

## BOARD OF DIRECTORS MEETING

- meeting held in public –

##### Wednesday, 24 May 2017

**08:30 – 12:30**

**Leylandii Room, Learning & Development**

**5th Floor, Unipart House, Cowley, Oxford OX4 2PG (Sat Nav OX4 6LN)**

## 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 and Register of Directors’ Interests (paper – BOD 58/2017)
* *To confirm Directors’ interests*
 | MGH | 08:30 |
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| 1. Minutes and Matters Arising of the Board of Directors Meeting Held on 26 April 2017 (paper – BOD 59/2017)
* *To confirm the Minutes of the meeting and report on matters arising*
 | MGH | 08:45 |
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| **YEAR-END REPORTS[[1]](#footnote-1)** |  |  |
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| 1. Financial Statements & Accounts 2016/17 (including Letter of Representation) (paper – BOD 60/2017)
* *To approve*
 | MMcE | 09:00 |
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| 1. Trust Annual Report 2016/17 including Quality Account 2017/18 and Quality Report 2016/17 (paper – BOD 61/2017)
* *To approve*
 | KR/RA |  |
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| **CHIEF EXECUTIVE AND CHIEF OPERATING OFFICER REPORTS** |  |  |
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| 1. Chief Executive’s Report (paper – BOD 62/2017)
* *To note*
 | SB | 09:30 |
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| 1. Chief Operating Officer’s Report (paper – BOD 63/2017)
* *To note*
 | DH  | 10:55 |
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| **STAFF AND PATIENT EXPERIENCE PRESENTATIONS** |  |  |
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| 1. Patient Story about the CAMHS ASD Pathway – Children & Young People’s Directorate (presentation)
* *To note*

*The patient stories presented to Board may have certain details anonymised to protect individuals’ confidentiality; permissions have been granted.* | RA | 10:20 |
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| *Short break* |  | 10:35 |
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| **SAFETY & QUALITY**  |  |  |
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| 1. Quality and Safety Report: Patient Experience & Involvement(paper – BOD 64/2017)
* *To note*
 | RA | 10:40 |
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| 1. Nasogastric tube misplacement – update report (paper – BOD 65/2017)
* *To note*
 | RA | 10:50 |
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| 1. Guardians of Safe Working report (paper – BOD 66/2017)
* *To note*
 | MHa | 11:00 |
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| 1. Inpatient Safer Staffing (Nursing) (paper – BOD 67/2017)
* *To note*
 | RA | 11:15 |
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| **FINANCE, PERFORMANCE & GOVERNANCE** |  |  |
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| 1. Workforce Performance Report (paper – BOD 68/2017)
* *To note*
 | MMcE | 11:25 |
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| 1. Finance Report (paper – BOD 69/2017)
* *To note*
 | MMcE | 11:40 |
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| 1. Performance Report (paper – BOD 70/2017)
* *To note*
 | MW/MMcE | 11:50 |
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| 1. NHS Improvement self-certifications (paper – BOD 71/2017)
* *To approve*
 | KR | 12:00 |
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| **STRATEGY & PARTNERSHIP** |  |  |
| 1. Strategic Partnerships report (paper – BOD 72/2017)
* *To note*
 | DH | 12:15 |
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| **REPORTS/RECOMMENDATIONS FROM COMMITTEES** |  |  |
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| 1. Updates from Committees:
	* 1. Audit Committee – 25 April 2017 (paper – BOD 73/2017) and 22 May 2017 (oral update)
 | AC | 12:25 |
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| 1. Any Other Business and confirmation of any changes to strategic risks[[2]](#footnote-2)
 | MGH | 12:30 |
|  |  |  |
| Meeting Close |  | 12:20 |
| Date of next meeting: Wednesday, 28 June 2017Location: Unipart Conference Centre |  |  |

1. Not for publication for the wider public until after laid before Parliament (which will be after 26 June 2017), in accordance wth the NHS FT Annual Reporting Manual 2016/17. [↑](#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)