

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

**Board of Directors**

Minutes of a meeting held on

01 December 2016 at 08:30

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

**Present:**

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| Martin Howell | Trust Chair (the Chair) |
| John Allison | Non-Executive Director |
| 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 |
| Sue Dopson | 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 and Vice-Chair  |
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| **In attendance:** |
| Alex Davis | Service Manager – Children’s Community Nursing – *part meeting* |
| George Hedges | ROSY (Respite nursing for Oxfordshire’s Sick Youngsters) Charity – *part meeting* |
| Kerry Rogers | Director of Corporate Affairs and Company Secretary  |
| Martyn Ward | Interim Director of Performance |
| Hannah Smith | Assistant Trust Secretary (Minutes) |

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| **BOD****184/16**ab | **Welcome and Apologies for Absence**The Chair welcomed governors, staff and members of the public who had attended to observe the meeting. There were no apologies for absence.  |  |
| **BOD 185/16**a | **Declarations of Interest**No declarations of interest were reported and none were declared pertinent to matters on the agenda.  |  |
| **BOD 186/16**abcd | **Minutes of the Meeting held on 26 October 2016**The Minutes of the meeting were approved as a true and accurate record.***Matters Arising*****Item BOD 166/16(e) Strategic Partnerships Report**Future reporting to include more evaluation of whether progress achieved was as expected. **Item BOD 167/16(b) Oxfordshire Contract**Mike Bellamy asked for a progress update on the Oxfordshire Contract. The Chief Executive replied that it was not yet ready and the Trust was still negotiating through underlying assumptions about activity levels created by the system at a national level. At a local level, the Trust was keen to see a shift in resources/funding to support keeping people well at home. **Item BOD 173/16(d) Learning Disability training for directors**The Director of Nursing reported that she had started discussions on this with the Learning Disabilities Programme Director. Standalone training separate to the Board Seminar programme may be required. Not only directors but also governors would need training/support upon representing the needs and interests of people with learning disabilities.  | **DH** |
| ef | **Item BOD 173/16(e) Learning Disability – responsibilities and any relevant governance declarations**The Director of Nursing noted that the Chief Operating Officer was the Executive lead in this area. Future reporting would go into responsibilities in more detail. The Board confirmed that the remaining actions from the 26 October 2016 Summary of Actions had been completed, actioned or were on the agenda for the meeting: BOD 166/16(b); 166/16(d); 171/16(b); 176/16(a); and 176/16(b).  |  |
| **BOD 187/16**ab | **Council of Governors – report of meeting on 02 November 2016**The Director of Corporate Affairs and Company Secretary gave an oral update on the Council of Governors meeting held on 02 November 2016 which had considered strategic developments including Specialist Commissioning for Secure Services and the new care model. The Chair noted that Non-Executive Directors, especially those coming up to reappointment, would be presenting more items to the Council and that Alyson Coates would be undertaking this at the next opportunity. **The Board noted the oral update.** |  |
| **BOD 188/16**a | **Update from the Trust Chair**The Trust Chair provided an oral update of the NHS Providers Conference and the various breakout sessions which members of the Board had attended on 30 November 2016. He highlighted particular sessions which had covered integrated community services hubs which provided an even wider variety of services than Emergency Multidisciplinary Units; optimisation of district nursing schedules and uses of algorithms to work out the most effective ways of working; developing standardised ways of working in order to improve quality; changing medical working patterns in order to support staff; and work to drill down EBITDA (Earnings Before Interest, Taxation, Depreciation and Amortisation) to directorate and service levels. The Chief Executive added that the Director of Finance had given an excellent presentation on payment systems. Anne Grocock added that she had also attended a lively session on engaging clinicians to develop skills for leadership roles. The Board noted the recognition at ministerial level of workforce issues and the positive promotion of clinical leadership development.  |  |
| bcd | The Board noted that the Trust was already advanced in having created a Trainee Leadership Board which would engage with the full Board and deliver its opinion(s) in 2017. The Board discussed the potential discrepancy between the message that nationally the NHS was tackling its issues and the picture of local challenges including: difficulties for mental health and community NHS trusts, as opposed to the acute sector, in accessing additional funding from Clinical Commissioning Groups (**CCGs**); challenges for social care provision; and national and local decreases in applications for nursing training. The Director of Nursing and Clinical Standards reported that the Trust would be able to convert existing nursing post vacancies into graduate level apprenticeship opportunities which would help the Trust to deliver an apprenticeship programme. This was being developed by the Associate Director of Clinical Education & Learning. However, more than healthcare support roles would be required to be converted if the Trust was fully to meet the requirements of the new apprenticeship levy from FY18. Mike Bellamy added that there were particular challenges for older applicants for nurse training who may be disadvantaged by the national withdrawal of bursaries and more concerned about the cost of training. **The Board noted the oral update.** |  |
| **BOD 189/16**abcdefgh | **Chief Executive’s Report**The Chief Executive presented the report BOD 137/2016 which outlined recent national and local issues. ***Sustainability and Transformation Fund and delivery of agreed financial control totals***The Chief Executive noted that the Board had discussed the Trust’s control total submission in more detail at the Board Seminar in private. He noted that the Trust’s ability to achieve its control total was by no means certain and there were significant operational pressures in Adult Mental Health services and some community services. ***Oxfordshire Contracting, Transformation and local collaboration/joint working***The Chief Executive reported that discussions were ongoing with Oxfordshire’s GP Federations on working together to manage the risks associated with urgent care delivery. Within the wider system, he noted that there were financial pressures driven by projections of the amount of elective care needed to work through rising levels of activity and to deal with backlog. ***Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Plan (BOB STP)*** The Chief Executive noted that following feedback received after the latest version of the BOB STP had been submitted to NHS England, a series of revisions would need to be made to the STP document. The version which had been published was not therefore the final version but a work in progress. The BOB STP governance arrangements had been revised with a small delivery group consisting of the chairs of the local processes from the BOB footprint together with the STP leader and the lead for Finance and the Academic Health Science Network chief executive. The Chief Executive was therefore a member of this delivery group. He noted that a vehicle had not yet been created to pull together Non-Executive involvement from across the BOB footprint but that it may be difficult to create one effective group to do this given the large numbers involved. However, organisations within the BOB had other means of engaging with the BOB STP development process and individuals boards still needed to be consulted upon key matters. Mike Bellamy expressed concern that STP organisations did not have legal status or an accountable officer so that they were in a relatively weak position to be able to secure change without being given delegated powers. The Chief Executive noted that NHS England had not yet delegated its authority to STP organisations but that if it did so and if they were given a degree of directive capacity then this may become more of an issue. Lyn Williams asked whether the revisions required for the STP document would impact upon the Trust. The Chief Executive replied that there were some challenges against assumptions on the scope of capital investment and the anticipated level of savings on specialist services to be considered. ***Clinical Research Facility (CRF)***The Chief Executive confirmed that funding had been renewed to continue with the Trust’s CRF. **The Board noted the report.** |  |
| **BOD 190/16**abcdef | **Chief Operating Officer’s Report**The Chief Operating Officer presented the report BOD 138/2016 which provided an update on areas of excellence and issues of potential concern against: quality (safe, effective, caring); finance/Cost Improvement Programmes (**CIPs**); workforce; and performance against key targets, for each of the Children & Young People’s Directorate, Adult Directorate and the Older People’s Directorate. In relation to the Children & Young People’s Directorate, he highlighted that pressure from volume of tenders/re-procurement exercises was still an area of concern. However, this week tenders had been submitted for: Oxfordshire Child and Adolescent Mental Health Service (**CAMHS**); and integrated therapies in Buckinghamshire. In relation to the Adult Directorate, he highlighted that Out of Area Transfers (**OATs**) continued to be an area of concern with a significant impact upon patients as well as upon finances and management-time. The directorate was projecting a £1.2 million overspend against budget if improvement action was not taken. The Service Director and the Clinical Director were looking into this and liaising with staff on workshops; this was a difficult problem to fix but it was a high priority for both short term and long term focus. He noted the high percentage of admissions which occurred out-of-hours and whether anticipating this with more beds available in the evenings and more hands-on senior clinical cover would make a difference. In relation to the Older People’s Directorate, he highlighted the positive outcome of the Care Quality Commission (**CQC**) inspection of the Out of Hours (**OOH**) service. The Director of Nursing noted that nothing had been raised by the CQC within the relevant 2 week period following the inspection to indicate that the Trust would be subject to any enforcement action but that there still may be some areas where the CQC would identify improvement actions. The Chief Operating Officer highlighted that Delayed Transfers of Care (**DToCs**) remained an area of concern, especially during the transition from the reablement service to the new combined services. The Trust’s own DToCs were at a high level which was a concern in relation to the quality of care for patients as well as a contractual, performance and financial concern. The report was also accompanied by supporting information prepared by the Interim Director of Performance who had been considering in more detail how the Board reviewed performance data and how well this provided a coherent narrative and enabled the Board to understand the key points. The Interim Director of Performance emphasised the importance of the Board utilising performance data to understand what the Trust did (its activity), what it meant (analysis/significance) and what the trends were (data profile). He had provided a more detailed breakdown of performance measures and Key Performance Indicators including: community hospital DToCs; targets which the OOH service had not achieved against National Quality Requirements; Oxfordshire CAMHS waiting times; antenatal contact with a health visitor; Oxfordshire Adult Eating Disorder Community activity against the contractual target; Early Intervention Service 2 week referral to treatment indicator; referral response times; and 7-day follow-up targets. The Board commented upon the new supporting information: the data/layout/RAG-ratings were useful especially to focus management attention onto issues; it would be useful in future to have this information available online where it could be accessed at will; and in the future it would be useful if the data could be developed into an automatically generated dashboard to highlight on a monthly basis where concerns were and what actions were in place to address them. However, acronyms without explanation should not be used in publicly available data; this new information should be provided in addition to the current information in the Chief Operating Officer’s reports, not instead of; and more narrative and discussion about learning would be useful. The Board particularly focused upon the use to which the data was put at a senior management level before it was reported to the Board and noted that in the case of declining performance it would be useful to know how management would be alerted to deterioration and what actions management was taking in response to deterioration and against what timescales. The Board noted that it would be useful for both the regular Chief Operating Officer’s report and this new supporting information to consider in more detail actions taken and analysis of effectiveness of actions.  | **DH/MW** |
| ghi | The Board expressed concern: * that Oxfordshire CAMHS waiting times targets were not being met. Jonathan Asbridge noted that it may be useful to provide more information about actions being taken in relation to this and other missed targets in future Chief Operating Officer’s reports; and
* about Adult Directorate performance and challenges faced. Alyson Coates noted that there had also been a recent Internal Audit report on Locality Compliance which had been shared with the Audit Committee and which had indicated that there were significant pressures here.

The Chief Operating Officer noted that he would not have singled out Adult Directorate performance as of most concern. He acknowledged that this was a subjective viewpoint but he was more concerned about the challenges faced by the Older People’s Directorate, followed by the Adult Directorate and then least concerned by the Children & Young People’s Directorate. Alyson Coates noted that she would not have reached this interpretation just from the information which was presented in the reports to this meeting. The Chief Executive cautioned that when issues had been identified and improvement actions were in early stages then the increased spotlight upon a particular situation could make it look more adverse than was the case. **The Board noted the report.**  | **DH** |
| **BOD 191/16**abcdefgh | **Quality & Safety Report: Incidents and Safety**The Director of Nursing & Clinical Standards presented the report BOD 139/2016 which provided a summary of incidents and learning from Serious Incidents (**SIs**) and mortality reviews. She highlighted that the top three types of incidents were: violence and aggression from patients on staff; skin integrity/pressure damage; and communication or confidentiality related. In terms of SIs, the majority of investigations related to suspected or confirmed suicides; suicide learning and prevention work was detailed in the report. She noted that work had been taking place with Mazars on the Trust’s mortality reviews which would be reported in more detail into a Board Seminar in early 2017. Lyn Williams referred to page 7 in the report and asked whether there were any particular reasons why incidents of violence and aggression were at their highest for three years. The Director of Nursing and Clinical Standards replied that this related to the complexities of individual patients, especially in forensic services, combined with challenges from staffing issues which impacted upon continuity of care. She noted that bed pressures also contributed as by the time patients came into inpatient services they could be more unwell and have increased acuity. The Trust also encouraged a culture of high reporting of incidents of all levels therefore more incidents would be captured. The Trust was however focusing on learning from these incidents in order to reduce/prevent future instances. Lyn Williams referred to page 11 in the report and asked what actions were being taken to address medication incidents, especially medicines administration/supply to patients. The Director of Nursing and Clinical Standards replied that the statistics should be interpreted with caution because given the high frequency with which this activity took place, the percentage of incidents was lower than the numbers on their own might indicate. Local improvement work was taking place however and could be reported in more detail in assurance to the Quality Committee. Lyn Williams referred to page 15 in the report and asked how segregation differed from seclusion and what actions were taking place in relation to the two patients who had been in long term segregation. The Director of Nursing and Clinical Standards replied that these were technical terms from the Mental Health Act code of practice and that the distinction related to care for patients in areas where they did not associate with other patients, as opposed to secure environments. She noted that instances of long term segregation were regularly reviewed by the senior clinical team, the Director of Nursing and Clinical Standards and also the Medical Director. The case of the two patients had been escalated for discussion by the Executive; and one of the cases had also been discussed with the CQC in relation to their high secure care needs and availability of a bed for them in a suitable environment. Anne Grocock referred to the incidents relating to communication or confidentiality and noted that it may be more helpful to separate out the range of issues within this category. She asked what the confidentiality issues tended to relate to. The Medical Director replied that the majority related to issues such as misaddressing letters in areas of high referral where there was less available database information to allow for cross-checking of new patient details; there were very few serious incidents in this category and the Trust had not been subject to recent criticism from the Information Commissioner. Anne Grocock expressed concern that misaddressing envelopes had been a theme in previous years and that this should have been addressed. The Director of Finance added that the Trust’s culture of encouraging honest reporting of incidents even when they were not SIs had also contributed to the number of incidents now recorded but that this reflected the honesty and self-discipline of staff. The majority of these incidents could be linked to particular services which had high referrals and this was not endemic across the Trust. The Information Governance team was working with these services on learning and improvement actions; no catch-all system was in place yet but increased use of the Electronic Health Record should help. Alyson Coates noted that there were still a high number of incidents in web holding whilst they awaited review by the manager of the team or ward; she asked how serious these incidents were and whether they related to moderate or major harm as SIs or incidents of major harm should be dealt with promptly. The Director of Nursing and Clinical Standards noted that the Extended Executive did also consider these in more detail and SIs or those involving major harm were identified and escalated. The Chief Operating Officer added that these incidents were also reviewed and discussed in Operations Senior Management Team meetings.John Allison noted the importance of prompt feedback to teams on lessons learned and actions required. The Director of Nursing and Clinical Standards replied that there was clear process for this, local managers fed back to teams and actions were recorded and tracked through the Trust’s Safeguard system. CCGs also had rigorous processes for reviewing SIs and conducting spot checks on the closure of actions. Jonathan Asbridge emphasised the importance of Non-Executive Director participation in SI panels and commended the honesty and thoroughness with which SI investigations were conducted and the willingness to learn from incidents. He recognised the time and effort put into investigations by investigators on top of their day jobs and noted that this reflected positively upon their dedication. The Director of Nursing and Clinical Standards noted that through its work with Mazars, the  |  |
| ijk | Trust had considered the issue of the range of investigators it had available and had funded two additional patient safety investigators within the Adult Directorate. She noted that it was also unusual for individual investigators who were also clinicians to undertake more than 1-2 investigations per year. Mike Bellamy noted that it would be helpful if the report included more information about the impact of actions and analysis of how effective improvement actions had been so that the Board could be provided with more evidence-based assurance. He noted that reporting had identified the same main themes and trends for a while and that now there needed to be more evidence of progress to address these. The Board noted that the appendices in the version of the report presented to the meeting may contain some patient identifiable information. The Director of Nursing and Clinical Standards agreed and noted that she would ensure that any patient identifiable information was removed/anonymised prior to publication. **The Board noted the report.**  | **RA****RA** |
| **BOD 192/16**abc | **Quality Account – Q2 Highlight Report**The Director of Nursing and Clinical Standards presented the report BOD 140/2016 which provided an update of progress against the 35 quality objectives (and 4 main quality priorities) in the Quality Account. She highlighted the areas listed in the report where challenges in meeting the quality objectives were anticipated, such as in relation to recruitment and high agency use. Alyson Coates noted that at a time when the Trust was experiencing financial and workforce challenges, in future years it may be necessary to be more selective in agreeing quality objectives as the existing 35 quality objectives demonstrated a significant spread of activity and reporting. **The Board noted the report.**  |  |
| **BOD 193/16**a | **Inpatient Safer Staffing (Nursing)**The Director of Nursing and Clinical Standards presented the report BOD 141/2016 and explained that 3 of 32 wards had experienced difficulties in achieving expected staffing levels on  |  |
| bc | every shift and had therefore needed to use agency and/or sessional staff; beds had also been temporarily reduced on some wards and two community hospital wards had been closed, as set out in the report. However, all wards had maintained minimum staffing levels to remain safe to deliver patient care. The main reasons for difficulties were: vacancies related to recruitment issues in some geographical areas and specialities; and staff retention. She highlighted that in response to previous Board comments the report provided an overview of longer time periods. Jonathan Asbridge asked if there was a plan to move agency staff who currently worked for the Trust onto the Trust’s own internal staff bank. The Director of Nursing and Clinical Standards confirmed that there was and that this and the levels of staff bank pay were reviewed by the Executive. The Director of Finance added that the Trust’s staff bank was also benchmarked against the arrangements in other NHS trusts. However, he noted that this was intensive work and the staffing team needed to recruit more resource. **The Board noted the report.** |  |
| **BOD 194/16**abc | **Performance Report** The Director of Finance presented the report BOD 142/2016 and explained that with the transition from the Risk Assessment Framework to the new Single Oversight Framework, a new reporting format would be introduced. The Trust had been in contact with NHS Improvement (**NHSI**) for feedback on the new metrics which would be measured but a response had not yet been received. All previous NHSI indicators had however been achieved. The Director of Corporate Affairs and Company Secretary drew the Board’s attention to the change in monitoring which the move to new Single Oversight Framework represented. NHSI would only use nationally available data to monitor performance whilst quarterly performance self-declarations would no longer be required. The tools available to the Board to assure itself of performance against targets and to take an overview would therefore be changing. The Board considered the performance exceptions listed in the report. Mike Bellamy asked about the CQUIN (Commissioning for Quality and Innovation) targets as five CQUIN schemes were  |  |
| d | yet to be confirmed. The Director of Finance replied that five Oxfordshire CQUINs had still not been signed off. Other CQUINs were largely on track to be achieved. The Chief Executive noted that the situation was complicated and that because of national pressures, the Trust was not in a position to oblige the CCG to confirm the Oxfordshire contract. The Board discussed the challenges to agree the Oxfordshire contract and the funding/income which the Trust would require, especially to achieve parity of esteem with the acute sector. The Director of Finance noted that the gap to agreement may be approximately £6.8 million if the Trust was to develop services. **The Board noted the report.** |  |
| **BOD 195/16**ab | **Patient Story – presentation from the ROSY (Respite nursing for Oxfordshire’s Sick Youngsters) Charity**The meeting was joined by George Hedges of the ROSY charity, one of the parents and their son who had received support from the ROSY charity’s nurses and Alex Davis, Service Manager. They explained how ROSY provided funding for salaries for nurses in the Children’s Service who visited patients’ homes in order to provide extra respite care for children which was above and beyond what NHS funding along would normally be able to provide. This was particularly helpful for children with disabilities. The ROSY charity was currently funding 10 nurses which would soon increase to 11 nurses. The charity also provided: equipment, such as portable hoists which families could take with them for use on holidays; counselling for families; and events for the siblings of sick children who might otherwise feel left out. Funding was from donations, a market stall run in central Oxford and events. George Hedges emphasised that every penny donated by supporters went to the families. The charity and its leaflets/stationery was separately funded so that all donations received would go to benefit the children and their families. The parent who had received support said what a massive difference ROSY had made to their family. Whilst the NHS did provide some respite care this needed to be used very specifically whereas the support from ROSY could be used in whatever way the family needed. The parent noted that ROSY had not only benefitted their son who had extra needs but also their daughter to help to ensure that she had not felt left out.  |  |
| c | The Board thanked the presenters for coming and noted how well recognised the work of the ROSY charity was within the Trust and the importance of the ROSY work continuing. Anne Grocock asked if the ROSY charity needed any more help or support from the Trust. George Hedges replied that if he thought that there was anything more that the Trust could do, he would be the first to ask. He noted that a massive publicity drive may not be helpful as it could look like a hard sell which was not what the ROSY charity wanted to do to its supporters. Also the supporters would not necessarily want to donate to a health service directly whereas they were prepared to deal directly with the charity. The Trust Chair noted that this emphasised the importance of ROSY’s independence. *The ROSY Charity presenters left the meeting.* |  |
| **BOD 196/16**ab | **Finance Report**The Director of Finance presented the report BOD 143/2016 which summarised the financial performance of the Trust for the period ending 31 October 2016 (Month 7). EBITDA was £1.5 million adverse to plan and Income and Expenditure was in a deficit position being £1.4 million adverse to plan. NHSI had introduced a new financial rating, the Use of Resources metric, against which the Trust had scored “3” where a rating of “1” indicated lowest risk and a rating of “4” indicated highest risk. The Director of Finance highlighted that Month 7 had been a difficult month but that no single item was responsible for this. A number of different items had been challenging, although there were no new themes: slippage in CIPs; overspend on community hospital pay due to use of agency; ongoing pressure and overspend from OATs; overspend on drugs and residential placements; shortfall on income in the OOH service and on Cost per Case income; and overspend on CAMHS medical staff due to sickness and use of agency locums. He noted that for the longer term forecast, the Trust was forecast to deliver an Income and Expenditure deficit of £0.6 million which would be in line with plan and EBITDA of £11.7 million which would be £0.2 million adverse to plan, assuming that pressures could be reduced in the remainder of the year and with support from contingency reserves.  |  |
| cde | The Board registered its concern that this was the second challenging month in a row on the financial position and noted that this would also be discussed further in private session. Lyn Williams noted that the position would put significant pressure upon the remaining £2.3 million of contingency reserves. The Director of Finance added that mitigating actions were being taken and that detailed monthly reviews were taking place to consider the pressure points and actions which were being put in place in response. The Chief Operating Officer had also launched a Million Pound Challenge to stop spend where there was discretion to do so. The Board noted that more detail may need to be included in the published version of the report to ensure that the figures clearly added up to the year-to-date position and that there was clarity on the variances causing the adverse position. The Director of Finance to action. **The Board noted the report.**  | **MME** |
| **BOD 197/16**a | **Workforce Performance Report**The Director of Finance presented the report BOD 144/2016 which set out the position on workforce performance indicators including temporary staffing spend, vacancy, sickness, turnover, recruitment and the WRES (Workforce Race Equality Standard). The main concern remained 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. He highlighted the recruitment report matrix and noted that approximately 700 vacancies were being recruited to of which approximately a third were out at advert, a third at interview and a third at offer/checks stage. Work was ongoing to streamline recruitment processes and this was being worked up into a formal project. In relation to retention, a Workshop on Workforce had taken place last week which had been attended by over 40 leaders from across the Trust and which had identified 50 questions which the Trust needed to answer about its workforce. These 50 questions were a top agenda item for the Chief Operating Officer to work through with the new Director of HR and they would be circulated to the Non-Executive Directors.  | **DH** |
| bcde | The Director of Finance provided an update, further to the report, that the Trust’s agency spend continued to be high and above the recommended cap level set by NHSI. The Trust was 44th out of 55 NHS trusts within the South of England in terms of agency spend. The Trust was in contact with NHSI’s lead on agency spend in the south region about this and was looking into contacting other NHS trusts who had fared better on the list in order to discuss the actions which they had taken. The Trust would also review pay structures and consider comparisons/benchmark whilst ensuring that internal staffing markets were not distorted. The Trust Chair requested that an update be provided on what actions other NHS trusts had taken to score better in terms of agency spend and in particular how the Trust compared to local NHS trusts. The Trust Chair noted that it was frustrating to see the number of initiatives which were being applied to workforce issues when the situation did not appear to improve. John Allison noted that, consistent with comment at other points during the meeting, the report provided information about actions taking place but not as much analysis of the impact of actions. Alyson Coates added that it was concerning to see, at a time when workforce was an issue and under scrutiny, that the staffing solutions team had been understaffed. She emphasised that recruitment/retention needed to be considered more than a project to be progressed but an urgent crisis to be addressed. The Director of Corporate Affairs & Company Secretary noted that she had a further update on the WRES reporting which she would provide to the Director of Finance prior to publication of the report. **The Board noted the report.** | **MME****KR/MME** |
| **BOD 198/16**abc | **Consultant Clinical Excellence Awards (Consultant CEAs)**The Medical Director presented the report BOD 145/2016 which provided an update on the outcomes of the performance indicators (approved by the Board in June 2016) against which CEAs were assessed. Four of the five indicators had been achieved which would equate to an allocation of 0.2 CEAs per whole time equivalent consultant. The Board discussed the targets which had been set for the performance indicators. The Director of Nursing and Clinical Standards noted that a target of 55% of service users to be given a copy of their care plan should not equate to evidence of excellence, even if the current rate had been lower than this and 55% would represent an improvement. She emphasised that gradual improvement here was not an ambitious leadership target and that future awards should not be about normal practice but about achieving excellence. The Trust Chair agreed and noted that for future target setting, an achievement of excellence should equate to a measure which was more clearly exemplary. The Medical Director noted that the care plan indicator was, however, particularly challenging for consultants to make a difference to because this was the indicator which they had least control over compared to other clinical staff, as it was not the consultants who sent out these documents to service users. However, the consultants had agreed that it would be good leadership development for them to become more involved in this area and they had only had up to five months since agreement of the indicators at the end of June 2016 to work on this. **The Board noted the report and APPROVED the allocation of the CEAs.**  |  |
| **BOD 199/16**abc | **Strategic Partnerships Report**The Chief Operating Officer presented the report BOD 146/2016 which set out key strategic partnerships per directorate and provided an update on progress/developments and key objectives for the next reporting period. He noted that this was the second time that the Board had seen this type of reporting but expressed concern that it was unwieldy internally and that it may be better to adopt a self-assessment RAG-rated approach. The Director of Corporate Affairs & Company Secretary noted that the Board would be participating in board to board meetings with its voluntary sector and charity partners, the first of which would be during December 2016 with Oxfordshire MIND in the context of the Mental Health Partnership. **The Board noted the report.** |  |
| **BOD 200/16**abcdefg | **Updates from Committees** ***Quality Committee – 08 Septemberand 09 November 2016***The Trust Chair presented the minutes of the Quality Committee meeting from 08 September 2016 and noted that the committee had also met more recently on 09 November 2016. ***Audit Committee – 15 September 2016*** Alyson Coates presented the minutes of the Audit Committee meeting from 15 September 2016. ***Finance and Investment Committee – 08 November 2016***Lyn Williams provided an oral update on the meeting of the Finance and Investment Committee on 08 November 2016 which had discussed the Financial Plan/Financial Sustainability Plan prior to consideration by the Board Seminar. ***Charity Committee – 15 November 2016***Anne Grocock provided an oral update of the meeting of the Charity Committee on 15 November 2016. She noted that the Committee was progressing work on fund rationalisations and would be considering options on a new legacy which had been received for the benefit of community hospitals. The tender for the contract to administer the charitable funds had also gone out to advert and tender bids were due in during December 2016. Anne Grocock noted that the new CEO of the ORH charitable funds had attended the meeting together with Olga Senior, Mental Health Act Manager; Olga Senior had expressed interest in becoming a regular external attendee of the Committee and this was recommended by the Committee to the Board. **The Board, in its capacity as Corporate Trustee of the Charity, noted the recommendation of the Charity Committee and APPROVED that Olga Senior be invited as a regular external attendee to meetings of the Charity Committee, for a fixed term of 3 years subject to annual review.** **The Board received the minutes and noted the updates from committees.**  |  |
| **BOD 201/16**ab | **Charity Bank Mandate review**Anne Grocock presented the report BOD 149/2016 which set out proposed changes to the Charity’s Bank Mandate. The proposals had been considered and were recommended by the Charity Committee to the Board for approval. **The Board, in its capacity as Corporate Trustee of the Charity, APPROVED the recommendations in the report to amend the Charity’s Bank Mandate to include two new signatories and revise authorisation limits.**  |  |
| **BOD 202/16**a | **Any Other Business and Strategic Risk**None. No changes were made to the Strategic Risks.  |  |
| **BOD 203/16**a | **Questions from Observers**Chris Roberts, Lead Governor, asked whether there could be a forum or more information available for governors on the STP. He also expressed his concern about the workforce situation and supported the comments made by Non-Executive Directors. The Director of Corporate Affairs & Company Secretary to consider how governors could be given more information about the STP.  | **KR** |
| **BOD 204/16**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 12:12**Date of next meeting: 25 January 2017** |  |