

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

**Board of Directors**

[DRAFT] Minutes of a meeting held on

26 April 2017 at 09:45

in the Leylandii 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  |
| 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 and Deputy Chief Executive |
| Chris Hurst | Non-Executive Director  |
| Mike McEnaney | Director of Finance |
| Lyn Williams | Non-Executive Director and Vice-Chair  |
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| **In attendance:** |
| Emily Bishop | Clinical Lead for Quality & Safety – *part meeting* |
| Dan Leveson | Associate Director of Strategy & Organisational Development – *part meeting* |
| Kerry Rogers | Director of Corporate Affairs and Company Secretary  |
| Martyn Ward | Interim Director of Performance |
| Hannah Smith | Assistant Trust Secretary (Minutes) |

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| **BOD****58/17**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: Stuart Bell, Chief Executive; and Jonathan Asbridge, Non-Executive Director.  |  |
| **BOD 59/17**abc | **Declarations of Interest** **and Register of Directors’ Interests**The Trust Chair presented Paper BOD 41/2017 which set out the Register of Directors’ Interests. The Board noted the following amendments to be made:* the Trust Chair reported that his wife had now retired so her employment no longer needed to be included in the register;
* Alyson Coates reported that she was no longer chair of the finance committee at Oxford Brookes but remained a governor there;
* Chris Hurst to make his declaration of interests; and
* Ros Alstead to update her declaration.

No interests were declared pertinent to matters on the agenda. **Subject to the comments above, the Board received the report and confirmed that the Register of Directors’ Interests could be accessed by the public upon request to the Director of Corporate Affairs and Company Secretary and that this could be stated in the Annual Report, instead of listing all the interests in the Annual Report.**  | **HS** |
| **BOD 60/17**abcdefg | **Minutes of the Meeting held on 29 March 2017**The Minutes of the meeting were approved as a true and accurate record subject to amending BOD 40/17 on page 3 to refer to Bernard Galton. ***Matters Arising*****Item BOD 21/17(h) Chronic Fatigue Syndrome/Myalgic Encephalomyelitis (CFS/ME) service – taking the pilot project forward and following up on the research results**The Director of Nursing and Clinical Standards reported that there had been discussions with Oxfordshire CCG regarding the CFS/ME service. The Chief Operating Officer added that a joint review of the service would be conducted with Oxford University Hospitals NHS FT (**OUH**) with a view to presenting suggestions to Oxfordshire CCG; the review would start in May 2017 and an update could be provided once that had completed. **Item BOD 25/17(a)-(b) Nasogastric tube misplacement** The Director of Nursing and Clinical Standards reported that the item had not been ready in time for presentation to this meeting but was anticipated to be ready for presentation to the May meeting with an update on actions which had been completed. To carry forward the action on looking into the Trust participating in a peer review exercise around nasogastric tubes with another organisation. **Item BOD 41/17(i) FY18 Oxfordshire contract - finance committees’ oversight**Lyn Williams reported that he had asked Duncan Smith, Oxfordshire CCG Lay Member, to arrange a meeting with Chris Hurst and also his counterpart at OUH. Chris Hurst confirmed that the meeting had been scheduled in the coming weeks. The Trust Chair added that he also believed it would be useful for the chairs of the organisations to have oversight of the situation. **Item BOD 41/17(j) FY18 Oxfordshire contract – ultra vires check**The Director of Corporate Affairs and Company Secretary to report back on 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. **Item BOD 42/17(d) Chief Operating Officer’s Report – triangulation with safety and quality**The Chief Operating Officer noted that the report to this meeting included more information about safety and quality in the narrative; the performance report was also now shared with Jane Kershaw, Head of Quality Governance, prior to the meeting. **Item BOD 44/17(d) Triangulation of (Child and Adolescent Mental Health Services) CAMHS issues at Board level**  | **RA/DH****RA****KR** |
| hi | The Chief Operating Officer provided an update that the July 2017, rather than May 2017, Board Seminar would now be used for a discussion on CAMHS issues by the Children & Young People’s Directorate. Currently the directorate was involved in two tenders and needed to focus resource on these; this was pertinent as some issues related to the amount of time and resource spent on commissioning. 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 31/17(c) & (e) (Staff Bank development) to be actioned by the end of May 2017; and BOD 47/17(e) (Workforce/HR) which would also be actioned by the end of May 2017. The Board confirmed that the remaining actions from the 29 March 2017 Summary of Actions had been completed, actioned or were on the agenda for the meeting: BOD 21/17(e) (FY18-19 Operational Plan – early warning signs); BOD 39/17(c) (WRAP); BOD 42/17(f) (New Birth Visits measures); BOD 52/17(b).  |  |
| **BOD 61/17**abcdefg | **Chief Executive’s Report**The Chief Operating Officer presented the report BOD 43/2017 which outlined recent national and local issues. He also reminded the meeting that during the pre-general-election “purdah” period, discussion which may be construed as favouring one political party over another should be avoided.***Sustainability and Transformation Fund (STF) incentive scheme funding***He reported that this week the Trust had been informed that it would receive an additional year-end STF bonus payment of approximately £1.3 million which was a boost to the Trust’s cash position. Lyn Williams noted that, as discussed by the Audit Committee yesterday, although this was positive for the Trust’s cash position and medium-term sustainability, the Trust’s underlying financial position was still that of a £1.8 million deficit rather than a surplus. He emphasised the importance of making clear the Trust’s underlying £1.8 million deficit position, not the flattering outcome of the unexpected bonus payment. It was therefore important for FY18 for the Trust to improve the baseline position by £1.8 million for which it would still need an ambitious Cost Improvement Programme (**CIP**) target. ***FY18 Oxfordshire contract and risk share***The Chief Operating Officer noted that the risk share and the impact of re-modelling by OUH, which suggested that demand pressures for elective care may be considerably higher than forecast in December 2016, would be considered further by the Board meeting in private. ***Care Quality Commission (CQC) inspection of the GP Out of Hours (OOH) service***The final report of the CQC inspection of the OOH service had been received and the outcome for this service was a rating of “requires improvement”. The Trust was in the process of commissioning an independent review of the service to ensure that it was fit for the future. Alyson Coates asked why the Trust needed to undertake a further review of the OOH service following the CQC inspection and whether the CQC report had been less informative in its findings and recommendations of this service than its previous investigation reports into other services. The Director of Nursing and Clinical Standards replied that the recommendations from the CQC report had been accepted but there were points going beyond the CQC inspection which an external view would be useful on, for example around workforce, ward to Board communication and meeting key performance indicators. Workforce considerations were a particular challenge in a GP OOH service because the workforce comprised significant numbers who were not directly employed by the Trust and who were operating across a spread-out geography. ***Global Digital Exemplar (GDE) initiative for mental health organisations***The Trust had been successful in its GDE for mental health organisations bid. A further GDE initiative aimed at community organisations may also provide the Trust with another opportunity to apply for additional GDE status. ***Oxfordshire Learning Disability (LD) services***The Board would receive an update at its meeting in private on progress to agree the contract for the transfer of community LD services.  |  |
| hijkl | In relation to secure/forensic LD services, the proposal for the transfer had been sent to NHS England; agreement would need to be reached by 08 May 2017 otherwise the timeframe for consultation and TUPE transfer would be too short. ***Thames Valley & Wessex Forensic Network/New Models of Care for Tertiary Mental Health Services***The contract had been signed in time for the pilot to commence on 01 April 2017. Board certification for the pilot was on the agenda for this meeting at item BOD 73/17 below. ***Employer Provider of Apprenticeships*** The Trust had been successful in its application to become an Employer Provider of Apprenticeships and was the only Oxfordshire provider to have achieved this. This would enable more of the apprenticeship levy to be utilised within the organisation as it could be used on the education infrastructure for the apprentices and would enable more development of Agenda for Change (**A4C**) Bands 1-4 staff. However, there would also be cost implications in the Older People’s Directorate where currently healthcare assistants were at A4C Band 2 but if they graduated from the apprenticeship scheme they would become A4C Band 3; this cost pressure had been recognised and budgeted for. The Chief Operating Officer noted the Board’s delight with achievements such as: the launch of the Biomedical Research Centre, as set out in the report; the success of the GDE bid; and the Thames Valley & Wessex Forensic Network and that this would be fed back to the responsible teams. **The Board noted the report.** |  |
| **BOD 62/17**abcdefghijklm | **Chief Operating Officer’s Report**The Chief Operating Officer presented the report BOD 44/2017 which provided an update in a revised format and reverted to a more narrative presentation of key issues being managed by the Operational Management Team. The report provided an update on: * quality (caring and responsive, safe, effective and well led);
* people (leadership, people, culture, innovation, learning and teaching); and
* sustainability (performance, operational excellence, collaboration, partnerships, technology and estates).

More detailed performance issues were now dealt with separately in the Performance Report at item BOD 69/17 below. ***Quality – unexpected deaths, carers and acute liaison services***In relation to quality, he highlighted the unusually high number of unexpected deaths recently and the learning and immediate actions which had taken place. He noted the need to support families and carers and also staff. Work had already been taking place to update the strategy for friends, families and carers (previously known as the Carers’ Strategy) and the revised strategy would be reviewed by the Quality Committee with a view to being launched in June 2017 to coincide with national Carers’ Week. The acute liaison services had been considered recently. In Buckinghamshire the Trust had won extra funding to make the acute liaison based there compliant with the “Core 24” standard. The parallel funding bid for the service in Oxfordshire had been unsuccessful but the service was already largely compliant. The Oxfordshire acute liaison service comprised a blend of services provided by the Trust and by OUH, as set out in the report, and work had taken place to review the service and develop an improvement plan between the Trust and OUH which would be overseen by a joint monthly governance meeting. The Director of Nursing and Clinical Standards added that this was an improvement to the previous position. ***Sustainability – CIP, DToCs, tendering for SaLT and MSK and tertiary commissioning pilots***In relation to sustainability, all directorates had held budgeting/CIP meetings with members of the Executive. A shortfall against the CIP target of approximately 50% was anticipated at this stage but there were numerous external opportunities that had a reasonable likelihood of occurring which may materially reduce the shortfall and provide new opportunities for savings rather than traditional CIP management methods. The position on Delayed Transfers of Care (**DToCs**) in Oxfordshire adult social care remained a live issue, as set out it in the report, with DToCs representing a third of community hospital capacity. The Trust was still advocating for a major intervention and collaborative working to resolve the situation so that system needs could be met. The Chief Operating Officer noted that a discussion paper had been provided to the Executive and that he was not assured that the system currently had the right mitigations in place. The Chief Operating Officer noted that the Buckinghamshire Speech and Language Therapy (**SaLT**) service had been formally transferred to Buckinghamshire Healthcare NHS Trust which had won the tender exercise over the Trust. He thanked staff in the service for all their work. The Trust had been unsuccessful in its bid to provide the Oxfordshire integrated Musculoskeletal (**MSK**) service; this would have implications for the Trust’s physiotherapy and podiatry services and was part of the Oxfordshire risk share considerations. As set out in the report, the Trust had made representations to Oxfordshire CCG on the procurement process. There may, however, be other options for the Trust including partnering with one or more of the shortlisted bidders. The Chief Operating Officer reported that NHS England had announced tertiary commissioning pilot projects for Tier 4 CAMHS and for Eating Disorders services. The Trust was considering whether to respond and the opportunities which these pilot projects may represent in terms of new income and to achieve better pathways for patients and improve capacity. ***People – proposed new structure for Operations and car parking***Lyn Williams referred to the proposed new structure for Operations referred to in the report and the pre-consultation document attached included with the report. He welcomed the move to consider offering more age-inclusive services and more flexibility between directorates. He asked what the drivers were for commissioners in requesting this development. The Chief Operating Officer replied that commissioners recognised that artificial boundaries based on age were not helpful for patients; commissioners in Oxfordshire had specifically asked the Trust to consider this whilst commissioners in Buckinghamshire had more informally supported the Trust looking into this. This also linked to national drives for Sustainability and Transformation Plans and accountable care systems which were largely county-based and capitation-based. However, if commissioners expected the Trust to fund improvements from existing resources then this would be negotiated. Lyn Williams reminded the Board that when the Trust took on community services in Oxfordshire, it had sought synergies between physical and mental healthcare; these could be lost in a transition towards more age-inclusive mental health services. He cautioned that trade-offs between the potential benefits and potential losses of such a transformation should be considered carefully, together with the opinions of patients and staff who may feel left out of the mainstream. The Trust Chair added that the wider geography of the Trust should also be considered and the number of beds available in the north compared to the south. The Director of Nursing and Clinical Standards replied that the focus should be wider than numbers of beds as there were also key considerations such as funding of community CAMHS which could reduce numbers coming into hospital. The Trust Chair added that this may also be an opportunity to become more streamlined, take cost out and improve patient experience. The Chief Operating Officer noted that the opportunity would be taken to do this and also to design a structure which would work. The Trust Chair noted that this was positive and that the Board would want the opportunity to review and input into the development of the new structure for Operations therefore this should be brought back for further review by the Board in the future. John Allison noted the reference in the report to the implementation of car parking charges. He disagreed with the implication that the issue for staff or patients was charging for car parking; he reiterated that he believed the issue to be insufficient car parking spaces on certain sites so that users were not able to find space. The Board discussed issues with creating or obtaining permission for new parking spaces and the impact on the Trust’s longer term strategy towards smarter transport solutions. John Allison objected to the assumption that smarter travel solutions would work for most people and noted that there may only be a limited number who were willing or able to use alternative forms of transport, such as cycling or public transport, on a regular basis.  | **DH** |
| no | The Director of Finance emphasised that if car parking and further work in this area became a priority for the Trust then this work would be resourced. However, further investment in this area, after the work which had already taken place, would be resource-intensive and may be counterintuitive given the strategic direction of the Trust. If further work in this area was to become a new priority then this would need to be evidenced, for example through a demonstrable and measured effect upon staff retention rather than anecdotal evidence. The Trust Chair requested that the Director of HR consider, in his report to the Board in May upon the HR strategy/workforce, whether car parking was having or could have an impact on staff retention, noting that this may need some site-specific discussion. Chris Hurst added that the issues may also be different for different types of workers, for example more peripatetic workers moving between sites who may face issues with loss of productive time. **The Board noted the report.** | **TB/****MME** |
| **BOD 63/17**abc | **Patient Story from the Older People’s Directorate**Emily Bishop, Clinical Lead for Quality & Safety, joined the meeting and presented a video about a patient’s experiences as recounted by the daughter-in-law of the patient. She reported that learning from this had already been taken on board by the ward which would be re-instigating ward-based dementia groups as a result. From the video presentation, the Board heard about the patient’s admission, with dehydration and an infection, to an emergency multi-disciplinary unit and the further treatment which had been required with the acute hospital. The patient’s family had confirmed that they were involved in discharge planning but noted issues with obtaining a suitable care bed for the patient. Overall the patient’s family would recommend the service. However they noted that whilst some staff had been excellent, there was work to be done to get all staff up to the level of those who had provided an excellent level of service. The Board thanked the patient and their family for their feedback and participation in the recording. The Board noted that the presentation had been very interesting and had been useful in highlighting learning points for the ward and the Trust which would go towards helping other patients and improving Trust services.  |  |
| de | **The Board noted the presentation.** *Emily Bishop left the meeting.* The Medical Director added that in the near future, it would be useful for this agenda item to cover a presentation from a junior doctor on the outcome of the Supported and Valued review in response to the national junior doctor contract discussions. | **HS/MHa** |
| **BOD 64/17**abcd | **Quality & Safety report: Effectiveness**The Medical Director presented the report BOD 45/2017 which provided a summary of performance against Key Lines of Enquiry considered by the Effectiveness quality sub-committee. Since the report had been written, he noted that UK CRIS (Clinical Record Interactive Search) was now live. The Board discussed capacity and workforce considerations in the Clinical Audit and Pharmacy teams. Recruitment to the Clinical Audit team was underway and in the meantime audits had been prioritised to focus on those deemed clinically vital. Alyson Coates invited the Director of Nursing and Clinical Standards and the Medical Director to review the Internal Audit Plan 2017/18 and consider whether any resource from Internal Audit could be used to support Clinical Audit areas. Lyn Williams asked whether there were underlying issues related to the vacancies in teams; the Director of Nursing and Clinical Standards confirmed that these were not related to leadership issues. Lyn Williams referred to page 15 of the report and the Clinical Audit review of antimicrobial Q2 results. He noted that as the audit had received a rating of “requires improvement”, the Clinical Audit Group should have been able to identify some issues/recommendations for improvement and that any rating of “requires improvement” should not be accepted without issues having been identified. The Trust Chair added that the Quality Committee would be considering the results of recent clinical audits in more detail at its coming meeting on 10 May 2017. **The Board noted the report.** |  |
| **BOD 65/17**a | **Quality Report 2016/17** The Director of Nursing and Clinical Standards presented the report BOD 46/2017 which provided a draft of the Quality  |  |
| b | Report. This version had also been circulated to external stakeholders for review and comment. A final version would be presented to the next Board meeting and then submitted, as part of the Annual Report, to NHS Improvement. **The Board noted the report.** |  |
| **BOD 66/17**abcd | **Inpatient Safer Staffing (Nursing)** The Director of Nursing and Clinical Standards presented the report BOD 48/2017 and explained that 8 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; sickness rates; and patient acuity levels. Following two serious incidents reported on Ruby ward in the Whiteleaf Centre, Buckinghamshire, staffing levels on the ward had been reviewed. This was not one of the 8 wards which had experienced difficulties in achieving expected staffing levels but the levels of agency usage, vacancies and sickness were of concern and a decision was made to close the ward to admissions and focus on supporting existing patients and staff. The Trust had recently approved the adoption of the SafeCare IT solution to provide live staffing data, improve day-to-day management of staffing levels and show how safe each ward was on a shift-by-shift basis. SafeCare would be subject to a phased roll out. **The Board noted the report.** |  |
| **BOD 67/17**abcdef | **Workforce Performance Report**The Director of Finance presented the report BOD 49/2017 which set out the position on workforce performance indicators including temporary staffing spend, vacancies, sickness, turnover, exit data and recruitment. There had been an increase in agency spend largely due to a year-end accounting adjustment to reallocate some medical and dental agency staff who had been incorrectly coded to other account codes. Overall across the year there had been an increase in agency spend; agency spend was also significantly higher than the agency ceiling set by NHS Improvement. Work was taking place to build the staff bank and to market it, especially in community services where the staff bank was less well established than in mental health services. However, the staff bank would not be as effective a solution as retaining more substantive staff in order to reduce levels of turnover. Although agency spend was high, overall workforce spend in-year was below plan. However, if agency spend continued on its current and increasing trajectory then workforce would become overspent against budget in the future. Vacancies were down by 8% and sickness levels had also reduced especially following the winter period when the seasonal trend towards sickness had been higher; although a significant recruitment process had been underway this was still not enough to close the overall gap and impact positively upon retention. Turnover remained relatively high at 14.6%. Chris Hurst emphasised that improving recruitment by itself would not have a sufficient impact upon issues with retention. He asked what was being done to free up the time of clinical staff especially where they were engaged in non-patient-facing work. The Director of Nursing and Clinical Standards replied that some inpatient wards were trialling having more high-functioning administrative support to release the time of ward staff; work was being done to evolve the skill mix on wards; since 01 April, 15 new associate nurses had started in post which was filling some A4C Band 5 nurse posts; work was continuing, especially in community services and with district nurses, to develop IT solutions as some clinicians had estimated that they spent 20-30% of their time on IT; and issues around the administrative support available for Mental Health Act administration and use of that IT system were also being considered to see if this could become more efficient. She cautioned however that clinicians may need to be able to spend some time away from being patient-facing all of the time or there was a risk of burn-out, as had been identified by some consultants. It was therefore important to create job plans which would allow clinicians time for research or improvement work; providing for this flexibility should help with recruitment and retention. **The Board noted the report.** |  |
| **BOD 68/17**abc | **Finance Report**The Director of Finance presented the report BOD 50/2017 which summarised the financial performance of the Trust for the period ending 31 March 2017 (Month 12). EBITDA (Earnings Before Interest, Taxation, Depreciation and Amortisation) was £4.4 million favourable to plan at year-end and Income and Expenditure was in a surplus position. The cash balance was healthy and the position would improve further once the STF bonus payment had been received in May/June 2017. The capital expenditure position was close to the revised 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 position was overall £1.7 million better than plan mainly due to lower than expected provisions at year-end and the release of non-recurrent income that had not been spent. He highlighted the challenges which clinical directorates had faced in achieving this and tightening up on spend in the face of: Out of Area Transfers early in year for the Adult Directorate; locum spend challenges for the Children & Young People’s Directorate; and system issues for the Older People’s Directorate. The Trust had delivered CIPs of £4.7 million against the CIP target of £6.5 million. This was approximately what had been anticipated as achievable but there had been plans at the beginning of the year for delivery of £5.3 million. **The Board noted the report.** |  |
| **BOD 69/17**abcde | **Performance Report**The Interim Director of Performance presented the report BOD 51/2017 on performance against the new Single Oversight Framework for March 2017 (Month 12). A higher number of indicators was reportable this month due to a number of quarterly-only indicators (1,252 indicators compared to previous reporting against 21 indicators); the Trust had either met or exceeded 93% of the indicators reported. Areas of underperformance were set out in the report and included: the OOH service; DToCs; and WRAP/Prevent training. The Director of Nursing and Clinical Standards emphasised the importance of the Board maintaining focus on issues with not meeting urgent care indicators. Anne Grocock asked if there were issues around attendance at Mental Health Act and Mental Capacity Act training. The Interim Director of Performance replied that overall attendance was not worse than it had been but there were always challenges with achieving 95% of attendance at any training; work would continue to follow-up with staff to ensure that mandatory training was undertaken. Alyson Coates asked how training levels for agency staff were checked and maintained. The Director of Nursing and Clinical Standards noted that this should be picked up through contract reviews. Anne Grocock asked where this was reported. The Chief Operating Officer and the Trust Chair noted that this may be best considered through the Quality Committee and reporting from quality sub-committees. **The Board noted the report.**  |  |
| **BOD 70/17**ab | **Access to Healthcare for people with Learning Disabilities (LD)**The Chief Operating Officer presented the report BOD 52/2017 which provided a quarterly update on access to healthcare for people with LD and compliance with the “Six Lives” report. He highlighted that a revised work programme for the new financial year had been agreed and a refreshed LD steering group would convene in May 2017. **The Board noted the report.** |  |
| **BOD 71/17**abcdef | **Business Plan Q4 Report**The Director of Finance presented the report BOD 53/2017 which summarised the progress of the Business Plan against the Strategic Priorities. The Chief Operating Officer noted that the RAG-rating against the delivery of the Outcomes Based Commissioning contract for Adults should now be amber-rated, rather than red-rated, and that the commentary against this should be revised. The Board discussed Strategic Priority 5 (“to ensure that the Trust is high performing and financially viable”) and the importance of improving performance against delivery of CIPs. The challenge to achieve CIP targets would be discussed during the meeting in private. John Allison asked why the Trust needed to have 7 Strategic Priorities, which the Business Plan was mapped against, as well as 7 Strategic Objectives, which the Board Assurance Framework was mapped against. The Board discussed the potential for the Priorities and Objectives to lead to confusion; the Director of Finance noted that the detailed consideration which would be required of the overarching Strategic Framework would be more appropriately dealt with first by the Executive and then escalated to the Board. Mike Bellamy added that the core issue for the Trust was how to safely staff the organisation and although this had been regularly raised and discussed it had not yet been resolved. He recommended that the FY18 Business Plan include staffing amongst its top 3 immediate priorities otherwise there was a risk that the quality of care could not be maintained and the increasing pressure upon existing staff would be detrimental. **The Board noted the report.**  | **DH/MME** |
| **BOD 72/17**ab | **Board Assurance Framework (BAF) Q4 Report**The Director of Corporate Affairs and Company Secretary presented the report BOD 54/2017 which set out the position of the BAF as at Q4 and the strategic risks to the Trust achieving its 7 Strategic Objectives. The extreme strategic risks related to: non-delivery of CIP; workforce planning; and inability to fill vacancies. She highlighted movement in the high-rated risk around collaborative partnerships which had been escalated to “likely” to materialise, especially in light of developments around the Oxfordshire risk share which had already been discussed during the meeting. **The Board noted the report.**  |  |
| **BOD 73/17**abc | **Thames Valley & Wessex Forensic Commissioning/New Models of Care**The Director of Corporate Affairs and Company Secretary explained that NHS Improvement would test the Board self-certification which was included in the report. She emphasised the importance of the Board having previously considered the potential benefit to patients, the impact upon competition and the potential outcome of opting for a “do nothing” approach. Mike Bellamy noted that it would be useful to also set out the options to leave the pilot and in what circumstances exit options/an exit strategy would be useful and what the exit strategy could be. The Board supported this and noted that the delivery of anticipated outturn finances would be key but there could be uncertainties if the initial data which had been provided to the Trust proved to be unreliable. *The Associate Director of Strategy joined the meeting.* The Associate Director of Strategy joined the meeting and presented the report BOD 55/2017 and noted that the Board was requested to approve the self-certification for submission to NHS Improvement. The New Care Model pilot had commenced on 01 April 2017. He explained that there was a termination clause in the contract which the Trust could use to terminate its participation in the pilot after the first 12 months, especially if there were any significant changes in commissioning or an increase in demand. Lyn Williams emphasised the importance of receiving legal advice to guide the Trust on those contractual aspects which were or were not legally binding and which could impact upon any exit options. The Trust Chair agreed that it was important this should be clear for the Trust. **The Board APPROVED the self-certifications and their submission to NHS Improvement.**  | **DL/KR** |
| **BOD 74/17**abc | **Updates from Committees*****Charity Committee – 28 February 2017***Anne Grocock presented the minutes of the Charity Committee meeting on 28 February 2017 at paper BOD 56/2017 and noted the various funding applications which had been received. Funding from the charitable funds had been approved to support: the Female Genital Mutilation (FGM) App; and resilience training in community hospitals to reduce sickness absence for stress and anxiety. The tender for the provision of administration and advice services to the Charity had concluded and Kingston Smith had been appointed to take over provision of the services from July 2017. She thanked Lyn Williams for his considerable contribution to the Charity Committee over many years. The Director of Corporate Affairs and Company Secretary thanked Yaima Bacallao, Finance Manager from ORH Charitable Funds, for her support for the Charity, the committee and in advising staff. She added that the new post of Community Involvement Manager had been appointed to and would be responsible for volunteers, fundraisers and developing and managing the Trust’s charitable appeals and fundraising activities; the post-holder would start in June 2017. ***Finance and Investment Committee (FIC) – 14 March 2017***Lyn Williams presented the minutes of the FIC meeting on 14 March 2017 at paper BOD 57/2017 and highlighted concern with the under delivery of CIPs to target in FY17 and the challenge to achieve CIPs in FY18. **The Board received the minutes.** |  |
| **BOD 75/17**ab | **Any Other Business and Strategic Risks**No changes were made to the Strategic Risks and the Board noted the discussion on challenges to achieve the Strategic Priorities at item BOD 71/17 above, in relation to the Business Plan, and discussion on strategic risks to achieving the Strategic Objectives at item BOD 72/17 above, in relation to the BAF. The Trust Chair noted that this was Lyn Williams’ final meeting and expressed the Board’s thanks and gratitude for his contributions over many years to the Trust and especially the invaluable quality of his input over that time. Lyn Williams had chaired the FIC during challenging financial times and the Trust had maintained financial sustainability. Lyn Williams thanked the Board and the team he had been part of and wished the Trust as a whole the very best for the future.  |  |
| **BOD 76/17**abc | **Questions from Observers*****Tendering and risks***Chris Roberts, Lead Governor, referred to the Trust’s unsuccessful bid to provide the Oxfordshire MSK service, as reported at item BOD 62/17(g) above, and the loss of the contract. He noted that the previous year the Trust had identified that improvements could be made in its tendering processes and had appointed the Interim Director of Performance. He asked what progress had been made to mitigate weaknesses in tendering processes and, if mitigating action had been taken, why this had not worked to achieve success in the MSK tender. He suggested that if risks had been identified in this area then they should be included in the BAF. The Chief Operating Officer replied that actions had been taken to mitigate weaknesses previously identified in the Trust’s tendering processes through the appointment of the Interim Director of Performance and the appointment of an external expert in tendering. However, the Trust had still not been as successful as it had expected to be in the MSK tender and it had therefore made representations to the CCG about the tender process but stopping short of raising a formal procurement challenge as this would not be in the Trust’s or the public interest. He noted that more robust plans were being put in place by the Interim Director of Performance for future tender processes. He reminded the meeting that the nature of tendering would mean that sometimes the Trust would not succeed in tenders. In relation to inclusion amongst strategic risks which could cause the Trust to fail to achieve its Strategic Objectives, he noted that the risk around the loss of the MSK tender by itself was not appropriate for inclusion on the BAF but was more appropriate for the specific directorate risk register, as with risks around other specific tenders/contracts. The Director of Corporate Affairs added that tendering risks may also be relevant for the Trust Risk Register which set out operational risks rather than the BAF. ***Public Board papers***Matt Oliver, Chief Reporter for the Oxford Mail and the Oxford Times, asked the Trust to explain why it was necessary not to permit copies of the Board papers to be taken away from the meeting and whether it would be willing to change this after review. The Trust Chair acknowledged that a question had been raised about this and that the Trust would need to think about this and take that away. The Trust Chair recommended attending the whole meeting in order to pick up the nuances. |  |
| **BOD 77/17**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 12:58.**Date of next meeting: 24 May 2017** |  |