

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

**Board of Directors**

Minutes of a meeting held on

Wednesday 23rd March 2016 at 09:00

at the Whiteleaf Centre, Aylesbury, Buckinghamshire

**Present:**

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| Lyn Williams | Non-Executive Director and Vice-Chair – *Chair of meeting* |
| Ros Alstead | Director of Nursing and Clinical Standards |
| Jonathan Asbridge | Non-Executive Director |
| Stuart Bell | Chief Executive |
| Mike Bellamy | Non-Executive Director |
| Alyson Coates | Non-Executive Director |
| Dominic Hardisty | Chief Operating Officer |
| Anne Grocock  Mike McEnaney | Non-Executive Director  Director of Finance |
| Clive Meux | Medical Director and Director of Strategy |
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| **In attendance:** | |
| Mandy Mckendry | Patient Involvement and Experience Project Lead – *part meeting* |
| Lynda Lawrence | Clinical & Quality Standards Manager - *part meeting* |
| Hannah Smith | Assistant Trust Secretary (Minutes) |
| Teresa Twomey | Temporary PA to the Director of Corporate Affairs & Company Secretary (Minutes) |

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| **BOD**  **40/16**  a  b | **Welcome and Apologies for Absence**  The Chair, Lyn Williams, welcomed staff and members of the public present.  Apologies for absence were received from: Martin Howell, Trust Chair; Kerry Rogers, Director of Corporate Affairs & Company Secretary; John Allison, Non-Executive Director; and Sue Dopson, Non-Executive Director. The meeting was declared quorate. |  |
| **BOD**  **41/16**  a  b  c  d | **Patient Story from the Older People’s Directorate**  Lynda Lawrence, Clinical & Quality Standards Manager, read an account from a service user in the Older People’s Directorate who had experienced depression, anxiety and panic attacks. The service user had provided very positive feedback about the face to face meetings he had had with a mental health nurse, whom he had found extremely supportive. However, he recommended that the Trust improve coordination between services, especially during the handover of care, for example so that 111 services could have access to his clinical notes when he contacted them and similarly be able to feedback updates on his notes to his GP.  The Director of Nursing & Clinical Standards explained that efforts were made to ensure that interfaces worked effectively. She also acknowledged the importance of face to face advice and support for some service users as people across age groups could find talking on the phone difficult and it was important to try to assess this early on in order to offer appropriate advice and support.  Anne Grocock suggested that patient stories be scheduled later during Board meetings in order to facilitate attendance by patients, especially for those who used bus passes.  The Chair thanked Mandy McKendry, Lynda Lawrence, and the service user, for sharing their story, and asked for thanks to be passed on to the relevant mental health nurse.  *Mandy McKendry and Lynda Lawrence left the meeting.* |  |

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| **BOD**  **42/16** | **Declarations of interest**  No new declarations of interest were reported and none weredeclared pertinent to matters on the agenda. |  |
| **BOD 43/16**  a  b  c  d  e  f  g  h  i  j  k | **Minutes of the Meeting held on 24th February 2016**  The Minutes of the meeting were approved as a true and accurate record.  ***Matters Arising***  **BOD 25/16(d)** **Patient Stories – future focus**  The Director of Nursing & Clinical Standards noted that the topic of sexual abuse, and how this would be responded to by all clinical directorates, would be brought back to a later meeting of the Board.  **BOD 27/16(d) Future in Mind report / developments in Child and Adolescent Mental Health Services (CAMHS)**  The Chief Operating Officer to provide an update on the Future in Mind report/CAMHS developments during Q1 2016/17.  **BOD 27/16(f)** **CareNotes**  The Chief Executive explained that he had discussed with the CEO of the software provider and that he would be following up with weekly calls. The provider had brought in 6 of the 10 additional staff anticipated and plans were in place to bring in a further 4 staff. Some progress had also been made on other agreed actions. The Chair added that he had met with the Electronic Health Record Project Manager and the Senior ePCSS Clinical Facilitator from the Trust’s Information Management and Technology team and been impressed by their drive to progress matters. However, he stressed the need for training for staff on the new system to be accelerated, especially for clinicians.  **BOD 27/16(g) Transition between services and early intervention, especially in relation to eating disorders**  Sue Dopson to pursue links with Oxford University junior deans, and the Chair to do the same at Oxford Brookes.  **BOD 27/16(h)** **Safety thermometer and pressure ulcers**  The Director of Nursing & Clinical Standards explained that the early findings from the implementation of the action plan would be discussed at a future Board Seminar in either June or July 2016.  **BOD 27/16(i) Whiteleaf snagging issues updates**  The Chief Operating Officer provided an oral update and noted that whilst known drainage and roofing issues had been resolved, there remained some outstanding snagging issues with regards to heating and ventilation to the kitchen and drug store. The contractors had planned to rectify this in the summer. The Director of Nursing & Clinical Standards emphasised that these issues had also been recognised by the Care Quality Commission (**CQC**). The Chair asked that the Chief Operating Officer continue to keep the Board regularly updated until all snagging issues had been resolved.  **BOD 28/16(f)** **Alliance working with OUH and the Older People’s Outcome Based Contract (OBC)**  The Chief Executive noted that a paper would be presented to the Board in the future outlining a formal recognition of working in alliance with Oxford University Hospitals NHS Foundation Trust (**OUH**). Work had been taking place to update the documentation which had been started 18 months ago; this was also linked to planning for the Transformation Board which would be taking place over the next 2-3 months.    **BOD 28/16(j) – Junior Doctor story/presentation at a future Board meeting**  The Medical Director confirmed that he had been exploring which junior doctor from one of the community mental health teams would be willing to present a slot on ‘a day in the life of a junior doctor’ to a future Board meeting. Mike Bellamy noted that this could also be extended to other occupational groups in due course.  **BOD 28/16(l)** **Board Seminar with commissioner(s) to discuss the Mental Health Taskforce Report**  The Chief Executive provided an update and noted that national issues around underfunding of mental health care needed to be considered alongside local allocation of resources between acute and mental health care, local commissioning targets and the Five Year Forward View. The Board noted that the recently formed Transformation Board ‘Oversight Group’ may provide a forum for engaging and educating other providers, including acute and primary care providers. The Board discussed the impact of ongoing contract negotiations with commissioners and the likelihood of entering arbitration or mediation. The Non-Executive Directors expressed their support for the Executive in continuing to negotiate for a settlement in the best interests of the Trust and expressed their concern at the prospect of arbitration being used to press for settlement which may not be in the best interests of the Trust. The Board agreed that rather than a joint seminar, it would be more helpful to have an update at the Board Seminar in April 2016 on contract negotiations.  The Board confirmed that the remaining actions from the 24th February 2016 Summary of Actions had been completed or were being progressed: BOD 27/16(c); BOD 29/16(b); and 30/16(e). | **RA**  **DH**  **SD/ MGH**  **RA**  **DH**  **SB/KR**  **MME** |
| **BOD**  **44/16** | **Report on Council of Governors’ Meeting - 09 March 2016**  The Chief Executive provided an oral update and highlighted that the recent meeting of the Council of Governors had:   * received presentations on: (i) patient experience; and (ii) staff experience on the positive results of the Musculoskeletal (**MSK**)Physiotherapy pilot. He added that the Trust hoped to attract funding for improving staff wellbeing from NHS England to develop the MSK pilot project further; * considered quality priorities for 2016/17 and agreed the local indicator to be selected for testing; * received updates on the Trust’s financial position and performance; and * discussed the new Governor Development Programme, enabling governors to access structured opportunities to share existing skills and participate in development activities, and the Governor elections which would take place during March and April 2016. |  |
| **BOD 45/16**  a  b  c  d  e  f | **Chief Executive’s Report**  The Chief Executive presented the report BOD 32/2016 which had previously been circulated with the agenda.  ***Monitor – Annual Plan Review 2016/17 and 2015/16 milestones***  He highlighted that Monitor had given initial feedback regarding the 2016/17 plan, along with progress against the informal actions that had been set out after closing their investigation into the Trust’s finances in November 2015.  ***CQC Inspection and improvement plans***  The improvement plans to address the findings from the CQC inspection in September/ October 2015 had been consulted upon, finalised and shared with the CQC, Monitor, and other relevant stakeholders including the Council of Governors. The CQC had offered the Trust the opportunity for some core services which had been rated as ‘Requiring Improvement’ and the Luther Street GP Practice to be re-inspected and re-rated against all five of the quality standards within the next few months (May/June 2016). The Chief Executive highlighted that the opportunity for a focused re-inspection was afforded to few trusts and should be welcomed, although the impact upon workloads was recognised.  ***Oxfordshire Devolution***  The Oxfordshire devolution proposal was submitted to central government in November 2015. Follow up discussions were taking place mainly through the Clinical Commissioning Group (**CCG**) and County Council, and were closely related to the need to develop a five year ‘place based’ plan. Recently a separate proposal for the development of unitary authorities had been made public by District Councils in Oxfordshire, which also entailed some integration and devolution of health and social care. The Trust had not so far been involved in the development of that proposal but supported the integration of health and social care services.  ***Retirement of Medical Director***  The Chief Executive noted that this was the last Board meeting for the Medical Director and expressed his gratitude, on behalf of the Board, for his contribution to the performance and direction of the Trust and the Board and for his leadership of the medical workforce.  **The Board noted the report.** |  |
| **BOD 46/16**  a  b  c  d | **Chief Operating Officer’s Report**  The Chief Operating Officer presented the report BOD 33/2016, which had previously been circulated with the agenda. He highlighted that the headings/structure of the new dashboard form of the report mirrored the focus of the Board agenda (on quality, finance/CIPs, workforce and performance) and also the focused discussions which he had recently run with his direct team. He emphasised that every directorate and service line should have a similar dashboard report to provide a clear overview for the Board. He invited comments from the Board on this approach and the new format of the report.  The Board discussed the report and noted that:   * the format, especially if replicated at service line and individual team level, would help in providing an overview; * more detail could however be provided about current performance to inform the Board on performance to targets and actions being taken to meet targets; and * it was useful that the new report highlighted where specific directorates each time may have particular areas of concern, for example in managing complaints or recruitment, and therefore provided an opportunity for ongoing regular monitoring at Board level.   The Board discussed how the report could link with the Trust’s quarterly performance meetings and the level of strategic and operational information which it was helpful for the Non-Executive Directors and the Board as a whole to be presented with. The Board noted that it would be helpful for each of the clinical directorates to meet with the whole Board to discuss strategic aims and issues and business planning on a regular basis, potentially every 6 months. The Board suggested that the Chief Operating Officer consider whether this should be facilitated through Board Seminars or in the extended private sessions of Board meetings which focused on strategy.  **The Board noted the report.** | **DH/HS** |
| **BOD**  **47/16**  a  b  c  d  e  f  g  h | **Quality & Safety Report: Safety**  The Director of Nursing & Clinical Standards presented the report BOD 34/2016 which summarised: (i) progress, including areas of concern and priorities, in relation to quality and patient safety; and (ii) progress against CQC improvement plans. She noted that the Trust was focusing on improving: person-centred care and addressing blanket or global restrictions in inpatient units; caseload management and supporting staff to attend training; and leadership at ward level including strengthening senior nursing leadership and appointing into matron and head of nursing roles.  The Director of Nursing & Clinical Standards noted that following the Safety Conference in September 2015, and work to develop the 2016/17 quality objectives, the Trust was preparing to apply for the ‘Sign up to Safety’ national campaign. The pledges and actions identified would be aligned to the objectives under the quality priority of increasing harm free care (one of the Trust’s Quality Account priorities for 2015/16 and 2016/17).  The Director of Nursing and Clinical Standards highlighted:   * work taking place to address sudden deterioration of patients in community hospitals, in response to themes identified through Serious Incident panels. Bespoke training and measuring “days between” to check reducing frequency had been instigated. Work to improve physical health assessments and monitoring in community hospitals to detect deteriorating patients would also be an objective for the Quality Account 2016/17 (part of quality priority 4 – increase harm-free care) and Commissioning for Quality and Innovation (**CQUIN**) payments; * the decreasing number of suspected suicides in Q3 as the trend for the Trust continued downwards whilst the national trend was increasing; and * that the Board in April 2016 would receive more information about the Trust's mortality review self-assessment in response to Mazar's independent review of deaths of people with a Learning Disability or Mental Health problem in contact with Southern Health NHS Foundation Trust.   The Director of Nursing and Clinical Standards also highlighted that the Trust had agreed a new action plan with the CCG to systematically reduce pressure ulcers in the community with an agreed number of teams across District Nursing Services. However, improvement would also depend upon the amount of support which could be provided to assist District Nursing teams. Jonathan Asbridge asked whether the CCG recognised that the initiative to reduce pressure ulcers required resources and was prepared to fund this or whether the Trust had to reallocate resources internally. The Director of Nursing and Clinical Standards replied that the Trust was working with the CCG on a comprehensive review of community nursing services generally, including those within primary care, and on making efficiencies. The pressure ulcer reduction initiative would initially be delivered by 8 out of 43 teams with the aim to extend this in the future.  Mike Bellamy added that it would be helpful for the Board to see how such improvement initiatives across the Trust were being tracked and to receive assurance that they had been implemented systematically Trust-wide. The Director of Nursing and Clinical Standards agreed but highlighted challenges in spreading good practice across the Trust and the difficulties in releasing staff for training.  Jonathan Asbridge emphasised the importance of including key quality initiatives in the Business Plan in order to track performance. He noted that the Board needed to prioritise and supported putting resources into reducing pressure ulcers, preventing sudden deterioration of patients in community hospitals and reducing use of restraint. He recognised the progress which had been made in reducing the number of incidents involving patients AWOL (Absent Without Leave).  Anne Grocock highlighted the number of references to the electronic health record and requested a report to the Board.  **The Board noted the report.** | **RA**  **MME/ SB** |
| **BOD**  **48/16**  a  b  c  d | **Inpatient Safer Staffing (Nursing)**  The Director of Nursing & Clinical Standards presented the report BOD 35/2016, previously circulated with the agenda, and explained that 8 of 32 wards had experienced difficulties in achieving expected staffing levels on every shift (they had only achieved 75% or less of shifts fully staffed to expected levels). However, all wards had maintained minimum staffing levels to remain safe to deliver patient care.  Anne Grocock asked whether the burden of reporting or attempting to source personnel to fully staff shifts detracted staff from focusing on their clinical and caring roles. The Director of Nursing and Clinical Standards replied that: (i) the burden of reporting would be reduced as the new electronic rostering system substituted the current manual system; and (ii) the pressures on ward staff to take responsibility for sourcing additional staffing would be reduced as the new staff bank arrangements were introduced.  Mike Bellamy noted that although the number of wards with staffing problems had increased from 5 to 8 compared to the previous monthly report, in other months the number had been as high as 10 wards so this was still below the benchmark. He noted that some wards were regularly mentioned as having staffing problems and asked what the particular issues were and what could be done to resolve them. The Director of Nursing and Clinical Standards explained that some wards ended shifts with staffing shortages which they had not started with because they loaned staff out to support other wards. The Chief Operating Officer emphasised that recruitment was the most significant issue at a Trust-wide and directorate level.  **The Board noted the report** |  |
| **BOD**  **49/16**  a  b | **Quality Account** **update and priorities for 2016/17**  The Director of Nursing and Clinical Standards provided an oral update and explained that more detail was being included for the Quality Account for 2016/17 and that this would be reviewed by the Executive and relevant committees before presentation to the Board in April 2016.  **The Board noted the oral update.** |  |
| **BOD**  **50/16**  a  b  c  d | **Finance report**  The Director of Finance presented the report BOD 37/2016, previously circulated with the agenda, and highlighted:   * EBITDA (Earnings before interest, taxation, depreciation and amortisation) of £9.3 million,which was £0.7 million ahead of plan and an improvement on the position in the previous report when, at month 10, EBIDTA had been £8.3 million and £0.5 millionahead of plan. The improvement was mainly driven by favourable operational variances, and partly offset by shortfall in delivery of Cost Improvement Plans (**CIPs**) although through mitigation the overall CIP target for the year was anticipated to be met; * an Income and Expenditure deficit of £1.4 million, which was £0.9 million ahead of plan. This position was driven by the better than planned EBITDA, profit on disposal of the Manor/Tindal asset, and a credit on impairment following the revaluation of the Whiteleaf site; * a cash balance of £12.8 million, £1.1m ahead of plan. Cash balances overall remained relatively strong and were forecast to be at £13.6 million at year-end; and * the Trust had achieved an overall Financial Sustainability Risk Rating of ‘3’ at month 11.   Against a CIP target of £5.1 million for this financial year, cost improvements of £4.2 million had been delivered which was £0.6 million behind plan. Alyson Coates noted that a significant acceleration in achievement of CIPs would be needed in Month 12 alone to meet the target of £5.1 million. She also asked how much was available in reserves. The Director of Finance replied that approximately £1.2 million was available in reserves.  The Chair asked for the Board’s thanks to be passed on to the Estates team following the successful sale of the Manor/Tindal site.  **The Board noted the report.** | **MME** |
| **BOD 51/16**  a  b  c  d | **Performance Report**  The Director of Finance presented the report BOD 38/2016, previously circulated with the agenda. He explained that all Monitor indicators and key metrics in February 2016 had been met, along with all contract information and reporting requirements. Some indicators in the Performance Report to Board had not been reported on due to data quality issues which were being worked on and rectified.  The Director of Finance explained that although there had been a case of CDiff in March, this did not constitute a breach of Monitor rules. Although the Trust had, therefore, exceeded the nominal target of 7, only one of its 8 cases had been deemed to be avoidable.  The Director of Finance reported that CQUIN payments were on target although some would only be finally determined following the audit to take place after year-end.  **The Board noted the report** |  |
| **BOD 52/16**  a  b  c  d  e  f | **Workforce Performance Report**  The Director of Finance presented the report BOD 39/2016, previously circulated with the agenda, which set out the position on workforce performance indicators and Staff Survey results. He highlighted that recruitment activity had increased and actions were taking place in accordance with the HR strategy. Recent activity included the spread of apprenticeships and work experience, an increase in the number of Open Days, and a more varied and broad career structure being developed through the Nursing Strategy.    The Director of Finance noted that the Staff Survey had been carried out this year by the Picker Institute and that the Trust had benefited from the more tailored approach offered and there had been a higher engagement and response rate than the previous year. The Chief Executive declared his interest as Chair of the Picker Institute.  The Board reviewed the results of the Staff Survey, including results/feedback on staff motivation, stress, pressure to attend work when feeling unwell, and harassment (from patients, relatives, the public or colleagues). The Director of Finance noted that this had also been reviewed at the recent Leaders’ Conference where there had been some very positive constructive feedback from the workshops which would help staff to be part of tailoring solutions.  Mike Bellamy welcomed the results of the Staff Survey as an improvement on previous surveys and particularly in light of the significant organisational change which the Trust had undergone in the past two years. He asked which areas the Trust needed to focus on in order to improve staff engagement with the survey even more. The Director of Finance noted that some more work may be required first to focus on the improvement priorities for the next survey. The Chief Executive noted that it was important to consider areas where the Trust had performed well, as well as those where it had not, as identifying what had worked well would help to spread best practice across all areas.  Anne Grocock noted issues with regards to communication and numbers of staff feeling that they had to come to work despite not feeling well enough to perform duties. The Medical Director noted that communication issues could arise when messages about change in particular were translated down through the organisational hierarchy and some context was lost. The Medical Director noted that some staff put pressure on themselves to come to work when unwell, due to their professionalism and dedication, rather than because of undue influence from their managers. The Chief Executive added that it was important not to generalise or demonise middle managers and that it was vital to understand which members of staff were doing difficult jobs well and which staff needed support.  **The Board noted the report**. |  |
| **BOD 53/16**  a  b | **Delivering the OHFT Strategy**  The Medical Director presented the report BOD 40/2016 which summarised the outcome of the meetings he had had with the Trust’s consultants and which he had presented at the extended private session of the Board in February 2016.  **The Board noted the report** |  |
| **BOD 54/16**  a | **Updates from Committees**  ***Finance & Investment Committee minutes 02 February 2016***  The Chair presented the minutes of the meeting. |  |
| **BOD 55/16**  a  b | **Any Other Business**  ***Last Board meeting of the Medical Director, Clive Meux***  The Chair thanked the Medical Director for his work and contributions, noting that the Board only saw a fraction of his achievements. He recognised the Medical Director’s contributions to the strategic development of the Trust, improved quality of services, focus on clinical audit and medical and clinical leadership. The Medical Director thanked the Chair and commended the commitment of the Board to its staff and patients during times of organisational change and financial challenge.  ***Transition of managerial arrangements for health visiting services***  Jonathan Asbridge asked for an update on the transition of managerial arrangements for health visiting services. The Director of Nursing and Clinical Standards explained that this had been completed and that issues could be escalated through the Chief Operating Officer’s reporting. |  |
| **BOD**  **56/16**  a  b | **Questions from the public**  Judy Young (Governor) asked for explanations for acronyms such as ‘OBC’ to be more regularly provided in reports/papers. This was noted.  Judy Young also asked whether the Trust could make Band 5 physiotherapy rotations more attractive to staff. The Chief Operating Officer explained that this issue formed part of the workforce discussion with directorate leads. The Director of Nursing agreed that there was work to be done with physiotherapy undergraduate education to ensure it included placements across a range of areas. |  |
| **BOD 57/16** | 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. |  |
| **BOD 58/16** | There being no further business the meeting was closed at 11.54  Date of next meeting: Wednesday 27th April, 2016 |  |