

## BOARD OF DIRECTORS MEETING

- meeting held in public –

##### Wednesday, 27 June 2018

**08:30 – 12:00**

**Oak Room, Learning & Development**

**5th Floor, Unipart House, Garsington Road, Cowley, Oxford OX4 2PG   
(for Sat Nav OX4 6LN)**

## Agenda

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|  |  | Indicative Time |
| 1. Welcome and Apologies for Absence[[1]](#footnote-1) | MGH | 08:30 |
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| **INTRODUCTORY ITEMS** |  |  |
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| 1. Declarations of Interest (oral report)  * *To confirm Directors’ interests* | MGH | 08:30 |
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| 1. Minutes and Matters Arising of the Board of Directors’ meeting held on 24 May 2018 (paper – BOD 77/2018)  * *To confirm the Minutes of the meeting and report on matters arising* | MGH | 08:30 |
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| 1. Report on Council of Governors’ meeting on 13 June 2018 (oral update)  * *To note* | MGH | 08:45 |
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| **CHIEF EXECUTIVE, CHIEF OPERATING OFFICER AND PERFORMANCE/WORKFORCE** | | |
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| 1. Chief Executive’s Report (paper – BOD 78/2018)  * *To discuss and note for assurance against extreme BAF risk 4.1 (system delivery)* | SB | 08:50 |
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| 1. Chief Operating Officer’s Report (paper – BOD 79/2018)  * *To discuss and note for assurance against extreme BAF risk 4.1 (system delivery)* | DH | 09:30 |
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| 1. Performance Report (paper – BOD 80/2018)  * *To review and note for assurance against high BAF risks 1.1 (quality standards) and 6.1 (incomplete and inaccurate data and records)* | MW | 09:50 |
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| 1. Human Resources Report (workforce performance) (paper – BOD 81/2018)  * *To note actions being taken, discuss concerns and note for assurance against extreme BAF risks 5.1A (workforce) and 5.1B (vacancies)* | TB | 10:05 |
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| **SAFETY & QUALITY** |  |  |
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| 1. Inpatient Safer Staffing (Nursing) (paper – BOD 82/2018)  * *To note actions being taken, discuss concerns and note for assurance against extreme BAF risks 5.1A (workforce) and 5.1B (vacancies) and high BAF risk 1.1 (quality standards)* | RA | 10:20 |
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| 1. Quality and Safety Report: Effectiveness (paper – BOD 83/2018)  * *To note for information and assurance against high BAF risk 1.1 (quality standards)* | MHa | 10:30 |
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| 1. Medical appraisal and revalidation report (paper – BOD 84/2018)  * *To note and support the work of appraisal and revalidation and to note for assurance against extreme BAF risk 5.1A (workforce)* | MHa | 10:45 |
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| 1. Guardian of Safe Working Hours report (paper – BOD 85/2018)  * *To receive and note for assurance against extreme BAF risk 5.1A (workforce)* | MHa | 10:55 |
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| **PATIENT EXPERIENCE PRESENTATION** |  |  |
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| 1. Patient Story (presentation)  * *To receive, comment and note for assurance against medium BAF risk 4.3 (engagement with membership, patients and the wider public*   *The patient stories presented to Board may have certain details anonymised to protect individuals’ confidentiality; permissions have been granted.* ***Presenters attend in good faith to share their experiences and would prefer that any personal details which may, however, be shared are not then taken away by members of the public in attendance.*** | RA | 11:05 |
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| **FINANCE & GOVERNANCE** |  |  |
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| 1. Finance Report (paper – BOD 86/2018)  * *To note and for assurance against extreme BAF risks 2.3 (financial exposure) and 2.4 (CIP)* | MMcE | 11:25 |
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| 1. NHS Improvement Corporate Governance self-certifications (paper – BOD 87/2018)  * *To approve and note for assurance against medium BAF risk 2.1 (governance)* | KR | 11:35 |
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| 1. Corporate registers:    1. register of application of seal (paper – BOD 88/2018); and    2. register of gifts, hospitality and sponsorship (paper – BOD 89/2018)  * *To receive and note* | KR | 11:45 |
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| **STRATEGY & PARTNERSHIP** |  |  |
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| *No separate items* |  |  |
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| **REPORTS/RECOMMENDATIONS FROM COMMITTEES** |  |  |
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| *No separate items* |  |  |
| 1. Any Other Business and confirmation of any changes to strategic risks[[2]](#footnote-2) | MGH | 11:55 |
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| 1. Questions from observers | MGH |  |
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| Meeting Close |  | 12:00 |
| Date of next meeting:  Thursday, 26 July 2018  Location: Conference Room, Whiteleaf Centre, Aylesbury HP20 1EG | | |

1. Apologies received from: Ros Alstead, Director of Nursing and Clinical Standards [↑](#footnote-ref-1)
2. The Trust’s Strategic Risks in the Board Assurance Framework are:

   EXTREME RISKS (net/residual basis)

   2.3. Risk of **financial exposure** (including, but not limited to, through non-delivery of **CIP** savings, failure to realise **productivity** gains or failure to mitigate against the impact of **wider financial system risks** such as the Oxfordshire risk share agreement) may lead to failure to deliver the Trust's financial plans, additional scrutiny and intervention by NHS Improvement and insufficient cash generation to fund future capital programmes.

   2.4 **Non-delivery of CIP** savings and productivity gains may lead to: failure to deliver the Trust's financial plans; additional scrutiny and intervention by NHS Improvement; and insufficient cash generation to fund future capital programmes.

   4.1. Failure of the **Health and Social Care Systems** in which we work to act together to deliver **integrated care**, maintain **financial equilibrium** and **share risk** responsibly may impact adversely on the operations of the Trust.

   5.1 A. Inadequate planning for current and future **workforce** requirements (including number of staff, calibre, skills and training) or ability to respond to changing requirements in a timely manner may lead to: impaired ability to deliver the quantity of healthcare services to the required standards of quality; and inability to achieve the business plan and strategic objectives

   5.1 B. Inability to fill **vacancies** resulting in the quality and quantity of healthcare being impaired

   HIGH RISKS (net/residual basis)

   1.1. Failure to: (i) meet consistently **quality standards** for clinical care; (ii) address variability across quality standards; or (iii) reconcile conflicting quality standards or guidance, will result in poorer outcomes for patients and poorer patient safety and experience

   1.2. Failure of service models to deliver an **integrated care pathway** may mean that the individual needs of patients, including those with special needs and/or disabilities, are not met and that patients are not provided with appropriate access to, and transfer between, services

   1.3. Failure to **manage change effectively** may compromise: (i) quality and safety for patients during the **transition** from current to future **service models**; and (ii) **staff morale and wellbeing** during periods of transition, including during internal **restructurings/organizational change**, which may lead to staff being unable to deliver on objectives or drive quality improvement and/or lead to difficulties retaining staff

   1.4. Failure to ensure **patients and carers** are involved in managing and **leading on their own care** could lead to compromising patient outcomes and not delivering sustainable health care

   * 1.5 Failure to care for **patients in an appropriate inpatient placement or environment**, due to bed pressures or absence of community or social care support, could lead to: compromising patient outcomes; patients and carers/families not having an excellent experience; and services falling below reasonable public expectations with ensuing publicity and criticism of the organisation and the wider Health & Social Care system.

   2.2. Ineffective **business planning** arrangements that do not integrate activities at all levels of the Trust may lead to: the Trust being in breach of regulatory and statutory obligations; the Trust failing to achieve its annual objectives and consequently being unable to meet its strategic objectives

   4.2. Failure to work collaboratively and effectively with external **partners** may compromise **service delivery**, stakeholder **engagement** and ability to maintain **financial equilibrium** within the local healthcare system. Particularly challenging to encourage partners to focus on mental health issues and to work collaboratively whilst they face their own immediate challenges during a period of wider system pressure and increased activity.

   6.1. **Incomplete and inaccurate** **data and records**, both clinical and operational, may lead to: less effective planning and decision-making; lesser control over service safety and quality; lesser ability to drive improvements in safety, quality and productivity

   6.2. Failure to meet the key objectives of the project to replace the **Electronic Health Record** system may lead to: inaccurate patient records; inefficient use of clinicians' time; less safe and lesser quality of care; increased cost of operation through lost opportunities to improve productivity

   7.1. **Facilities** being unsuitable or unfit for purpose may lead to: increased risk to patient safety; lesser quality of care and patient experience; increased cost of operation; breach of statutory requirements

   MEDIUM RISKS

   2.1. Failure to put effective **governance** (both corporate and clinical) arrangements in place may lead to: poor oversight at Board level of risks and challenges; strategic objectives not being established or structures not in place to achieve those objectives; or appropriate structures and processes not in place to maintain the Trust's integrity, reputation and accountability to its stakeholders

   3.1. Failure to fully realise the Trust's **academic and Research and Development potential** may adversely affect its reputation and lead to loss of opportunity

   3.2. Failure to be sufficiently **innovative and leading edge** in its practice may lead to the Trust not being able to keep current contracts or realise its potential in a competitive market

   4.3. If the Trust does not proactively **engage** with its **membership, patients and the wider public** then this may compromise its ability to listen and respond to feedback, involve stakeholders proactively and communicate effectively and transparently

   5.2. Failure to put in place a coherent and co-ordinated structure and approach to **organisational development and leadership** development may jeopardise: (i) the development of robust clinical and non-clinical leadership to support service delivery and change; (ii) the Trust becoming a clinically-led organisation; and (iii) the Trust becoming a "well-led" organisation under the CQC domain [↑](#footnote-ref-2)