

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

**Board of Directors**

Minutes of a meeting held on

26 July 2017 at 08:30

in the Unipart Conference Centre

Unipart House, 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 & Clinical Standards  |
| Stuart Bell | Chief Executive  |
| Alyson Coates | Non-Executive Director |
| Anne Grocock | Non-Executive Director  |
| Mark Hancock | Medical Director  |
| Dominic Hardisty | Chief Operating Officer |
| Chris Hurst | Non-Executive Director |
| Mike McEnaney | Director of Finance |
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| **In attendance:** |
| Kerry Rogers | Director of Corporate Affairs & Company Secretary  |
| Martyn Ward | Interim Director of Performance |
| Hannah Smith | Assistant Trust Secretary (Minutes) |

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| **BOD****119/17**ab | **Welcome and Apologies for Absence**The Chair welcomed governors, staff and members of the public who had attended to observe the meeting. Apologies for absence were received from: Mike Bellamy, Non-Executive Director; Jonathan Asbridge, Non-Executive Director; and Sue Dopson, Non-Executive Director. |  |
| **BOD 120/17**a | **Declarations of Interests**No declarations of interest were reported and none were declared pertinent to matters on the agenda.  |  |
| **BOD 121/17**abcd | **Minutes of the Meeting held on 28 June 2017**The Minutes of the meeting were approved as a true and accurate record. ***Matters Arising*****Item BOD 62/17(l) Proposed new structure for Operations**The Chief Operating Officer noted that an update was included in the Chief Operating Officer’s Report at Paper BOD 92/2017 and that this would be discussed further during the meeting in private. The Trust Chair requested that the Board continue to be kept updated on the development of the new structure for Operations. **Item BOD 82/17(l) Finance committees’ oversight of FY18 Oxfordshire contract**Chris Hurst reported that the meetings which had originally been scheduled had been cancelled; he would follow-up to establish if they would be rescheduled. The Trust Chair expressed concern about oversight of the Oxfordshire risk share. The Chief Executive noted that there had been further discussions with Oxfordshire CCG which he would report on. **Item BOD 107/17(c) Housing and accommodation to support recruitment**The Director of Finance noted that this was being considered by HR and would be discussed further when the Director of HR joined for the meeting in private.  | **DH****CHt** |
| efg | **Item BOD 109/17(c) Workforce themes for Executive discussion**The Chief Executive reported that a task and finish group had been set up which was working on the workforce themes which had been identified; detailed work was taking place around specific units and the HR and Operations teams were collaborating so as to build on work that had been done and avoid unnecessary duplication. The Board discussed whether additional Board oversight in the form of a new Board sub-committee would be helpful. The Chief Executive emphasised the importance of the Board as a whole participating in discussion on Workforce challenges through Board meetings. He also cautioned against creating more bureaucracy which could take time away from resolving the current issues. He welcomed Board members to come and join meetings of the task and finish group. The Board agreed that interested Board members could attend meetings of the task and finish group but that the Board’s responsibilities in relation to Workforce would not be delegated to a new Board sub-committee. Workforce would remain a standing item on public and private Board agendas; this would provide an opportunity for the Workforce task and finish group to report back on progress. The Board noted that the following actions were on hold for future reporting: BOD 60/17(h), 21/17(b) & 32/17(b) (Strategic Partnerships Report); and BOD 100/17(b) (CFS/ME service). The Board confirmed that the remaining actions from the 28 June 2017 Summary of Actions had been completed, actioned or were on the agenda for the meeting: BOD 100/17(a); BOD 100/17(e); BOD 103/17(b); BOD 103/17(d); BOD 103/17(f); BOD 103/17(h); BOD 103/17(j); BOD 104/17(c); and BOD 106/17(c). |  |
| **BOD 122/17**abcdefghijklmn | **Chief Executive’s Report**The Chief Executive presented the report BOD 91/2017 which outlined recent national and local issues. ***Fire Safety*** The Chief Executive provided an update that national enquiries into fire safety had extended to all NHS buildings, not just inpatient facilities. As reported at the previous meeting, the Trust operated out of a low-rise estate with all but two inpatient units on the ground floor therefore the specific issues which had related to the tragic incident at Grenfell tower were not mirrored in the Trust. The Trust continued to ensure that it was up-to-date with fire safety work and remained able to address known fire risks. ***Oxfordshire Learning Disability (LD) services***The Chief Executive referred to his report and confirmed that LD services had transferred into the Trust on 01 July 2017 and registration issues, which had arisen late in the day in respect of new services which the Trust had been asked to take responsibility for, had been resolved. Inductions for staff who had transferred in were progressing well. The Chief Executive thanked the teams who had been involved in the operational delivery of the new service and the relevant transfers of IT and Finance. ***Care Quality Commission (CQC) visit to Whiteleaf Centre***The Chief Executive referred to his report and noted that a team of 4 inspectors from the CQC had conducted a focused inspection of a ward at the Whiteleaf Centre in response to incidents earlier in the year and contact from patients and carers. The full report of the inspection was expected in September. Initial feedback had been positive in relation to care planning and the environment; staffing issues common across the NHS had also been recognised and would be referred to further below. ***Financial Plan FY18***The Chief Executive referred to his report and emphasised that although the Trust’s financial position was holding up well, this was being positively impacted by £0.9 million of one-off benefits. If these one-off benefits were excluded then the financial position would be an underlying deficit of £0.1 million which was £0.4 million adverse to plan. The Chief Executive reflected on staffing issues and the impact of the Trust’s spend on agency staff in order to meet staffing needs. Based on year-to-date results, the Trust’s overall Use of Resources risk rating would be a “2” (where a rating of “1” indicated lowest risk and “4” indicated highest risk). However, spend on agency staff meant the Agency metric was rated as a “4” and therefore the overall rating for the Trust remained a “3”. NHS Improvement (**NHSI**) had announced a special intervention programme to drive improved staff retention for NHS trusts with particular staffing difficulties; 9 mental health providers were on the list for this programme but the Trust was not one of them, despite the staffing challenges which it faced, which had required regulatory intervention. The Trust Chair asked about learning for the Trust from interventions happening elsewhere in relation to staffing and agency difficulties. The Chief Executive replied that the HR team had been looking into this and attending national events; the feedback had been that the Trust was taking necessary and relevant action. The Director of Finance added that the HR team had also received a national award from a software provider for the quality of the Trust’s implementation of e-rostering. ***FY18 Oxfordshire contract and risk share***The Chief Executive reported on the proportion of the anticipated risk which had crystallised over Q1 FY17 and noted that it was approximately 25% of what had been anticipated. This was largely due to lower levels of activity on the Oxford University Hospitals NHS FT (**OUH**) contract; the risk was the gap between the predictions made by OUH and Oxfordshire CCG. Some progress had been made with the implementation of the agreed mitigations against the risk but progress was still behind where it needed to be. The Chief Executive referred to his report and the impact of additional costs associated with the Referral to Treatment (**RTT**) backlog identified by regulators at OUH. He noted the additional apparatus of governance which had developed to focus on the issue. He cautioned against double-counting mitigations which may already have been identified as part of the mitigations to the original risk share. He reiterated the importance of financial discipline and that the Trust would not commit to any additional expansion of the quantum or nature of the existing risk share agreement, including any additional costs associated with the RTT backlog. If additional risk emerged because of RTT activity then as this was not part of what had already been agreed, it would need to be subject to a second agreement. He noted that staffing issues and the availability of workforce to sustain levels of activity were likely to remain the key factors in meeting RTT demand. ***Information Management and Technology – Digital Strategy update***The Chief Executive referred to his report and the five project areas which the Trust would be focusing on in its Global Digital Exemplar programme. The current Electronic Health Record programme would develop into a broader Digital Strategy Programme to oversee the portfolio of projects and activities and be responsible for ensuring delivery of expected benefits. ***Workforce – nurse recruitment and retention***The Chief Executive referred to his report and the task and finish group which had already been discussed earlier in the meeting. He highlighted that the Trust was also considering: (i) taking a new approach to agency usage in non-registered roles such as Health Care Assistants; and (ii) how to encourage more of such staff to work for the Trust on a more substantive basis. If this was linked with work around the development of apprenticeships and the associate nurse programme then the Trust would be better placed to offer more attractive career development. The Trust Chair noted the importance of also being able to offer staff and potential candidates flexibility. The Director of Nursing & Clinical Standards reminded the meeting of the challenges of offering reasonable flexible working whilst also safely filling a rota/shift system. She noted that there was a risk that if all the flexibility was offered to the temporary workforce then that would leave substantive staff with the pressure of working the more unpopular shifts and becoming incentivised to leave substantive for temporary work. The Chief Executive noted that it would be key to get the balance right between offering roles which were attractive for the newly recruited substantive workforce and which were reasonably flexible. The Board discussed how to publicise and raise awareness about work on offer at the Trust. The Board discussed a permanent recruitment base on major sites; more engagement with the local community; and a drive to offer career change for local people to join the care force. The Board noted the challenge of enabling staff to be able to travel to work in central Oxford in order to be able to provide healthcare.   |  |
| opqr | ***New Care Models – Forensic services***The Chief Executive referred to his report and noted that the Associate Director of Strategy had been encouraged by the detailed clinical working taking place across the Thames Valley and Wessex partnership. More work was, however, required with NHS England specialist commissioning on transferring resource for managing patient level and financial information. The Trust Chair asked about the commissioning of new care models in collaborative partnership for Tier 4 Child & Adolescent Mental Health Services (**CAMHS**). The Chief Executive reminded the meeting that, as reported at the last meeting, the Trust had not been successful in its application to manage this commissioning. Lack of availability of nationally commissioned secure CAMHS beds remained an issue and this was particularly acute in the South of England. He noted that the Trust had enquired if it could open up some secure CAMHS provision but there were constraints including providing an appropriate environment and staffing it safely. The Trust had also highlighted that the issues were not just with a shortage of appropriate secure beds but also with whether there were delays discharging patients from these beds. The Trust was trying to encourage improvement with NHS England specialist commissioning. ***National and Regional developments***The Chief Executive reported that NHS England and NHSI had announced the appointment of joint regional directors. Anne Eden would assume the joint responsibilities of Regional Director for NHS England and the Executive Regional Managing Director for NHSI for the South East. The Chief Executive referred to his report and the progress with the establishment of the Accountable Care System (**ACS**) in Buckinghamshire; governance arrangements would be considered in more detail in private session. The Trust Chair added that he and the Chief Executive had attended a session for chairs and chief executives of the Buckinghamshire ACS and that the discussion had been positive and collaborative. Although Oxfordshire did not yet have an ACS, by comparison there were examples of collaborative working already taking place such as Outcomes Based Commissioning in Mental Health services; the Oxfordshire risk share agreement; and joint venture considerations with GP Federations.  |  |
| st | The Trust Chair referred the Board to the Legal, Regulatory and Policy update which was appended to the Chief Executive’s report and noted that this was a useful and well-presented further update for the Board from the Director of Corporate Affairs & Company Secretary. **The Board noted the report and noted that comments would be provided separately upon the Buckinghamshire ACS proposed draft terms of reference and compact agreement.**  |  |
| **BOD 123/17**abcdefghij | **Chief Operating Officer’s Report**The Chief Operating Officer presented the report BOD 92/2017 which provided an update on quality, people and sustainability together with a narrative of key issues being managed by the Operational Management Team. ***Quality***The Board discussed pressures on the Out Of Hours (**OOH**) service in Oxfordshire. The Chief Operating Officer reported that although work had been taking place to move GPs onto the Trust’s staffing bank, there was a limit to the number of GPs available and there were general capacity issues over the summer months. He questioned the sustainability of the current model and noted that he would discuss further with Oxfordshire CCG and GP Federations/primary care this week as the system could ill-afford a collapse in this part of the urgent care network. The Chief Executive noted the similarities with the challenges in meeting RTT demand, as discussed earlier, and the impact of staffing issues and the availability of workforce to sustain levels of activity. Alyson Coates noted that this was another example of when the needs of the Trust were impacted by the needs of the healthcare system. She noted that the Board needed to be better able to analyse opportunity cost, prioritise accordingly and take time to formulate a view on when efforts in one area could have a significant impact on other areas. The Chief Operating Officer replied that it would be useful to be part of an Oxfordshire-wide system plan which various organisations would be responsible for responding to. John Allison asked what assurances would be provided to Oxfordshire CCG in relation to OOH. The Chief Operating Officer replied that assurances could be given that the Trust was managing well on patient safety and in following procedures in the circumstances, but the circumstances were tight. The Director of Nursing & Clinical Standards highlighted that over the summer period, OOH services were at their most stretched and staff were making considerable efforts to cover a basic level of service. She emphasised that this area needed focus and that concerns had been escalated by clinical management. The Director of Nursing & Clinical Standards requested that the report be amended to provide more context about the pressures on some wards and the wider reporting available on levels of violence and aggression. She highlighted the impact of incidents of violence and aggression upon staff. ***People***The Chief Operating Officer referred to his report and the changes in the operational organisational structure. ***Sustainability***The Chief Operating Officer reported on the Joint Enterprise away-day with GP Federations to finalise options for the new Joint Enterprise. This had been an extremely positive example of real leadership, engagement and alignment which had resulted in crystallisation of specific options. He referred to his report and the work which had taken place to review the Trust’s Emergency Preparedness, Resilience and Response in light of national events including the Grenfell tower fire. He confirmed that systems were in good shape and commended the Emergency Planning Lead for her work in this area. The Trust Chair referred to the report and asked about the request from the Buckinghamshire system for the Trust to take on responsibility for managing their Continuing Health Care (**CHC**) budget and process. The Chief Operating Officer explained that the Trust managed CHC in Oxfordshire but it was challenging; the Trust had been approached to help the Buckinghamshire system to manage the process but there were challenges attracting the relevant workforce. The Trust would undertake relevant due diligence and then consider the deliverability of the request. **The Board noted the report.**  | **DH** |
| **BOD 124/17**ab | **Performance Report**The Chief Operating Officer presented the report BOD 93/2017 on performance against the Single Oversight Framework for June 2017 (Month 3). The Trust had met or exceeded 90% of the 972 performance indicators reported; the number of reportable indicators varied each month (depending upon the frequency of reporting expected e.g. quarterly or monthly) but the Trust had maintained 90% compliance overall. Areas of underperformance were set out in the report. Trends across directorates had also been identified in relation to: workforce pressures and difficulties in recruitment and retention; and clients in settled accommodation (as opposed to stable accommodation – the difference between the two definitions required resolution between the CCG and regulators). Workforce pressures were impacting on the majority of indicators which were red rated as having fallen well below target; for example, indicators in relation to continuing healthcare and assessments. Data quality issues were also impacting achievement of indicators. Although the Trust was not yet where it wanted to be on performance against indicators, there had been significant improvement and the CCG had written to the Trust to acknowledge the improvement and the better information which the CCG was now receiving. The Children & Young People’s Directorate was consistently the highest performing but there had been a recent decline in performance against CAMHS 12 week waiting times, as set out in the report. There were also challenges with meeting the 100% target for assessments of looked after children as some children refused to be assessed. However, the target was against assessments conducted, rather than assessments offered which would have been 100%. The Adult Directorate had achieved the most significant improvement in performance from 57% achievement of indicators in January to 76% in June, with a target to achieve 80% by the end of the next quarter. The Older People’s Directorate had been impacted by the performance of community services and in particular new indicators taking effect in April as well as the impact of OOH services; whereas in January 80% of indicators had been achieved, this had now dropped to 71%. The Chief Operating Officer referred to his report and the action being taken on the issues which had been highlighted in relation to OOH services; the Interim Associate Director of Service Improvement continued to review the service.  |  |
| cd | The Board discussed the improvement in performance by the Adult Directorate. Alyson Coates cautioned against the risk of buying performance which the service could not afford to deliver; she contrasted the improvement identified in performance for the Adult Directorate against the overspend for this directorate which was evident from the Finance Report at paper BOD 98/2017. The Chief Operating Officer noted that this might be the case in community hospitals and the Trust’s concerns in this regard were being signalled to the CCG. John Allison asked whether lessons could be learned from the improvement in performance by the Adult Directorate and applied to other directorates. The Interim Director of Performance replied that applicable lessons could be learned and that senior leadership was key to ensuring that changes were bedded in and attention given to personally overseeing improvements, as the Service Director for the Adult Directorate had led the way in doing. **The Board noted the report.** |  |
| **BOD 125/17**ab | **Quality and Safety Report: Effectiveness**The Medical Director presented the report BOD 94/2017 which provided an update on: clinical audit; the Learning Advisory Group; the Mental Health Act and Deprivation of Liberty safeguards and compliance; the Physical Health Group; the Public Health Group; and the Research Management Group. He highlighted: * the good work which had taken place to keep on top of clinical audits during a period when the team was short-staffed and recruitment was underway;
* in relation to the Mental Health Act, the progress being made to redesign section 17 leave forms although the changes needed to be tested to assess whether they would deliver the intended results; and
* joint working between the Public Health Group and the Physical Health Group.

Alyson Coates expressed concern about the delivery of the clinical audit programme, and whether it had been necessary to deliver a re-scoped programme to cover fewer audits last year. She noted that the audits which had been conducted also tended to be re-audits of known areas of focus; she was not therefore assured that the Trust was in a better position than last year. The Medical Director replied that the clinical audit  |  |
| cd | programme had not in the end delivered fewer audits but the frequency of some reporting had been reduced. He confirmed that the programme was effective and that the Chief Pharmacist was also assured. Alyson Coates asked whether recruitment had been successful to ensure that a team was in place to provide a sustainable clinical audit service. The Medical Director and the Director of Nursing & Clinical Standards confirmed that the recruitment process was nearly complete. The Trust Chair referred to the reporting on physical health and concerns about the safe administration of insulin which the Physical Health Group would be focusing on in coming months. He asked what the concerns were in this area. The Medical Director replied that this was a complicated area which linked into developing a robust diabetes education programme for inpatient services across the Trust; the Deputy Medical Director was also reviewing this. The Director of Nursing & Clinical Standards added that there was also work to do to build on the understanding by Mental Health services staff of the management of diabetes. **The Board noted the report.** |  |
| **BOD 126/17**abc | **Director of Infection Prevention and Control annual report**The Director of Nursing & Clinical Standards presented the report BOD 95/2017 on the delivery of the Infection Prevention and Control Programme. The report also provided: (i) assurance on measures being taken to maintain the safety of patients and staff; and (ii) proposals/planned future work for sustained reduction and improvements in preventing Healthcare Associated Infections. She highlighted the collaborative work taking place with other healthcare providers and the enlightening benefits of the monthly peer review process around *CDiff* infections. John Allison noted that whilst the report indicated that the Trust was performing well in this area, he could not tell how the Trust was performing against other comparable organisations. The Director of Nursing & Clinical Standards replied that there had been external assurance from the CQC inspection and the CQC had commented positively upon the Trust’s performance in Infection Prevention and Control. Anne Grocock commended the report and asked about the frequency of involvement with the Estates team to ensure that  |  |
| d | sites and environments were as good as they could be. The Director of Nursing & Clinical Standards and the Director of Finance confirmed that collaboration with Estates was working well with agreed standards in place. The Director of Nursing & Clinical Standards added that there were, however, challenges with the budget to purchase equipment and with control over the environment in leased premises which the Trust did not directly manage. **The Board noted the report and the planned future work and supported the Infection Prevention and Control Programme.**  |  |
| **BOD 127/17**abcd | **Inpatient Safer Staffing (Nursing)** The Director of Nursing & Clinical Standards presented the report BOD 96/2017 and explained that 7 of 32 wards had experienced difficulties in achieving expected staffing levels on every shift and had therefore needed to use agency and/or sessional staff. However, all wards had maintained minimum staffing levels to remain safe to deliver patient care. The main reasons for difficulties were: vacancies; sickness rates; and patient acuity levels and additional tasks (e.g. patient escort duties). The Director of Nursing & Clinical Standards explained how the report may evolve in the future to include more information on recruitment and retention. Currently the report set out what the staffing position had been but it may evolve to become more of a joint report with HR and consider actions being taken in relation to recruitment and retention. This was a critical issue across a number of wards, as well as in community hospitals and the OOH service, which was also taking up an increasing amount of management time during a period when transformation of services was also required. The Director of Nursing & Clinical Standards noted that it may also be necessary to review the thresholds at which wards were deemed to be safely staffed as these were currently set fairly high; it may be more prudent to lower the thresholds during a challenging workforce climate. Alyson Coates asked how close the Trust may come to needing to close a ward because it could not be safely staffed and how this would be decided. The Director of Nursing & Clinical Standards replied that decisions around this were taken dynamically and the situation was assessed daily. Some beds  |  |
| e | on some wards had been closed following concerns; it was never possible to rule out closing a ward or some beds in order to maintain safety. **The Board noted the report.** |  |
| **BOD 128/17**abcd | **Workforce Performance Report**The Director of HR presented the report BOD 97/2017 which set out the position on workforce performance indicators including temporary staffing spend, vacancies, sickness, turnover, exit data and recruitment. The Board discussed the increase in sickness absence for June and the main category, across directorates, which was anxiety/stress/depression/other psychiatric illnesses. Chris Hurst noted the potential impact of a relatively high proportion of long-term sickness absence upon the recruitment challenge. He asked whether recruitment in Corporate in particular had been held back and if there were particular risks to manage here. The Director of Finance replied that there were recruitment difficulties across areas and there had been no extra pressure to halt recruitment in Corporate areas. John Allison referred to the Trust’s high agency spend and the further increase in agency spend compared to May. Whilst noting that arbitrary guidelines imposed on spending levels were unhelpful, he asked whether the Trust could still learn from other NHS trusts which may be performing better on agency spend. The Director of Finance replied that the spend level which had been set for the Trust was more challenging than had been set for other trusts so comparisons may be unhelpful. The Director of Nursing & Clinical Standards supported challenging the spend level at the next appropriate opportunity; she emphasised the importance of ensuring that Mental Health trusts were not disadvantaged, in comparison to acute trusts in this regard. The Board discussed the challenges of recruiting staff into Adult Mental Health services in particular, noting that the nature of the work may be difficult and unrelenting. This also meant that comparing the Adult Directorate to the other clinical directorates should be done with caution to take account of the differing pressures upon staff. The Director of Nursing & Clinical Standards reminded the Board that some of the best reviewed wards from a staff perspective could still be those with the most challenging patient groups; she emphasised the importance of  |  |
| ef | local management to also understand how some teams were able to sustain a higher level of staff satisfaction than others. The Director of Nursing & Clinical Standards also referred the Board to the CQC report on the state of care in mental health services 2014-2017 which presented findings from the CQC’s programme of comprehensive inspections of specialist mental health services; she highlighted the findings in relation to attrition from the mental health workforce, the impact of potentially penalising pensions arrangements and the lack of focus on replenishing the workforce. The Chief Executive added concerns about: (i) the national reduction in the number of placements for new mental health nurses; and (ii) recent findings from NHS Digital on national vacancy rates. He noted that it would be useful to put the Trust’s situation in national and regional contexts. **The Board noted the report.**  |  |
| **BOD 129/17**abc | **Patient Story – Adult Directorate**David Moreton joined the meeting and presented an audio recording of the experiences of a patient from the Adult Directorate who wanted to provide a snapshot of his journey over two and a half years with the Adult Mental Health Team and the management of his bipolar disorder type 2. The patient had felt that individual, rather than group, Cognitive Behavioural Therapy sessions had helped him to come to terms with his diagnosis and he felt that he now had the tools to manage. The patient wished to use his experiences to help others through their recovery. The Board discussed risks with missing a bipolar diagnosis in the early stages of referrals. The Medical Director noted the challenges of making the diagnosis as initially people could present as depressed before they presented with an episode of elevated mood. Treatments such as lithium were also often not the first choice by patients, due to the potential side effects and need for monitoring, therefore it would not necessarily be unusual for patients to try antipsychotics first.The Board discussed the ways in which differing clinical styles could also benefit different patients, noting how this patient had reported that it had been most helpful to see a psychiatrist with a bold, brash, precise and realistic style. The Board noted the risks of using multiple clinical styles and how if this was  |  |
| de | misjudged, it could also be wrong for a particular patient. Having a third party in the room however, like a care coordinator or mental health nurse, could add a helpful additional perspective. David Moreton added that the Trust was also into the planning and preparation phase to develop Peer Support Worker posts, in collaboration with Nottinghamshire Healthcare NHS FT and ImROC (Implementing Recovery through Organisational Change). The aim was for new posts to have been developed and advertised by early 2018. The Board recognised this as an interesting topic for the Board, governors and also potentially the Annual General Meeting in 2018, subject to implementation. The Board thanked David Moreton and the patient for their story. **The Board noted the presentation.** *David Moreton left the meeting.*  |  |
| **BOD 130/17**abcde | **Finance Report**The Director of Finance presented the report BOD 90/2017 which summarised the financial performance of the Trust for the period ending June 2017 (Month 3, 2017/18). EBITDA (Earnings Before Interest, Taxation, Depreciation and Amortisation) was £0.5 million favourable to plan and Income and Expenditure was also £0.5 million favourable to plan. The favourable variance of £0.5 million was mainly driven by positive one-off benefits, as set out in the report, and receipt of the final Sustainability and Transformation Funding allocation from the previous year. However, without the £0.5 million favourable variance, the Trust would have a £0.8 million negative variance to plan which would also be £0.8 million behind plan, mainly due to the delay in taking on Learning Disability services which had had a £0.4 million impact. There was also under delivery of the Cost Improvement Programme (**CIP**) by £0.2 million which would be considered further in private session; he recommended putting in place cost mitigations by activities. The cash balance was healthy and £4.9 million higher than plan, mainly due to: lower trade and other receivables; higher payables; lower purchase of property, plant and equipment; and a higher operating surplus. On the Use of Resources metric, the Trust had maintained a rating of “3” (where a rating of “1” indicated lowest risk and “4” indicated highest risk) due to agency costs being higher than planned spend and the NHSI agency ceiling. The Director of Finance highlighted the net effect of other pressures in services of £0.2 million and explained that the most significant issue was in relation to community hospitals and having more beds open than had been planned for and which led to increased cost. He noted that some of this pressure should be accepted as part of the overall £3.6 million Oxfordshire system risk. He reminded the Board that the Trust had signed up to the risk share on the condition that appropriate mitigating actions would be taken against the identified risks but that these had not yet sufficiently materialised. He explained that the main risks to meeting the full year plan were: delivery of the £7.4 million CIP target; and the £3.6 million risk associated with the Oxfordshire risk share agreement. Alyson Coates expressed concern that the £7.4 million CIP target may not be credible. The Board discussed: the amount of detail to include in this report to the public meeting compared to the private meeting; and the importance of transparency as well as the need to balance this with maintaining appropriate commercial confidentiality especially when discussing the performance of other organisations within local systems. The Trust Chair emphasised that even whilst appropriate commercial confidentiality should be maintained, it was still possible and appropriate to express concern generally about system risks. **The Board noted the report.** |  |
| **BOD 131/17**abcd | **Sale of 71 Hill Top Road, Headington, Oxford**The Director of Finance provided an oral update, noting that this had been discussed in more detail at the Board Seminar on 12 July 2017 and further to discussion by the Board on 28 June 2017 when it had been requested that more consideration be given to the best option for use or sale of the Hilltop Road site. The decision to proceed and sell the Hilltop Road site to the highest bidder was put to the Board for ratification at this meeting. He reminded the meeting of the discussion at the Board Seminar on 12 July and the options which had been identified for the site of:* a compound for Estates & Facilities use;
* key worker housing development – noting that it may be preferable for this to be included as part of the overall Warneford site redevelopment; or
* the Trust applying for planning permission.

It had been confirmed that any profit on sale of the site must be shared with the Department of Health, per the terms of the land transfer, and that there was an overage clause in the heads of terms with the potential purchasers. **The Board RATIFIED the decision to sell the Hilltop Road site to the highest bidder.**  |  |
| **BOD 132/17**abcde | **Access to Healthcare for People with Learning Disabilities including Specialist Healthcare Transition** The Chief Operating Officer presented the report BOD 99/2017 which provided: (i) an update on the transition of Specialist Health Services for people with learning disabilities; and (ii) assurance on compliance with the six “Healthcare for All” criteria. The Board discussed the new easy-read format of the report, noting differences of opinion, positive support for the new style and challenges as to whether the style could come across as patronising and whether it was inappropriate and inconsistent to treat this report differently to other reporting to the Board. The Board supported the use of more plain English in reporting and more use of summaries to provide a road map of what reporting was about and what its main points were. The Director of Nursing & Clinical Standards referred to section 4 on page 11 of the report in relation to protocols to routinely include training on providing healthcare to patients with learning disabilities. She noted that the Trust provided training, including as part of equality training for staff. The Board discussed the frequency of reporting on the transition of Learning Disability services and how the Board could remain actively involved when the transition had been managed through to business as usual. The Board recognised that reporting may need to be on a standing item basis initially, before it could evolve to more quarterly reporting, and that the Board in private session would consider whether reporting would be in public or private. **The Board noted the report.**  |  |
| **BOD 133/17**abcd | **Business Plan Q1 Report**The Director of Finance presented the report which summarised progress of the Business Plan against the 7 Strategic Priorities, including progress for each project and RAG-ratings against completion of milestones. CIP was highlighted as red-rated. He noted that the next Board Strategy Away Day would review the Strategic Priorities within the context of the wider Strategic Framework. John Allison expressed some concern that delivery of CIP had been highlighted as one of the key supporting work streams to achieve Priority 5 (to ensure the Trust was high performing and financially viable). He noted that whilst achievement of CIP was important, it may be misrepresenting its impact upon the Trust’s ability to achieve financial viability to include it in this way, especially considering its current red-rated status. The Director of Finance replied that this report did not set out the overarching financial plan but he acknowledged that the key initiatives against this priority may need to be reconsidered. Alyson Coates cautioned that the way in which targets had been set may also need to be reconsidered. Although targets for some key projects in this particular reporting period had been met, overall some of these green-rated projects may not be performing as well or potentially as quickly as would be hoped for, for example in relation to equality and diversity or in achieving sustainability and staffing. **The Board noted the report.**  |  |
| **BOD 134/17**abc | **Board Assurance Framework (BAF) Q1 Report**The Director of Corporate Affairs & Company Secretary presented the report BOD 101/2017 on the position of the BAF and the risks which could cause the Trust to fail to achieve its 7 Strategic Objectives. She highlighted its use as a strategic risk balance sheet and noted that the Board Strategy Away Day would also review the Strategic Objectives within the context of the wider Strategic Framework. The Board discussed the risks in the BAF in the context of the discussions during the meeting and recommended that:* SO 4.1 (failure of the Health and Social Care Systems in which we work to act together to deliver integrated care, maintain financial equilibrium and share risk responsibility may impact adversely on the operations of the Trust) be re-rated as likely to occur. Given earlier discussion on the way in which workforce challenges were impacting upon sustainability of services such as OOH or upon safety concerns, these may also need to be included in the risk; and
* targets be reviewed as it may be necessary to recognise where the rating of a risk had not changed over a considerable period of time and where the Trust had adapted to accept it, as opposed to where efforts to shift the position had yet to be successful.

**The Board noted the report.**  | **HS** |
| **BOD 135/17**abc | **Oxford Health Charity Annual Report and Accounts for the year ended 31 March 2017**Anne Grocock presented the report BOD 102/2017 and confirmed that the 2016/17 Annual Report and Annual Accounts of the Oxford Health Charity had been subject to independent examination by Deloitte which had issued an unqualified examination report and confirmed that there were no matters of significance to bring to the attention of the Board in its capacity as Corporate Trustee of the Oxford Health Charity. The Charity Committee had reviewed the Annual Report and Accounts and recommended them to the Board for approval together with the Letter of Representation. The Director of Corporate Affairs & Company Secretary, on behalf of the Charity Committee and the Board in its capacity as Corporate Trustee, thanked Anne Grocock for all her work as chair of the Charity Committee, noting the tenacity of the committee’s protection of public and patient benefit. **The Board, in its capacity as Corporate Trustee of the Oxford Health Charity:** * **noted Deloitte’s letter to the management of the Charity;**
* **APPROVED the Annual Report and Annual Accounts of the Charity; and**
* **APPROVED the execution of the Letter of Representation.**
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| **BOD 136/17**abcd | **Updates from Committees*****Charity Committee – 14 June 2017 and 17 July 2017***Anne Grocock presented the minutes of the Charity Committee meeting on 14 June 2017 and an oral update of the meeting on 17 July 2017. Anne Grocock highlighted the contribution of Yaima Bacallao from the ORH Charitable Funds Department to the Oxford Health Charity and noted that this had been her last meeting for the Charity; the Charity Committee had thanked her for all her work for the Charity and the committee. **The Board received the minutes.** ***Charity Committee Annual Report and Terms of Reference*** The Director of Corporate Affairs & Company Secretary presented the report BOD 104/2017 which summarised the performance and work programme of the Charity Committee and provided the Terms of Reference. She noted that with the appointment of the new Community Involvement Manager it would be possible to focus more on fundraising; she emphasised the importance of fundraising in partnership and collaboration, not competition. **The Board received and APPROVED the Charity Committee Annual Report and the Terms of Reference.**  |  |
| **BOD 137/17**ab | **Board Strategic Session** The Trust Chair led the Board in a discussion on future Strategy Sessions and Strategic Away Days for the Board. The Trust Chair noted that it may no longer be sufficient to use designated time for this during the private Board meetings but that longer sessions may be required. Chris Hurst noted that a three-step process may be useful to: remind the Board of current strategy; challenge and speculate; and coalesce around how to refine the strategy going forwards. A review of the current position would also be useful for the new Non-Executive Directors who would be joining the Board from September 2017. **The Board AGREED to schedule 3 Strategy Sessions/Strategic Away Days for 2018 and to proceed with the coming Strategic Away Day in October 2017.**  |  |
| **BOD 138/17**abcde | **Any Other Business and Strategic Risks**The Board noted the discussion on strategic risks during the item on the BAF. The Trust Chair announced that, following a recommendation from the Well Led Governance Review, he would be standing down as Chair of the Quality Committee. Jonathan Asbridge had agreed to take over as Chair of the Quality Committee. The Trust Chair confirmed that a Board Seminar was not required for August 2017 and could therefore be cancelled. The Trust Chair reminded the Board of the annual DBS-check process for the Fit and Proper Persons Test and that this had been discussed and agreed. The Director of Corporate Affairs & Company Secretary noted that the Trust’s website had been subject to a cyber-attack overnight but that content had now been restored. The Director of Finance confirmed that the website was separate from clinical systems which were heavily protected.  |  |
| **BOD 139/17**ab | **Questions from Observers**A staff governor asked how data on exit interviews was collated and whether the Trust had considered the value in talking to staff who were still working on units about why they were staying in post and what the Trust could do to keep them in post. The Director of Nursing& Clinical Standards replied that work had been done around leavers and job satisfaction; this may not yet have taken place in every team but it should be part of the role of managers to also consider this. She highlighted that the Board also received presentations from staff and that the Patient Story slot at the meeting was also interchanged with a Staff Story slot. The Director of Finance referred to the Workforce Performance Report at BOD 97/2017 in relation to reporting on exit interviews and noted that although these were offered, not all staff availed themselves of the opportunity to participate. The HR team was looking into options to set up new ways of allowing staff to provide exit data, for example through external telephone lines so that staff could express their views more freely and in real time. John Allison added that on Non-Executive Director site visits, he and his colleagues took the opportunity to ask staff these questions around what could keep them in post. A reporter for the Oxford Mail and the Oxford Times noted that the Trust clearly recognised the need to tackle workforce issues and asked whether there was a timescale or target for seeing a positive difference from recruitment drives and other options. The Chief Executive replied that this was part of ongoing work but that elements of this were very service-specific because there was no one overarching solution but different approaches were being developed.  |  |
| **BOD 140/17**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 12:38. **Date of next meeting: 27 September 2017** |  |