she was not concerned at this stage; further data was required to show whether or not there were concerning trends materialising. The Board went on to discuss the potential tension between wanting to encourage the reporting of all incidents and the figures that are reported over time.  Lyn Williams asked whether there were problem areas in the Trust where incidents were not being reported. The Director of Nursing and Clinical Standards said that she felt more work was required in community teams to encourage and support incident reporting; she thought that many of these services did not report low or no harm incidents in the same way that inpatient services did.  In terms of the section on SIRIs, Lyn Williams noted that 32 actions were either a year or more behind completion and said that this needed to be addressed. The Director of Nursing and Clinical Standards agreed and said that further narrative on this would be included in the report before publication. The Chair noted that the Board had previously been advised that the Trust would move away from having individual actions following each SIRI but rather have a system which focussed on themes. The Director of Nursing and Clinical Standards said that work was underway to develop this and agreed to include an update in the next report.  Mike Bellamy said he was concerned that the work on addressing ligature risks appeared to be taking so long; the Chair agreed. The Chief Executive said that the programme was large and complex and was actually a continuous programme; there was no end-point and work always needed to take place to remove potential ligature points. But he acknowledged that the work was taking longer than anticipated; the Director of Nursing and Clinical Standards agreed to present to the Quality Committee a report which set out what had been achieved against what the proposed programme was.  **The Board noted the report.** | **RA**  **RA**  **RA**  **RA** |
| **BOD 66/15**  a  b  c  d | **Quality Account 2015/16 & Quality Report 2014/15**  The Director of Nursing and Clinical Standards presented the report which set out the proposed draft Quality Account and Quality Report that had been sent to external stakeholders for comments. She reminded the Board of the process by which this had been developed and reviewed by the Executive and Board committees.  The Board noted the current draft and confirmed that it had no fundamental problems with the content; however, the document was still very long and further editing should take place to reduce the unnecessary content. Also, if possible, the document should be edited to make the report on the current year and the plans for the future year separate. The Director of Nursing and Clinical Standards said she would welcome any further comments out-of-session.  The Trust Secretary reminded the Board of the process by which this report would be approved; the Board meeting in May 2015 would approve the final version based on the recommendation of the Audit Committee. Given the short timescales, the Director of Nursing and Clinical Standards agreed to circulate, out-of-session, updated drafts to the Quality Committee and Board in the lead-up to the final approval stages.  **The Board noted the report.** | **RA** |
| **BOD 67/15**  a  b  c  d | **Inpatient Safe Staffing (Nursing)**  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 March 2015; the report also provided the six monthly establishment review. She noted the section which set out the seven wards that required further support and attention based on staffing and other data. The establishment report showed that there had been no substantial changes and work was still occurring to recruit up to the full level across the Trust.  Jonathan Asbridge noted that Wintle Ward was included in the list of seven wards requiring further support and attention but the data showed that whilst the level of vacancies was high, the level of incidents and other factors was low. This indicated that effective local action was being taken to mitigate the challenges posed by staff vacancies. Anne Grocock agreed and said that she had recently visited this ward and was impressed by how the team was working to mitigate the challenges posed by a high turnover in staff. The Board agreed and said that the ward should be congratulated on their efforts to manage the problems posed by staff vacancies.  *Jonathan Asbridge left the meeting at this point.*  The Board agreed that, where possible, future reports should show benchmarking data to give an indication of how the Trust compared to similar trusts. In addition, future reports should show the actions implemented to mitigate known problems and ensure safe staffing levels.  **The Board noted the report.** | **RA / YT**  **RA** |
| **BOD 68/15**  a  b | **Executive and Non-Executive Visits Update**  Anne Grocock provided an oral update following her recent visit to Wintle Ward, Warneford Hospital.  The Chair said that future meetings did not need to have the visit update item reported to it but Non-Executives would be encouraged to feed back their experiences of visits out-of-session. | **All** |
| **BOD 69/15**  a  b  c  d | **Finance Report**  The Director of Finance presented the report which set out the Trust’s financial position at month 12 and the year-end position. The Trust had ended the year with a deficit of £3.7m; £1.4m had been achieved against the recovery plan but this was not sufficient to achieve a COSRR of 3.  The Chair asked the property sale receipts were received in-year. The Director of Finance said that the receipt from Mandalay was received but Charter House was due in May 2015.  The Chair asked whether the CCG’s surpluses would be returned to HM Treasury and the Director of Finance said that the position on commissioner surpluses needed to be confirmed.  The Chair acknowledged the support the Trust had received from OCCG during the latter part of the year but said it was disappointing that the full level of support requested had not been received.  **The Board noted the report.** | **MMcE** |
| **BOD 70/15**  a  b  c | **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 (CQIN) payments. All Monitor targets had been met and the performance against the Trust’s own CPA target continued to improve. On the CQIN targets, all had been met in full with the exception of communication with GPs and the cardio-metabolic assessment.  The Chair asked what had prevented the Trust from achieving the communication with GPs in full. The Chief Executive said that the target was focussed on the content of the communication and not just if communication had taken place; in this case, the format of communication required by the CQIN did not match the Trust’s practices (which was based on the needs of patients and carers). This highlighted the fact that many CQINs were not patient centred.  **The Board noted the report.** |  |
| **BOD 71/15**  a  b  c  d  e | **Workforce Performance Report**  The Director of Finance presented the report which set out performance against a range of workforce indicators. He outlined the headline KPIs and explained the action that had been taken to address the areas of concern, including reducing the gap to recruit and fill posts to 45 days for most staff, and improving the availability of sessional staff.  Alyson Coates asked whether the Trust could change the notice period for staff and the Director of Finance confirmed that the Trust could and this option was being considered; any action taken needed to take account of the wider market in which the Trust operated.  The Board discussed the retention rates and how they compared to other trusts. It was agreed that future workforce reports needed to sub-categorise retention rates so that the Board could see those areas of particular concern.  The Board also discussed the approach being taken to recruit new staff, retain existing staff and also provide solutions to managing vacancies. It was agreed that these points should be picked up further when the Board had its strategy discussion on workforce in the confidential May Board meeting.  **The Board noted the report.** | **MMcE**  **MMcE** |
| **BOD 72/15**  a  b  c | **Staff Survey Report**  The Director of Finance presented the report which set out the results of the NHS Staff Survey and Staff Friends and Family Test for 2014. He explained that, unlike in previous years, the 2014 staff survey went to all staff via email. So whilst the overall response rate was lower, far more people had responded thus providing more data. The staff survey was showing an overall downward trend in the results with the Trust showing an increase in the number of areas in which it was in the worst 20 per cent of trusts across England. The Director of Finance explained the analysis that had been undertaken and, in particular, the focus on ‘staff engagement’ and how that score had been developed.  The Board welcomed the report and agreed that, given the concerning information and results that it showed, the workforce strategy discussion in May 2015 needed to take full account of this and the action being taken to address the concerns.  **The Board noted the report.** |  |
| **BOD 73/15**  a | **FY16 Budget & Financial Plan – Ratification Report**  **The Board received the report and ratified the use of Emergency Powers (SO 4.2) to approve the FY16 Budget and Financial Plan.** |  |
| **BOD 74/15**  a  b  c  d  e | **Business Plan 2014/15 Q4 Report**  The Director of Finance presented the report which summarised the progress made against the Trust business plan.  Mike Bellamy said the report was showing many projects and initiatives had not progressed due to capacity issues; he said that thought needed to be given to this in the future with careful consideration of what projects should be deferred if there were capacity issues. Alyson Coates agreed and said that this must be decided at that start of the 2015/16 plan.  The Chief Operating Officer said she thought the report was not showing an accurate positon as many of the comments seemed out of date. She also suggested that the report was very dense and provided too much detail for the Board; the Board agreed.  The Chair requested that careful consideration be given to what was included in the 2015/16 plan and then how this was reported to Board in future.  **The Board noted the report.** | **MMcE**  **MMcE** |
| **BOD 75/15**  a  b  c  d  e | **Board Assurance Framework Q4 Report**  The Trust Secretary presented the report which provided the current position of the BAF.  Anne Grocock noted 5.1A and asked whether the risk should also explicitly mention problems with retaining staff. The Board agreed and the Director of Finance said he would amend this risk accordingly.  John Alison noted the rating of 2.3 and said that it should be rated 5/5 (almost certain and catastrophic) on the ‘where we are’ matrix; he said the risks around achieving CIP had largely materialised and this needed to be reflected in what was reported and the rating. The Board discussed this suggestion and agreed that 2.3 should be re-rated and that, given the concerns around the risk, a Board committee should be tasked with responsibility to oversee this risk and the mitigating actions. The Board agreed that 2.3 should be reviewed by both the Finance and Investment Committee and Quality Committee, with both reporting on progress to the Board.  The Board further agreed that all extreme and high risks should be allocated to a Board committee for regular review.  **The Board noted the report.** | **MMcE**  **JCH**  **MMcE**  **JCH** |
| **BOD 76/15**  a  b | **In-year Submission to Monitor – Q4 2014/15 Report**  The Trust Secretary presented the report which set out the reporting requirements to Monitor and the proposed Q4 submission. He noted that other reports presented to Board, including the finance report and performance report, had provided the data to support the submission proposed.  **The Board approved the report.** |  |
| **BOD 77/15**  a | **Review of Oxfordshire Patient Choice Equity and Fair Access Policy**  **The Board received the report and approved the policy.** |  |
| **BOD 78/15**  a  b | **Corporate Registers**  ***Register of Gifts, Hospitality & Sponsorship***  **The Board received and noted the report.**  ***Register of Application of Seal***  **The Board received and noted the report.** |  |
| **BOD 79/15**  a  b  c  d  e | **Patient Engagement Strategy Proposal**  The Trust Secretary presented the report which set out a proposed approach to creating a new patient engagement strategy framework; he also outlined the person-centred care philosophy behind the proposal.  The Board agreed that a special, stand-alone, event should be convened whereby the Board could meet with relevant stakeholders to take forward the development. This event should be convened before the summer holidays.  The Board queried who would take this forward when the Trust Secretary departed and the Chief Executive said that the Executive Team had discussed this and was looking at 6-month secondment opportunities to take forward this important development.  The Board also noted that Jonathan Asbridge was the President of the European Society for Person Centred Care and agreed that he should be invited to take a lead role in helping to oversee the development of this strategic framework.  **The Board approved the report.** | **SB**  **SB** |
| **BOD 80/15**  a  b  c  d  e | **Minutes from Committees**  ***Finance and Investment Committee – 10 March 2015***  Lyn Williams presented the draft Minutes of the meeting and noted the main items considered.  ***Charity Committee – 25 March 2015***  Anne Grocock presented the draft Minutes of the meeting and noted the main items considered.  ***Audit Committee – 22 April 2015***  Alyson Coates provided an oral update on the main items considered at the meeting; the main items considered were the first drafts of the year-end documents. She also noted that the Committee had reviewed the clinical audit process and welcomed the progress being made here.  The Committee had also noted that the Internal Audit programme had not been completed and had expressed some concerns with the internal audit service being provided. Accordingly, the Committee had requested that a TIAA director attend the next meeting of the Committee to provide assurance around how the 2015/16 audit plan would be resourced and completed.  The Chair noted that he had agreed with Alyson Coates that, given the progress made on clinical audit and other quality matters, a joint meeting between the Audit Committee and Quality Committee was not required. |  |
| **BOD 81/15**  a  b  c  d  e | **Warneford Hospital Buildings and Estates Working Group**  The Chief Executive presented the report and also tabled an updated version of the proposed working group’s terms of reference. He explained that the Trust’s Estates Strategy recognised the need that adult mental health inpatient services on the Warneford Hospital site needed to be re-provided in new, purpose built environments. Accordingly, thought was being given to the options available. As the University of Oxford already occupied part of the Warneford Hospital site, he wanted to engage them in the discussion around the options that may be available; this would not prevent other parties from being involved in developments or commit the Trust to any course of action.  Mike Bellamy asked whether option appraisals had been completed for the site and the Director of Finance explained that the Trust had undertaken a market evaluation of the Warneford Hospital site; this had been reviewed internally but it would not be shared with other parties because the Trust would need to maximise value should disposals be pursued.  The Chief Executive explained that capital receipt of any disposals would go part-way to build a new hospital in Oxford; however other avenues including philanthropic donations should also be pursued. The University of Oxford had considerable experience in the latter and, therefore, the Trust would try and seek its support in that endeavour.  The Board noted that other parties were likely to have an interest in the development of a new hospital and the Warneford Hospital site in general, including Oxford Brookes University and SANE. All should be involved at the appropriate junctures.  **The Board approved the establishment of the proposed working group.** |  |
| **BOD 82/15**  a  b  c | **Any Other Business**  ***Questions from Governors, Members and Others Attending***  The Chair invited questions and comments from those attending.  A member of the public indicated their support for having a new adult mental health hospital built in Oxford on the Warneford Hospital site.  A Governor provided his recent experience of the OCCG’s consultation process and his views and experiences of whistleblowing and how to engage staff. |  |
|  | The meeting was closed at 13.10  **Date of next meeting:**  **27 May 2015** |  |