

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

**Board of Directors**

Minutes of a meeting held on

27 July 2016 at 09:00

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 |
| Jonathan Asbridge | Non-Executive Director  |
| Stuart Bell | Chief Executive |
| Mike Bellamy | Non-Executive Director |
| Alyson Coates | Non-Executive Director |
| Anne Grocock | Non-Executive Director  |
| Mark Hancock | Medical Director  |
| Dominic Hardisty | Chief Operating Officer |
| Mike McEnaney | Director of Finance |
| Lyn Williams | Non-Executive Director |
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| **In attendance:** |
| Suzanne Bradshaw | Community Dietetic Team Lead for Primary Care, East Oxford Health Centre – *part meeting* |
| Sue Haynes | Deputy Director of Nursing (attending for Ros Alstead, Director of Nursing and Clinical Standards)  |
| Jane Kershaw | Acting Head of Quality and Safety – *part meeting* |
| Zoe Moorhouse | Senior HR Business Partner – Corporate – *part meeting* |
| Kerry Rogers | Director of Corporate Affairs and Company Secretary  |
| Hannah Smith | Assistant Trust Secretary (Minutes) |

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| **BOD****124/16**ab | **Welcome and Apologies for Absence**The Chair welcomed governors, staff and members of the public who had attended to observe the meeting. Apologies for absence were received from: Ros Alstead, Director of Nursing and Clinical Standards; and Sue Dopson, Non-Executive Director.  |  |
| **STAFF AND PATIENT EXPERIENCE PRESENTATIONS** |
| **BOD 125/16**abcde | **Health and Wellbeing Action Group (HWAG) presentation**Zoe Moorhouse and Suzanne Bradshaw gave a presentation and set out the 3 priorities identified by the HWAG for 2016 to support:* our workforce to be active and healthy, and able to perform to the best of their physical abilities;
* an inclusive workplace where staff feel safe to raise concerns and are provided with the tools to look after their own emotional and psychological wellbeing; and
* an organisational culture where staff feel a strong sense of belonging and view the Trust as an enjoyable place to work.

They also tabled to the meeting an action plan which set out against each of the above priorities: proposed activity and outcomes/measures. Zoe Moorhouse highlighted that two upcoming supportive leadership sessions were already fully booked and that the focus of these sessions would be to develop positive behaviours and to train leaders with an affinity for health and wellbeing. Suzanne Bradshaw gave examples of support provided to staff by the HWAG including support provided for the Dietitians Week in June 2016 and the use of social media to publicise this; and the Nutrition Action Group. The meeting discussed vending machines and the Trust’s responsibility to look after staff but also to empower staff to take the initiative themselves to support their own health and wellbeing. Judy Young (Governor) asked the Non-Executive Directors how they were assured that the Trust’s commitment to health and wellbeing was communicated to staff; how they were assured that managers were receiving support from the Trust to release staff to work with the HWAG; and whether monitoring was in place to record where staff had or had not applied for voluntary positions in relation to health and wellbeing. The Board considered the questions and the Trust Chair emphasised the importance of balancing the need to support health and wellbeing together with service delivery and managers’ responsibilities towards their teams and service users. Zoe Moorhouse added that requests to free up staff time to work with the HWAG must also be balanced with the need to deliver clinical services. The Director of Finance confirmed that areas which had not yet provided representation for the HWAG were known. The Chief Operating Officer noted that he could discuss further with his management teams to ensure that support for participation in health and wellbeing activities was embedded and that management teams were discussing as appropriate with HR and the HWAG. The Board thanked the HWAG and Zoe Moorhouse and Suzanne Bradshaw for their work and presentation. *Zoe Moorhouse and Suzanne Bradshaw left the meeting***.**  |  |
| **BOD 126/16**abcdefg | **Patient Story – transition from Children’s and Young People’s services to Adult services**Jane Kershaw presented a recording from the parent of a service user about their experience accessing psychological services and the challenges they had faced when the young service user turned 18 years old and needed to transition to access Adult services. The parent described the experience as feeling as if their child had fallen out of the care system; although most of the issues were at the door of social care, they felt that if they had been given clearer and more consistent direction by mental health services then this would have helped and made the experience less of a struggle. The parent described how it had taken weeks to organise meetings and how they had felt that they were wasting time trying to coordinate care and dealing with many different professionals whilst the service user disengaged and their behavioural issues escalated as they struggled to cope with new situations and new people. The parent noted that forward planning could have helped to prevent this deterioration and it was frustrating to feel that no services would take overall responsibility for care or take a decision until the situation had deteriorated to the point that services had to step in. The parent felt that they had received no back-up and that they had no one to talk to about what their family was going through. The Board discussed the family’s story and experience and asked what progress had been made to deal with issues of transition from Children’s and Young People’s services to Adult services, especially as these were familiar issues which health and social care providers had been aware of for some time. Jane Kershaw noted that the Trust had been discussing with commissioners and this was also being considered as part of the development of the Sustainability and Transformation Plan. All providers of both health and social care wanted the same positive outcomes for service users but there were different ways of working towards the same goal and it was challenging to achieve consistency across services and different counties. The Chief Executive noted that the parent had made a strong point about the need for forward planning and he agreed that it should not be a surprise when service users turned 18; all services should know years ahead that this would happen and it should be possible to plan sufficiently in advance for existing service users to be referred into Adult services so that they were not subject to long waiting times. Lyn Williams added that this family’s experience had been the opposite of the person-centred care which health and social care providers working together should aim to provide and that more should be done to persuade the Trust’s commissioners to support and adopt a more person-centred approach in commissioning because the Trust could only provide those services which it was commissioned to do. Anne Grocock added that the Governors’ Patient Experience sub-group had recently heard a similar story about communication issues and access to services. She emphasised that managing expectations for both carers and service users was important in providing person-centred care. Jonathan Asbridge emphasised the potential for learning from other services with similar issues, such as providers of cystic fibrosis care or the Trust’s partners in the Outcomes Based Contract. He suggested that the Trust should hold its commissioners to account where commissioning decisions negatively impacted upon the delivery of person-centred care. The Trust Chair agreed that commissioners had a role in supporting delivery of person-centre care but noted the challenges in reaching agreement with commissioners on contracts and noted that the contract in Oxfordshire was still not agreed. Mike Bellamy noted that it would be useful if the Board’s regular updates on patient experience matters could demonstrate some progress resolving issues of transition between services and communication with carers and service users. The Board thanked the family for sharing their story and experience. Jane Kershaw also showed the Board a poster which had been created at the 125 Years of Nurse Education event on 02 July 2016. Staff and patients had shared their experiences of nursing on the poster. *Jane Kershaw left the meeting.* | **JK/RA** |
| **INTRODUCTORY ITEMS** |
| **BOD 127/16**a | **Declarations of Interest**Jonathan Asbridge reported that from 26 July 2016 he had been appointed Clinical Director for Healthcare at Home Ltd. No other declarations of interest were reported and none were declared pertinent to matters on the agenda.  |  |
| **BOD 128/16**abcdef | **Minutes of the Meeting held on 29 June 2016**The Minutes of the meeting were approved as a true and accurate record subject to: * including John Allison, Non-Executive Director, as present at the meeting; and
* amending the reference at item 116/16(e) from Oxford University Hospitals to Oxford University.

***Matters Arising*****Item 107/16(k)-(m) Sustainability and Transformation Plan (STP)** The Chief Executive reported that the Oxfordshire Transformation Programme may contain more detail for the Board to review than the STP at present. There had been a recent meeting with NHS England on the STP but this was still a work in progress. He highlighted the need to continue to be firm with NHS England that the Trust was operating an efficient but stretched system and that there may not be significant opportunities for the Trust to drive savings to support other areas. A pre-consultation business case for the Oxfordshire Transformation Programme would be available for the Board’s review. No equivalent document was available yet for Buckinghamshire. Mike Bellamy emphasised the importance of early exposure to STP and other transformation proposals for Non-Executive Directors to be able to review and discuss; he noted that it may be necessary to pick this up in a Board seminar in August or September. The Trust Chair requested that STP and Oxfordshire Transformation be covered in Board seminars in August and/or September. The Board noted that it may also be useful to have papers and/or bullet point issues circulated in advance of the seminars if there was to be a significant amount of detail to work through. **Item 109/16(j) Smoking Cessation project to be relaunched**The Deputy Director of Nursing reported that the Smoking Cessation Group had been running and was considering issuing more guidance. **Item 109/16(k)-(l) Quality & Safety report – 8 slips/trips/fall incidents**The Deputy Director of Nursing reported that these incidents had occurred across different sites and were not linked to a particular site which might need attention. **Item 116/16(f) Letter of reassurance and support for staff following UK referendum decision to leave the EU**The Chief Executive confirmed that this communication had been sent out to all staff and had received very positive feedback. **Item 107/16(f)-(i) Car Parking** The Trust Chair asked for an update on the new car parking arrangements. Lyn Williams noted that he had followed up with the Children & Young People’s Directorate team members who had raised concerns with him about car parking pressure and the demand for spaces for staff. He reported that they had praised the Estates team for their assistance in addressing the issues they had raised and noted that the situation had improved. The Director of Finance added that the Trust had also received positive feedback from visitors and patients who had reported that they could now find spaces to park. He noted that there was still work to do to support staff with the new arrangements; work was taking place to address appeals for permits from staff in a fair and proper manner.  | **DH/SB****DH/SB** |
| g | The Board confirmed that the remaining actions from the 29 June 2016 Summary of Actions had been completed, actioned or were on the agenda for the meeting: 109/16(w)-(y); and 118/16(d). |  |
| **BOD 129/16**abcdefghijkl | **Chief Executive’s Report**The Chief Executive presented the report BOD 92/2016 which outlined recent national and local issues. He highlighted the overall financial position of the NHS and the report that it had ended 2015/16 with the largest aggregate deficit in its history of £1.85 billion. He noted that interventions were planned by regulators to regain control of NHS finances. The position may become one of increasing intervention by regulators and government departments whilst the distinctions between NHS trusts and foundation trusts became blurred and their autonomy to manage their own finances became increasingly eroded. ***Care Quality Commission (CQC) inspection*** The Chief Executive noted that the Trust had not yet received the draft reports from the re-inspection in June 2016 but that these were expected soon. If the three core services which were re-inspected were deemed to have improved then this could improve the Trust’s overall CQC rating. ***Contracting in Oxfordshire and local collaboration/joint working***The Chief Executive noted that discussions were still ongoing to resolve the contract gap between Oxfordshire CCG, the Trust and Oxford University Hospitals NHS FT (**OUH**). An interim contract had been entered into until the end of July 2016 but no formal contractual arrangements were in place after July 2016. A meeting was scheduled for the afternoon to explore potential solutions with OUH. Oxfordshire CCG had been looking for both provider organisations to reach agreement about taking on the risks for activity growth in mental health, non-elective care and elective care. The Trust and OUH had been supported by McKinsey to develop proposals to manage the risk of non-elective activity but agreement had not yet been reached on the potential contract model. The Trust had governance and quality concerns that the approach most recently put forward by OUH: (i) could leave the Trust with responsibility for the provision of a wide set of services but without operational or financial control; (ii) was not supported by rationale as to why it was necessary to improve the overall non-elective pathway of care; and (iii) used savings from the non-elective pathway to mitigate risks in elective activity. The Chief Executive highlighted that any arrangements would, however, be short term because from 2017/18 it would be essential to involve primary care more fully. The Trust had already progressed discussions with Oxfordshire GP Federations in the city, the north and the west to explore potential future working-together options to support community services and prevent the need for patients to have to go into hospitals. The Trust was also identifying areas of common interest with other NHS trusts providing similar service profiles and with whom the Trust already collaborated, for example through the clinical networks operated by the Oxford Academic Health Science Network. There may be options for mental health and community trusts to collaborate in “chains” and share services and functions. The Board discussed the approach most recently put forward by OUH and the impact upon responsibility and liability for the provision of community services. Mike Bellamy expressed his concern about the lack of rationale put forward to support the proposal and the need for this to be made clear for the Board to be able take decisions in the best interests of patients and staff. The Board noted that it had not received sufficient information or rationale to justify the changes included in the proposal from OUH. ***Specialist commissioning for secure services – new model of care for tertiary mental health services***The Chief Executive reported that the Trust had been successful in the application which it had led to develop a new model of care for low and medium secure adult mental health services in Buckinghamshire, Oxfordshire, Berkshire (East and West), Hampshire and the Isle of Wight, Dorset and Milton Keynes. The Trust would work with the following providers as a network to coordinate inpatient and community care: Berkshire Healthcare NHS FT; Southern Health NHS FT; Central and North West London NHS FT; Dorset Healthcare NHS FT; Solent NHS Trust; and Response (voluntary sector provider promoting independent and community living). He highlighted the opportunity this could provide to improve the pathway of care for patients with complex needs. Alyson Coates referred to both the opportunity in specialist commissioning and the work which the Trust was doing separately with Southern Health NHS FT to understand the services offered to people with a learning disability in Oxford. She noted the potential impact upon management time and regular service provision of planning and undertaking new activity and the risk that this may have a negative impact upon the Trust. She asked how the Board could think strategically about the opportunity cost of these choices and developments. The Chief Executive replied that the Executive had discussed the Trust’s management capacity and capability to become involved in these developments and undertaken appropriate due diligence to understand the scale of the tasks involved. He noted that following due diligence, it had become apparent that the scale of the tasks was not as daunting as might be suspected. Different management teams were also involved in the developments with specialist commissioning and with learning disability so the same team(s) was not being put under pressure. Lyn Williams asked whether a project team was in place to manage the specialist commissioning work and whether additional staff with commissioning experience would be recruited or would TUPE-transfer across. He noted that he would be more assured if the formal project team had representation from all the services potentially affected. The Chief Executive replied that the Associate Director of Strategy and Organisational Development was leading a core team within the Trust from forensic services and there were potentially more staff who may be seconded in to join the team. In addition to the Trust’s team, there would be a governance group with representatives from the providers, a Chief Executive level group which would meet monthly to provide oversight and more operational level meetings between the providers. The Board discussed the critical milestones timetable to formalise arrangements for the new model of care for tertiary mental health services. This provided for boards across the provider network to approve the scope, due diligence, approach and arrangements by the end of September 2016 and for the new model of care for tertiary mental health services to start from October 2016. Lyn Williams emphasised the importance of clarity on the financial portfolio to be taken on. The Chief Executive noted that the Trust was working with NHS England on this and already had detailed information in relation to the tertiary mental health services which it already provided. He noted that the key issue related to national contracts currently being negotiated. Jonathan Asbridge noted that the Trust should ensure that it priced into any agreement the cost of taking the lead in the provider network. ***Biomedical Research Centre (BRC) application***The Chief Executive reported that the Trust, as part of the NHS/University partnership, had now presented the BRC application to the selection panel and was awaiting a funding decision by September 2016. ***Consultant and other appointments*** The Chief Executive noted that Dr Nienke Verkuijl had been appointed as a consultant in Child and Adolescent Psychiatry to join Child and Adolescent Mental Health Service team in Witney, Oxfordshire. Interviews were also scheduled in the coming weeks for the posts of: Deputy Medical Director; and Director of Human Resources. **The Board noted the report and ratified the consultant appointment.**   |  |
| **BOD 130/16**abcdefgh | **Chief Operating Officer’s Report**The Chief Operating Officer presented the report BOD 93/2016 which provided an update on areas of excellence and issues of potential concern against: quality (safe, effective and caring); finance/Cost Improvement Programmes (**CIPs**); workforce; and performance against key targets, for each of the Adult Directorate, Older People’s Directorate and Children & Young People’s Directorate. The Chief Operating Officer highlighted: * the improvement in reducing treatment waiting lists for psychological therapies in the Adult Directorate although waiting lists still remained high overall and were an area of potential concern, together with Out of Area Treatments (**OATs**) in Buckinghamshire and vacancies on some wards;
* the mock CQC inspection of community hospitals which would take place in the Older People’s Directorate, following the work which had taken place in the Adult Directorate to prepare for the CQC re-inspection;
* areas of potential concern in the Older People’s Directorate around bed pressures, securing GP out-of-hours capacity and recruitment;
* areas of potential concern in the Children & Young People’s Directorate around waiting times and the cost of locum and agency medical staff; and
* the recruitment process currently underway for the post of service director for the Children & Young People’s Directorate.

Anne Grocock referred to the issue of vacancies on some wards in the Adult Directorate and noted that these were wards where pressure from the service user group could be significant and intense. She asked what support was being provided for the staff who were on these wards at a time when they were dealing with a high level of vacancies. The Deputy Director of Nursing replied that practice groups were being facilitated by a psychologist to provide opportunities for staff to discuss clinical issues, concerns and pressures. The Medical Director added that work was also taking place to: revise the banding structure of jobs on the wards to support more internal career progression without staff having to leave these wards in order to progress; and review aspects of restraint training which ward staff had provided feedback on. Jonathan Asbridge referred to the Children & Young People’s Directorate and asked whether issues meeting targets in staff training and in patient waiting times for routine referrals indicated a group of staff who were struggling and whether more needed to be done to support staff recruitment here and also to support patients on waiting lists so that they could be appropriately escalated if necessary. The Medical Director noted that there had been recruitment to some posts in this directorate, including the consultant recruitment which had been ratified by the Board at this meeting at item BOD 129/16(k)-(l) above. Patients on waiting lists should also receive a telephone review after 4 months to identify changes and escalate if appropriate. The Chief Operating Officer added that vacancy hot spots were known and that recruitment to key posts needed to be turbocharged but it was not yet clear how to do this. Jonathan Asbridge recommended that the position of the Children & Young People’s Directorate should be reviewed for the purposes of inclusion on the Trust Risk Register. The Chief Operating Officer replied that directorate risk registers had separately been considered at the recent Directorate Performance Review meetings on 19 July 2016 with a view to informing the Trust Risk Register and the Board Assurance Framework. The Director of Finance referred to the Workforce Performance Report at Paper BOD 98/2016 which set out recruitment data per directorate and the number of vacancies against pending adverts, candidates at shortlisting or interview stage and candidates at pre-employment checks or beyond stage. He noted that progress was being made to recruit into the Children & Young People’s Directorate but that more needed to be done to start to recruit ahead of vacancies where it was appropriate to do so. He explained that in some areas, such as Corporate services, it was not appropriate to automatically recruit ahead of vacancies as it was a useful cost control to implement a central review process before new Corporate vacancies were advertised in order to ensure that the posts were appropriate and necessary. Once vacancies had been advertised then across all directorates it was important for managers to participate in the recruitment process in a timely manner, review applications promptly and avoid delays. Alyson Coates asked whether short notice periods following staff resignations were contributing to the gap between staff leaving and new staff being able to join. The Director of Finance replied that notice periods had been extended to help to counteract this. A new workflow system had also been created to provide managers with transparency about vacancies and applicants in the pipeline. Recruitment practices were being changed to enable group recruitment, rather than recruitment to a single vacancy, and to provide for recruitment panels to be set up, rather than relying on the availability of a particular manager. This was being rolled out in the Adult Directorate in the first instance. The Recruitment Action Group had also been reformed to drive this work forward with directorates. **The Board noted the report.**  |  |
| **SAFETY & QUALITY** |
| **BOD 131/16**ab | **Infection Prevention and Control Report**The Deputy Director of Nursing presented the report BOD 94/2016. The Trust Chair noted that incidents of *Clostridium difficile* had been reviewed and found to be unavoidable. **The Board noted the report.** |  |
| **BOD 132/16**abc | **Inpatient Safer Staffing (Nursing)**The Deputy Director of Nursing presented the report BOD 95/2016 and explained that 8 of 32 wards had experienced difficulties in achieving expected staffing levels on every shift. 3 wards had only been able to fully staff 85% of shifts or below in the last 4 weeks. The main reasons for difficulties remained: vacancies related to recruitment issues in some geographical areas and specialities; and sickness. John Allison noted that daily management of the underlying recruitment issues would not solve the problem of maintaining staffing levels and that this regular reporting demonstrated that the system was under stress and required a more strategic approach to make an impact upon the issues. **The Board noted the report.** |  |
| **FINANCE, PERFORMANCE & GOVERNANCE** |
| **BOD 133/16**abc | **Finance Report** The Director of Finance presented the report BOD 95/2016 which summarised the financial performance of the Trust for the period ending 30 June 2016. He highlighted:* EBITDA (Earnings Before Interest, Taxation, Depreciation and Amortisation) of £3.2 million which was £1.1 million behind plan mainly due to a shortfall of £0.3 million in clinical revenue due to delays in finalising contracts and £0.2 million shortfall in delivery of CIPs;
* CIP delivery of £1 million which was £0.2 million behind plan. He noted that there were risks to full recurrent delivery of the £6.5 million CIP target and operational risks around locum costs in the Children & Young People’s Directorate; OATs in the Adult Directorate; and medicines costs; and
* contingency reserves of £4.3 million which supported the Trust to maintain its overall forecast.

The Director of Finance noted that the Trust had achieved an overall Financial Sustainability Risk Rating of “3”, in line with plan, and was within the Control Total set by NHS Improvement. **The Board noted the report.**  |  |
| **BOD 134/16**ab | **Performance Report**The Director of Finance presented the report BOD 97/2016. All NHS Improvement indicators and key metrics in June 2016 and Q1 had been met and all contract information and reporting requirements had also been met. There was one indicator which had not been reported on due to data quality issues and the Older People’s Directorate was working on a solution. **The Board noted the report.**  |  |
| **BOD 135/16**abc | **Workforce Performance Report**The Director of Finance presented the report BOD 98/2016 which set out the position on workforce performance indicators. Staff turnover and the ability to recruit the required numbers of new staff at the required speed, together with the consequential impact of turnover and vacancies on the high usage of temporary staff resources, remained the main concern and was the focus of high levels of activity. He highlighted that agency spend had increased significantly over the last two months and work was taking place to analyse this (the figures now related purely to agency spend, not bank spend, following the absorption of NHS Professionals’ staff into the Trust’s flexible staffing workforce). He drew the Board’s attention to the table on Recruitment Figures on page 4 of the accompanying report and noted that the Adult Directorate had made the weakest progress in filling vacancies, although it now had the most adverts pending in the system. The vacancy rate had increased to 11.02% in June 2016 from 10.10% in May 2016 but he noted that the Trust was not out of line with other NHS organisations, some of which had vacancy rates of 20% or more. John Allison observed that, while recruiting on an industrial scale was currently necessary to meet the immediate staffing crisis, it did not provide a strategic solution. We had to start thinking differently. For example, we might consider reducing the number of patients towards the Trust's organic nursing capacity. To the extent that this could be achieved, it would reduce stress on staff, with likely benefits to retention and sickness absence, as well as reduced expenditure on Agency staff.Alyson Coates recommended that the position of Risks SO 5.1A and 5.1B in relation to workforce and recruitment be reviewed on the Board Assurance Framework, noting that this was on the agenda for review at this meeting at item BOD 137/16 below.  |  |
| de | The Director of Finance presented the Workforce Race Equality Standard (**WRES**) action plan for the Trust and noted that most of the indicators for 2016 demonstrated significant improvement compared to the previous year. He highlighted that action was being taken to embed WRES principles in recruitment processes and that monitoring took place to avoid any inadvertent discrimination in the process. He noted that this would be discussed further in a future Board Seminar. **The Board noted the report.** |  |
| **BOD 136/16**abcd | **NHS Improvement in-year submission – Q1 self-certification**The Director of Corporate Affairs and Company Secretary presented the report BOD 99/2016 which supported the Board’s self-certifications and included the latest governor election results. The Board in its May 2016 Annual Plan had not highlighted any performance risks; performance had been achieved for Q1. The Board considered the declaration in relation to maintaining a Financial Sustainability Risk Rating of at least 3 over the next 12 months. The Director of Finance noted that the impact of the one-off Sustainability and Transformation Funding of £1.8 million which the Trust would receive would take the Trust to a risk rating of 3 in-year but it would not be able to maintain this over the next 12 months to the end of June 2017. The Sustainability and Transformation Funding would boost cashflow but not by itself guarantee operational sustainability. The Board considered the governance declaration that: plans in place were sufficient to ensure ongoing compliance with all existing targets (after thresholds) as set out in Appendix A of the Risk Assessment Framework; and that there was a commitment to comply with all known targets going forwards. The Director of Corporate Affairs and Company Secretary confirmed that this did not include agency spend targets. Alyson Coates recommended making a statement of concern to NHS Improvement about the risk of breaching targets on training due to concern over workforce and staffing levels and also providing an update to NHS Improvement about Oxfordshire transformation proposals. The Chief Executive confirmed that this level of additional detail could be included in the covering letter/exception report to accompany the self-certifications. John Allison expressed concern with the standard wording in the declaration and the challenge for any organisation to make such a sweeping statement about the sufficiency of its plans and future commitment to comply. Jonathan Asbridge agreed that the wording was not ideal but noted that having reviewed the Board Assurance Framework and Trust Risk Register in more detail separately with the Director of Corporate Affairs and Company Secretary, he was assured by the controls and assurances in place and reporting which the Board received. **The Board APPROVED the proposed self-certifications in the report and noted that declarations could be confirmed with the exception of the declaration that the Trust would maintain a Financial Sustainability Risk Rating of at least 3 over the next 12 months. This was not confirmed because the Trust anticipated achieving a rating of 2.**  |  |
| **BOD 137/16**ab | **Board Assurance Framework (BAF) Q1 Report**The Director of Corporate Affairs and Company Secretary presented the report BOD 100/2016 which set out the position of the BAF as at Q1 and the strategic risks to the Trust achieving its 7 strategic objectives. The Board noted that the Children & Young People’s Directorate may need to feature more prominently in the risks at SO 5.1A and 5.1B in relation to workforce planning and vacancies, further to discussion at item BOD 135/16 above. **The Board noted the report.**  |  |
| **UPDATES AND RECOMMENDATIONS FROM COMMITTEES** |
| **BOD 138/16**ab | **Quality Committee – 12 May 2016**The Trust Chair presented the minutes of the Quality Committee. The Board received the minutes of the Quality Committee.  |  |
| **BOD 139/16**ab | **Charity Committee – 17 May 2016 and 20 July 2016**Anne Grocock presented the minutes of the Charity Committee and provided an oral update of the most recent meeting the week before on 20 July 2016. She noted that at its most recent meeting, the committee had received an update on the use of the “B” legacy to rejuvenate gardens at the Warneford and had visited the gardens and heard from patients and staff how the project had been well received. She provided an update on the “G” legacy and noted that the committee had heard that the Trust Charity would not be able to benefit from this. The Board received the minutes of the Charity Committee.  |  |
| **BOD 140/16**ab | **Oxford Health Charity Annual Report and Annual Accounts for the year ended 31 March 2016**Anne Grocock presented the report BOD 103/2016 and confirmed that the 2015/16 Annual Report and Annual Accounts of the Oxford Health Charity had been subject to independent examination by Deloitte which had issued an unqualified examination report and confirmed that there were no matters of significance to bring to the attention of the Board in its capacity as Corporate Trustee of the Oxford Health Charity. The Charity Committee had reviewed the Annual Report and Annual Accounts and recommended them to the Board for approval together with the Letter of Representation. **The Board, in its capacity as Corporate Trustee of the Oxford Health Charity:** * **noted Deloitte’s letter to the management of the Charity;**
* **APPROVED the Annual Report and Annual Accounts of the Charity; and**
* **APPROVED the execution of the Letter of Representation.**
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| **BOD 141/16**ab | **Any Other Business and Strategic Risk**No matters of other business were raised. The Board noted the discussions during the meeting on strategic risks and the comments in relation to workforce risks at SO 5.1A and SO 5.1B in the Board Assurance Framework.  |  |
| **BOD 142/16**a | In accordance with Schedule 7 of the NHS Act 2006, the Board resolved to exclude members of the public from Part 2 of the board meeting having regard to commercial sensitivity and/or confidentiality; personal information; legal professional privilege in relation to the business to be discussed. |  |
|  | The meeting was closed at 12:25.**Date of next meeting: 28 September 2016**  |  |