

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

**Board of Directors**

Minutes of a meeting held on

29 March 2017 at 08:30

in the Oak Room, Learning & Development, Unipart House, 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 – *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:** | |
| Tim Boylin | Director of HR – *part meeting* |
| Donna Mackenzie | Patient Experience and Involvement Manager – *part meeting* |
| Kerry Rogers | Director of Corporate Affairs and Company Secretary |
| Martyn Ward | Interim Director of Performance |
| Hannah Smith | Assistant Trust Secretary (Minutes) |
| Harriet Aldridge | PwC - *observing* |
| Peter Reading | PwC - *observing* |

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| **BOD**  **37/17**  a  b | **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 38/17**  a | **Declarations of Interest**  None. |  |
| **BOD 39/17**  a  b  c  d | **Minutes of the Meeting held on 22 February 2017**  The Minutes of the meeting were approved as a true and accurate record.  ***Matters Arising***  **Item BOD 24/17(d) Proposals to merge Mental Health services for Older People and Adults**  The Chief Operating Officer noted that this had been discussed with the Executive but detailed proposals were not yet available.  **Item BOD 24/17(l) Workshops to Raise Awareness of Prevent (WRAP)**  The Director of Nursing and Clinical Standards noted that the number of trainers had been increased to provide more WRAP training; a report could be provided on the work being done on WRAP and to contribute to the Prevent initiative as part of the Quality & Safety Report: Effectiveness. The Trust Chair noted that it would be useful to have a policy document in relation to Prevent or a description of how the Trust was dealing with the Prevent agenda.  *Jonathan Asbridge joined the meeting.*  **Item BOD 27/17(d) Inpatient Safer Staffing (Nursing) – steps towards bed closures**  Mike Bellamy noted that for wards with more persistent staffing issues which were regularly featured in this report, it could be useful to highlight these with more detail on how issues were being resolved and how close the Trust may have got to having | **RA/ MHa** |
| e  f | to close beds even if the situation had been resolved before bed closures were required. The Director of Nursing and Clinical Standards replied that in community hospitals capacity had been adjusted and on some adult inpatient wards capacity was adjusted when required.  The Board noted that the following actions were on hold for future reporting: BOD 21/17(b) and 32/17(b) (Strategic Partnerships Report); BOD 21/17(e) (Operational Plan – early warning signs); BOD 21/17(h) (CFS/ME service); BOD 25/17(a)-(b) (Nasogastric tube misplacement); and BOD 31/17(c)&(e) (Staff Bank development).  The Board confirmed that the remaining actions from the 22 February 2017 Summary of Actions had been completed, actioned or were on the agenda for the meeting: BOD 21/17(d) (Oxfordshire contract – risk sharing); BOD 21/17(e) (Quality & Safety report); BOD 23/17(i) (Oxford AHSN); BOD 30/17(e) (Performance report). |  |
| **BOD 40/17**  a  b | **Report on Council of Governors’ meeting 08 March 2017**  The Director of Corporate Affairs and Company Secretary provided an oral update of the meeting which had approved the new Governors’ Handbook, updates to the terms of reference of the Nomination & Remuneration Committee, the revised Constitution and the Engagement Policy. The meeting had also approved the appointment of two new Non-Executive Directors (Chris Hurst and Bernard Galton), the reappointment of Jonathan Asbridge for a second term ending 30 June 2020, the appointment of Anne Grocock to the role of Senior Independent Director and the appointment of Mike Bellamy to the role of Vice/ Deputy Chair. The meeting also supported the establishment of a non-voting Associate Non-Executive Director role.  **The Board noted the oral update.** |  |
| **BOD 41/17**  a  b  c  d  e  f  g  h  i  j  k  l  m  n | **Chief Executive’s Report**  The Chief Executive presented the report BOD 26/2017 which outlined recent national and local issues.  ***Oxfordshire transformation***  The Phase 2 consultation in relation to urgent care and community hospitals would be discussed in the private session with a representative from Oxfordshire CCG.  ***Oxfordshire FY18 contract and risk share***  As introduced in the report, the activity gap on acute contracting was now at risk of exceeding the original estimate, following discussions between Oxford University Hospitals NHS FT (**OUH**) and regulators in relation to referral to treatment time trajectories and other target driven activity. An original estimate of approximately £3.4 million associated with elective risk in the contract may now potentially be increased to £34 million. The Trust had originally agreed to a risk share to address a contract gap of £18 million in relation to Oxfordshire. The Chief Executive had reiterated to all parties that there could be no increase in the quantum of the risk share from £18 million without the agreement of all parties and that the Trust should, therefore, be a party to all discussions in relation to the risk share. This was a potential risk for the Trust which had emerged recently and which he would report back on to the Board when he had a clearer picture. A meeting was scheduled with OUH, Oxfordshire CCG and the GP Federations later in April 2017.  The Board considered the risks to the Trust if the risk of the increased activity gap materialised and the wider impact that this could have upon the Oxfordshire healthcare system. In subsequent years, this could put significant financial pressure upon the CCG which could impact upon its commitment to invest in Mental Health services.  The Board considered ways of mitigating the risks. The risk share agreement included oversight of schemes to mitigate the original activity gap which could be worth up to £28 million if all fully achieved. However, the more recently identified activity gap related to elective care; the mechanisms which could impact it were less developed. The Trust Chair noted that as the Trust did not control demand for elective care then this new activity gap potentially should not be part of the risk share which the Trust was part of. However, the Chief Executive explained that as the new activity gap could have a significant impact upon the wider Oxfordshire healthcare system and, therefore, also on the Trust it was important for the Trust to continue to be part of wider discussions about the sharing and mitigation of the risk. The Board debated the Trust's ability to influence mitigation of the risk and agreed that the Trust may not be able to accept existing contractual arrangements on the basis that the context had changed and that the Trust should not agree to an increase in the quantum of the risk share.  Jonathan Asbridge emphasised that the Board’s responsibility should be to ensure that Mental Health services users were not compromised and that Mental Health services tackled serious issues which needed more investment. He suggested that commissioners and regulators should be prepared to answer to the Board on the impact of the Trust meeting its responsibilities.  The Chief Executive noted that a recent NHS England exercise had confirmed that overall investment in Mental Health services in Oxfordshire was lower than it should be; regulatory pressure was therefore mounting to act on this. The Trust’s Mental Health Outcomes Based Contract had been excluded from the risk share agreement but the £2 million contract gap originally identified in relation to the Trust and the CCG had included risks around eating disorders, medication prescribing and Older People’s Mental Health.  Mike Bellamy suggested that because the Trust’s contracts were not activity based, not enough attention was being paid to how demand for Trust services was increasing and that more information in relation to this could help the Board to understand better why targets were not being met. The Chief Operating Officer replied that data in relation to demand for services was available and that he could present a paper on this and indicative activity planning to the Board. The Chief Executive noted that the Board had already been made aware of demand increases in relation to Mental Health services for children and adolescents and in relation to community services for district nurses. An additional paper would also not necessarily inform the Board about demand which was not materialising and this was a significant issue for Adult Mental Health services.  Mike Bellamy asked whether more Trust Chair and Non-Executive oversight from across Oxfordshire organisations would strengthen commitment to mitigating at least the original contract gap of £18 million. Lyn Williams reported that both he and the corresponding chair of OUH’s finance committee had recently been contacted by Duncan Smith, Oxfordshire CCG Lay Member, with a proposal that the finance committees of all three organisations provide joint Non-Executive overview of the contract and also try to avoid duplication by doing more joint working instead. Lyn Williams would consider this further and discuss with Chris Hurst, the incoming Chair of the Finance and Investment Committee, and provide an update back to the Board. The Trust Chair added that although joint oversight by the finance committees would be useful, it would also be important for there to be separate oversight at Trust Chair level. The Chief Executive noted that both finance committee and Trust Chair oversight would be useful as irrespective of the nature of the risk share, this was a major issue for the system.  Alyson Coates asked whether it would be ultra vires for the Trust to spend on services which it was not contracted to provide and did not manage, as part of any system-wide response to the Oxfordshire risk share. The Director of Corporate Affairs and Company Secretary to consider.  ***Oxfordshire Learning Disability (LD) services***  The Chief Executive reported that contract negotiations were still underway, with the focus on concluding financial assumptions with NHS England specialist commissioning, but that Southern Health NHS FT (**Southern Health**) had agreed to transfer the Slade site to the Trust at no cost. Southern Health would also continue to operate the medium secure Evenlode unit after 31 March 2017, pending agreement on a transfer date. The Director of Finance confirmed that the Trust was still focused on only taking on LD services on a basis that was financially viable and sufficient to cover risks to the Trust of taking on sensitive services which had been subject to public scrutiny. If financial agreement was reached then the due date for the Trust to take on community LD services, not the medium secure service provided by Evenlode, was 01 July 2017. The Board discussed and confirmed that if the Trust’s financial demands could not be met then the Trust would not take on LD services.  ***New Models of Care for Tertiary Mental Health Services/Thames Valley and Wessex Forensic Network***  The Chief Executive reported that in relation to the second year of the pilot, final details had still not yet been agreed and this was also being discussed with NHS England specialist commissioning. He reminded the Board that the Trust had the option to pull out of the pilot at the end of the first year.  ***Carter Programme – Community and Mental Health extension***  Senior management at the Trust had met with Lord Carter and his team to discuss the review which the Trust would be part of and to answer questions about the Trust. The Trust Chair praised the senior management team for their performance at this meeting.  **The Board noted the report.** | **LW**  **KR** |
| **BOD 42/17**  a  b  c  d  e  f  g  h  i  j  k | **Chief Operating Officer’s Report**  The Chief Operating Officer presented the report BOD 27/2017 which provided an update on areas of excellence and issues of potential concern against: quality (safe, effective and caring); finance/Cost Improvement Programmes (**CIPs**); workforce; and performance against key targets for each of the Adult Directorate, Children & Young People’s (**C&YP**) Directorate; and the Older People’s Directorate.  In relation to the Adult Directorate, he congratulated Noki Ndimande, Matron on Allen Ward, for having won the British Journal of Nursing’s Mental Health Nurse of the Year 2017 award for her work to reduce instances of AWOLS (going Absent Without Leave) and noted that this achievement had been celebrated by the Executive and would be celebrated by the Board. In addition, the positive reduction in Out of Area Transfers (**OATs**) continued and it was encouraging to see that cultural change in relation to OATs was bedding in, with only the third patient since December 2016 being placed out of county this week.  Jonathan Asbridge noted that the increase in the readmission rate into acute inpatient wards, which was listed as an area of potential concern for the Adult Directorate, may be linked to the changes which had been taking place in relation to OATs. He suggested that rather than this being an area of potential concern, if it was linked to positive management of OATs then it could be an example of good care. The Chief Operating Officer replied that this was possible but because the increase was currently unexplained it would need to be investigated. The Director of Nursing and Clinical Standards added that it was appropriate to check as an increase in inpatient readmission rates was generally understood as a negative indicator in mental health services.  The Director of Nursing and Clinical Standards noted that the report needed to include more information about safety and quality especially in relation to the Adult Directorate. She suggested that the Performance Team and the Interim Director of Performance link more with the Safety and Quality Team.  In relation to the C&YP Directorate, the Chief Operating Officer confirmed that the directorate had achieved preferred bidder status in relation to the tenders for Swindon and Wiltshire Child and Adolescent Mental Health Services (**CAMHS**) and for Oxfordshire CAMHS; he commended the hard work which had resulted in this achievement. The directorate had however been unsuccessful in the tender for Buckinghamshire Speech and Language Services which would be transferring to Buckinghamshire Healthcare NHS Trust. There were areas of concern in relation to national lack of access to adolescent Psychiatric Intensive Care Unit (**PICU**) beds and the impact this was having on this directorate and also the Adult Directorate. The Chief Operating Officer would be writing to NHS England to express concern over the situation in relation to access to adolescent PICU beds; he noted that if NHS England moved towards tertiary commissioning of CAMHS beds to give providers such as the Trust responsibility for the whole pathway then this could improve the situation. He noted that Eating Disorders waiting times were also an area of concern.  Jonathan Asbridge asked for the individual measures relating to New Birth Visits which were referred to in the report as having a Standard Operating Procedure being developed. The Interim Director of Performance replied that measures in relation to the New Birth Visits had been omitted from the Supporting Information to the report and would be circulated separately.  Anne Grocock asked whether issues in relation to CAMHS waiting times in Swindon, Wiltshire and Bath & North East Somerset (**BaNES**) were linked to recruitment issues. The Chief Operating Officer replied that waiting times issues were linked to a number of different factors including significant national demand; workforce pressure; a limited pool of new trainees; and partnership working not having mobilised in Swindon, Wiltshire and BaNES as much as it had already mobilised in Oxfordshire and Buckinghamshire, although this was anticipated to have developed by next year.  In relation to the Older People’s Directorate, the Chief Operating Officer highlighted the adverse impact of agency usage in community hospitals upon the year end forecast for the directorate. He also highlighted issues with the Out of Hours (**OOH**) service meeting national targets, as set out in the report.  The Director of Nursing and Clinical Standards asked what plans were being developed to bring OOH back towards meeting national targets. The Chief Operating Officer replied that it was important to have an independent perspective on the service; terms of reference for a review of the OOH service had therefore been agreed and interviews had been taking place for an external review of the service to be undertaken. The Director of Nursing and Clinical Standards emphasised the importance of more short term and immediate action being taken by the service and for an improvement trajectory to be agreed which could link to Care Quality Commission (**CQC**) improvement plans. The Interim Director of Performance added that “get well plans” had been requested for all red-rated indicators and data was being modelled.  Lyn Williams asked for an update on the transition from the reablement service formerly provided by the Trust to the Home Assessment Reablement Team service provided by OUH. The Chief Operating Officer noted that there was still debate around the preferred solution to resolve Delayed Transfers of Care (**DToCs**) which had been increasing since the transition. He emphasised the importance of providing more capacity in community care, subject to resolving workforce issues, potentially through a collaborative model to involve more joint working between the Trust and OUH which could be funded by the NHS and Social Care. He noted that there was still work to do to persuade system partners of this option. Mike Bellamy asked how issues around DToCs were anticipated to be resolved and what the perspective was from the local authority. The Chief Operating Officer replied that the local authority was holding OUH to account for delivery of the provider pathway. The Chief Operating Officer was proposing to hold the local authority likewise to account, potentially for the cost per day for every DToC case which could amount to £130/day; he had written to the local authority to remind them of the potential cost consequence. Jonathan Asbridge supported the approach to hold the local authority to account and noted that the increase in DToCs since the transition to the new service had been a shock to the system which should be recognised. The Board discussed the negative impact on patients of the DToCs increases and whether challenging the local authority on this would concentrate attention on the need to resolve the issue.  The Director of Nursing and Clinical Standards cautioned that the Trust should be careful that potential solutions it proposed to resolving the DToCs issues would not compromise the Trust’s own capacity to deliver services or have a negative impact upon the Trust’s other services in order to prop up a service which it was no longer commissioned to provide. Funding and workforce availability would be key, especially at a time when recruitment was a challenge. | **MW/ DH**  **MW** |
| l | **The Board noted the report.** |  |
| **BOD 43/17**  a  b  c | **Quality Account**  The Director of Nursing and Clinical Standards presented the report BOD 28/2017 which provided a summary of progress against the 2016/17 quality objectives and set out the proposed overarching quality priorities for 2017/18. She highlighted the new ambulatory care model and the opening of the Rapid Access Care unit in January 2017 within Townlands hospital. She noted that the report also set out areas where challenges were being experienced in meeting objectives, such as in reducing pressure damage. She noted that the Quality and Safety Report: Incident and Patient Safety at BOD 29/2017, on the agenda for this meeting and the next item below, provided more detail on skin integrity/pressure damage incidents and the learning and action taking place in response to these.  Anne Grocock referred to the progress which had been made with delivering “making families count” training and carer awareness training to staff. She asked what the next stages would be to translate this training and the various workshops and engagement events into positive action for families and carers. The Director of Nursing and Clinical Standards replied that this would continue as a work stream which would go beyond “making families count” into wider impact work with carers. She also anticipated that there would be Board seminar or senior leaders’ conference focus on carers. The Chief Operating Officer added that the Caring & Responsive quality sub-committee was also reviewing and refreshing the Carers’ Strategy with a view to relaunching it to coincide with carers’ week in June 2017.  **The Board noted the report.** |  |
| **BOD 44/17**  a  b  c  d  e  f | **Quality & Safety Report: Incident and Patient Safety**  The Director of Nursing and Clinical Standards presented the report BOD 29/2017 which provided a summary of incidents and learning from incidents, restrictive practice and mortality reviews during Q3 FY17. She noted that there were a high number of incidents in web-holding and that the highest instances of this also correlated with the teams which reported the highest number of incidents.  She highlighted the reporting on restrictive interventions, restraint, seclusion and long term segregation. The percentage of restraints recorded as prone was 9% which compared favourably with other trusts which recorded 30-60% prone restraints. She highlighted the impact of particular individual patients upon instances of seclusion and noted that one patient on Kestrel ward was still awaiting a high secure bed in Rampton and had remained on Kestrel ward due to no such beds being available nationally. The situation of this patient had been reviewed, peer reviewed and raised with the CQC to try to effect change at system level to increase the number of high secure beds.  She noted that the Trust had received two Regulation 28/Preventing Future Deaths reports from coroners in Buckinghamshire and Oxfordshire and was preparing its responses. These were the first such reports which the Trust had received in several years.  Jonathan Asbridge requested more reporting to triangulate the issues which CAMHS were experiencing including: lack of investment in Swindon CAMHS transformation; waiting times in Swindon, Wiltshire and BaNES; the impact of vacancies and agency use; the high number of incidents in web holding in certain CAMHS teams as set out in the report; and high reporting of security-related incidents by 2 CAMHS wards. The Chief Operating Officer replied that rather than try and cover this in a paper-based report, he preferred to bring the CAMHS teams to discuss in more detail at the Board or in a Board Seminar.  The Director of Corporate Affairs and Company Secretary referred to the reporting on skin integrity/pressure ulcers and asked what analysis took place of the effectiveness of the Trust’s partners to prevent pressure damage before patients were referred into the Trust. The Director of Nursing and Clinical Standards replied that joint working on this did take place, for example through Oxfordshire CCG’s Pressure Ulcer Prevention Group and there was also a work stream related to this in the Academic Health Science Network.  The Board discussed the challenges with ensuring capacity and availability of sufficient Serious Incident (**SI**) investigators to ensure that deadlines were met and reviews completed in a timely fashion to support families and commissioners. John Allison recommended recruitment of more dedicated resource to support the SI process and cautioned that there may only be a | **DH/HS** |
| g | finite pool of resource within the Trust of investigators with sufficient experience and capability to undertake this work, all of which also needed to be completed in addition to their core work. The Director of Nursing and Clinical Standards replied that there was a small number of dedicated resource for SI investigations but that experienced staff, including the entire consultant body, was trained to undertake investigations. She said that the challenge was not with the pool of available resource but with supporting investigators with the time required to undertake investigations. The Trust Chair asked about offering recent retirees more opportunities to come back as investigators. Lyn Williams cautioned that this should not be at the expense of offering current clinicians the opportunity to undertake investigations as this experience could be beneficial for their own learning and in their current clinical practice.  **The Board noted the report.**  *Tim Boylin, Director of HR, joined the meeting.* |  |
| **BOD 45/17**  a | **Patient Story from the Adult Directorate**  Donna MacKenzie and the patient who would be presenting their story in person to the Board joined the meeting. The patient described her experiences since she had first entered mental health services aged 17 with a diagnosis of schizophrenia; her diagnosis was now of schizoaffective disorder. Since her initial participation in services she had got married and had children. She had also been admitted to the Warneford hospital several times and had experienced challenges in adhering to her medication; she was now receiving depot injections which she felt to be an improvement and easier to manage. Of her most recent inpatient experience she reported that the ward had responded very well to her mental and physical health needs, including taking her to the DVT (Deep Vein Thrombosis) clinic when she had experienced high blood pressure issues. She noted that the ward had at times been short staffed and that the staff had done their best and avoided incidents well. She reported that her consultant had been intuitive and she had confidence in the treatment and advice she had received. She confirmed that her diagnosis had been clearly explained to her and that she felt that she understood it; she gave a detailed description of her symptoms and explained how this matched up to her diagnosis. She commented upon the Occupational Therapy which had been available and noted that it was challenging to provide this kind of therapy service to engage patients who were at differing levels of their illness. |  |
| b  c | The patient discussed her positive experiences with the Patient Advice and Liaison Service (**PALS**) team and made suggestions for further improvements. She suggested that PALS could consider offering: a buddying/support system for inpatients who may not have much contact with family or friends; and a pop-up charity shop which could receive donations and which patients could buy from as this may provide access to personal items which patients may need and also help with supporting patients’ self-esteem. The Board welcomed her suggestions. Anne Grocock and the Director of Corporate Affairs and Company Secretary noted that the pop-up charity shop may be an idea which could also be pursued with the Trust’s Charity.  **The Board thanked the patient for sharing her story.**  *Donna MacKenzie and the patient left the meeting.* |  |
| **BOD 46/17**  a  b  c | **Inpatient Safer Staffing (Nursing)**  The Director of Nursing and Clinical Standards presented the report BOD 30/2017 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. Overall there were high levels of vacancies.  The Director of Nursing and Clinical Standards reported that in the pipeline were: 25 associate nurses who were due to start work; and the Trust would soon be able to offer apprenticeship conversions. She emphasised the importance of attracting new staff and noted the challenge of doing so whilst trusts in West London, on the Trust’s borders of operation, continued to attract staff with relocation packages and incentives. The Board noted that incentive packages may be necessary for the Trust to consider, including in relation to existing staff to encourage them to stay and reward their longer service. The Board noted that offering more flexibility to staff would also be important to consider and that some of these issues would be considered further in the update on the Workforce Performance Report at BOD 33/2017, the next item to be discussed.  **The Board noted the report.** |  |
| **BOD 47/17**  a  b  c  d  e  f  g  h | **Workforce Performance Report**  The Director of HR presented the report BOD 33/2017 which set out the position on workforce performance indicators including temporary staffing spend, vacancy, sickness, turnover, exit data and recruitment.  The Director of HR provided an update on discussions with agency staff who had been approached about joining the Trust’s staff bank. He noted that flexibility appeared to be the most motivating factor and there was a perception that employment with the Trust or joining the bank would impede flexibility and tie individuals down. The next stage was to examine if the Trust could become as flexible an employer as agencies appeared to be and consider the way in which the staff bank was marketed. Alyson Coates noted that the staff bank still did not cover all of the Trust and asked how much of the workforce now had access to it and how long it would take to be accessible to all staff. The Director of HR replied that currently just over half of staff had access and it may take at least another year to extend access to the rest of the workforce. The Director of Finance added that resourcing was being put in place to ensure that there was capacity and resource to drive the staff bank. He noted that the Trust and the staff bank also had to respond to the changes to off payroll working arrangements required as a result of the government’s review of IR35 legislation.  John Allison asked if the Trust currently offered staff the options to work as flexibly as agency providers did. The Director of HR replied that this was not currently the case as the way that staff were rostered onto shifts, including night work, meant that some permanent staff could be required to spend some time on shifts they would rather not do, whereas agency staff could decide not to volunteer for such shifts. The Chief Operating Officer added that agency work also appealed to some clinicians who did not want to become involved in administration or perceived bureaucracy so that they could focus instead upon delivering care. He suggested that the current environment had made it more attractive for individuals to work for agencies.  The Director of Nursing and Clinical Standards reminded the Board that there was also a national recruitment issue in relation to registered mental health nurses, the available number of whom had been reducing over the years. The Trust was working on increasing the number of clinical training placements available and considering shortened routes for the graduate workforce to enter healthcare work but these pipeline developments would not have an immediate impact.  Alyson Coates asked when the Trust would be in a position to consider action plans to achieve change and deal with workforce issues. The Director of HR replied that this may be a couple of months away but that he planned to report back to the Board in more detail in May 2017. Jonathan Asbridge suggested that the report back to the Board also consider ways in which recruitment practices could become more efficient, for example in terms of how shortlisting was managed and whether more communal approaches to shortlisting could be implemented. The Director of HR replied that he had already been in discussion with directorate teams about developing more streamlined recruitment within each directorate.  Jonathan Asbridge referred to the report and noted that staff engagement and an improvement in staff engagement scores would be critical to support and develop the workforce, followed by reducing rates of absence. The Director of HR noted that the results of staff engagement, from responses to the staff survey and also feedback from trade unions, had led him to focus upon the impact of stress upon staff and its consequences as could be seen in turnover. Although the Trust had put in place initiatives on wellbeing and mindfulness, prevention of bullying and harassment and promotion of learning and development, these were not necessarily perceived as addressing a core issue of workload. He noted that staff and trade unions had expressed that the Trust should do more to consider workload issues in terms of caseload, job load and job design. In response, the Executive had agreed to set up a joint working group using the Health & Safety Executive management standards on stress at work as a framework. The Board commended this development and noted the importance of job design and working with staff side trade union representatives to consider how roles could be restructured in ways which would help to reduce stress and enable staff to get more value out of their work and feel valued and rewarded.  The Director of HR added that the HR Strategy may also need to be refreshed to develop a staff reward strategy. However, it would be important not to cause inequities between staff grades or between newly recruited and longer established staff.  **The Board noted the report.**  *The Director of HR left the meeting.* | **TB/**  **MMcE** |
| **BOD 48/17**  a  b  c  d | **Finance Report**  The Director of Finance presented the report BOD 31/2017 which summarised the financial performance of the Trust for the period ending 28 February 2017 (Month 11). EBITDA (Earnings Before Interest, Taxation, Depreciation and Amortisation) was £2.1 million adverse to plan and Income and Expenditure was in a deficit position which was £1.8 million adverse to plan. The cash balance was healthy and £0.1 million above plan. 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 NHS Improvement cap; the Older People’s Directorate in particular had seen an increase in agency staffing costs in response to pressures to maintain activity levels. Following the release of £2 million of the contingency reserve to cover operational pressures mid-year, there was £2.3 million remaining in the contingency reserve to offset adverse pressure during Month 12.  He reported that the Trust was still anticipated to meet the year-end Income and Expenditure deficit of £0.6 million in line with plan. The Trust was also anticipated to exceed its agreed control total with NHS Improvement which would entitle the Trust to receive additional Sustainability and Transformation funding.  Alyson Coates asked about operational performance and why it appeared to have deteriorated another £0.4 million against plan. The Director of Finance replied that although total pay costs had been running below budget, this had recently increased in-month. In the Adult Directorate, agency spend had reduced but so too had the number of vacancies which the directorate had been able to hold open. In the Older People’s Directorate, agency spend had increased and the directorate did not have the flexibility to hold vacancies any longer. There was a risk that this situation could continue especially in community hospitals.  **The Board noted the report.** |  |
| **BOD 49/17**  a  b  c | **Performance Report**  The Interim Director of Performance presented the report BOD 32/2017 on performance against the new Single Oversight Framework for February 2017 (Month 11). Performance against the 21 indicators reported on was 71%. In the majority of indicators, the Trust was generally meeting or exceeding targets. Areas of underperformance included staff turnover and performance against the metrics for the mental health friends and family test, percentage of clients in settled accommodation and the priority metric measuring data completeness. The indicators which the Trust was underperforming against were being impacted by the use of historic data. The Trust was continuing to request that NHS Digital ensure that the data which the Trust supplied was put into the public domain as soon as possible so that it could be available for use in the metrics to avoid issues arising with use of historic data.  The Trust Chair noted that this was not an effective system for monitoring performance, especially whilst there were issues with poor data quality and NHS Improvement and NHS Digital needed to be followed up in order to mitigate the risk of inaccurate data being published or data not being properly understood.  **The Board noted the report.** |  |
| **BOD 50/17**  a  b  c | **Employer-Based Clinical Excellence Awards (CEAs)**  The Medical Director presented the report BOD 34/2017 which recommended the allocation of awards to the 22 highest scoring consultants, out of 46 applicants, as reviewed and recommended by the local CEA Committee. The report also summarised diversity and inclusion characteristics of the applicants, including: gender; whether full time or part time employees; ethnicity; and professional speciality. Of the 22 awards, 9 were to part time employees and 12 were to women.  The Director of Nursing and Clinical Standards reminded the Board that the Trust should also consider making such awards available to other staff groups as the HR Strategy developed and especially if the HR Strategy was to be discussed in May 2017. The Director of Finance noted that this needed to be considered against the impact on payroll and the Trust’s financial position. He emphasised the importance of maintaining the Trust’s financial stability and noted that some other trusts which offered such rewards were also in financial difficulties.  **The Board APPROVED the recommendations to award 22 Employer-Based CEAs.** |  |
| **BOD 51/17**  a  b  c | **Research and Development (R&D) Report**  The Medical Director presented the report BOD 35/2017 which summarised R&D activity in the past six months including the award of £12.8 million for a National Institute of Health Research (**NIHR**) Biomedical Research Centre (**BRC**) specialising in mental health and dementia; and continued funding for the NIHR Clinical Research Facility hosted by OUH, amongst other developments as set out in the report. He referred back to the discussion at item BOD 41/17(h) above in relation to data on demand for services and noted that some of this data was available in this report in relation to the statistics for early intervention and the increase in referral rates regionally and for the Trust.  The Board discussed the importance of raising the profile of R&D within the Trust. The Medical Director noted that consultants were keen to get involved in the BRC and that discussions had taken place on job planning and how to include more emphasis on R&D. The Board agreed that a future patient/staff story slot at the Board should focus on the impact of clinical trials and R&D studies.  **The Board noted the report.** |  |
| **BOD 52/17**  a  b  c | **Constitution Review and Engagement Policy**  The Director of Corporate Affairs and Company Secretary presented the report BOD 36/2017 and noted that the proposed revised Constitution and the new Engagement Policy (part of the Constitution) to govern the interaction between the Council of Governors and the Board of Directors had been reviewed and approved by the Council of Governors at its recent meeting in March 2017.  The Board noted that there were some formatting/numbering corrections to make and minor updates to the text such as updating references to the Trust Secretary and Monitor and including in the Engagement Policy the mechanism for Board members to raise concerns about governors.  **Subject to the comments above, the Board APPROVED the Constitution including the Engagement Policy.** | **KR** |
| **BOD 53/17**  a  b | **Corporate Registers**  The Director of Corporate Affairs and Company Secretary presented the report BOD 37/2017, the register of the application of the Trust Seal, and the report BOD 38/2017, the register of gifts, hospital and sponsorship.  **The Board noted the reports and APPROVED the application of the Trust Seal.** |  |
| **BOD 54/17**  a  b  c | **Updates from Committees**  ***Finance and Investment Committee (FIC)– 31 January 2017***  Lyn Williams presented the minutes of the FIC meeting on 31 January 2017 at paper BOD 39/2017 and noted that he had provided an oral update at the last Board meeting. He highlighted that non-delivery of CIP targets for the coming year was a significant risk.  ***Quality Committee – 08 February 2017***  The Trust Chair presented the minutes of the Quality Committee meeting on 08 February 2017 at paper BOD 40/2017. He noted that to improve commitment and engagement at the level of the quality sub-committees and to provide more support for leadership development, the quality sub-committees would each be invited annually to attend Quality Committee meetings.  **The Board received the minutes.** |  |
| **BOD 55/17**  a  b  c | **Any Other Business and Strategic Risk**  No changes were made to the Strategic Risks but the Board noted that, further to discussion at item 41/17(c)-(j) above, there was an emerging but significant risk/development in relation to the Oxfordshire FY18 contract risk share.  The Medical Director reported on a NHS Improvement event on learning from deaths. He confirmed that he was the Executive lead for mortality work in the Trust and that the Trust Chair, in his capacity as Chair of the Quality Committee, was the Non-Executive Lead.  The Trust Chair reported on an NHS Providers and Chief Executives’ meeting and the likelihood of the anticipated NHS deficit being achieved. He noted that there had been discussion of more restructurings in the face of challenges in FY18. |  |
| **BOD 56/17**  a | **Questions from Observers**  None. |  |
| **BOD 57/17**  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 12:19.  **Date of next meeting: 26 April 2017** |  |