

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

**Board of Directors**

**BOD 02/2018**

(Agenda item: 3)

Minutes of a meeting held on

29 November 2017 at 08:30

in the Leylandii Room, Learning & Development,   
Unipart House, Garsington Road, Cowley, Oxford OX4 2PG

**Present:**

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| Martin Howell  Mike Bellamy | Trust Chair (**the Chair/MH**)  Non-Executive Director (**MB**) |
| John Allison | Non-Executive Director (**JAl**) |
| Ros Alstead | Director of Nursing & Clinical Standards (**RA**) |
| Stuart Bell | Chief Executive (**SB**) |
| Anne Grocock | Non-Executive Director (**AG**) |
| Mark Hancock | Medical Director (**MHa**) |
| Chris Hurst | Non-Executive Director (**CMH**) |
| Mike McEnaney  Alyson Coates | Director of Finance (**MME**)  Non-Executive Director (**AC**) |
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| **In attendance:** | |
| Bernard Galton | Associate Non-Executive Director (**BG**) |
| Aroop Mozumder | Associate Non-Executive Director (**AM**) |
| Kerry Rogers | Director of Corporate Affairs & Company Secretary (**KR**) |
| Martyn Ward  Tim Boylin  Pauline Scully | Interim Director of Performance (**MW**)  Director of HR (**TB**)  Service Director – Adult Directorate (**PS**) – *in attendance for the Chief Operating Officer[[1]](#footnote-1)* |
| Laura Smith | Corporate Governance Officer (Minutes) (**LS**) |
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| **BOD**  **186/17**  a  b | **Welcome and Apologies for Absence**  The Chair welcomed members of the Board present and the governors, staff and members of the public who had attended to observe the meeting.  Apologies for absence were received from: Jonathan Asbridge, Non-Executive Director; Sue Dopson, Non-Executive Director; Dominic Hardisty, Chief Operating Officer; and Lucy Weston, Associate Non-Executive Director. |  |
| **BOD 187/17**  a  b  c | **Declarations of Interests**  The Chair presented the report BOD 142/2017 which set out the Register of Directors’ Interests. The Board noted the following updates to make:   * remove Alyson Coates interest in Oxford Brookes University as her term as governor had ended; and * remove Chris Hurst’s interest in Healthcare Financial Management Association (HFMA) as he had stood down as a Board Trustee.   No interests were declared pertinent to matters on the agenda.  **The Board noted the report.** | **HS** |
| **BOD 188/17**  a  b  c | **Minutes of the Meeting held on 27 September 2017**  The Minutes of the meeting were approved as a true and accurate record with the following amendment:   * Page 16 – ‘expensive’ should be changed to ‘extensive’.   ***Matters Arising***  The Board noted that the following actions were on hold for future reporting: BOD 60/17(h), 21/17(b) & 32/17(b) (Strategic Partnerships Report); and 100/17(b) (CFS/ME service); and BOD 180/17(b-c) (Board Assurance Framework).  The Board confirmed that the remaining actions from the 25 October 2017 Summary of Actions had been completed, actioned or were on the agenda for the meeting: BOD 121/17(b), 167/17(b), 166/17(a), 170/17(f), 170/17(h), 172/17(h), 173/17 (e), 175/17(d) and 176/17(d). | **HS** |
| **BOD 189/17**  a  b  c  d | **Report on Council of Governors’ Meeting on 15 November 2017**  The Director of Corporate Affairs and Company Secretary provided an oral update and informed the Board of the sad loss of public governor Geoffrey Forster.  She reported that the last meeting had been perceived to go well and that the governors had reported feeling much more engaged with the papers being taken as read. From March 2018 the Performance, Finance and Workforce reporting would represent quarterly positions to enable themes and trends to be analysed.  She noted that work was ongoing regarding the structure of the governor sub groups.  **The Board noted the oral update.** |  |
| **BOD 190/17**  a  b  c  d  e  f  g  h  i  j  k  l  m  n  o  p | **Chief Executives Report**  The Chief Executive presented paper BOD 144/2017 which outlined recent national and local issues.  **NHS Providers Annual Conference**  The Chief Executive said that he, the Trust Chair and Chris Hurst had attended the NHS Providers Annual Conference and noted a clear message that given the current situation the NHS cannot continue to deliver expected activity on the current budget. He added that money had been ear-marked for urgent care, elective waiting times and cancer but there was no obvious mention of mental health. There remained questions about whether or not to lift the pay cap and the Secretary of State announced there would be a review of agenda for change.  **Financial Plan FY18**  The Chief Executive reported the challenges with regard to meeting the financial plan. He noted there had been traction with moving agency staff across to the trust bank, however the pressure for using agency staff had increased across the trust.  **Contract/Risk Share FY18**  The Chief Executive noted that discussions had started between the trust, Oxford University Hospital NHS Foundation Trust (OUH) and the Oxfordshire Clinical Commissioning Group (OCCG) regarding the risk share for 2018/19. He explained that at the moment the risk share only takes into account acute activity and the trust holds the full risk for mental health and community where activity has not been included. The proposal is for the risk share to be split more appropriately and proportionately based on activity as well as finance. The OCCG will be discussing this at their next Board meeting.  Mike Bellamy asked whether it was possible for the Board to see what the provider activity split might look like. The Chief Executive said that it would be better for the OCCG to do this initially being better placed to compare with OUH numbers.  The Chief Executive reported that work continued to mitigate risks within the system, including Delayed Transfers of Care (DTOC) and Urgent Care. He added that the urgent care system was under particular pressure, with OUH declaring ‘OPEL 4’ (the highest local escalation level) several times recently.  The Chief Executive reported that the Health Overview and Scrutiny Committee (HOSC) had shown support for the relocation of stroke rehabilitation beds from Witney to Abingdon, and this was now being taken forward.  **Workforce: Nurse Recruitment and Retention**  The Chief Executive reported that the Workforce Group continued to meet on a monthly basis to provided a summary of changes made. He noted that changes had yet to stem the use of agency staff.  **Academic Health Science Network (AHSN)**  The Chief Executive said there had been recent debate about the future for AHSNs and confirmed that NHS England had agreed that they are very useful and in particular had noted their important role in data innovation hubs, which will bring together data from health services to increase speed and efficiency of the biomedical research centre (BRC).  **Mental Health Community Survey**  The Chief Executive declared an interest as Chair of the Picker Institute who run the survey process. He reported that the trust’s results showed some encouraging improvements but still areas which need further attention.  Anne Grocock noted that generally the trust continued to be weak on communication and asked whether there would be an opportunity to look at how the trust communicates. The Chief Executive acknowledged that communication was an ongoing focus of improvement but we also need to address specific issues such as staff turnover which can affect improvement work.  **Sustainability and Transformation ‘Partnerships’ (STPs) and Local Transformation**  The Chief Executive reported that an announcement was expected to be made shortly with regard to leadership of the STP.  **Five Year Forward View (Mental Health) (FYFVMH)**  The Chief Executive reported that the FYFVMH was slow to progress in Oxford, it requiring a coherent commissioner led response, however he noted this was stronger in Buckinghamshire supported by the Accountable Care System activity.  **Consultant Appointments**  The Chief Executive referred to his report and the following consultant appointment: Dr Maram Wardakhan to a consultant post with the Banbury Child and Adolescent Mental Health Service (CAMHS).  **General Data Protection Regulation (GDPR)**  The Trust Chair asked for an update on GDPR implementation and the Chief Executive said there would be a stock-take in January – February 2018 ahead of implementation in May 2018. It was agreed to schedule a discussion of the Board’s position against requirements at a future Board meeting.  **The Board noted the report and ratified the consultant appointments.** | **HS** |
| **BOD 191/17**  a  b  c  d  e  f  g  h | **Chief Operating Officer’s Report**  Pauline Scully presented paper BOD 145/2017 which provided an update on quality, people and sustainability with a narrative of key issues being managed by the Operational Management Team.  She reported that a decision had been made to close the Highfield Unit to new admissions because of the level of acuity and pressures/stress on the workforce. The aim was to open the ward again the following month.  Alyson Coates asked whether there had been a sudden change in acuity or whether it had been a gradual change. Pauline Scully explained that there were issues with particularly challenging young people which then impacts on the care the other young people receive. The Director of Nursing added that there had also been a number of staff pressures on the ward and closing the ward had given them important respite.  Pauline Scully reported that the Oxfordshire female wards had been closed for one week due to the level of acuity. The ward had since been re-opened but all requests for admission were being reviewed to ensure appropriate resources were in place to manage the position. The closure had allowed staff to be able to regroup and re-energise. She added that longer term work on the complex needs pathway should also help going forward.  Anne Grocock asked whether there were patients on these wards who should be in alternative settings. Pauline Scully explained that it was not that patients were in the wrong place but that they had highly complex needs and posed a high degree of risk to themselves. She went on to explain how the patients can become attached to particular teams such that it becomes more difficult to move them on and to find suitable community services.  Bernard Galton asked how many patients had gone to out of area placements and Pauline Scully said there had only been two.  John Allison asked whether there were contractual implications to the ward closures. The Chief Executive said that NHS England had supported the closure of Highfield and had agreed to continue funding it. Pauline Scully said that the OCCG were supportive of the adult ward closures too.  **The Board noted the report.** |  |
| **BOD 192/17**  a  b  c  d  e  f | **Performance Report**  Martyn Ward presented paper 146/2017 and highlighted that NHS Improvement had amended the current Single Oversight Framework (SOF). On a national level, the following indicators were reported as underperforming:   * Workforce; and * priority metrics.   On a local level, the following indicators were highlighted:   * CAMHS 4-week waiting times - continue to underperform; * CAMHS 8-week waiting times (BaNES) – achieved target; * CAMHS 12-week waiting times - continue to underperform; * Stroke Therapy – revised stroke indicators aligned to the Sentinal Stroke National Audit Programme (SSNAP) which has highlighted the key issue is lack of workforce; * Oxfordshire Continuing Health Care (CHC) Adults – decrease in performance is a result of removal of a backlog of assessments. Performance expected to recover by the end of November 2017; * Functional Independence Measure (FIM) - the Trust and OCCG have agreed revised key performance indicators for functional independence; * Improving Access to Psychological Therapies (IAPT) - continues to underperform. Waiting list increased to 20 weeks; and * Care Reviews - Action has been taken to address the underlying issues and improvements are now being reported.   The Trust Chair noted that recruitment had taken place for IAPT and asked whether this would be sufficient, or whether additional staffing would be needed in the interim. Martyn Ward said it was difficult to say how long it would take to recover and if necessary they would look at bringing in extra staff to reduce waiting times.  Anne Grocock noted that Children and Young People (CYP) were expected to report against 800 indicators which was significantly more than the other directorates. She asked whether it would be possible to break these down and Martyn Ward confirmed that was the plan. He added that CYP have many national performance indicators and contracted KPIs which they need to report on.    It was agreed to undertake a deep dive of specific areas at the Caring and Responsive Quality Sub Committee and report back to Quality Committee and Board. The priority areas identified were:   * Out of Hours * CAMHS Waiting Times * IAPT Waiting Times; and * Delayed Transfers of Care.   **The Board noted the report.** | **MW** |
| **BOD 193/17**  a  b  c  d  e  f | **Quality Account – priorities and objectives 2017/18**  The Director of Nursing presented paper BOD 147/2017 and reported that good progress was being made against the 23 quality objectives. She highlighted concerns in relation to improving staff retention and engagement, and improving physical health care for mental health patients.  Anne Grocock noted that with regard to stress, a new steering group had been set up and various resilience training programmes were happening within the Directorate. She said lots of good work was happening but it now needed to be brought together for the trust. Tim Boylin explained that there had been three meetings of the Stress Steering Group which was looking at stress using the Health and Safety Executive framework.  Bernard Galton said there were a number of excellent initiatives underway with regard to retention and asked if anything was being done on career development. The Director of HR said the most significant work was around band 5 and 6 nurse development and that this was underway in parallel with OUH. He added that a good appraisal system was important to understand people’s aspirations.  Alyson Coates said the recent internal audit report on appraisals had been disappointing and the Director of HR acknowledged there was work to be done on this area.  The Trust Chair asked for an update on Magnet accreditation and the Director of Nursing explained that the trust was looking to mirror the standards however was not currently looking at accreditation. She added that some of the requirements, particularly around academic qualifications for band 7 nurses, would need to be looked at from a developmental perspective.  **The Board noted the report.** |  |
| **BOD 194/17**  a  b  c  d  e  f | **Quality and Safety Report: Effectiveness**  The Medical Director presented paper BOD 148/2017 and highlighted the progress made against the clinical audit programme, despite significant staffing issues earlier in the year. Staff had been recruited and they were looking to recruit a band 7 team leader to oversee the team and undertake training for the team. He added that they were able to delay some audits that were rated ‘requires improvement’ by focusing on the improvement work first.  John Allison noted the stress and overload of work that staff are dealing with and said clinical audit should be undertaken judicially. The Medical Director clarified that the majority of these audits were mandatory, however they had managed to significantly reduce the programme from 90 to 60. The Director of Nursing suggested the clinical audit programme should be looked at by the Quality Centre to support the relationship between audit and improvement.  Alyson Coates said the internal audit review of clinical audit had come back with limited assurance and a number of recommendations had been made for improvement.  Mike Bellamy referred to the report and noted the Physical Health Group had not made as much progress as he would have liked, possibly due to the wide remit. He asked for future reports to identify priorities and the scale of improvement is expected over the next year.  The Trust Chair said it was good to see the Research Management Group set up and the second cohort of associate nurse training due to start. The Director of Nursing added that there were 24 associate nurses in place and plans for the second cohort to start in January 2018. She said it was important to make sure there are jobs available at the end of their training.  **The Board noted the report.** |  |
| **BOD 195/17**  a  b  c  d | **Inpatient Safer Staffing (Nursing)**  The Director of Nursing and Clinical Standards presented paper BOD 149/2017 and reported that wards were now using core e-rostering data effectively and there was a good level of assurance. Ward managers and matrons were choosing to offer shifts to Health Care Assistants (HCAs) rather than agency nurses particularly helpful as they know the patients, however that meant support for nurses on shift was less strong.  She reported that good progress was being made on the 90-day rapid improvement programme.  Mike Bellamy asked how many wards had been under the staffing level threshold and the Director of Nursing reported that only Sandford and Vaughan-Thomas wards had been under the 85% threshold.  **The Board noted the report.** |  |
| **BOD 196/17**  a  b  c  d  e  f | **Patient Story**  *Matthew Kent, Ruth Locke and Emma Leaver joined the meeting.*  Ruth Locke explained about the role of School Health Nurses and presented a story about a young man who had gone to see her about low mood, and anxiety about exams and feeling under pressure. During the consultation she felt there was more to it and explored further at which point he commented on his sexuality and what he didn’t want to be. She signposted him to Stonewall and Topaz and had four further appointments/interactions with him covering mental health, exams, safe sex, suicide, signposting, transition to university, adulthood, healthy relationships, consent and online safety. At the final appointment he revealed that he had told his mum using the strategy they had discussed, and that mum had helped him to tell his dad. He felt supported and safe and said he didn’t feel there was anyone else he could have talked to and he wouldn’t be alive without her intervention.  Alyson Coates asked if Ruth worked closely with the safeguarding lead at the school. Ruth explained that she does not integrate with school staff much because it reinforces to students that she is a health professional and not a school staff member, however she does have a close relationship with the safeguarding lead and they share information if the patient consents.  The Chief Executive asked how involved the School Health Nurses get with the wider peer group if there are concerns. Ruth explained that she does group sessions as well, including a session on consent with this individual’s year group.  The Director of Corporate Affairs & Company Secretary asked where in the school the School Health Nurses were based and how this effected the role. Ruth said it varied between schools but her own room, although in a thoroughfare, was not easily identifiable which was important.  Aroop Mozumder asked if there were school welfare committees and Ruth explained that it was different at each school depending on resources.  The Board thanked Ruth and the team for coming to talk about her patient’s experience and for the great work being delivered.  *Matthew Kent, Ruth Locke and Emma Leaver left the meeting.* |  |
| **BOD 197/17**  a  b  c  d  e  f  g | **Workforce Performance Report**  The Director of HR presented paper BOD 150/17 and reported that he and the Director of Nursing were part of a second cohort to attend an NHS Improvement retention programme which had some very good case studies from trusts in the first cohort. NHS Improvement said that pay and workload are too key factors that are beyond control of trusts, however he disagreed and said these areas need to be addressed as well.  He reported that a Programme Manager had been appointed to focus on retention and the team structure had changed so that Senior Business Partners were working on such as career paths, development, and exit interviews with a separate central team for recruitment and casework. A lot of good progress had also been made with regard to pay and promotion of the staff bank.  Aroop Mozumder asked what the split was between agency and bank staff and the Director of HR said agency numbers were 5 or 6 times higher. As well as promoting the bank, he explained there was a plan to potentially stop using agency HCAs which would reduce agency costs by about £3m. A decision would be made in January whether to go ahead with this or not following all necessary feasibility studies.  The Director of HR added that wards with particular difficulty recruiting were piloting using a recruitment agency to recruit staff, rather than relying solely on NHS jobs.  Bernard Galton noted the agency figure is £21m and asked what the difference would be if these posts were filled by substantive staff. The Director of HR said it would save about £5m. He agreed in his next report to explain more about how that £5m could be used for recruitment and retention.  Pauline Scully thanked him for the drive and commitment he had brought to the recruitment and retention issue, and said he had helped to engage people with it and pick up momentum.  **The Board noted the report.** |  |
| **BOD 198/17**  a  b  c  d  e  f  g  h  i | **Research Studies**  *Simon Lovestone joined the meeting.*  Simon Lovestone provided an oral update on research studies and highlighted that Clinical Record Interactive Search (CRIS) had been fully established in the trust 6-9 months ago and was being used for research, audit and service improvement. He noted it was particularly useful for audit and had managed to reduce time spent on one audit from 36 hours to 4 hours.  There is an option within CRIS to enable ‘consent for re-contact’ which is a process of seeking consent from service users as they enter the system, to be contacted in future by a clinician to participate in research. A record is kept of how many times individuals are contacted and they are able to say no.  He explained this would be an opportunity to do better research, engage more with patients regarding research, get more clinicians talking about research and encourage clinicians to do their own research. He asked for support from the Board to enact this process.  Anne Grocock asked whether the new GDPR guidelines would affect the process and Simon Lovestone explained that it met all data compliance requirements.  Chris Hurst said he was supportive of the request but would not want any perception of undue pressure on patients. Simon Lovestone said there was a CRIS Oversight Committee, chaired by the Medical Director with representation from the trust and service users, which reviews all applications and ensures individuals are not approached more than what is considered normal.  Bernard Galton asked whether this was common practice and Simon Lovestone said it was normal in South London and Maudsley (SLAM) and was now being rolled out across the CRIS system in the UK.  Aroop Mozumder said it was a good step forward but was concerned that patients with rare conditions could be identifiable. Simon Lovestone explained that all names would be removed from the system however when a clinician makes contact the individual is identified. This will be made clear to front line staff so that they can inform patients.  Davina Logan (Partner Governor observer) asked how long the permission lasts and Simon Lovestone explained that permission lasted as long as the patient stays an active service user of the trust, however they can pull out at any stage.  **The Board noted the oral update and supported the proposal to enact ‘consent for re-contact’.**  *Simon Lovestone left the meeting.* |  |
| **BOD 199/17**  a  b  c  d  e  f | **Finance Report (including Investment Policy)**  The Director of Finance presented paper BOD 151/2017 and highlighted key financial results for October 2017 including:   * EBITDA level slipped £5.6m; * Significant overspend in Adult directorate; * Income and Expenditure surplus £1.3m (including £1.7m gain on asset transfer of the Slade and £0.4m STF funding); * Cash balance was £10.9m higher than plan; and * Capital programme £2m behind the plan.   He reported that deep dive reviews were taking place in all directorates to establish plans to pull back performance.  The forecast was still at risk of not being achieved and discussion was underway with NHS Improvement regarding changes to the forecast.  Chris Hurst highlighted the need for the Board to formally re-look at the forecast which it was confirmed would be done in the private session.  The Director of Finance presented the investment policy, which had been to the Finance and Investment Committee, and explained there had been minimal changes.  **The Board noted the Finance Report and approved the updated Investment Policy.** |  |
| **BOD 200/17**  a  b  c  d  e  f | **Guardian of Safe Working Report**  *Phil Davison joined the meeting.*  Phil Davison presented paper BOD 152/2017 and said the work was progressing well and there was nothing particular to draw attention to. He thanked the Board on behalf of himself and the junior doctors for the time and support it had provided.  It was agreed that the report would continue to come to the Board on a quarterly basis, however Phil Davison would only need to attend if he had particular items to discuss beyond a 6 monthly attendance preference.  Anne Grocock asked how his role might help support junior doctors more widely than just the specific guardian role. Phil Davison said he hoped he would be able to be a sounding board for junior doctors, separate from management. He particularly wanted to support junior doctor recruitment and regularly meets with junior doctors regarding this.  The Director of Nursing said this had been really beneficial to junior doctors and could have wider application across the trust.  The Chief Executive asked how the trust compared with other trusts. Phil Davison explained that there was a national meeting once a year and a regular Thames Valley Forum which gives a good idea of what other trusts are doing. All trusts reports are public so get shared. With regard to other local trusts, the OUH and Royal Berkshire have more guardians but they also have more junior doctors.  **The Board noted the report.**  *Phil Davison left the meeting.* |  |
| **BOD 201/17**  a  b | **Finance and Investment Committee annual report and terms of reference**  Chris Hurst presented paper BOD 153/2017 and reported that there were no significant changes.  **The Board noted the annual report and approved the updated Terms of Reference.** |  |
| **BOD 202/17**  a | **Any other business**  There was no other business to discuss. |  |
| **BOD 203/17**  a  b | **Questions from observers**  Karen Holmes (Staff Governor) asked whether the trust would be monitoring how many extra hours staff do on the bank. The Director of HR said HR would monitor how many hours people were doing but added that staff were already doing extra hours at other organisations through agency and the aim was to move that back to the trust. The Director of Nursing added that anything over the threshold got reported to the Heads of Nursing.  Davina Logan asked if the trust was able to pick up staff working on other agencies or banks and the Director of Nursing confirmed it was not. |  |
|  | The meeting was closed at 12:07  **Date of next meeting: Wednesday 21 January 08:30**  **Unipart Conference Centre, Oxford, OX4 6LN** |  |

1. An Officer attending a Board meeting to represent an Executive Director member during a period of incapacity or temporary absence without formal acting up status may not exercise the voting rights of the Executive Director (Standing Orders of the Board 3.11.8). [↑](#footnote-ref-1)