

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

**Board of Directors**

Minutes of a meeting held on

25 January 2017 at 08:30

at Egrove Park (Saїd Business School), Kennington Road, Oxford

**Present:**

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| Martin Howell | Trust Chair (the Chair) |
| John Allison | Non-Executive Director |
| Ros Alstead | Director of Nursing and Clinical Standards – *part meeting* |
| Stuart Bell | Chief Executive |
| Mike Bellamy | Non-Executive Director |
| Alyson Coates | Non-Executive Director |
| Sue Dopson | Non-Executive Director |
| Anne Grocock | Non-Executive Director  |
| Mark Hancock | Medical Director  |
| Dominic Hardisty | Chief Operating Officer |
| Mike McEnaney | Director of Finance |
| Lyn Williams | Non-Executive Director and Vice-Chair  |
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| **In attendance:** |
| Emily Bishop | Clinical Lead, Quality & Safety – *part meeting* |
| Tim Boylin | Director of HR |
| Donna Mackenzie | Patient Experience and Involvement Manager – *part meeting* |
| Kerry Rogers | Director of Corporate Affairs and Company Secretary – *part meeting* |
| Martyn Ward | Interim Director of Performance |
| Hannah Smith | Assistant Trust Secretary (Minutes) |

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| **BOD****01/17**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 Jonathan Asbridge.  |  |
| **BOD 02/17**a | **Declarations of Interest**No declarations of interest were reported and none were declared pertinent to matters on the agenda.  |  |
| **BOD 03/17**abcd | **Minutes of the Meeting held on 01 December 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. Action from the Board meeting on 28 September 2016 held until next anticipated report in February 2017. **Item BOD 191/16(i) Quality & Safety Report: Incidents and Safety**The Board noted that an update would be sought when the Director of Nursing and Clinical Standards was present. The Board confirmed that the remaining actions from the 01 December 2016 Summary of Actions had been completed, actioned or were on the agenda for the meeting: BOD 190/16(f)-(g); 196/16(d); 197/16(a); 197/16(b); 197/16(d); and 203/16(a).   | **DH** |
| **BOD 04/17**abcdefghijklmn | **Chief Executive’s Report**The Chief Executive presented the report BOD 02/2017 which outlined recent national and local issues. ***Contract position FY17 and FY18***The Chief Executive reported that all main contracts for 2017/18 had been agreed by the deadline of 23 December 2016 with some recognition in both Buckinghamshire and Oxfordshire of the need to begin a process of analysis and monitoring of investment in mental health. The Oxfordshire contract for 2016/17 had also been agreed in line with the expectations set out in the annual plan; and a mechanism for sharing overall system risk on the activity-related contract gap had been agreed. The overall system risk in Oxfordshire amounted to £18 million, of which £2 million related to mental health and community activity provided by the Trust; schemes to mitigate the risk had been identified, albeit subject to validation, and it had been agreed that the residual risk would be shared 20:40:40 between the Trust, Oxford University Hospitals NHS Foundation Trust (**OUH**) and Oxfordshire Clinical Commissioning Group (**OCCG**). He recommended prudence in assumptions about the schemes to mitigate risk and noted that it should not be assumed that all would be effective. *The Director of Corporate Affairs & Company Secretary joined the meeting.* Mike Bellamy asked how realistic was the estimate of £18 million of overall system risk in Oxfordshire, given that this seemed to be based upon activity levels whereas the Trust’s contracts were generally block contracts. The Chief Operating Officer commented that historically these estimates had been accurate so this was likely to be realistic. The Chief Executive added that it was £2 million of this risk which related to Trust activity, whereas the remaining £16 million related to the potential gap to achievement between OUH and OCCG. The Director of Finance added that the contract on specialised commissioning with NHS England had also been agreed as anticipated. Mike Bellamy noted that it would be useful for the Board to see early evidence of a strong project plan, delivery dates and appropriate resourcing to support achievement of savings. The Trust Chair noted that it would be useful to have a discussion at a Board seminar in the new financial year on contracting, especially once the schemes to mitigate the system risk in the Oxfordshire contract had had an opportunity to be validated and appropriate Executive action was in place. The Trust Chair would write to OCCG and OUH on behalf of the Board in relation to the management of overall system risk in Oxfordshire. Alyson Coates referred to the recent communication from the Trust to NHS Improvement setting out risks to delivery of the Operational Plan FY18-19 and noted that it would also be useful to be clear on early warning signs in these key areas. She cautioned that if a cluster of these key areas deteriorated simultaneously then this could cause significant issues. The Trust Chair agreed that this was important but noted that that this should be for separate internal consideration on the management of the Operational Plan as distinct from the letter he would write on overall system risk. *The Director of Nursing and Clinical Standards joined the meeting.* ***Informatics – Electronic Health Record and Global Digital Exemplar proposal***The Chief Executive provided an update on progress to deliver Carenotes; beta testing of the new version of Carenotes had started with the expectation that the Trust would be able to go-live with the new version in March 2017. The Chief Executive reported that the Trust was one of 14 mental health organisations which had been invited by NHS England to submit a proposal to become one of 6 Global Digital Exemplars for mental health. He noted that other bidders also used Carenotes or RiO systems and that networking and collaborating with other organisations would be part of being a Global Digital Exemplar; the Trust had already started to discuss potential collaboration with other bidders. He confirmed that the Trust had submitted its bid and that he would circulate the final bid to the Board out-of-session. Anne Grocock noted the potential that becoming a Global Digital Exemplar could offer to the Trust in terms of engaging more with patients. ***Oxford Academic Health Science Centre (AHSC)*** The Chief Executive referred to the creation of a Charitable Incorporated Organisation to provide a delivery vehicle for the AHSC partnership; this had been approved by the Board in private session on 26 October 2016. He noted that regular updates would be provided to the Board on AHSC developments and that Glenn Wells, Chief Operating Officer of the Oxford AHSC, would attend the next Board meeting to provide an update. ***Oxford Academic Health Science Network (AHSN)***The Chief Executive referred to the update in his report on AHSN activity and noted that there would be a review of funding arrangements for the future of AHSNs as their 5-year licences were due for renewal; this was part of a national debate about the interaction of AHSNs with strategic clinical networks, transformation processes and the work of NHS England. ***Sustainability and Transformation Plans (STPs) and local transformation processes***The Chief Executive noted that by the end of February 2017 there should be clarity on whether Berkshire West would remain part of the STP with Buckinghamshire and Oxfordshire or join with East Berkshire in the Frimley STP. The Trust Chair asked whether a firewall had been put in place to separate out operational and commissioning responsibilities in the STP. The Chief Executive replied that this was being worked on. The Director of Corporate Affairs & Company Secretary noted that guidance on separating out commissioning and providing responsibilities had recently been issued to CCGs and this was being incorporated into the business case. The Board noted that the Council of Governors would also receive an update on the STP at the Council meeting on 08 February 2017. Mike Bellamy asked about the timing of the phases of the Oxfordshire transformation programme. The Chief Executive confirmed that the consultation on phase 1 had now commenced and a decision on the outcome of the consultation would be taken by the CCG after local elections in May 2017. Consultation on phase 2 was anticipated for November 2017 but the process of engagement would start earlier. ***Oxfordshire Learning Disability Services***The Chief Executive confirmed that, subject to approval by OCCG, the Trust had been recommended as the preferred provider for community Learning Disability Services in Oxfordshire. In relation to forensic Learning Disability Services, the Trust was continuing to discuss the running of the Evenlode unit with NHS England and NHS Improvement. The Trust had been invited to consider providing interim management of the forensic Learning Disability Service pending agreement of a  | **MMcE****HS/MMcE****MGH****MMcE****SB** |
| opqr | business case to provide a comprehensive pathway of care. The Chief Executive emphasised that providing interim management could offer opportunities to become more sighted on likely issues and to develop and build capacity and capability in this area. ***Consultant appointments***The Board noted the appointments of Dr Josephine Lee as a consultant in Child and Adolescent Psychiatry based in Keynsham and of Dr Kakali Pal as a consultant in Child and Adolescent Psychiatry based in Buckinghamshire. ***Staff Recognition***The Board noted the Staff Recognition Awards event which took place in December 2016 and that the awards ceremony had been a success. The Trust Chair was delighted to report that the Director of Nursing and Clinical Standards had also been awarded an OBE in the New Year’s Honours in recognition of a lifetime of achievement in mental health services and nursing leadership. The Board congratulated the Director of Nursing and Clinical Standards. **The Board noted the report and ratified the consultant appointments.**  |  |
| **BOD 05/17**a | **Matters Arising from the Minutes (continued)****Item BOD 191/16(i) Quality & Safety Report: Incidents and Safety**The Director of Nursing and Clinical Standards noted that future reporting (anticipated for March, June and October 2017) would need to start to include 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.  | **RA** |
| **BOD 06/17**abcdefgh | **Chief Operating Officer’s Report**The Chief Operating Officer presented the report BOD 03/2017 which provided an update on areas of excellence and issues of potential concern against: quality (safe, effective and caring); finance/Cost Improvement Programmes (**CIP**); workforce; and performance against key targets for each of the Adult Directorate, Children & Young People’s Directorate and the Older People’s Directorate. In relation to the Adult Directorate he emphasised the success which had been achieved in implementing a new culture to reduce the number of Out of Area Transfers (**OATs**) and the work of the new Service Director to engage with staff around models of care for the acute pathway. He noted that the new culture to avoid OATs had been working extremely well and that since 01 December 2016 only two patients had been transferred out of the Trust and in each case only for 24 hours before they could be brought back. He noted that the next challenge was to make this change sustainable and business as usual as there had been a significant effort to achieve this. John Allison asked whether the achievement in avoiding OATs had been at a financial or other cost to staff. The Chief Operating Officer replied that it was energising for staff to avoid OATs and that this was the right thing to do for patients; however, he noted that the Service Director would be in a better position to comment upon the impact on staff. In relation to psychiatric intensive care in the Adult Directorate, the Chief Operating Officer reported that the Ashurst unit had decided to move away from having a de-escalation area and towards managing patients on the unit rather than in a discrete area and had also decided to move towards becoming a male-only unit. The Director of Nursing and Clinical Standards supported this development and noted that it was good news that the unit had the confidence to move away from the separate de-escalation area. In relation to the Children & Young People’s Directorate, the Chief Operating Officer highlighted that the directorate had been under pressure from a high volume of tenders/re-procurement exercises. However, it was positive that the Trust had been confirmed as the most capable provider in the tender for the Oxfordshire Child and Adolescent Mental Health Service. He noted that it was a concern that the directorate’s CIP planning for next year had only identified £300,000 in CIPs against a target of £1.8 million; this may have a wider impact upon the Trust and require over-delivery from other areas in order to make-up the shortfall. In relation to the Older People’s Directorate, the Chief Operating Officer emphasised the pressures in the wider urgent care system and with social care. He noted that Delayed Transfers of Care (**DToCs**) remained an area of concern following the transition from the reablement service to the new combined services. Potentially twice as many bed days may have been lost to DToCs this year compared to last year which had had a significant impact upon capacity. Lyn Williams referred to the report and asked for more information about the area of concern for the Adult Directorate in relation to difficulties in reporting Outcomes Based Contract (**OBC**) outcomes which meant that there continued to be some financial risk against delivery of activity. The Chief Operating Officer replied that the risk was around lack of evidence rather than actual under performance. The Director of Finance added that now that the risk had been recognised and there was appropriate focus and attention upon evidencing deliverables and setting baselines for outcomes, the risk had been mitigated and the Trust would not fail to deliver by the end of March; the cost of failure on a worst case basis would be approximately £3.5 million. He noted that the emphasis in the first year of the OBC had been to establish baselines and refine Key Performance Indicators (**KPIs**) but that the metrics were complicated and although KPIs had been identified at a conceptual level, more work had been required to crystallise them into tangible and defined outcomes to drive the contract and provide baseline information. He noted that the work of the Interim Director of Performance to review KPIs against contract delivery would also help to ensure that this type of risk would be avoided for the future. The Interim Director of Performance added that he had been working to close the gap with the CCG on how particular measures were to be interpreted to ensure that there was clear understanding about data being supplied. Lyn Williams asked if OBC reporting issues would have been eliminated by the end of March. The Interim Director of Performance replied that he was more confident about this. Lyn Williams requested that an update be provided at each Board meeting on the situation with reporting OBC outcomes and managing the risk around evidencing performance. The Interim Director of Performance replied that he was already reporting on these indicators and that this would be covered in more detail in the reporting to the Board meeting in private.  |  |
| ij | The Interim Director of Performance presented the Month 9 Supporting Information in the report and asked if the Board was assured with this level of evidence to support the Chief Operating Officer’s report. The Board reviewed the Supporting Information in particular the data on DToCs, noting the increase in delays since October 2016 and the transition from the reablement service to the new combined services. The Board commented that the format and trend data was useful but that it was concerning to see a number of deteriorating trends. Sue Dopson added that it would also be helpful to hear in the future what the Interim Director of Performance had learned, not just what had been done, and how that learning might be more widely shared and disseminated. Lyn Williams noted that only a selection of KPIs had been reported against and that before the report was published, it should be made clear that the KPIs selected were not a full suite or entirely representative of the Trust’s activity. The Interim Director of Performance confirmed that indicators had been selected from over 1,500 for reporting this time around and that this would be made clear in an updated version of the report he would provide for publication. **The Board noted the report.** | **MW** |
| **BOD 07/17**ab | **Quality & Safety Report: Effectiveness**The Medical Director presented the report BOD 04/2017 which provided a summary of performance against Key Lines of Enquiry considered by the Effectiveness quality sub-group. He highlighted the focus upon clinical audit and the challenges with reducing the number of clinical audits in the programme whilst continuing to satisfy the requirements of nationally mandated clinical audits and to appropriately revisit clinical audit areas which had been rated as requiring improvement, as set out in the report. Anne Grocock expressed concern that clinical audit findings were identifying themes around communication with patients and carers. She asked whether these themes were also repeated in Serious Incidents (**SIs**) and whether improvement could be achieved by looking at use of IT or ensuring that staff completed all relevant parts of forms. The Medical Director replied that SIs did highlight when communication was an issue; he noted that communication with carers was already a topic included in his training for qualified staff. In relation to IT, he noted that clinical audits had not identified IT as an issue but that inconsistencies with where staff recorded information  |  |
| cdef | continued to provide challenges for auditors looking to report against that information. Alyson Coates emphasised the importance of getting value out of clinical audit work and recommended that there be more focus on putting improvement plans in place in good time in order to get the most value out of clinical audit findings. The Medical Director agreed and noted that progress had been made to reduce the number of outstanding actions. The Medical Director reported that the clinical audit team would be changing over the coming months. Alyson Coates and Lyn Williams expressed their concern at the potential impact of this upon the running of the clinical audit function. The Director of Nursing and Clinical Standards replied that this was also being considered in the context of other organisational development. In relation to Research and Development, the Medical Director highlighted that the UK CRIS (Clinical Record Interactive Search) had been further delayed; ongoing projects would need access to a new data set in due course. In relation to the Clinical Research Facility, he noted that although funding had been renewed, this had been for the same amount as five years ago which represented an actual decrease. **The Board noted the report.**  |  |
| **BOD 08/17**ab | **Inpatient Safer Staffing (Nursing)**The Director of Nursing and Clinical Standards presented the report BOD 05/2017 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 and beds had also been temporarily reduced on some wards. 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 noted that 7 wards experiencing difficulties was a higher number than usual; reporting in the previous quarter had highlighted generally 3 wards experiencing difficulties. The Director of Nursing and Clinical Standards noted that work was taking place to address recruitment issues including workforce re-profiling and planning for more opportunities for apprenticeships and other learning and professional  |  |
| cd | development opportunities. The Board discussed concerns about recruiting from an increasingly depleted pool of applicants. The Director of Nursing and Clinical Standards noted that as newly qualified nurses became available for recruitment over the next three years or the Trust improved at growing its own workforce through apprenticeships, the potential pool of applicants could be renewed. The Director of HR explained the steps that were being taken to advertise opportunities, use social media, attend recruitment fairs and encourage clinicians to join the staff bank in order to reduce dependence upon agency. John Allison noted that workforce and staffing issues would remain a problem. He emphasised that the strategic answer would be to address retention issues, rather than focusing on recruitment. He recognised that this would be challenging but improving retention would provide a more long-term solution than feeding the machinery of recruitment. Alyson Coates agreed and noted that this was the feedback which she and Lyn Williams had also heard from staff on a visit to the Adult Directorate. **The Board noted the report.**  |  |
| **BOD 09/17**abcde | **Patient Story – experiences of the “Rebuilding Your Life” programme in the Oxfordshire Chronic Fatigue Syndrome/Myalgic Encephalomyelitis (CFS/ME) Service***Donna Mackenzie, Emily Bishop and 4 former patients (identities protected) attending to present their experiences joined the meeting.* The four former patients presented their experiences of the CFS/ME Service and one presenter read out a statement from another former patient who had been unable to attend the meeting. The presenters described how CFS/ME had impacted upon their lives including, variously: halting their education and leading to dependence upon parents; leaving them feeling isolated; leaving them unable to stand/sit/walk; and leaving them barely able to communicate. The presenters described treatment they had received elsewhere and compared their experiences to treatment they had received as part of the CFS/ME Service where they had participated in a group treatment programme where they had been taught techniques based on Neuro Linguistic Programming (**NLP**). Although some of the techniques were based on Cognitive Behavioural Therapy (**CBT**), the presenters had found the NLP techniques and visualisation techniques to be more effective than CBT. The presenters’ feedback on the CFS/ME programme was that: they had significantly improved after participating in the programme; the programme had led to an amazing improvement in their symptoms and abilities; they had been able to resume education/their lives; they had found the presence of other recovering patients made for a supportive community; this programme had been more effective than any other treatment they had experienced because it provided a recovery-focused community and was not just about managing the condition; and they recommended that all sufferers of CFS/ME in the local area have this programme available to them. The presenters in particular praised the following aspects of the CFS/ME programme: clinicians selected the best techniques for the day and tailored these to the patients and their symptoms as required on a particular day, rather than being bound by a set agenda; and the use of recovery role models who were former patients working alongside clinicians to provide coaching in techniques which had aided their recovery. The presenters emphasised the value of recovery role models so that they could see that it was possible to recover using the techniques that they were being shown. The presenters noted that they were still recovering and that this would be a process but that they had been discharged from the CFS/ME Service and were now volunteering to help the NHS. One presenter described how she now had a toolbox in her imagination which she could use and how she no longer needed to visit her GP as regularly as she had used to. She noted that if this programme of treatment had been available to her at the beginning of her illness then it could have saved her a number of GP visits and, presumably, saved the NHS system money. A presenter also noted how her fibromyalgia had improved and been helped by the new techniques she had learned on this course. The Trust Chair asked how the programme had been delivered. The presenters replied that they had attended a course which had been provided from a village hall. The Director of Nursing and Clinical Standards confirmed that clinicians from the Older People’s Directorate had provided the programme. The presenters presented their request for ongoing funding for the programme. They noted that the programme had been run as a pilot with research funding and that the Oxfordshire  |  |
| fghi | CFS/ME Service was small and did not have ongoing funding to be able to run the programme. The findings of the research pilot were still in the process of being written up. The Chief Executive asked about the success rate for the cohort as a whole who had undergone the programme. The presenters noted that there was a range of responses. Whilst some of the presenters at the meeting had improved dramatically from having been severely affected and housebound, other participants were on a longer journey of recovery. The Director of Corporate Affairs & Company Secretary noted that the Trust’s Charity may be able to provide support for the programme. The Trust Chair agreed but noted that other sources of funding should also be considered including fundraising and requesting formal commissioning to provide this service. The Chief Executive emphasised that projects such as this, where care was turned into a joint endeavour, were the future of healthcare. He noted that it would be important to follow-up on the formal results of the research pilot and work on getting this into NICE guidance and more widely provided. The Trust Chair agreed that there should be an action to do more work on the CFS/ME pilot programme and consider how the Trust could take this forward. Sue Dopson agreed to follow-up on formal results of the CFS/ME research pilot programme once available. **The Board thanked the presenters for presenting their experiences and drawing the Board’s attention to the programme.** *Donna Mackenzie, Emily Bishop and the 4 presenters left the meeting.* | **RA****SD** |
| **BOD 10/17**a | **Finance Report**The Director of Finance presented the report BOD 06/2017 which summarised the financial performance of the Trust for the period ending December 2016 (Month 9). EBITDA (Earnings Before Interest, Taxation, Depreciation and Amortisation) was £1.2 million adverse to plan and Income and Expenditure was in a surplus position but still £1 million adverse to plan. On the Use of Resources metric, the Trust was anticipated to score “3” (where a rating of “1” indicated lowest risk and “4” indicated highest risk) due to agency costs being higher than the NHS Improvement cap.  |  |
| bcde | He highlighted the positive impact of the reduction of OATs in Oxfordshire and Buckinghamshire and noted that if this continued then he would have more confidence in the Trust meeting the forecast for the year. He provided an update on NHS Improvement’s incentive scheme for trusts to receive additional Sustainability and Transformation Funding (**STF**) if they delivered an outturn better than their agreed control totals. For every £1,000 achieved better than the control total, an additional £1,000 in STF income would be offered. The Trust’s deficit plan for FY17 was approximately £974,000 better than its agreed control total; achievement of this plan would entitle the Trust to the equivalent in STF income, receivable in April 2017. Alyson Coates noted that in Month 9, the Trust’s operational performance had still moved £0.1 million further adverse to plan and queried whether reducing OATs would have such a significant impact on the Trust’s ability to meet its forecast. The Director of Finance noted that the operating forecast, before reserves, was still adverse to plan as was the overall run rate. The most significant pressures were in the Adult Directorate to be resolved; the Children and Young People’s Directorate was operating on plan; and the Older People’s Directorate would achieve close to plan. **The Board noted the report.**  |  |
| **BOD 11/17**ab | **Performance Report**The Director of Finance presented the report BOD 07/2017 on performance against the new Single Oversight Framework for Months 8-9 and performance against the former Monitor Risk Assessment Framework. All former indicators were being delivered. However, due to the late confirmation of the Oxfordshire contract, some CQUIN (Commissioning for Quality and Innovation) payments were still being finalised. The Director of Corporate Affairs & Company Secretary expressed concern that an impact of the transition to the new Single Oversight Framework was that the Board was not receiving the same level of assurance around performance. She recommended that if NHS Improvement did not develop this further that the Trust develop its own reporting in this area to provide quarterly assurance to the Board. The Trust Chair agreed that this would be sensible.  |  |
| cd | The Board noted that there were still parts of the report in draft. The Interim Director of Performance to provide a final version for publication. **The Board noted the report.** |  |
| **BOD 12/17**abcde | **Workforce Performance Report**The Director of Finance presented the report BOD 08/2017 which set out the position on workforce performance indicators including temporary staffing spend, vacancy, sickness, turnover, recruitment and actions which had been taken in response to the 2015 Staff Survey (prior to release of the results of the 2016 Staff Survey). The Staff Survey would be discussed at the Board Seminar in February 2017. He reported that agency spend was still high and above the recommended cap level set by NHS Improvement; the Trust was 47th out of 55 NHS trusts within the South of England in terms of agency spend. He noted that the Trust was actively considering its position in comparison to other NHS trusts and he would report back to the Board with a more detail analysis and comparison of the position. He welcomed the new Director of HR and noted that he would be working on the 50 questions about workforce referred to at the previous meeting. Alyson Coates expressed her concern about the findings of the report and the pace of change to improve the situation. She emphasised the need for a step change in focus to deal with workforce issues urgently. She welcomed the new Director of HR but noted that the Trust needed to move beyond analysis and information gathering on what other NHS trusts were doing and get to resolving the issues. The Board considered the importance of improving take-up of the staff bank to reduce agency spend. The Trust Chair emphasised that this could be the most productive area to focus on. Lyn Williams added that there should also be a benefit for patients as staff on the bank should know patients and local processes better than agency staff. Mike Bellamy noted that it would be helpful to have more clarity about the opportunities offered by the staff bank and the pace of change to achieve more staff conversion to the bank. The Director of Finance agreed that this would be helpful. **The Board noted the report.**  | **MMcE****MMcE** |
| **BOD 13/17**ab | **Business Plan Q3 report**The Director of Finance presented the report BOD 09/2017 which summarised the progress of the Business Plan against the Trust’s Strategic Priorities. He noted that the Board had already discussed the OBC and been made aware of delays to UK CRIS earlier in this meeting. He highlighted that the new leadership and management development pathways had been agreed but the materials required to deliver them were still in development. CIP delivery was also red-rated and improvements needed to be made. **The Board noted the report.** |  |
| **BOD 14/17**abc | **Access to Healthcare for People with Learning Disabilities**The Director of Nursing and Clinical Standards and the Chief Operating Officer presented the report BOD 10/2017. The Chief Operating Officer asked the Board to consider appointing a Board Champion for Learning Disabilities. Alyson Coates confirmed that this was one of her roles. **The Board noted the report.** |  |
| **BOD 15/17**ab | **Updates from Committees*****Finance and Investment Committee – 08 November 2016***Lyn Williams presented the minutes of the Finance and Investment Committee meeting from 08 November 2016. **The Board received the minutes.** |  |
| **BOD 16/17**ab | **Any Other Business and Strategic Risk**No changes were made to the Strategic Risks. Anne Grocock provided an update of the public Board meeting of OUH which she had attended. The Board noted that it may be useful to develop the reporting from Board sub-committees into a short form report from the chair of each sub-committee setting out issues of significant interest to the Board, key risks discussed, key decisions taken and agreed actions. Minutes would still be circulated but may become superceded.  |  |
| **BOD 17/17**a | **Questions from Observers**None.  |  |
| **BOD 18/17**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 11:47**Date of next meeting: 22 February 2017** |  |