

## BOARD OF DIRECTORS MEETING

- meeting held in public –

##### Thursday, 24 May 2018

**08:30 – 12:15**

**Leylandii 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 and Register of Directors’ Interests (paper – BOD 61/2018)  * *To confirm Directors’ interests* | MGH | 08:30 |
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| 1. Minutes and Matters Arising of the Board of Directors Meeting Held on 25 April 2018 (paper – BOD 62/2018)  * *To confirm the Minutes of the meeting and report on matters arising* | MGH | 08:35 |
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| **YEAR-END REPORTS[[2]](#footnote-2)** |  |  |
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| 1. Financial Statements & Accounts 2017/18 (including Letter of Representation) (paper – BOD 63/2018)  * *To approve* | MMcE | 08:45 |
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| 1. Trust Annual Report 2017/18 (paper – BOD 64/2018)  * *To approve* | KR | 09:00 |
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| 1. Quality Report 2017/18 (paper – BOD 65/2018)  * *To approve* | RA | 09:15 |
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| **CHIEF EXECUTIVE, CHIEF OPERATING OFFICER AND PERFORMANCE** | | |
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| 1. Chief Executive’s Report including Legal, Regulatory and Policy update (paper – BOD 66/2018)  * *To discuss* | SB | 09:30 |
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| 1. Chief Operating Officer’s Report (paper – BOD 67/2018)  * *To discuss* | DH | 10:00 |
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| 1. Performance Report (paper – BOD 68/2018)  * *To review and note* | MW | 10:20 |
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| 1. Human Resources Report (workforce performance) (paper – BOD 69/2018)  * *To note actions being taken and discuss concerns* | TB | 10:35 |
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| **SAFETY & QUALITY** |  |  |
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| 1. Inpatient Safer Staffing (Nursing) (paper – BOD 70/2018)  * *To note actions being taken and discuss concerns* | RA | 10:50 |
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| 1. Quality and Safety Report: Incident, Mortality and Patient Safety (paper – BOD 71/2018)  * *To note for information and assurance* | RA | 11:05 |
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| 1. Director of Infection Prevention and Control Annual Report 2017/18 (paper – BOD 72/2018)  * *To approve* | RA | 11:20 |
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| **FINANCE & GOVERNANCE** |  |  |
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| 1. Finance Report (paper – BOD 73/2018)  * *To note* | MMcE | 11:30 |
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| 1. NHS Improvement self-certifications (paper – BOD 74/2018)  * *To approve* | KR | 11:40 |
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| **STRATEGY & PARTNERSHIP** |  |  |
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| 1. Strategic Partnerships update report (oral update or paper – BOD 75/2018)  * *To note* | MW | 11:50 |
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| **REPORTS/RECOMMENDATIONS FROM COMMITTEES** |  |  |
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| 1. Updates from Committees: Audit Committee meeting on 23 April 2018 (paper – BOD 76/2018) and 22 May 2018 (oral update)  * *To receive* | AC | 12:00 |
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| 1. Any Other Business and confirmation of any changes to strategic risks[[3]](#footnote-3) | MGH | 12:10 |
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| 1. Questions from observers | MGH |  |
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| Meeting Close |  | 12:15 |
| Date of next meeting:  Wednesday, 27 June 2018  Location: Oak Room, Learning & Development, Unipart, Oxford OX4 6LN | | |

1. Apologies received from: Aroop Mozumder, Non-Executive Director [↑](#footnote-ref-1)
2. Not for publication for the wider public until after laid before Parliament (which will be after 25 June 2018), in accordance with the NHS FT Annual Reporting Manual 2017/18 [↑](#footnote-ref-2)
3. The Trust’s Strategic Risks in the Board Assurance Framework are:

   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.

   2.1. 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

   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

   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.

   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

   4.1. 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.

   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.

   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

   5.1 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

   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

   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 [↑](#footnote-ref-3)