

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

**Board of Directors**

Minutes of a meeting held on

Wednesday, 24 June 2015 at 08:30

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 |
| Ros Alstead | Director of Nursing and Clinical Standards – *part meeting* |
| Alyson Coates | 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 |
| Lyn Williams | Non-Executive Director |
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| **In attendance:** | |
| Anne Brierley | Service Director – Older Peoples’ Directorate (attending for Yvonne Taylor, Chief Operating Officer) |
| Catriona Canning | Clinical Project Manager *– part meeting* |
| Jane Kershaw | Lead for Registration and Quality *– part meeting* |
| Hannah Smith | Assistant Trust Secretary (Minutes) |

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| **BOD**  **102/15**  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 were received from: Mike Bellamy, Non-Executive Director; and Yvonne Taylor, Chief Operating Officer.  The Chair welcomed Anne Brierley, Service Director – Older People’s Directorate, who was in attendance for Yvonne Taylor.  The Board noted that the 08:30 meeting start had worked well and should be adopted for all monthly Board meetings going forwards. |  |
| **BOD 103/15**  a | **Declarations of Interest**  None reported. |  |
| **BOD 104/15**  a  b  c  d  e  f  g  h  i  j  k  l  m  n  o  p  q | **Minutes of the Meeting held on 28 May 2015**  The Minutes of the meeting were approved as a true and accurate record, subject to the amendment of typographical errors.  ***Matters Arising***  **BOD 84/15(c) – Patient Stories** – the Director of Nursing to thank the presenters on behalf of the Board and ensure that these stories were more widely disseminated.  **BOD 86/15(b) – Freedom to Speak Up Report** – the Chief Executive to provide an update to the Board in July 2015 on the progress made against the Freedom to Speak Up Report.  **BOD 86/15(d) – Whiteleaf Centre project closure report** – the Director of Nursing to present to the Finance and Investment Committee and the Board in July 2015.  **BOD 86/15(e) – Board-to-Board with Oxfordshire Clinical Commissioning Group (OCCG) and Oxford University Hospitals NHS Trust (OUH)** – the Chair reported that this was now planned for August 2015.  **BOD 86/15(h) – Ligature risks report** - the Director of Nursing to present to the Quality Committee.  **BOD 86/15(l) – Business Plan report** – the Director of Finance to review the level of detail in the report and consider what was included in the 2015/16 plan and how this was to be reported to the Board in July 2015.  **BOD 89/15(c) – Townlands hospital consultation** – the Chief Executive reported that the consultation had finished and would be reported to the Oxfordshire Health Overview and Scrutiny Committee in July 2015, with more substantive discussion to follow in September 2015.  **BOD 90/15(e) – Sleep Treatment Trial** – the Chief Operating Officer to provide an update to the Board in due course.  **BOD 90/15(f) – “Breaking the Cycle Week”** – the Chief Operating Officer to share the report being prepared by OCCG with the Board in due course.  **BOD 91/15(b)&(e) – End of Life Care** – the Medical Director provided an update on the progress being made, which had been reported to the Executive, and noted that this would also be followed up through the quality sub-committees which reported into the Quality Committee. In the coming weeks, all relevant staff would receive guidance based on the “one chance to get it right” response from the Leadership Alliance for the Care of Dying People to the independent review of the Liverpool Care Pathway. The Trust would develop a mobile app to facilitate staff access to relevant resources and would make care plans more easily available through the new electronic-Patient Care Support System (**e-PCSS**). The Trust would continue to collaborate with other partners in the wider healthcare system including local CCGs, OUH, South Central Ambulance Service NHS Foundation Trust and the Sue Ryder hospice and neurological care foundation. The Trust and Sue Ryder had already developed an end of life care plan together.  *The Director of Nursing and Clinical Standards joined the meeting.*  **BOD 91/15(g) – procedural documents requiring review** – the Medical Director reported that the Executive had discussed the updating of Trust policies and procedural documents and confirmed that this was being progressed.  **BOD 95/15(e) – Whistleblowing report** – the Director of Finance to present to the Quality Committee in July 2015 as part of the reporting on triangulating learning across disciplinary, grievance and whistleblowing cases.  **BOD 95/15(f) – recruiting staff under 20yrs, engaging with school leavers and providing apprenticeships** – the Director of Nursing and Clinical Standards reported that the Trust was working with Health Education Thames Valley and providing care certificates for all new staff operating at healthcare support worker level, as part of encouraging and developing the younger workforce. The Trust was looking into increasing the number of apprenticeships but this was subject to securing funding.  **BOD 97/15(b) – Emergency Planning & Business Continuity** – the Chief Operating Officer to consider opportunities for audit testing of Emergency Planning & Business Continuity activities and to engage with the Audit Committee, as may be required, on this.  **BOD 100/15(g) – Standing Financial Instructions** – the Director of Finance to circulate to the Audit Committee for review prior to presentation at the Board in July 2015.  The Board confirmed that the remaining actions from the meeting on 28 May 2015 had been completed, actioned or were on the agenda for the meeting: BOD 86/15(c); 86/15(g); 86/15(i); 86/15(j); 87/15(c)-(d); 91/15(h); 94/15(a); and 95/15(b).  *Catriona Canning and Jane Kershaw joined the meeting.* | **RA**  **SB**  **RA**  **RA**  **MME**  **YT**  **YT**  **MME**  **YT**  **MME** |
| **BOD 105/15**  a  b  c  d | **Patient Experience – Staff Member’s Story from an Inpatient Ward**  Catriona Canning introduced the recording of the staff member’s story. The story highlighted: open and transparent communication to teams; support for developing innovation and improvement in clinical practice; collaboration and partnership between clinical staff at all levels, from consultants to non-qualified staff; and support through sickness. The story also recommended: improvement in communication between senior staff; review of the impact of London salary weightings upon recruitment and retention issues; and further development of mental health awareness in local police teams.  The Board noted that although this story was very positive about this staff member’s experience in the Trust, it was part of an overall picture which included a high staff turnover rate which could indicate that other staff had less positive experiences. The Chief Executive noted that more assistance with access to accommodation may have a positive impact upon staff turnover.  The Board discussed how communication, responsive feedback and ease of access to information could affect staff retention and also patient experience. The Chief Executive noted that the first of a series of quarterly Linking Leaders meetings would be taking place during the afternoon and over the coming days across the Trust’s geography and localities with the aim of improving communication and developing networks across the middle tier of management throughout the Trust. The Chief Executive emphasised the importance of team leaders setting expectations and leading by example to demonstrate that positive cultural change could be achieved. The Well Led quality sub-committee was also focusing on staff engagement and experience not only by directorate but also service by service. The Medical Director had offered to meet with all consultants individually over the coming 3-4 months and had already met with some consultants. The feedback which he had received so far had indicated that although consultants and clinicians were confident that their views were being heard, staff were being challenged by the volume of incoming work and health and social care system pressures.  The Board thanked the staff member who had recorded her story.  *Catriona Canning and Jane Kershaw left the meeting.* |  |
| **BOD 106/15**  a  b | **Chief Executive’s Report**  The Chief Executive presented the report BOD 87/2015 which outlined recent national and local issues. The Chief Executive noted that the date on the report should be 24, not 27, June 2015.  The Chief Executive highlighted the focus by the Secretary of State and Monitor on productivity and efficiency in the NHS, in particular in relation to management consultancy costs, Very Senior Managers’ (**VSM**) pay and agency staff spend. The Trust had no management consultancy costs in excess of the Monitor threshold of £50,000. Excluding medical and dental posts, two |  |
| c  d  e | VSM posts were in the category for notification to the Secretary of State. The Trust was working to reduce agency spend through developing its own staff bank. In relation to Lord Carter of Coles’ interim report on ways of improving NHS productivity, the Trust was also working to improve efficiency and productivity through the development of its staff rostering system.  The Chief Executive reported that Oxfordshire County Council had decided not to contract with the Trust to provide intermediate care beds at Chipping Norton Hospital; the Trust would have been prepared to negotiate a contract. The Trust would make arrangements so that staff who wished to continue working for the Trust were offered the opportunity to do so.  The Chief Executive congratulated Pat Wyatt, Community Psychiatric Nurse, who had been made an MBE for services to healthcare and Daniel Freeman, Professor of Clinical Psychology, who had been awarded a National Institute for Health Research professorship.  **The Board noted the report.** |  |
| **BOD 107/15**  a  b | **Update from the Council of Governors’ meeting held on 10 June 2015**  The Chair provided an oral update on the most recent Council meeting. In particular he noted that the Council had discussed the fit and proper persons test for directors and re-appointed Sue Dopson as Non-Executive Director until 01 June 2018. The Chair highlighted the vacancy for a lead governor and noted that the following governors had indicated that they would be stepping down from the Council: Liz Turvey, Linda Atkins and Patricia Birchley.  **The Board noted the update.** |  |
| **BOD 108/15**  a  b  c  d  e  f  g | **Chief Operating Officer’s Report**  Anne Brierley presented the report BOD 88/2015 which provided an update on a range of operational matters.  Anne Brierley highlighted the national change in the commissioning of health visiting services. The Trust’s Children and Young People’s Directorate provided health visiting services in Oxfordshire. From 01 October 2015, the commissioning responsibility for the Trust’s health visiting service would change from NHS England to Oxfordshire County Council. During the transition period, the Trust was working with NHS England, Oxfordshire County Council and neighbouring border providers for a safe transition of service provision. The Board discussed risks around the transition in commissioning arrangements and the potential change in the role of the Trust to ensure the implementation of national policy to the benefit of the health and safety of the local population and service users.  Jonathan Asbridge asked that a paper be presented to the Board setting out how the change control processes for the transition in commissioning arrangements for health visiting services were being managed. The Chief Operating Officer to consider and report back.  John Allison asked whether the Trust’s activities in relation to education and training under the current health visiting services contract would be covered under the new commissioning arrangements. The Director of Nursing and Clinical Standards replied that the funding for education and training was provided separately to Health Education Thames Valley and then allocated to the Trust therefore this was anticipated to continue.  The Board noted the launch of the street triage service in Buckinghamshire to improve the overall experience and access to appropriate care for people experiencing a mental health crisis, where the police might be involved.  The Board noted the development of the Community Matrons for the End of Life and Supportive Care Service and how the work of the service was enabling end of life care to be at the centre of the care provided by Integrated Locality Teams.  **The Board noted the report.** | **YT** |
| **BOD 109/15**  a  b  c  d  e  f  g | **Quality and Safety Report – Patient Experience**  The Director of Nursing and Clinical Standards presented the report BOD 89/2015 which provided an overview of key quality and safety metrics with a particular focus on patient experience. In relation to overall patient experience themes, a significant level of positive feedback had been received about each service but consistent themes for improvement had been identified across service lines that: patients wanted to feel informed, be given options and participate in decisions; patients wanted to be provided with good, tailored and timely information; patients wanted staff to communicate clearly; and families and carers wanted to be involved, listened to and respected. Over the next 6 months, the “taking action on patient feedback” group would focus on developments in:   * utilising on-line feedback forums through supporting clinical teams to promote and respond in a timely way to postings; * trialling the use of hardware and software from iWantGreatCare; * consulting on, and implementing, a new patient participation and involvement strategy; and * developing the format and design of the information sent to clinical teams with feedback from patients and carers.   The Director of Nursing and Clinical Standards highlighted the results for each clinical directorate in relation to the core patient experience questions:   * were you involved as much as you wanted to be in decisions about your care and treatment? * do you feel you have trust and confidence in the service/clinician? * how much information about your condition and treatment has been given to you? * how likely are you to recommend our ward to friends and family if they needed similar care or treatment (**the Friends and Family Test**)?   In the Older People’s Directorate and the Children and Young People’s Directorate, results had either remained relatively constant and static or had seen some improvement. The results from the Adult Directorate demonstrated the most variability over a 14 month period and scores were lower than for the other directorates.  The Board discussed the variability in the scores from the Adult Directorate in relation to the core patient experience questions. The Board noted that views from the forensic service in this directorate may have contributed to lower scores on the Friends and Family Test, given the challenging nature of forensic work. However, the Director of Nursing and Clinical Standards noted that in benchmarking against other similar NHS Trusts, the Trust could still improve its overall results for adult services. The Board considered whether positive lessons could be learned from the other clinical directorates which had scored more highly and noted the good results which had been achieved in the Children and Young People’s Directorate from applying Care Programme Approach standards to every patient. The Board noted that more granularity in patient experience reporting, as opposed to analysis at directorate level, may be revealing when directorate level results demonstrated this amount of variability - if this could be achieved without over-burdening reporting systems.  Anne Grocock and Alyson Coates asked when the new patient participation and involvement strategy would be available and whether this would cover carer involvement as well as patient involvement. The Director of Nursing and Clinical Standards noted that the Trust Secretary had presented a proposal to develop an overarching patient engagement strategic framework, which supported the person-centred care philosophy, to the Board in April 2015. The proposal had been approved by the Board and over the next 6 months, a person-centred care strategy would be developed and stakeholder events would be scheduled as part of consultation on the development of the strategy. Recruitment had taken place to provide support for this over the coming months. The Trust already had a separate carers’ strategy in place which was linked to the Trust’s membership of the Triangle of Care, the Carers’ Trust national scheme for improving outcomes for carers accessing mental health services – although its principles were broadly applicable across all aspects of care.  Anne Grocock asked whether the Trust followed up with previous participants who had provided feedback to check whether improvement had been achieved at an individual level. Anne Grocock noted that this may be useful particularly for some service users who had been with the Trust for some time. The Director of Nursing and Clinical Standards replied that using the current methodology for patient feedback it was not possible to consistently demonstrate whether the same participants were being contacted. However, the hardware and software from iWantGreatCare may assist with this and she would consider whether the Trust should explore seeking feedback from a regular group of participants as a way of monitoring change over time at an individual level.  Anne Grocock referred to page 4 in the report and asked which services had developed clinician level reporting of feedback. The Director of Nursing and Clinical Standards replied that she did not have the detail on which teams were trialling this but that | **RA** |
| h | the iWantGreatCare care work would support this being rolled out more widely.  **The Board noted the report.** |  |
| **BOD 110/15**  a  b  c  d  e  f | **Infection Prevention and Control annual report 2014/15**  The Director of Nursing and Clinical Standards presented the report BOD 90/2015 which provided assurance on the infection prevention and control programme and activity for 2014/15.  The Board commended the report and said that the author should be congratulated.  The Board discussed how horizon scanning for new infection control risks and infections took place. The Director of Nursing and Clinical Standards and the Medical Director explained how information and updates were provided through national and local health protection agencies and national clinical alert services and how this was also disseminated to Trust services, as appropriate.  Jonathan Asbridge referred to the Infection Prevention and Control Team’s involvement in reviewing and supporting refurbishments and new builds and asked why it had taken until December 2014 to do this in relation to the new community hospital at Bicester. The Director of Nursing and Clinical Standards replied that NHS Property Services had been responsible for the build at Bicester and for working with the Trust on this.  Alyson Coates asked what levels of staff uptake of the influenza vaccination the Trust had achieved and what the plans were for the next round of seasonal vaccinations. The Director of Nursing and Clinical Standards replied that the Trust had vaccinated over 50 per cent of staff, which was higher than average, and aimed to improve upon this in the next round of seasonal vaccinations.  **The Board noted the report and APPROVED the Infection Prevention and Control work programme 2015/16.** |  |
| **BOD 111/15**  a  b  c  d | **Inpatient Safer Staffing (Nursing)**  The Director of Nursing and Clinical Standards presented the report BOD 91/2015 which set out actual nurse staffing levels on each ward against expected levels for May 2015. She highlighted that 10 out of 34 wards had experienced staffing issues but all wards had maintained minimum staffing levels to remain safe to deliver patient care. She noted the particular challenges around staffing complex services such as forensic units, including the need to achieve staffing levels to maintain staff safety.  Jonathan Asbridge asked how the safety of agency staff was maintained on more challenging units. The Director of Nursing and Clinical Standards replied that, where possible, the Trust used existing staff who were prepared to work additional shifts and were already familiar with Trust procedures. This also provided continuity for patients and was preferable to using external agency staff.  John Allison referred to the high turnover rate on a number of wards and asked what the Trust was doing to find out why staff were leaving and whether sufficient use was being made of exit interviews. The Director of Nursing and Clinical Standards replied that exit interviews were voluntary but that take-up rates may be improved if exit interviews were offered by staff other than direct line managers. Anne Brierley added that the Older People’s Directorate had experienced a higher take-up rate by using local clinical leads, rather than direct line managers, to conduct exit interviews.  **The Board noted the report.** |  |
| **BOD 112/15**  a  b  c  d | **Finance Report**  The Director of Finance presented the report BOD 92/2015 which set out the Trust’s financial position at month 2. The Trust had Earnings Before Interest, Taxation and Amortisation (**EBITDA**) of £1.8 million, £0.4 million ahead of plan, and an income and expenditure deficit of £0.2 million. The position was driven by better than planned EBITDA and profit on disposal of an asset. At month 2, the Trust had achieved a Continuity of Services Risk Rating of 3.  Approximately £0.5 million of the Cost Improvement Programme had been delivered to date, which was £0.3 million behind plan, but detailed plans were being finalised and it was anticipated that the position would be recovered.  The cash balance was £0.5 million behind plan due to working capital issues and issues with accurate payments from some receivables from both Oxfordshire and Buckinghamshire.    **The Board noted the report.** |  |
| **BOD 113/15**  a  b  c | **Performance Report**  The Director of Finance presented report BOD 93/2015 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. As at month 2, only 10 CQUINs had been agreed; the majority of Oxfordshire and Buckinghamshire CCG CQUINs were still being negotiated. The transition to the new e-PCSS was ongoing and during the transition phase, the Trust was running and reporting from both the old and the new systems. The majority of data was available for the month 2 reporting but some areas still required further validation for completeness, as set out in the report. Full reporting was anticipated to be available for the end of Quarter 1 and the Director of Finance confirmed that IT project teams were working to ensure this.  The Board discussed the issues with migrating data to the new e-PCSS, especially with the transition of Community Services to the new system from August 2015, and the need for accurate reporting. The Director of Finance noted that the transition of Community Services would present different challenges than the transition of Mental Health Services had done because there were more diverse and fragmented services involved. AC asked what progress was being made with the CUBE project. The Director of Finance replied that the CUBE also needed to be updated because its data source was changing with the transition to the new e-PCSS. By the end of the calendar year the Trust would have achieved a significant improvement in the accessibility of data, data input issues should have been resolved and the CUBE should be operating with the new data source. The Board noted that the priority was for accurate and complete data to be available for reporting.  **The Board noted the report.** |  |
| **BOD 114/15**  a  b  c  d  e | **Workforce Performance Report**  The Director of Finance presented the report BOD 94/2015 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 continued to be high but the Trust was not an outlier when benchmarked against other NHS Trusts in this regard.  The Chair asked whether bank and agency could be reported on separately in the future to demonstrate more clearly the action being taken to reduce agency, and increase bank, usage. The Director of Finance replied that the implementation of the new e-rostering system would need to take place first before separate reporting on these figures.  The Board discussed the most common reasons for sickness absence amongst staff and noted the impact of musculoskeletal issues amongst unqualified nursing/clinical staff. Anne Brierley referred to the pilot project in the Older People’s Directorate to offer rapid access to musculoskeletal physiotherapy for staff and noted that there had been a very high uptake by staff but that the pilot project would need to run for at least a couple of months before the impact upon sickness absence in the directorate could be analysed. The results of the pilot project would be reported into the Charity Committee which had agreed to finance the pilot out of appropriate charitable funds.  The Board reviewed the most common reasons for leaving the Trust. John Allison noted that one of the common reasons cited was retirement age and asked whether the Trust could hire/employ staff who may be at retirement age but who wanted to work. The Director of Finance confirmed that the Trust did employ staff who were at retirement age but who wanted to work, for example for specific projects where their knowledge of the Trust could prove particularly valuable.  **The Board noted the report.** |  |
| **BOD 115/15**  a  b  c  d | **Research and Development (R&D) Report**  The Medical Director presented Report BOD 95/2015 which summarised R&D activity during the first six months of 2015 including through the: Oxford Academic Health Science networks; Oxford National Institute for Health Research (**NIHR**) Collaboration in Leadership in Applied Health Research and Care (**CLAHRC**); NIHR Diagnostic Evidence Co-operative; NIHR Oxford Cognitive Health Clinical Research Facility (**CRF**); and joint work with OUH. Future plans included: the development of a possible Biomedical Research Centre application; further work around the implementation of the Case-Records-Interactive-Search system; and planning for the CRF funding renewal.  The Board requested that the CLAHRC annual report to the NIHR be presented by the Chief Executive to the Board for information.  The Board noted and commended the extensive R&D activity which the Trust was involved with. The Board discussed how R&D activity and the positive outcomes and impacts could be publicised more widely, especially amongst staff and patients, as this could be beneficial for morale and encourage more volunteers to become involved in clinical trials. The Medical Director and the Chief Executive to consider publicising R&D activity to a wider audience within the Trust as well as externally to develop more collaborative relationships.  **The Board noted the report.** | **SB**  **CM/SB** |
| **BOD 116/15**  a  b | **Delivering the Trust Strategy**  The Medical Director presented report BOD 96/2015 which summarised the Board session on strategy which took place on 27 May 2015 and focused on workforce strategy development.  **The Board noted the report and AGREED that the next Board session on strategy should focus on Human Resources and workforce issues.** |  |
| **BOD 117/15**  a | **Minutes from Committees**  ***Audit Committee – 21 May 2015***  Alyson Coates presented the draft Minutes of the meeting and noted the main items considered. |  |
| **BOD 118/15**  a  b | **Any Other Business**  None.  ***Questions from Governors, Members and Others Attending***  None. |  |
|  | The meeting was closed at 11:39  **Date of next meeting:**  **29 July 2015** |  |