

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

**Board of Directors**

Minutes of a meeting held on

Wednesday, 25 November 2015 at 08:30

at 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  |
| Jonathan Asbridge | Non-Executive Director – *part meeting* |
| Stuart Bell | Chief Executive |
| Mike Bellamy | Non-Executive Director |
| Alyson Coates | Non-Executive Director |
| Sue Dopson | Non-Executive Director  |
| Anne Grocock | Non-Executive Director  |
| Clive Meux | Medical Director and Director of Strategy |
| Lyn Williams | Non-Executive Director |
| Yvonne Taylor | Chief Operating Officer – *part meeting* |
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| **In attendance:** |
| Catriona Canning | Clinical Project Manager, Business and Performance Team – *part meeting* |
| Jayne Halford | Deputy Director of HR – *part meeting* |
| Mandy McKendry | Patient Involvement and Experience Project Lead – *part meeting* |
| Kerry Rogers | Director of Corporate Affairs and Company Secretary – *part meeting* |
| Gerald Sheeran  | Head of Financial Services – *part meeting* |
| Hannah Smith | Assistant Trust Secretary (Minutes) |

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| **BOD****178/15**ab | **Welcome and Apologies for Absence**The Chair welcomed Governors and staff who had attended to observe the meeting. Apologies for absence were received from Mike McEnaney, Director of Finance.  |  |
| **BOD 179/15**abc | **Patient Experience – patient story from the Adult Directorate**Mandy McKendry and Catriona Canning attended with a former patient. The former patient presented their story and their experiences, including on a couple of inpatient wards and with the Complex Needs Service. The Board discussed the different experiences which the former patient had had on a mixed sex ward compared to a single sex ward. The former patient described the challenges and tensions of the single sex ward compared to the mixed sex ward and praised staff for their approach. The Board noted that this was a complex area and the importance of also recognising patient vulnerability and safety issues and utilising occupational therapy. The Board asked what had made a positive difference in this former patient’s experience. The former patient noted the positive impact of: the treatment he had received, including therapy and medication; being in a shared environment with other people who had undergone similar experiences; and being able to interact with them and share experiences. The Board thanked the team and the former patient who had attended to present. *Mandy McKendry, Catriona Canning and the former patient left the meeting.* |  |
| **BOD 180/15**a | **Declarations of Interest**None reported.*The Director of Corporate Affairs and Company Secretary joined the meeting.* |  |
| **BOD 181/15**abcdef | **Minutes of the Meeting held on 23 October 2015**The Minutes of the meeting were approved as a true and accurate record ***Matters Arising*****BOD 163/15(c) Oxfordshire Learning Disability Services – Transformation Board**The Chief Executive to circulate the terms of reference of the Transformation Board. The Chief Executive updated the Board about the proposed role of Learning Disabilities Programme Director to support the transformation of health services for people with learning disabilities. Providers had not yet met to progress matters significantly. **BOD 166/15(e) Prioritising person-centred care and patient experience and balancing priorities/resources**The Board agreed that this was a high priority for the Trust which would be discussed in more detail later in the private Board session on Delivering the Trust Strategy. **BOD 177/15(d) Changes to Commissioning and Provision of Health Visiting Service**The Chief Executive reported that the transfer process had gone smoothly but that there were still questions about the implications for funding in the long term. The Board confirmed that the following actions from the 23 October 2015 Summary of Actions would be considered later once the Chief Operating Officer had joined the meeting: 163/15(f); and 177/15(c).The Board confirmed that the remaining actions from the 23 October 2015 Summary of Actions had been actioned, completed or were on the agenda for the meeting: 175/15(c); and 176/15(e). |  |
| **BOD 182/15**abcde | **Chief Executive’s Report** The Chief Executive presented the report BOD 147/2015 which outlined recent national and local issues. He highlighted the Oxfordshire Devolution proposals put forward by Oxfordshire local authorities, led by the county and district councils. He noted that this could represent a potentially helpful catalyst towards improved coordination and joint working in Oxfordshire across health and social care systems. He referenced the increased joint working taking place with Oxford University Hospitals NHS Trust (**OUH**) and the new plan to address high levels of Delayed Transfers of Care. The Board supported the Trust’s involvement in the Oxfordshire Devolution proposals. The Chief Executive reported that Monitor had concluded its investigation into the Trust’s finances and decided to take no formal regulatory action. A copy of Monitor’s notification of its decision to close its formal investigation was appended to his report. He added that Monitor had also agreed to convene a system-wide meeting following the investigation. The Trust Chair noted that Monitor’s notification should be shared with the Council of Governors and an explanation provided about the decision and the use of standard terms in clause 4.2 of the notification. Alyson Coates noted the agreed informal regulatory action for the Trust to ensure it had sufficient Board and project management capacity and capability to deliver the financial plan agreed with Monitor. She highlighted the impact of Board/senior management changes and the potential impact on project management. The Chief Executive agreed that it would be critical to monitor this and noted that Monitor would also be formally reviewing the Trust’s progress in meeting the agreed informal regulatory actions at milestones in February and March 2016. The Chief Executive confirmed that the progress of migration to all new CareNotes systems was now complete, including both Community and Mental Health systems, and that a bedding-in process would continue. Lyn Williams and Anne Grocock noted that Directorate Performance Review meetings had discussed issues and inconsistencies which new users were identifying with the new systems and asked what resources were being deployed to resolve these. The Chief Executive replied that resources from IT and Information Teams had been deployed to visit staff and show them how to use systems and also to develop software updates to resolve high priority issues. The Medical Director added that the new systems needed to be developed further for quick and efficient operation by staff. *The Chief Operating Officer and Jonathan Asbridge joined the meeting.* The Chief Executive added that the Trust was also preparing for industrial action by junior doctors, which was taking place at a national level, using its major incident procedures. The Medical  | **KR** |
| f | Director confirmed that he and members of the HR Team were working with the junior doctors in the Trust to ensure patient safety and coverage of wards. **The Board noted the report.** |  |
| **BOD 183/15**ab | **Remaining Matters Arising from the Minutes of 23 October 2015****BOD 163/15(f) Future in Mind report / developments in Child and Adolescent Mental Health Services (CAMHS)**The Chief Operating Officer to provide an update on CAMHS developments in a few months’ time. **BOD 177/15(c) Outcomes Based Commissioning (OBC)** The Chief Operating Officer to provide a general update on OBC and an update on the position for patients waiting for support in residential accommodation because specialist facilities were not available. The Chief Operating Officer noted that work around placements was taking place with agencies such as Response and progress was expected over the coming months.  | **YT/PS****YT/PS** |
| **BOD 184/15**ab | **Update from the Council of Governors’ Meeting on 04 November 2015**The Trust Chair reported that Chris Roberts had been elected as Lead Governor and Soo Yeo as Deputy Lead Governor. The Working Together Group was also expected to meet for the first time in December 2015. **The Board noted the update.** |  |
| **BOD 185/15**a | **Chief Operating Officer’s Report**The Chief Operating Officer presented the report BOD 148/2015 which provided an update on a range of operational matters including:* Female Genital Mutilation (**FGM**) and the achievement of Joanne McEwan, Health Visitor, in being awarded a Mary Seacole award for her project in developing an App to assist health professionals to protect girls from FGM;
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| b | * Adult Mental Health Services and opportunities to improve patient flow including the implementation of a new patient flow team in each county and work around the “Perfect Week” (Breaking the Cycle); and
* Dementia Care, the development of memory clinics and the achievement of Dr Jane Fossey, Associate Director of Psychological Services, in being awarded the Best Dementia Nurse Specialist/Dementia Lead 2015.

**The Board noted the report and congratulated the staff on their awards.** |  |
| **BOD 186/15**abc | **Quality and Safety Report – Safety** The Director of Nursing presented the report BOD 149/2015 which summarised progress, including areas of concern and priorities, in relation to quality and patient safety. She highlighted:* the impact of Safer Care work and interventions in reducing the number of falls to their lowest point in 2.5 years;
* the increase in the number of incidents reported in relation to ambulance transport, in particular to and from podiatry services;
* progress being made to reduce restraints; and
* the high level of pressure ulcers which the Trust was working to understand better. This could be related to higher levels of pressure ulcers in the wider system or more rigorous reporting.

Jonathan Asbridge noted that ambulance transport services had also been discussed by the Quality Committee and that it would be useful for the Quality Committee to receive a report back from the Clinical Commissioning Group (**CCG**) on this service.The Board discussed the impact of national changes to the Serious Incidents (**SIs**) framework. The Director of Nursing reported that more SIs were being uploaded more quickly under the new framework but then subsequently downgraded. The Medical Director added that the quality of reporting and the timeliness of investigating panels were also becoming variable.  |  |
| defgh | Alyson Coates asked if resourcing changes were required to work effectively with the new framework. The Director of Nursing replied that some changes were already taking place and the Adult Directorate had invested additional resource to develop new posts and increase capacity. Jonathan Asbridge emphasised the Board’s responsibility to oversee management of the SI process and to be assured that SI investigations were appropriately resourced and promptly conducted. He asked what dialogue with, or support from, local CCGs the Trust was engaging in. The Director of Nursing replied that all local CCGs in Oxfordshire and Buckinghamshire were supportive and worked collaboratively with the Trust, especially when investigations were complex and required more time, whilst at the same time holding the Trust to account and challenging when more straightforward investigations were not completed in a timely fashion. Anne Grocock asked what was being done to address issues around communication, especially where these related to handovers. The Director of Nursing replied that community hospitals had started to tape their handovers and that this was proving effective. Mike Bellamy noted that the issues highlighted by the report were, in several cases, familiar and long-standing. He asked for the report to develop and provide more assurance about actions taken or planned to address issues and to analyse the likely impact of actions especially on long-standing themes and trends. **The Board noted the report.** | **RA** |
| **BOD 187/15**ab | **Inpatient Safer Staffing (Nursing)** The Director of Nursing presented the report BOD 150/2015 which set out actual nurse staffing levels on each ward against expected levels for October 2015. Overall safe staffing levels had been maintained as set out in the report. Staffing on eight wards remained a concern – two wards were no longer a concern and two wards had been added as a concern. Mike Bellamy noted that it would be useful if the report provided more information about what would make a difference to wards where staffing levels were a persistent problem. **The Board noted the report.** | **RA** |
| **BOD 188/15**ab | **Quality Account Q2 progress report** The Director of Nursing presented report BOD 151/2015 which summarised progress to deliver the priorities and objectives from the 2015/16 Quality Account. **The Board APPROVED the report for wider circulation to external stakeholders and partners.** *Gerald Sheeran joined the meeting.*  |  |
| **BOD 189/15**abc | **Finance Report**Gerald Sheeran presented the report BOD 152/2015 which set out the Trust’s financial position at the end of month 7. The Trust had Earnings Before Interest, Taxation, Depreciation and Amortisation of £5.7 million, which was £0.4 million ahead of plan and mainly driven by favourable operational variances. The Trust had an Income and Expenditure deficit of £1.4 million, which was £0.3 million ahead of plan. Cost improvements of £2.2 million had been delivered, £0.1 million behind plan, compared to £1.7 million achieved at month 6. The cash position was relatively strong at £11.0 million, although £0.8 million below plan, compared to a cash position of £12.1 million at month 6. Lower than planned receipts from sales of land and buildings (the former Manor and Tindal sites following delays in finalising surveys) and decrease in trade and other payables had impacted upon the cash position. However, cash balances overall remained relatively strong and were forecast at £14.1 million at year end. Under Monitor’s revised Financial Sustainability Risk Rating (**FSRR**), the Trust had achieved a FSRR of 2 at month 7 which was on plan. **The Board noted the report.** *Gerald Sheeran left the meeting.* |  |
| **BOD 190/15**a | **Performance Report** The Chief Operating Officer presented the report BOD 153/2015 which set out the Trust’s performance at month 7 against a range of indicators including key performance indicators from Monitor and those related to Commissioning for Quality and Innovation payments.  |  |
| bc | The Chief Operating Officer reported that all Monitor indicators had been met with the exception of the CDiff indicator, as set out in the report. She emphasised that there had been no unavoidable cases however. If there were no more CDiff incidents in Q2 then the reportable position for Q3 would be within target. The Director of Nursing added that the narrative in the report could more clearly state that there had been no lapses in care. **Subject to the comments above, the Board noted the report.** *Jayne Halford joined the meeting.* |  |
| **BOD 191/15**abcde | **Workforce Performance Report**Jayne Halford presented the report BOD 154/2015 which set out performance against a range of workforce indicators including: turnover; sickness; bank and agency spend; vacancies; recruitment activity (including the recent pilot to introduce apprenticeships); and reasons for leaving. She highlighted that more information had been included in relation to bank and agency spend and that the Trust was reporting weekly on this, and any breaches to caps/frameworks, to Monitor. She noted that the new agency framework included more agencies which the Trust could use and that the introduction of the internal staff bank should also help to reduce the Trust’s use of agencies overall. The Director of Nursing cautioned that the Trust would need to address any pay inequalities between agency and Trust work for the internal staff bank to thrive. The Board confirmed that safety, quality and patient care were high priorities and that to avoid jeopardising these priorities, breaches to bank and agency caps/frameworks may need to be tolerated. John Allison asked why the Trust struggled to improve its understanding of reasons for leaving and why exit interviews could not be conducted with all leavers. Jayne Halford replied that exit interviews were optional, not compulsory, for staff and that staff could choose whether to have exit interviews with local line managers or more centrally with the HR Team. The main reasons for leaving were, however, consistently around workload, relocation and career progression. Lyn Williams referred to the increased turnover of staff connected to Healthy Minds Bucks and the impact of departures of staff/trainees who joined from outside the local area and undertook the training programme and then left at the end of the training programme. He asked whether the Trust was reimbursed if trainees chose not to stay. The Chief Operating Officer replied that the Trust did not pay for the training as this was part of a national programme. **The Board noted the report.** *Jayne Halford left the meeting.*  |  |
| **BOD 192/15**abcde | **Delayed Transfers of Care (DToCs)**Jonathan Asbridge declared a personal interest in this item through his work for Healthcare at Home Ltd, as declared on the Register of Directors’ Interests. The Chief Operating Officer provided an oral update and noted that there was no paper for this item but that a summary of the position had been included as part of the Chief Executive’s report BOD 147/2015. She noted that DToCs would be discussed in more detail at a Board to Board meeting with OUH later in the day. The new plan which was being developed to address high levels of DToCs aimed to commission up to 150 beds in care homes. The care homes would receive medical, therapy and care home support from the Trust, OUH and GPs to enable them to provide immediate care. This should allow an equivalent number of patients who had been assessed as ready for discharge to be moved to a more suitable care and rehabilitation environment. 150 beds were not being closed but moved to more appropriate locations in the healthcare system. This would release bed capacity in OUH allowing better immediate support to Accident & Emergency Services. The Board discussed the importance of clearly establishing for each of the parties involved: accountabilities; responsibilities (both clinical and organisational); and financial implications. The Chief Executive added that collective ownership and responsibility for the working of the whole plan was also critical. The Board noted the timescales involved to implement the new plan in December 2015 and the need to identify risks, for example around getting the right staff to support the care to be provided. The Chief Operating Officer noted the risks around reablement and domicillary care and the potential positive impact of OBC to bring together supported hospital discharge, reablement and hospital at home services. OUH was exploring staff interest in hospital at home services and an open afternoon would be held to guide staff through the new plan. Trust and OUH operational teams were collaborating closely, the Chief Operating Officers were meeting daily to discuss and the Chief Executives had weekly oversight of progress. The Board supported the direction of travel to attempt to reduce high levels of DToCs and to help patients to rehabilitate and progress on their journey of recovery. **The Board noted the update.** |  |
| **BOD 193/15**abc | **Consultant Medical Staff Employer Based Clinical Excellence Awards (CEAs) 2015**The Medical Director presented the report BOD 156/2015 on the options regarding awarding CEAS to consultant medical staff in 2015. He reported that he had also met individually with the Trust’s consultants over the past few months and he praised the exceptional work they were doing. He highlighted the interaction between national and local awards and the need for consultants in receipt of national awards to reapply every 5 years and demonstrate continued high standards. He recommended option 2A – to defer awards for a year whilst a series of key performance indicators were agreed, adopted and monitored and to then make awards for a longer period, such as three years. He noted the negative impact of uncertainty whilst consultants did not know currently, year on year, whether local awards would be made or not. The Board discussed whether awards like this could or should be made available to other staff groups as well as consultants in order to reward and incentivise wider clinical leadership. The Board noted that there were risks with making individual awards, as opposed to collective awards, and the impact on behaviours. **The Board reviewed the options and AGREED that Option 2A should be adopted, as set out more fully in the report.**  |  |
| **BOD 194/15**ab | **Delivering the Trust Strategy**The Medical Director presented the report BOD 157/2015 which summarised the discussion on Workforce Strategy/Staff Engagement at the extended private session of the Board on 23 October 2015. **The Board noted the report.** |  |
| **BOD 195/15**abc | **Updates from Committees** ***Charity Committee – 21 July 2015 and 17 November 2015***Anne Grocock presented the Minutes of the meeting on 21 July 2015 and an oral update of the meeting on 17 November 2015. She noted that the Charity Committee had considered when the Charity should be subject to an internal audit and had referred the issue to the Audit Committee. The performance of the Charity itself was satisfactory according to the most recent reporting from Cazenove. The Charity Committee had also considered an application for mobile bladder scanners and the need for more fundraising and to raise the profile of the Charity. ***Finance and Investment Committee – 08 September 2015 and 12 November 2015***Lyn Williams presented the Minutes of the meeting on 08 September 2015 and an oral update of the meeting on 12 November 2015. The Finance and Investment Committee had considered reporting from IT on High Availability, Disaster Recovery and Business Continuity for Trust Information Systems. He highlighted the risks, potential impacts, probabilities and the costs to mitigate and noted that a more detailed proposal would be developed. ***Quality Committee – 09 September 2015 and 17 November 2015***The Trust Chair presented the Minutes of the meeting on 09 September 2015 and an oral update of the meeting on 17 November 2015. He highlighted that the Quality Committee had focused on clinical audit and the need to streamline audits. The committee had also considered spiritual and pastoral care.  |  |
| **BOD 196/15**a | **Any Other Business*****Chief Operating Officer*** The Trust Chair noted that this was the Chief Operating Officer’s last Board meeting before she left to take up a new post and thanked her for her contribution to the Trust and all her work.  |  |
| **BOD 197/15**a | **Questions/comments from observers/public**Judy Young, Staff Governor, commented upon: * the quality of training for CareNotes compared to that which had been received for RiO. She noted that the choice to use local champions to support the implementation of CareNotes and provide local training may be less effective than the training which had been provided for RiO. The training which had been offered to local champions had also, in some cases, been insufficient. She emphasised the importance of investing to bed-in CareNotes and resolve issues in order to help support staff; and
* exit interviews. She added that it was important for staff to be able to choose whether and where to participate in these and that it was not always appropriate for them to be conducted by local line management.
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|  | The meeting was closed at 12:42**Date of next meeting: Wednesday, 27 January 2016**  |  |