

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

**Board of Directors**

Minutes of a meeting held on

Wednesday 29 June 2016 at 08:30

at Unipart Conference Centre, Garsington Road, Cowley,  
Oxford OX4 2PG

**Present:**

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| Martin Howell | Chair of the Trust |
| John Allison | Non-Executive Director |
| Ros Alstead | Director of Nursing and Clinical Standards *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 |
| Mark Hancock | Medical Director |
| Dominic Hardisty | Chief Operating Officer |
| Mike McEnaney | Director of Finance |
| Kerry Rogers | Director of Corporate Affairs and Company Secretary |
| Lyn Williams | Non-Executive Director |
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| **In attendance:** | |
| Helen Green | Associate Director of Clinical Education and Learning |
| Teresa Twomey | Temporary PA to Director of Corporate Affairs & Company Secretary (Minutes) |
| Dr Mark Toynbee | CT2 doctor (Department of Psychiatry) and Academic Clinical Fellow – *part meeting* |
| Maureen Cundell | Older Adult Community Mental Health Nurse- *part meeting* |
| Dr Brian Murray | Consultant Older Adult Psychiatrist - *part meeting* |
| Dr Nina Baruch | SHO - *part meeting* |

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| **BOD**  **103/16**  a  b | **Welcome and Apologies for Absence**  The Chair welcomed staff and members of the public present.  Apologies for absence were received from Jonathan Asbridge, Non-Executive Director. |  |

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| **BOD**  **104/16**  a | **Declarations of interest**  No new declarations of interest were reported and none were declared pertinent to matters on the agenda. |  |
| **BOD 105/16**  a  b | **Minutes and Matters Arising of the Board of Directors Meeting Held on 25 May 2016** (paper – BOD 78/2016)  The Minutes of the meeting were approved as a true and accurate record.  ***Matters Arising***  **97/16 (c) Age UK – Circles of Support**  The COO explained that funding for the partnership with Age UK in Oxfordshire for the delivery of Circles of Support (social prescribing) via integrated locality teams had been rolled over to Q1 and Age UK would jointly fund Q2. He said that the reablement contract was due to go out to tender.  The Board confirmed that the remaining actions from the 25 May 2016 Summary of Actions had been completed, actioned or were on the agenda for the meeting: 86/16(q), 89/16(d), 94/16(c), 95/16(c) |  |
| **BOD 106/16**  a  b | **Report on Council of Governors Meeting held on 08 June 2016 (oral update**)  The Director of Corporate Affairs and Company Secretary provided an oral update of the recent meeting of the Council of Governors. She explained that the Council was working effectively and was beginning to have a greater understanding of the key issues that it wanted to be informed on. She said that the meeting had covered issues such as Wantage Hospital, the Sustainability and Transformation Plan, Delayed Transfers of Care, and Car Parking. Governors had also discussed the external audit process, as well as remuneration and succession planning for non-executives. Finally she noted that the Lead Governor was very keen to involve more governors in a variety of sub-committees and was working hard to secure this.  **The Board noted the update** |  |
| **BOD 107/16**  a  b  c  d  e  f  g  h  i  j  k  l  m  n  o  p  q | **Chief Executive’s Report**  The Chief Executive presented the report BOD 79/2016, which had previously been circulated with the agenda and which outlined recent national and local issues.  **Contract position**  The Chief Executive explained that he had been involved in complex and lengthy negotiations for FY17. Agreement had been reached with Buckinghamshire CCGs and Specialised commissioners and draft contracts were expected to be signed shortly. Oxfordshire CCG had issued a draft contract for the full year which was being reviewed, and an interim contract had been signed by Oxford Health NHS FT, the CCG and Oxford University Hospitals for the first 3 months to enable the parties to develop an integrated partnership approach, across four areas - frail and elderly urgent care, elective orthopaedics, mental health, and primary care & community services.  The Chief Executive explained that proposals put forward by the McKinsey consultancy included options to manage the areas either though a lead contractor/sub-contractor arrangement, where Oxford Health would be the sub-contractor, or through a partnership arrangement. The holding arrangement was due to expire on 30th June and so had been extended by a further month to enable the parties to continue discussions.  The Chief Executive explained that he preferred a partnership approach as this enabled the parties to work together to deliver the best solution.  **Wantage Hospital**  The Chief Executive invited the Chief Operating Officer to update the Board on the Executive Team’s recent decision concerning Wantage Hospital and the Chief Operating Officer tabled a statement, which he read verbatim.  The Chief Operating Officer explained that Wantage Town Council had agreed to the decision reluctantly, and that many stakeholders remained concerned. He explained that patient safety was the priority and that extra beds had been made available in neighbouring hospitals to accommodate the situation. He regretted that, unfortunately, some staff had resigned and reiterated that the decision would in no way prejudice the outcome of the forthcoming consultation.  **Electronic Health Record**  The Chief Executive explained that work was continuing to resolve post-implementation issues with Carenotes. A significant upgrade had been implemented to stabilise the core system and work had continued with the system supplier to improve the overall performance. A meeting was scheduled with the supplier later that day.  **Car Parking**  The Chief Executive explained that new car parking arrangements had been introduced for a trial period to optimise the use of spaces and ensure that patients, visitors, service users and staff were able to park safely on all Trust sites. The arrangements would be reviewed and refined as appropriate.  Lyn Williams explained that he had received many complaints from staff about the new car parking arrangements and especially from staff at sites such as Boundary Brooke House and Abingdon Hospital, where the demand for spaces overwhelmingly exceeded supply. He expressed concern that the permit requirement would impact upon staff retention.  The Director of Finance explained that the Car Parking Team in Estates was working very hard to address issues as they arose and that new and creative ideas to maximise parking opportunities, such as double parking, were being implemented. He noted that it was important not to disadvantage patients and visitors.  John Allison agreed that the new arrangements would affect staff retention and explained that he had met with the Director of Estates who had demonstrated that the department was being flexible and proactive. However, there was a need for further creativity with ideas on how to maximise spaces by redesigning existing car parks to increase functionality.  **Sustainability and Transformation Plan (STP)**  The Chief Executive explained that following the initial STP submission in May there had been recognition in the feedback from national bodies of the commitment to develop a genuinely sustainable plan as well as evidence of partnership working across commissioning, provider and local authority bodies. However, there was now a need to move quickly to consolidate plans. The next submission, due 30thJune 2016, needed to address the in-year challenge of delivering the 16/17 position as well as putting in place the actions needed to ensure a high quality, financially sound health system by 2020/21. He said that there was recognition of the historically low level of investment in mental health across the central south part of the country, coupled with better than average outcomes. Discussions with NHS England were scheduled for 15th July, and a public consultation across Oxfordshire would begin in autumn 2016.  Mike Bellamy sought assurance that the Board would have the opportunity to examine the full plan before final submission and asked when a final version would be available for the Board to understand the critical areas and rationale.  The Chief Executive explained that the Board was already apprised of the majority of the plan, which was still a ‘work in progress’ document and not a public one as yet.  The Chief Operating Officer suggested that the business case for the STP be brought to a Board Seminar ahead of the start of the public consultation.  **New Models of Care for Tertiary Mental Health Services**  The Chief Executive explained that the Trust had been invited to submit proposals to implement new models of care for low and medium secure adult mental health care and tier 4 CAMHS services, including children’s secure care. The Trust had submitted 2 applications proposing that budget management transferred from NHS England to a lead provider or providers.  The Chief Executive explained that the timetable was tight with final interviews that day and the project due to start on 18th July. He said that whilst it was a significant and complex undertaking, if the project could demonstrate early success then this would be valuable for the future growth and development of the Trust, and that this had been recognised in the STP.  **The Board noted the report, along with the decision by the Executive Team to close inpatient beds at Wantage Hospital, and keep outpatient physiotherapy services and Oxford University Hospital’s midwifery service open there for the time being.**  **The Board also approved the application for the New Models of Care for Tertiary Mental Health Services.** | **HS** |
| **BOD 108/16**  a  b  c  d  e  f  g  h  i | **Chief Operating Officer’s Report**  The Chief Operating Officer presented BOD 80/2016, which had previously been circulated with the agenda, and which highlighted areas of excellence along with areas of potential concern across the directorates. He reinforced his thanks to all staff for their efforts during the recent CQC inspection.  The Trust Chair queried the £170,000 spent on replacement furniture and the Chief Operating Officer explained that expenditure was in order to comply with ligature risk assessments.  Anne Grocock asked whether the waiting times in CAMHS were as a result of resourcing.  The Chief Operating Officer explained that there was a lack of capacity and that locum and agency staff were being employed to deal with this. He said that demand was very high and that the service was being redesigned to meet this demand, but that this would need time to bed in before waiting times improved. He noted that Barnados provided input and helped to manage the situation for patients who were waiting to be seen, but that this model of provision was under review in Oxfordshire.  Lyn Williams noted the concern with patient ‘out of hours’ experience and asked whether the level of recruitment of GPs was meeting demand.  The Chief Operating Officer explained that many GPs were retiring and there was workforce pressure with full cover on Saturday nights particularly difficult to achieve.  Lyn Williams also questioned whether any further developments had been made on the transitional arrangements for patients moving from CAMHS to Adult Services.  The Chief Operating Officer explained that the Oxon CCG was exploring options across all ages and a variety of contracts were being examined. The Medical Director said that this might consolidate the age range 0-25 but that this presented legal issues with regards to the transitional age of 18.  **The Board noted the report** |  |
| **BOD**  **109/16**  a  b  c  d  e  f  g  h  i  j  k  l  m  n  o  p  q  r  s  t  u  v  w  x  y  z | **Quality and Safety Report: Safety**  The Director of Nursing and Clinical Standards presented the reportBOD 81/2016 which had previously been circulated with the agenda and explained that, whilst the result of the recent CQC re-inspection was not yet known, early indications were encouraging. The inspectors had focussed on front-line staff and services, which had shown improvement and had noted that staff were considered to be enthusiastic, caring, positive and welcoming. The inspectors were particularly pleased with improvements in personalised care planning, and the positive feedback from patients about the care they were receiving.  The Director of Nursing and Clinical Standards added that data requests were now being made by the CQC and a draft report was due in 7-10 days’ time. She said that regardless of the overall outcome, significant improvements had been made.  The Trust Chair asked whether the overall judgement would be ‘good’ and the Chief Executive explained that although the core services inspected might be judged ‘good’, there was discretion with regard to the overall grade.  With regard to health incidents by cause, it was noted that the majority of incidents related to pressure damage, most often grade 2 and treated by district nurse services with around half being acquired before patients entered the Trust’s services. She said that this was the focus of an improvement plan with the Oxfordshire CCG and in addition the Trust was working closely with the Oxford University Hospitals NHS FT to reduce harm from pressure damage.  Lyn Williams noted the re-establishment of the smoking cessation task and finish group and asked whether there had been a review of the arrangements for smokers. He said that there were particular issues relating to patients smoking on the boundaries of hospital sites and this sometimes posed a safeguarding issue.    The Director of Nursing and Clinical Standards explained that the smoking cessation project had been set up and stood down to review in three and six months, and was due to meet again that day. She said a range of options were needed to encourage cessation, including the use of e-cigarettes, although this was considered a risk as the methods employed for recharging e-cigarettes such as via iPads sometimes amounted to a hazard.  The Chief Executive pointed out that smoking was a major factor in premature mortality and that healthcare providers should not accommodate it.  The Chief Operating Officer suggested a renewed corporate approach be communicated and enforced with staff given the tools to tackle incidents of smoking.  The Director of Nursing and Clinical Standards agreed that staff needed to be confident to have the discussion with patients and clinical leadership was needed. She said that there should be a focus on physical health and prevention, that nicotine replacements were available and their use should be encouraged.  The Board asked that the smoking cessation project be relaunched with a revised range of options to support patients in giving up smoking.  Anne Grocock noted that there were 8 RIDDOR reportable incidents reported as slips/trips/falls involving two members of staff and one patient. She queried whether these were as a result of an isolated place which needed attention, or incidents which had occurred across several sites.  The Director of Nursing and Clinical Standards said that she would refer back to the incidents and report back to the next meeting.  Anne Grocock noted two of the areas for improvement in the quality account priority of increasing harm free care – and asked how the physical needs of diabetics in community hospitals and across the district nursing service were being identified and addressed.  The Director of Nursing and Clinical Standards explained that diabetes was both a system and population issue and a particular problem in uncontrolled environments such as district nursing and mental healthcare. She said that more education was needed along with more specialist support, but this would of course require more resources.  The Medical Director agreed and explained that there was an existing Diabetes Group within the GP Advisors Group that was monitoring the issue. Anne Grocock asked for a report to go to the Quality Committee setting out how the planned improvements identified in the quality account were to be met.  John Allison noted the themes for learning outlined under ‘Serious Incidents’, in particular the ‘clinical leadership and oversight of caseload’. He explained that when he had recently shadowed a district nurse team, they were unaware on any given day what their caseload would be.  The Director of Nursing and Clinical standards explained that there was a very tight allocation of intervention time and that it would be ideal to have more capacity to focus on the holistic needs of patients, rather than just addressing immediate needs, however the high workload meant that this was not always possible.  Mike Bellamy noted the number of reported unexpected deaths and sought assurance that, in light of the Mazar’s report and the expected increase in the number of deaths to be reported as a result of it, all learning opportunities were being maximised. He said that the Board needed to know what criteria had been adopted for categorising such deaths.  The Director of Nursing & Clinical Standards explained that the Mazars review would be used to help identify which deaths required focus. She said that a culture of team reflection and learning was being encouraged, as opposed to a merely bureaucratic one.  Mike Bellamy also noted the information relating to the ‘top seven incidents by cause’ and questioned whether the situation was improving or was simply being contained.  The Director of Nursing and Clinical Standards explained that it was important to encourage reporting in a safety culture but progress in remedying issues raised was limited by resources available.  The Chief Executive explained that it was important to note that the severity of impact had been reduced and that the ideal scenario of high level reporting and low level impact required concentrated effort over a period of time for results to be evident.  The Trust Chair said that the Board would welcome assurance that methods to reduce the number and impact of incidents were being pursued. He said that the report needed to be more detailed so that achievements could be illustrated and underlying issues highlighted. He said that improvement was needed and that resources could be made available to support this if necessary.  The Chief Executive explained that resources had already been directed at this, but that it was necessary to assess whether these could be better used before requesting further resources.  The Trust Chair asked for a more detailed breakdown of the ‘top seven incidents by cause’ to include the number of patients and the level of activity, for feedback on actions to achieve this reporting to be brought back to the Board, and for the new style of reporting to go to the next Quality Committee.  **The Board noted the report** | **RA**  **RA**  **RA**  **RA** |
| **BOD**  **110/16**  a  b  c | **Inpatient Safer Staffing (Nursing)**  The Director of Nursing and Clinical Standards presented the report BOD 82/2016 which had previously been circulated with the agenda and explained that 5 out of 32 wards had experienced difficulties in achieving expected staffing levels on every shift. The main reasons were vacancies related to recruitment and retention issues in some geographical areas and specialities. She said that the CQC had provided external assurance of safe staffing in that this had not been raised as an issue during their recent inspection.    Mike Bellamy noted that the report was positive and showed considerable improvement in staffing levels. Lyn Williams agreed but queried why the level of agency use on Ruby Ward was so high at 26.6%.  The Director of Nursing and Clinical Standards explained that this was as a result of the number of patients on the ward with complex and individual needs, many of whom were L3 ‘within eyesight’ patients. Hence the staffing requirement was high and this, coupled with short and long term sickness, had led to an increased demand on agency use.  **The Board noted the report** |  |
| **BOD**  **111/16**  a  b  c  d | **District Nursing Newton Europe Project**  The Director of Nursing and Clinical Standards presented the report BOD 83/2016 which had previously been circulated with the agenda and explained that it provided an update on the efficiencies being made within the District Nursing Service following the Newton Europe assessment which was commissioned by Oxfordshire Clinical Commissioning Group and carried out in November 2015.  Oxford Health NHS FT had discussed and agreed with Oxfordshire Clinical Commissioning Group six key priority areas - Standardising Handovers, Caseload Reviews, Reducing Travel Time, Standardising Clinical Pathway, District Nursing Duty DeskandCo-locating District Nursing Teams into larger teams - and the report provided an update on the progress of each.  The Board discussed the various initiatives and praised the impact of the project on improving productivity and efficiency. The Director of Nursing and Clinical Standards explained that many GPs were supportive of the measures but that further progress was dependent on support from the GP Federation. She also said that the CCG had become more involved in clarifying the situation with regard to complex care.  **The Board noted the report and the progress of the project.** |  |
| **BOD**  **112/16**  a  b  c | **Day in the life of a junior doctor (presentation)**  Dr Mark Toynbee joined the meeting and gave an overview of the issues facing doctors working in the Trust. Dr Toynbee, who has been working in the Trust for two years, said that Oxford Health NHS FT was a good place to work and that overall doctors felt supported. He said this was particularly apparent during the recent industrial action with the Department of Health. Dr Toynbee highlighted the helpful and supportive approach from staff including members of the Human Resources department, consultants and ward staff. However, he raised concerns over the intensity of workload, the high rate of out of hours admissions, and the lack of space and IT access especially at the Warneford Hospital and Whiteleaf Centre. He also felt that the front door assessment facilities at the Warneford Hospital reception were inappropriate.  The Board discussed the issues raised by Dr Toynbee and were pleased to note his positive feedback. They were informed that plans were in place through Human Resources to improve IT access and increase space.  **The Board thanked Dr Toynbee for his informative and insightful talk.** |  |
| **BOD**  **113/16**  a  b  c  d  e | **Patient Story from the Older People’s Directorate (presentation)** Maureen Cundell, Older Adult Community Mental Health Nurse, Dr Brian Murray, Dr Nina Baruch, two carers and a service user joined the meeting to explain their experiences of attending the memory clinic in the Older People’s Directorate and highlight the video that they had been involved in creating, along with the Trust’s Communications Team: ‘*Promoting early dementia diagnosis: a video designed by patients, for patients.’*The video, available on the memory services webpage of the Trust website, as well as on YouTube, provided a short overview of what to expect when attending the memory clinic, as well as addressing frequently asked questions. Dr Baruch explained that many people find it difficult to summon the courage to attend the memory clinic or ask for a referral from their GP and the video is designed to reduce stigma, inform patients and thereby improve attendance.  Dr Murray explained that the Royal College of Psychiatrists was due to review the video in the following week and interest had also been shown by other Trusts. He said there was particular interest in the clinic’s emphasis on giving diagnosis on the day, since early diagnosis is key to successful management of dementia.  The Board thanked the whole group for attending the meeting and for their support in making the video, which they noted was very helpful in informing and reassuring patients about the services provided by the memory clinic. |  |
| **BOD 114/16**  a  b  c | **Finance Report**  The Director of Finance presented the report BOD 84/2016 which summarised the financial performance of the Trust for the period ending 31 May 2016. He highlighted:   * EBITDA (Earnings Before Interest, Taxation, Depreciation and Amortisation) of £2 million which was £0.6 million behind plan mainly due to a shortfall of £0.3min clinical revenue due to delays in finalising contracts for FY17 and a shortfall in delivery of cost improvement plans, partly offset by favourable operational variances; * an Income and Expenditure deficit of £116,000 which was £0.6 million behind plan; * CIP delivery of £0.6 million which was £0.2 million behind plan, but with improvement expected once plans had had an opportunity in the new financial year to deliver; * a cash balance of £12.8 million which was £2.5 million ahead of plan; and * the Trust had achieved an overall Financial Sustainability Risk Rating of “3”.   Asked about the overall underlying performance, the Director of Finance noted that a prudent accounting approach had been taken not to recognise income/revenue until contracts had been signed. Their value was approximately £300,000.  **The Board noted the report** |  |
| **BOD 115/16**  a  b  c | **Performance Report**  The Director of Finance presentedthe reportBOD 85/2016 which had previously been circulated with the agenda and explained that all NHS Improvement (Monitor) indicators in May had been met with the exception of the indicator ‘CPA review within 12 months’ which was 94.7% against a target of 95%.    The Director of Finance noted that all contract information and reporting requirements had also been met. There were two indicators which had not been reported on due to data quality issues but these were being worked on and rectified.  **The Board noted the report.** |  |
| **BOD 116/16**  a  b  c  d  e  f | **Workforce Performance Report**  The Director of Finance presentedthe reportBOD 86/2016 which had previously been circulated with the agenda and explained that overall, staff turnover and the ability to recruit the required numbers at the required speed and the consequential impact on the high usage of temporary staff resource, remained the main concern and hence the focus of high levels of activity. He added that weekly and monthly reporting from the Workforce Management System had now commenced and this was supporting managers to drive improvements in safe and efficient rostering as well as supporting a reduction in agency use across units on the centralized Bank and Workforce Management System.  The Director of Finance noted that the vacancy rate was still above target at 10.1% despite a small decline from 10.48% in April. Recruitment activity had increased for the Adult, Children and Young People and Older Directorates with 37.7% of current vacancies being for Registered Nursing staff. However, 41% of outstanding vacancies were at the ‘Offer Made’ stage.  The Director of Finance also updated the Board on the Workforce Race Equality Standard (WRES) action plan highlighting actions in relation to the percentage of Black and Minority Ethnic (BME) staff in Bands 8-9, the relative likelihood of BME staff entering the formal disciplinary process compared to other staff, the percentage of staff experiencing bullying from patients, and the percentage of staff experiencing discrimination at work. He noted that the HR Director’s role would soon be advertised with a positive discrimination promotion, as permitted by the Equality Act 2010.  The Chief Operating Officer noted with concern the national rise in incidents of racism following the UK referendum decision to leave the EU. The Chief Executive suggested that a letter be sent to all staff with a positive statement of support for diversity in the healthcare workforce and reassurance of the need to attract and retain the best staff from around the world.  Sue Dopson noted that Oxford University had already sent such a letter to its entire staff and she agreed to share the contents with the Board.  **The Board noted the report and agreed to send a letter of reassurance and support to all Oxford Health staff.** | **SB/KR** |
| **BOD 117/16**  a  b | **Medical Appraisal and Revalidation Report**  The Medical Director presentedBOD 87/2016, which had previously been circulated with the agenda, and explained that he sought to update and assure the Board that work undertaken on the appraisal and revalidation of established medical staff in the Trust was robust and fit for purpose. He confirmed that 100% of doctors in the Trust had been reappraised and were up to date with revalidation.  **The Board noted the report and confirmed its continuing support to the work of those involved in the appraisal and revalidation process. The Board approved the procurement of a new multi-source feedback provider for the next 5 year cycle.** |  |
| **BOD 118/16**  a  b  c  d  e | **Proposal for Consultant Clinical Excellence Awards**  The Medical Director presentedBOD 88/2016, which had previously been circulated with the agenda, and explainedthat the Board had agreed last year to a proposal to guarantee Clinical Excellence Awards for the next three years (following a year without any allocation) subject to the achievement of certain performance-related targets, which were to be negotiated. This had now happened.  The Medical Director said that the targets which related to physical health, user involvement, research, medical student teaching and medical appraisal, had been generated by the consultant body as a whole and were measurable as well as providing a degree of stretch.  The Chief Executive noted that the targets were helpful and suggested that it would be useful to develop the initiative more broadly to apply to a wider range of staff.  The Director of Finance explained that the Director of Nursing had been examining options for similar awards in her area too, and asked that this be placed on the agenda for discussion at a future Board seminar.  **The Board approved the proposed terms of the Clinical Excellence Awards.** | **RA/HS** |
| **BOD**  **119/16**  a  b | **NHS Improvement (Monitor) Corporate Governance  Self-Certification and other certifications**  The Director of Corporate Affairs & Company Secretary presented BOD 89/2016, which had previously been circulated with the agenda, and explained that this was the last of the six declarations to be made to NHSI in the 2016/17 Annual Planning cycle. She noted that this had also been discussed at the Board Seminar on 10 May 2016. She asked the Board to approve the proposed self-certifications and the final Corporate Governance Statement for onward submission to NHSI.  **The Board approved the proposed self-certifications in the report along with the Corporate Governance Statement.** |  |
| **BOD 120/16**  a  b | **Minutes from Committees**  ***Finance and Investment Committee – 10 May 2016***  Lyn Williams presented the minutes of the Finance and Investment Committee and highlighted that under the South Bucks rationalisation programme, the Trust was required to leave Haleacre Unit in Amersham. He explained that alternative accommodation was being sought. He also noted the Estates Strategy and the Warneford Site Master Plan were due to be discussed at a future Board Seminar.  **The Board received the minutes of the Finance and Investment Committee**. |  |
| **BOD**  **121/16**  a  b | **AOB and strategic risk**  No matters of other business were raised.  No changes to strategic risk were identified. |  |
| **BOD 122/16** | 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 123/16** | There being no further business the meeting was closed at 11:56  Date of next meeting: Wednesday, 27 July 2016 |  |