

## BOARD OF DIRECTORS MEETING

- meeting held in public –

##### Wednesday, 22 February 2017

**08:30 – 11:35**

**Ascot Room, Corporate Services Building, Littlemore Mental Health Centre**

**Sandford Road, Littlemore, Oxford OX4 4XN**

## Agenda

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|  |  | Indicative Time |
| 1. Welcome and Apologies for Absence | MGH | 08:30 |
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| **INTRODUCTORY ITEMS** |  |  |
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| 1. Declarations of Interest (oral report)  * *To confirm Directors’ interests* | MGH | 08:30 |
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| 1. Minutes and Matters Arising of the Board of Directors Meeting Held on 25 January 2017 (paper – BOD 12/2017)  * *To confirm the Minutes of the meeting and report on matters arising* | MGH | 08:35 |
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| 1. Report on Council of Governors’ Meeting on 08 February 2017 (oral update)  * *To note* | MGH/KR | 08:45 |
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| 1. Chief Executive’s Report (paper – BOD 13/2017)  * *To note* | SB | 08:50 |
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| 1. Chief Operating Officer’s Report (paper – BOD 14/2017)  * *To note* | DH | 09:15 |
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| **SAFETY & QUALITY** |  |  |
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| 1. Nasogastric tube misplacement (paper – BOD 15/2017)  * *To note and approve* | RA | 09:30 |
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| 1. Quality and Safety Report: Patient Experience (paper – BOD 16/2017)  * *To note* | RA | 09:45 |
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| 1. Inpatient Safer Staffing (Nursing) (paper – BOD 17/2017)  * *To note* | RA | 10:00 |
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| **FINANCE, PERFORMANCE & GOVERNANCE** |  |  |
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| 1. Finance Report (paper – BOD 18/2017)  * *To note* | MMcE | 10:10 |
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| 1. Performance Report (paper – BOD 19/2017)  * *To note* | MMcE | 10:20 |
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| 1. Workforce Performance Report (paper – BOD 20/2017)  * *To note* | MMcE | 10:35 |
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| **STAFF AND PATIENT EXPERIENCE PRESENTATIONS** |  |  |
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| 1. Children & Young People’s Directorate – patient story from the Integrated Therapy Service in Oxfordshire[[1]](#footnote-1) (presentation)  * *To note*   *The patient stories presented to Board may have certain details anonymised to protect individuals’ confidentiality; permissions have been granted.* | RA | 10:50 |
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| **STRATEGY & PARTNERSHIP** |  |  |
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| 1. Strategic Partnerships report (paper – BOD 21/2017)  * *To note* | DH | 11:10 |
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| **REPORTS/RECOMMENDATIONS FROM COMMITTEES** |  |  |
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| 1. Minutes from Committees:    * 1. Quality Committee – 09 November 2016 (paper – BOD 22/2017)      2. Audit Committee – 07 December 2016 (paper – BOD 23/2017)      3. Audit Committee – 02 February 2017 (paper – BOD 24/2017) | MGH  AC | 11:20 |
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| 1. Any Other Business and confirmation of any changes to strategic risks[[2]](#footnote-2) | MGH | 11:30 |
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| Meeting Close |  | 11:35 |
| Date of next meeting: Wednesday, 29 March 2017 |  |  |

1. Attending to present: Emma Leaver (Head of Public Health), Pauline Nicklin (Head of Service, Complex Needs) and Geraldine Vandersluis (Children’s Integrated Therapy Service Manager) [↑](#footnote-ref-1)
2. The Trust’s Strategic Risks in the Board Assurance Framework are:

   1.1. Failure to: (i) meet consistently **quality standards** for clinical care; (ii) address variability across quality standards; or (iii) reconcile conflicting quality standards or guidance, will result in poorer outcomes for patients and poorer patient safety and experience

   1.2. Failure of service models to deliver an **integrated care pathway** may mean that the individual needs of patients, including those with special needs and/or disabilities, are not met and that patients are not provided with appropriate access to, and transfer between, services

   1.3. Failure to **manage change effectively** may compromise quality and safety during the transition from current to future service models and compromise staff and stakeholder engagement

   1.4. Failure to ensure **patients and carers** are involved in managing and **leading on their own care** could lead to compromising patient outcomes and not delivering sustainable health care

   2.1. Failure to put effective **governance** (both corporate and clinical) arrangements in place may lead to: poor oversight at Board level of risks and challenges; strategic objectives not being established or structures not in place to achieve those objectives; or appropriate structures and processes not in place to maintain the Trust's integrity, reputation and accountability to its stakeholders

   2.2. Ineffective **business planning** arrangements that do not integrate activities at all levels of the Trust may lead to: the Trust being in breach of regulatory and statutory obligations; the Trust failing to achieve its annual objectives and consequently being unable to meet its strategic objectives

   2.3. Non-delivery of **CIP** savings and productivity gains may lead to: failure to deliver the Trust's financial plans; additional scrutiny and intervention by NHS Improvement (formerly Monitor); insufficient cash generation to fund future capital programmes

   3.1. Failure to fully realise the Trust's **academic and Research and Development potential** may adversely affect its reputation and lead to loss of opportunity

   3.2. Failure to be sufficiently **innovative and leading edge** in its practice may lead to the Trust not being able to keep current contracts or realise its potential in a competitive market

   4.1. Failure of the **Health and Social Care Systems** in which we work **to act together** to deliver integrated care. Changes in Health and Social Care Systems may impact adversely on the operations of the Trust

   4.2. Failure to work collaboratively and effectively with **external partners** may compromise service delivery and stakeholder engagement

   4.3. If the Trust does not proactively **engage** with its **membership, patients and the wider public** then this may compromise its ability to listen and respond to feedback, involve stakeholders proactively and communicate effectively and transparently

   5.1 A. Inadequate planning for current and future **workforce** requirements (including number of staff, calibre, skills and training) or ability to respond to changing requirements in a timely manner may lead to: impaired ability to deliver the quantity of healthcare services to the required standards of quality; and inability to achieve the business plan and strategic objectives

   5.1 B. Inability to fill **vacancies** resulting in the quality and quantity of healthcare being impaired

   5.2. Failure to put in place a coherent and co-ordinated structure and approach to **organisational development and leadership** development may jeopardise: (i) the development of robust clinical and non-clinical leadership to support service delivery and change; (ii) the Trust becoming a clinically-led organisation; and (iii) the Trust becoming a "well-led" organisation under the CQC domain

   6.1. Incomplete and inaccurate **data and records**, both clinical and operational, may lead to: less effective planning and decision-making; lesser control over service safety and quality; lesser ability to drive improvements in safety, quality and productivity

   6.2. Failure to meet the key objectives of the project to replace the **Electronic Health Record** system may lead to: inaccurate patient records; inefficient use of clinicians' time; less safe and lesser quality of care; increased cost of operation through lost opportunities to improve productivity

   7.1. **Facilities** being unsuitable or unfit for purpose may lead to: increased risk to patient safety; lesser quality of care and patient experience; increased cost of operation; breach of statutory requirements [↑](#footnote-ref-2)