

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

**Board of Directors**

Minutes of a meeting held on

24 May 2017 at 08:30

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  |
| Jonathan Asbridge | Non-Executive Director |
| Stuart Bell | Chief Executive  |
| Mike Bellamy | Non-Executive Director |
| Alyson Coates | Non-Executive Director |
| Anne Grocock | Non-Executive Director  |
| Mark Hancock | Medical Director  |
| Dominic Hardisty | Chief Operating Officer |
| Chris Hurst | Non-Executive Director  |
| Mike McEnaney | Director of Finance |
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| **In attendance:** |
| Maria Bourbon | Deputy Team Manager, CAMHS ASD Pathway - *part meeting* |
| Tim Boylin | Director of HR |
| Kerry Rogers | Director of Corporate Affairs and Company Secretary  |
| Diane Statham | Patient Experience and Involvement Lead – *part meeting* |
| Martyn Ward | Interim Director of Performance |
| Hannah Smith | Assistant Trust Secretary (Minutes) |

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| **BOD****78/17**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: Sue Dopson, Non-Executive Director.  |  |
| **BOD 79/17**abc | **Declarations of Interest** **and Register of Directors’ Interests**The Trust Chair presented Paper BOD 58/2017 and 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; and
* Alyson Coates reported that she was no longer chair of the finance committee at Oxford Brookes but remained a governor there.

No interests were declared pertinent to matters on the agenda. **Subject to the comments above, the Board received the report.**  | **HS** |
| **BOD 80/17**abc | **Minutes of the Meeting held on 26 April 2017**The Minutes of the meeting were approved as a true and accurate record.***Matters Arising*****Item BOD 60/17(e) FY18 Oxfordshire contract – ultra vires check**The Director of Corporate Affairs & Company Secretary reported that legal advice had been sought and it had been confirmed that it would not be ultra vires for the Trust to spend on these wider services as part of any system-wide response to the Oxfordshire risk share. The Board noted that the following actions were on hold for future reporting: BOD 60/17(h), BOD 32/17(b), BOD 21/17(b) (Strategic Partnerships Report); BOD 60/17(a) (CFS/ME Service); BOD 62/17(l) (proposed new structure for Operations). |  |
| d | The Board confirmed that the remaining actions from the 26 April 2017 Summary of Actions had been completed, actioned or were on the agenda for the meeting: BOD 60/17(h) and BOD 31/17(c)&(e) (Staff Bank development); BOD 60/17(h) and BOD 47/17(e) (Workforce/HR); BOD 59/17(a) (Register of Directors’ Interests); BOD 60/17(c) (nasogastric tube misplacement); BOD 62/17(n) (car parking and impact on HR strategy/workforce considerations); BOD 63/17(e) (staff story); BOD 71/17(b) (Business Plan Q4 Report); and BOD 73/17(b) (Thames Valley & Wessex Forensic Commissioning/New Models of Care – exit options/strategy).  |  |
| **BOD 81/17**abcd | **Year-End Reports**The year-end reports were presented to the Board for approval. The Chair of the Audit Committee, Alyson Coates, confirmed that the Audit Committee had reviewed each document at its meetings on 25 April 2017 and 22 May 2017 and had resolved to recommend that the Board approve each. She noted the impact of the late inclusion of Sustainability and Transformation Fund (**STF**) funding and that without this it would have been more challenging to reach a going concern conclusion. The Director of Finance agreed and highlighted the underlying deficit position of £1.8 million. ***Financial Statements & Accounts 2016/17 (including Letter of Representation)*** The Director of Finance presented the report BOD 60/2017 which set out the 2016/17 Financial Statements & Accounts. He reported that, further to discussion at the Audit Committee, the draft accounts of Oxfordshire Clinical Commissioning Group (**OCCG**) had been released and these confirmed that OCCG was proceeding on a going concern basis. **The Board APPROVED the Financial Statements & Accounts 2016/17 and approved the Letter of Representation to be sent to the Trust’s auditors.*****Trust Annual Report 2016/17 including Quality Account 2017/18 and Quality Report 2016/17*** The Director of Corporate Affairs and Company Secretary presented the report BOD 61/2017 which set out the text of the Trust’s Annual Report and incorporated the Quality Account and the Quality Report. The Trust’s Annual Report had been  |  |
| efg | reviewed by both the Audit Committee and auditors, and it had been written in line with the statutory and regulatory requirements. The Quality Account and the Quality Report had also been reviewed by both the Audit Committee and auditors, and had been developed in line with national guidance. The Trust Chair noted that there had been minor narrative and presentation changes to the Foreword by the Chair and the Chief Executive. **The Board APPROVED the Trust Annual Report 2016/17, the Quality Account 2017/18 and the Quality Report 2016/17.** In making the approvals for the year-end reports, the Board thanked all those involved for their hard work in completing the year-end process including the Audit Committee, auditors, finance team and governance teams. |  |
| **BOD 82/17**abcdefghijklmnopqrst | **Chief Executive’s Report**The Chief Executive presented the report BOD 62/2017 which outlined recent national and local issues. ***Financial Plan FY18***The Chief Executive reminded the Board that the STF funding which the Trust had received was in recognition of the Trust achieving what it had set out to do. ***FY18 Oxfordshire contract and risk share***The Chief Executive expressed his concern at the lack of significant progress to mitigate the financial risks at this point, two months into the new financial year. He noted that if there were reasons not to proceed with previous mitigation plans then it would be important to start to identify other alternatives instead. This was further complicated by the challenge which Oxford University Hospitals NHS FT (**OUH**) was facing in relation to Referral To Treatment (**RTT**) plans for elective care and the risk that demand pressures for elective care may be considerably higher than forecast in December 2016 when the risk pool arrangement was agreed. Chris Hurst asked how certain the risks were and to what extent they were cost pressures. The Director of Finance replied that the RTT issue had been masked because original plans had underestimated demand for elective care. It was now therefore important to track identified risks and the amount of financial pressure linked to them. Mike Bellamy asked how secure the Trust’s FY18 Oxfordshire contract was and whether there was a risk that funding anticipated from OCCG could become eroded. The Director of Finance replied that all the Trust’s contracts were secure but that in Oxfordshire there was a risk that the Trust’s exposure within the risk share agreement was now looking more like a certainty especially in the context of a potential overall significant increase in the system-wide risk. The Trust Chair noted that it would be unacceptable if the Trust delivered on its allocation of the risk share but was held to account if the rest of the system was unable to deliver likewise. However, he emphasised the importance of the Trust ensuring that it delivered on those mitigation plans/activities which it was responsible for and leading on. The Director of Finance added that there was also a further risk of part of CQUIN (Commissioning for Quality and Innovation) payments being withheld if system control totals were not achieved. Mike Bellamy referred to national commitments to increase funding for Mental Health and asked about the Trust’s position on receipt of Mental Health funding, comparative to other localities, and whether there was an expectation and a trajectory of increased funding. The Chief Executive replied that in the league table published by NHS England, Oxfordshire was just above the category for inadequate Mental Health funding and noted that NHS England would be scrutinising the Sustainability and Transformation Plan (**STP**) response to the league table findings. The Trust, through the Associate Director of Strategy and Organisational Development, was working with commissioning colleagues and across the STP to analyse the gap as there was recognition that Mental Health funding was an issue in Oxfordshire. Jonathan Asbridge asked whether the situation with the risk share could put the acquisition of other services at risk. The Director of Finance replied that this was not the case but he noted that the Trust’s underlying deficit position, as discussed in the context of the year-end reports, would impact upon the Trust’s activities and would need to be carefully monitored and managed. Alyson Coates asked whether the potential benefits of the Trust being part of the risk share agreement and participating in system-wide discussion still outweighed the potential risks for the Trust. The Chief Executive replied that now was the time for the Trust to use its place to influence the direction of travel which also included commitment to Mental Health investment. John Allison asked whether the Trust could withdraw completely from the risk share agreement. The Chief Executive replied that this would not necessarily solve the underlying issue as the Trust was a part of the Oxfordshire system. The Chief Executive noted the importance of resolving the challenge which OUH faced on RTT; a substantive change in the RTT figure would have a significant impact upon the risk share. He reminded the Board that pressure to meet RTT figures was also linked to the action of regulators such as NHS Improvement (**NHSI**). If the Trust’s liability for a part of the risk share was to change due to the overall impact of RTT and because of actions instigated by NHSI then the Trust may need to negotiate a commensurate revision of its control total with NHSI. The situation may become clearer in the coming month, linked to the deadline which NHSI had set. The issues were around whether there would be an increase in the overall pool of the risk share and what alternative risk mitigation plans may be available to turn to instead of those which were not currently delivering. The Trust Chair added that the feedback to OCCG and OUH should be that the Board was extremely concerned with the situation with the risk share and the lack of progress on mitigations, with the exception of those areas within the Trust’s control and which it was progressing. He emphasised the importance of the Trust ensuring that it delivered on those mitigations within its control. Jonathan Asbridge emphasised that the Board should also not lose sight of the importance of monitoring the safety of the Trust’s services and the welfare of its patients. The Trust Chair asked about oversight of the FY18 Oxfordshire contract by the finance committees of the Trust and of OUH. Chris Hurst replied that the meeting which had been scheduled with the chair of the finance committee at OUH had been deferred for a few weeks but would be followed up. ***Musculoskeletal (MSK) physiotherapy contract – Oxfordshire***The Chief Executive referred to his report and confirmed that he had met with the Chief Executive of OCCG to discuss his concerns over the procurement process and potential impact on the Oxfordshire risk share. As MSK physiotherapy was widely recognised as being a key element of any arrangements to manage activity risk, particularly for elective orthopaedic surgery, it was of concern that the Trust was not part of the procurement process. He also noted the unsettling impact of the procurement process upon the staff in the service. ***Information Management and Technology (IM&T)*** The Chief Executive confirmed that to date the Trust appeared not to have been struck by the cyber-attack which had affected the NHS. However, members of the IM&T team had been working over the weekend to monitor the situation and he referred to his report and thanked the team; that the Trust had been able to respond well to the situation was a testament to the effectiveness of its systems and a collaborative approach to avoid what could have been a major incident. Alyson Coates asked whether system-wide discussion was taking place between IT teams to ensure that relevant learning was taken forward. The Director of Finance confirmed that system-wide discussion was taking place and investigations into the cyber-attack were still ongoing so learning was not yet complete. The Chief Executive added that with an increasing national and local trend towards partnership and interoperability between IT systems, there was a risk of exposure to potential weaknesses in other organisations’ systems and it would be important to be assured that partners could match the Trust’s rigour in IT security. The Board noted that in private session it would be considering upgrading the Trust’s IT infrastructure. The Chief Executive added that work was also progressing on the Global Digital Exemplar project and that there may be further funding opportunities linked to this. ***Wave 2 New Care Model Applications for Tertiary Mental Health Services***The Chief Executive reported that the Trust was preparing bids for Tier 4 Child & Adolescent Mental Health Services (**CAMHS**) and for Adult Eating Disorders in consortia with other providers and as set out in the report in more detail. Business cases were due for submission in mid-July with a mobilisation date of 01 October. He noted the challenges of putting together proposals on short notice and with the available data on patients in the system and on current NHS England spend. However, if the Trust was successful then most of NHS England’s current specialist commissioning with the Trust would have devolved to the Trust. The Board reflected on its experience and learning from the recent Thames Valley & Wessex Forensic Network/New Models of Care for Tertiary Mental Health Services. Mike Bellamy requested confirmation and assurance as soon as reasonably practicable on the finances. The Chief Executive replied that this information would not be ready for a while until more work had taken place. ***Oxfordshire Learning Disability (LD) services***The Chief Executive confirmed that the transfer of community LD services from Southern Health NHS FT had now been agreed; the transfer date would be 01 July 2017. Negotiations were still ongoing in relation to specialist commissioning of secure LD services; the Trust was awaiting a response from NHS England. Mike Bellamy emphasised the importance of the transfer of the Slade site to the Trust and requested confirmation that this would happen. The Director of Corporate Affairs & Company Secretary replied that this was being worked into the Business Transfer Agreement. Jonathan Asbridge asked if there would be implications for the Trust, in taking on services from Southern Health NHS FT, of the health and safety prosecution being brought against Southern Health NHS FT. He noted that this had also been discussed at the Quality Committee in relation to the warranties and undertakings which the Trust would require. The Director of Corporate Affairs & Company Secretary confirmed that this would also be part of the Business Transfer Agreement. ***Academic Health Science Centre (AHSC)***The Chief Executive noted that Glenn Wells, Chief Operating Officer of the AHSC still needed to come and present to the Board.  | **SB****CHt****SB/DH****HS** |
| uvwx | ***Academic Health Science Network (AHSN)***The Chief Executive highlighted the Patient Safety Conference which would be taking place on the next day, titled “From assurance to enquiry: conversations about safety”. ***STP and local transformation process***The Chief Executive reported that a national process for the reappointment of STP leaders was taking place. There was recognition of the challenges in being a STP leader and also running a local provider or authority. If these roles therefore emerged as distinct ones not related to local bodies then there would need to be clarification over who would appoint to them and to whom they would be accountable. He added that funding was also starting to become available through the STP and the STP needed to be clear on its priorities in order to access and direct this. ***Consultant appointments*** The Board ratified the appointment of Dr Tina Malhotra as a consultant psychiatrist with the North Adult Mental Health Team. **The Board noted the report.**  |  |
| **BOD 83/17**abcdefgh | **Chief Operating Officer’s Report**The Chief Operating Officer presented the report BOD 63/2017 which provided an update on quality, people and sustainability together with a narrative of key issues being managed by the Operational Management Team. ***Quality***The Chief Operating Officer reported that Ruby Ward at the Whiteleaf Centre in Buckinghamshire had now re-opened for admissions. Work was also taking place to explore whether the Trust would need a new age-inclusive pathway for emotionally unstable personality disorder patients, since the lack of a suitable commissioned pathway had been identified as a potential issue. He reported that a new Interim Associate Director of Service Improvement had been appointed to the Out Of Hours (**OOH**) Service. Once they had been in post for 6-8 weeks, they would be invited to present their findings on key areas for improvement to a Board Seminar. Alyson Coates referred to the serious incident investigation of data quality issues within the OOH Service and asked for more information. The Chief Operating Officer replied that the OOH Service was changing the way in which contractual Key Performance Indicators/National Quality Requirements were recorded and one of the changes had highlighted an inaccuracy in reporting. The Interim Director of Performance was therefore considering this and checking for the true data; it was possible that the Trust’s reported performance may improve, rather than deteriorate, as a result. The Trust Chair referred to the difficulties with service moves and asked whether there had been relevant learning from this which would benefit future moves. The Chief Operating Officer replied that once the moves were complete then appropriate lessons would be learned. He added that the Interim Director of Performance was also in the process of creating a formal Programme Management Office and standardising methodologies and governance around this which should improve visibility and transparency of risks and issues. The Director of Finance added that recent moves also highlighted the importance of changing behaviours in relation to mobile working to make the most of available technology and not necessarily move on a like for like basis. ***People***The Chief Operating Officer reported that a new Interim Programme Director for Age-Inclusive Mental Health would be joining the Trust and that this may facilitate further organisational changes. He suggested that a new full-time role of Director for Transformation and Sustainability be developed especially in light of the work which the Service Director for the Older People’s Directorate had been doing in this area already. He suggested that the role of the Interim Director of Performance be made permanent.  | **HS** |
| ijk | ***Sustainability***The Chief Operating Officer provided an update on Delayed Transfers of Care (**DToCs**) which remained a major area of concern and had been subject to regulatory reviews, as set out in the report. He noted that the directorate was working on a plan to resolve the situation for the approximately 50 delayed patients. He explained that the delays did not relate to RTT but to the unscheduled care pathway. Alyson Coates referred to the shortfall against target for Cost Improvement Programme (**CIP**) plans and asked how much this was and what was the scale which would need to be addressed. The Chief Operating Officer replied that against a target of approximately £7.4 million, the Trust had CIP plans amounting to approximately £2.8-2.9 million. To close the gap to target, the Trust was focusing on new business development opportunities, which may generate additional income, and on reducing temporary spend with agencies. **The Board noted the report.** *The meeting adjourned from 10:30-10:40. The meeting reconvened at 10:40.* |  |
| **BOD 84/17**ab | **Patient Story from the Children & Young People’s Directorate about the CAMHS Autism Spectrum Disorder (ASD) Pathway**Maria Bourbon (Deputy Team Manager, CAMHS ASD Pathway) and Diane Statham (Patient Experience and Involvement Lead) joined the meeting and presented the story of a young family where three out of four children had received a diagnosis of autism. The diagnoses had been received when the children were at different ages and after varying experiences of the healthcare system. The Board discussed the varying experiences which had arisen from the three separate referrals into the service and noted the family’s concerns that they had not received help soon enough. Jonathan Asbridge asked whether the service operated in a family-centred way by reaching into a family once autism had been identified in one child. Maria Bourbon replied that although the service informed families who were known to the service about traits to be aware of which they may identify in their other children, the service did not automatically formally assess all the children in a family once one had been referred; a new referral would be required for each individual child.  |  |
| cde | The Trust Chair asked about the waiting list for referrals into the service. Maria Bourbon explained that waiting times had improved since a point in time when it had been 18 months; however the service was part time so in order to improve waiting times additional support had been contracted to help. She reported that feedback from parents had been that the assessment process was effective and helpful and the reports generated were valuable. The Board thanked the family for providing their story and thanked the presenters. **The Board noted the presentation.** *Maria Bourbon and Diane Statham left the meeting.*  |  |
| **BOD 85/17**abcdefg | **Guardian of Safe Working Hours (GoSWH) report**Phil Davison (the GoSWH) joined the meeting and presented the report BOD 66/2017 which explained the role of the GoSWH to safeguard junior doctors; the role would operate independently of Trust management but would be subject to external regulatory scrutiny by the Care Quality Commission and by Health Education England. The Medical Director confirmed the independence of the role and noted that the report had been produced entirely independently by the GoSWH. The GoSWH would focus on issues around working hours; issues around missed training or educational opportunities were separately considered by the Director of Medical Education. The GoSWH highlighted that, during December 2016 to 08 May 2017, he had received 27 exception reports which identified issues as they arose with the work schedules (working hours) of junior doctors. He noted that he liaised with other guardians and whilst this level of reporting was relatively low compared to that of other local trusts, in comparison with other mental health trusts the rate was relatively high. This could be interpreted as a positive indicator that the system of exception reporting was starting to work and that juniors wanted to engage through it. He noted that management had also been responsive to the data which had been generated from the exception reports and was starting to address concerns. Anne Grocock referred to the Junior Doctors Forum which she noted was reported as almost established. She asked whether the Trust was unusual in not already having established such a forum and was lagging behind other trusts. The GoSWH replied that there had been some delays whilst volunteers had been identified but that the first meeting would be in July; he noted that by comparison another local trust had not yet established their forum. The Board discussed how responsive the Trust was to exception reports. The GoSWH noted that a system to ensure that exception reports would be dealt with immediately was being developed. He noted that locally a system was being developed to ensure reporting to the relevant clinical supervisor, although nationally reporting was also recommended to the relevant educational supervisor. However, the clinical supervisor was responsible for day-to-day work and may be in a better position to make relevant changes. The Medical Director noted that this approach could still raise challenges if the clinical supervisor’s day-to-day demands were a root cause of the issues generating the exception reporting; the educational supervisor may be more independent. The GoSWH acknowledged that there could be tensions with supervisors, some of whom may expect more flexibility from junior doctors than was appropriate. The Director of Nursing and Clinical Standards referred to the instance when exception reporting had raised safety concerns. She highlighted the importance of using the Trust’s formal incident reporting system (Ulysses) to avoid duplication or creating a parallel reporting system which did not feed into wider governance and learning systems. The GoSWH replied that he had reviewed this instance and it had been a case of the wrong box being ticked on the form; he confirmed that they had not been safety concerns. The Director of Nursing and Clinical Standards noted that it was encouraging that exception reporting was taking place and providing valuable data about issues impacting the daily experiences of junior doctors. She added that the challenge may be to develop this good practice into other staffing groups. The GoSWH agreed that other disciplines could also benefit from a guardian role. The Director of HR added that trade union representatives may already consider they had a role as guardians of other staffing groups and that they already highlighted issues around caseload and stress. He noted that junior doctors were also already supported through HR and the medical staffing teams; the GoSWH in the report had thanked the Medical HR Manager and her colleagues for their help. Jonathan Asbridge emphasised the importance of recognising that junior doctors were in organisations in order to train and that  |  |
| hij | the Trust had a responsibility to: support their educational development; ensure they were able to undertake the training they were contracted to do; and keep them safe and not working beyond their hours. The Chief Executive asked whether developments such as tele-psychiatry were helping to get assessments done more quickly, cut out travel time and overall help juniors. The GoSWH replied that these types of developments and moves towards more flexibility may well help to make a positive difference but it was too early to tell yet. The Board discussed how to receive future reporting from the GoSWH. The Board agreed that: a longer session in approximately 3 months’ time would be useful, potentially in either a Board Seminar or in the private part of the Board; and it would be useful if the GoSWH could invite the new chair of the Junior Doctors Forum to attend. Although reporting needed to be provided to the full Board, it may also be an option to provide some of the in-year reporting to the Quality Committee, as a formal sub-committee of the Board. **The Board noted the report.** *The GoSWH left the meeting.* | **HS/MHa** |
| **BOD 86/17**ab | **Quality & Safety report: Patient Experience & Involvement**The Director of Nursing and Clinical Standards presented the report BOD 64/2017 which provided: an update on patient experience and involvement work including progress against the Patient Experience & Involvement Strategy; a summary of patient feedback received and action taken in response; a summary of formal complaints; an update on external accreditation with the Carers’ Trust; the launch of the Buckinghamshire Recovery College; and the most recent Internal Audit findings. She highlighted the impact of capacity upon ability to deliver elements of the strategy and noted that these were still to be addressed. The “I want great care” standardised feedback mechanism had been introduced across the majority of services in 2016/17; a formal launch event was planned for 31 May 2017. A limited number of services continued to use other collection methods due to local commissioning requirements. She highlighted the challenges this posed and issues with unnecessary duplication; she noted that this was starting to be addressed through contracting mechanisms.  |  |
| cde | Complaints were summarised in the report. The more detailed annual Complaints Report had also been received by the Quality Committee, which also received regular in-year reporting on complaints, and would be published. The Board expressed support for: standardising feedback mechanisms and avoiding unnecessary duplication; and reprioritising the work plan for the strategy to focus on achieving a smaller number of targets. The Board noted that the main themes to focus on were: improving quality of patient interaction with staff; and increasing patient involvement in decision-making. The themes were well-known but the challenge was to achieve improvement. **The Board noted the report.**  |  |
| **BOD 87/17**ab | **Nasogastric tube misplacement report** The Director of Nursing and Clinical Standards presented the report BOD 65/2017 which provided an update on actions being taken in relation to recent national patient safety alerts on nasogastric tube misplacement. She confirmed that the Trust was also working to set up a peer review with another organisation. **The Board noted the report.**  |  |
| **BOD 88/17**abc | **Inpatient Safer Staffing (Nursing)**The Director of Nursing and Clinical Standards presented the report BOD 67/2017 and explained that 7 of 32 wards had experienced difficulties in achieving expected staffing levels on every shift and had therefore needed to use agency and/or sessional staff. However, all wards had maintained minimum staffing levels to remain safe to deliver patient care. The main reasons for difficulties were: sickness rates; vacancies; and patient acuity levels. She highlighted that there were particular long-term staffing pressures in mental health wards and this would have an impact on patient experience, staff experience and morale. If wards did not have sufficient staff then they could not admit more patients. The Board discussed the challenges of working with long lines of agency staff and understanding what these staff wanted and why they preferred to work through agencies than to become  |  |
| de | part of the permanent workforce. The Board considered issues such as preferences of staff to work or avoid particular shifts; or to work for a period of several weeks and then take several weeks off. The Board emphasised the importance of using social and other media more in order to advertise and try and increase recruitment, including at a student uptake level. The Board recognised the importance of retention and offering staff flexibility in order to make it more feasible for them to stay with the Trust. The Board noted that workforce issues would also be discussed further in the private meeting during the session on HR Strategy. Mike Bellamy noted that the severity of the acuity of patients in the Trust may be a having a significant impact upon staff and therefore upon workforce pressures. He suggested that it would be useful for reporting to provide more information on the impact of patient acuity upon workforce pressure and potentially provide a picture of the long term pattern of acuity on wards. The Director of Nursing and Clinical Standards replied that the next rollout of the e-rostering system would grade acuity from levels 1-4 and provide more detail for reporting in the future.**The Board noted the report.**  |  |
| **BOD 89/17**ab | **Workforce Performance Report**The Director of Finance presented the BOD 68/2017 which set out the position on workforce performance indicators including temporary staffing spend, vacancies, sickness, turnover, exit data and recruitment. He noted the return to previous but still high levels of agency spend after the spike in March 2017; agency spend was 64.91% over the agency ceiling set by NHS Improvement. **The Board noted the report.** |  |
| **BOD 90/17**a | **Finance Report**The Director of Finance presented the report BOD 69/2017 which summarised the financial performance of the Trust for the period ending April 2017 (Month 1, 2017/18). EBITDA (Earnings Before Interest, Taxation, Depreciation and Amortisation) was £0.2 million adverse to plan and Income and Expenditure was also £0.2 million adverse to plan. The cash balance was healthy and £0.8 million higher than plan; this was not related to STF funding as this had not yet been received but was due to  |  |
| bc | revenue and capital. 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 agency ceiling. The CIP target for 2017/18 of £7.4 million for which plans were currently available for delivery of £2.8 million; it was recognised that more work was required to develop CIP plans. CIP delivery for the month was £0.1 million behind plan and £0.5 million below the target. Christ Hurst added that the Finance & Investment Committee had reviewed and discussed CIP delivery and considered the progress which the team had made in setting budgets in line with the financial plan. He reminded the Board that CIP was one component of the overarching financial plan which also required: good financial and budget management; realisation of income opportunities; management of financial risk; and monitoring and management through use contingencies and reserves. **The Board noted the report.**  |  |
| **BOD 91/17**abcd | **Performance Report**The Interim Director of Performance presented the report BOD 70/2017 on performance against the new Single Oversight Framework for April 2017 (Month 1). The Trust had met or exceeded 98% of the 921 performance indicators reported (the number of reportable indicators varied each month). Areas of underperformance were set out in the report and included the OOH service; WRAP (Prevent) training; CAMHS 4 week and 8 week waiting times; and timescales for care reviews in Aylesbury. DToC indicators were not included this month whilst new targets were agreed with commissioners; this reflected performance issues with the HART (Home Assessment Reablement Team) service which was not provided by the Trust. Stroke Therapy indicators for community hospitals needed to be reviewed as the indicator itself was flawed and should be revised. The Board discussed performance in achieving training targets for WRAP (Prevent). The Interim Director of Performance noted that although a high proportion had been trained, there was still some further rollout of training required. The Director of Nursing and Clinical Standards added that this was being monitored by the Executive and the position was improving. The Trust Chair noted that a separate Performance Report was also being presented to the Board meeting in private. He emphasised that as much as possible performance reporting should be brought into the public domain. Mike Bellamy commented that reporting was still evolving and the Board may need to receive a more selective set of data so that it could focus upon persistent problems. **The Board noted the report.**  |  |
| **BOD 92/17**abcd | **2017 Board Self-Certifications to NHS Improvement**The Director of Corporate Affairs & Company Secretary presented the report BOD 71/2017 on the self-certifications required for the Trust to be able to confirm compliance with its NHS provider licence. As set out in the report, a further self-declaration would be required in June 2017.  The Board discussed the impact of staffing challenges in OOH services and on mental health inpatient wards upon the availability of required resources. The Board noted that risks in this area had been identified, mitigations were in place and work was taking place to address issues. Alyson Coates emphasised that the making of the declarations was also an opportunity to draw attention to an identified risk, as well as providing positive assurance of the steps the Trust was taking to mitigate. The Director of Corporate Services & Company Secretary agreed and noted that this could be reflected and more detail provided in the Trust’s corporate governance statement in the narrative for the year ahead. The Board also considered the impact of the Oxfordshire risk share. The Director of Finance noted that this would be taken into account monthly upon review of the financial forecast and also as part of the consideration of the annual financial plan. **The Board APPROVED the declarations as follows:**1. **following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied, as the case may be that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution – CONFIRMED;**
2. **the Board declares that the Licensee continues to meet the criteria for holding a licence – CONFIRMED; and**
3. **declaration 3a) - after making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate - CONFIRMED.**
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| **BOD 93/17**abc | **Strategic Partnerships report**The Interim Director of Performance provided an oral update and noted that work had been taking place to audit strategic partnerships and governance arrangements for each partnership; in due course a register of partnerships should be created to capture risks and liabilities. The Director of Corporate Affairs & Company Secretary reported that the Well Led quality sub-committee had commissioned this review and the outcome would be fed back in due course but should lead to improved reporting upon services which were being delivered in collaboration with partners. The Trust Chair emphasised the importance of oversight of governance issues for the Board and the need to consider whether key partners were performing as expected. He noted that the Board would need to receive further updated reporting on strategic partnerships in due course. **The Board noted the oral update.**  | **MW** |
| **BOD 94/17**ab | **Updates from Committees*****Audit Committee – 25 April 2017 and 22 May 2017***Alyson Coates presented the minutes of the Audit Committee meeting on 25 April 2017 at paper BOD 73/2017 and noted that the year-end reports, as reviewed and recommended at the Audit Committee meeting on 22 May 2017, had already been discussed earlier in the meeting. **The Board received the minutes.**  |  |
| **BOD 95/17**ab | **Any Other Business and Strategic Risks**Chris Hurst recommended that the Oxfordshire risk share and the emergent risk of a potential for Oxfordshire to fail to re-establish financial equilibrium be more explicitly included in the strategic risks. The Chief Executive noted that the risk may not just be related to Oxfordshire but that there could be a wider risk of losing financial equilibrium. The Chief Operating Officer noted that the risk in relation to non-delivery of CIPs may need to be turned around so that the risk focused on potential for the Trust to fail to deliver its financial plan, which could be impacted by subsets including, for example but not limited to, CIP, financial control or partnership issues. | **HS****HS** |
| **BOD 96/17**a | **Questions from Observers*****MSK service***Chris Roberts, Lead Governor, reminded the Board of the concerns of governors following the loss of the MSK service and the impact upon staff including governors.  |  |
| **BOD 97/17**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 12:34.**Date of next meeting: 28 June 2017** |  |