

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

**Board of Directors**

Minutes of a meeting held on

26 July 2018 at 08:30

Conference Room, The Whiteleaf Centre

Bierton Road, Aylesbury, Buckinghamshire HP20 1EG

**Present:**

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| Martin Howell | Trust Chair (the Chair) (**MGH**) |
| John Allison | Non-Executive Director (**JAl**) |
| Ros Alstead | Director of Nursing & Clinical Standards (**RA**) |
| Jonathan Asbridge | Non-Executive Director (**JAsb**) - *part meeting* |
| Stuart Bell | Chief Executive (**SB**) |
| Tim Boylin | Director of HR (**TB**)[[1]](#footnote-1) |
| Alyson Coates | Non-Executive Director (**AC**) |
| Sue Dopson | Non-Executive Director (**SD**) |
| Bernard Galton | Non-Executive Director (**BG**) |
| Mark Hancock | Medical Director (**MHa**) |
| Chris Hurst | Non-Executive Director (**CMH**) |
| Mike McEnaney | Director of Finance (**MME**) - *part meeting* |
| Aroop Mozumder | Non-Executive Director (**AM**) |
| Kerry Rogers | Director of Corporate Affairs & Company Secretary (**KR**)[[2]](#footnote-2) |
| Martyn Ward | Director of Strategy & Chief Information Officer (CIO) (**MW**)[[3]](#footnote-3) |
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| **In attendance:** |
| Donan Kelly | Joint Service Director - Oxfordshire and West Mental Health Directorate – attending for the Chief Operating Officer (**DK**)[[4]](#footnote-4) |
| Donna Mackenzie | Patient Experience & Involvement Manager (**DM**) - *part meeting* |
| Rachel Miller | Service User Experience Lead for Learning Disability Services - *part meeting*  |
| Hannah Smith | Assistant Trust Secretary (Minutes) (**HS**) |

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| **BOD****118/18**ab | **Welcome and Apologies for Absence**The Chair welcomed members of the Board present and staff, governors and members of the public who had attended to observe the meeting. Apologies for absence were received from: Dominic Hardisty, Chief Operating Officer; and Lucy Weston, Associate Non-Executive Director.  |  |
| **BOD 119/18**a | **Declarations of Interests**No interests were declared pertinent to matters on the agenda.  |  |
| **BOD 120/18**abcd | **Minutes of the Meeting held on 27 June 2018**The Minutes of the meeting were approved as a true and accurate record. ***Matters Arising*** **Item BOD 106/18(k) Equality & Diversity – Board focus**The Board Seminar in January 2019 was now held for focus on Equality & Diversity. The Board noted that the following actions were on hold for future reporting: BOD 109/18(d) - Effectiveness reporting for October 2018; and BOD 49/18(b)&(e) – development of Research & Development reporting. The Board confirmed that the remaining actions held over from the 25 October 2017, 25 April 2018 and 27 June 2018 Summaries of Actions had been completed, actioned or were on the agenda for the meeting: BOD 101/18(e) – Service Line reporting; BOD 102/18(a) – Whiteleaf Centre meeting layout; and BOD 75/18(b) and BOD 180/17(b)-(c) – Board Assurance Framework. |  |
| **BOD 121/18**abcdefghijklmno | **Chief Executive’s Report** The Chief Executive presented the report BOD 91/2018 which provided updates against: recent local and national issues; and on legal, regulatory, compliance and policy matters. ***Adequacy of funding for mental health services and agreement of local contracts***The Chief Executive referred to his report and noted that contracts had still not been signed for FY19. In particular in relation to Oxfordshire, the gap to meet the Trust’s estimate of what would be required to stabilise the position in relation to mental health services and to meet the requirements of the Mental Health Five Year Forward View was approximately £5 million. The gap to meet and the issues related more to mental health, rather than community, funding under the contract. He referred to the independent work being conducted by Trevor Shipman, Non-Executive Director at Kettering General Hospital NHS FT, looking at levels of investment in mental health in Oxfordshire and Buckinghamshire. He noted that this work may be helpful in informing the situation but was unlikely to result in further funding for the current financial year. The Trust Chair asked whether the Trust should be considering contingency planning to take cost out of services. The Chief Executive replied that although contingency planning was taking place, taking cost out of services could seriously compromise the provision of mental health services in Oxfordshire. Instead, the Trust was reviewing thresholds for admission into services although it was acknowledged that this may impact upon primary care services. Aroop Mozumder asked about the thresholds for GPs/primary care to refer patients to mental health services/secondary care, noting that with increasing pressure upon GPs there was potentially less time available for them to manage patients with mental health issues therefore referring on to secondary services may have become a way for GPs to manage this. The Chief Executive noted that this was being considered; he explained that following moves to a new model of working in mental health partnership, the threshold and criteria for referrals and admission may have been relaxed but in the face of increasing demand this needed to be reviewed. The Medical Director added that in addition to a lowering of the threshold, the current model of care also involved GPs no longer referring to a single consultant or contact; this may also have led to an increase in referrals as communication with secondary services was not happening in the same way as before. *The Director of Finance and Jonathan Asbridge joined the meeting.* The Chief Executive also referred to the increase in non-elective activity and the growth of demand in Oxfordshire, even compared to the rest of the country; he noted the impact this was having upon the emergency system, pressure upon beds and the impact on local providers and the CCG. The Trust was engaged with the wider system in considering what could be done to try to avoid emergency admissions. The Trust had proposed suspending contractual targets against services whilst efforts were redirected towards supporting clinical teams to reduce admissions. However, such proposals would also require wider system support, for example they would depend upon being able to mobilise sufficient primary care/GP time to be able to support clinical teams with such activity. Although the CCG was not in a financial deficit position, financial pressures were impacting upon local providers. Chris Hurst noted that there was growing recognition for services to be provided differently in order to make most effective use of available resources, especially staffing capacity. The Director of Nursing & Clinical Standards added that the workforce would need to be reconfigured to meet demand. The Director of Strategy & CIO provided an update on the Trust’s work in Buckinghamshire on the management of the Continuing Health Care (**CHC**) budget (as reported to the Board at its meeting on 28 February 2018, the Trust had stipulated that where savings in the Buckinghamshire CHC budget could be achieved then they should be reinvested in mental health services). He reported that 70% savings had been achieved following work on the backlog of cases; he noted that this was a credit to the teams involved. ***Workforce***The Chief Executive referred to his report and noted that although the Trust’s steps to reduce agency usage, including through ceasing to use agency Health Care Assistants (**HCAs**), were a positive move, a reduction in high levels of agency spend was yet to be seen. However, this was still in a transitional phase and it was positive that the number of HCAs on the staff bank was increasing. The Trust had also held a review with NHS Improvement on agency usage and the Trust’s approach had been supported. Next steps included reducing agency usage across: administrative and clerical posts; and bespoke or specialist areas which had traditionally relied heavily on agency staff. John Allison asked why agency staff were required to fill administrative and clerical posts as opposed to hiring substantive staff. The Director of Finance replied that it was sometimes necessary to fill a gap whilst recruitment to substantive posts was taking place or in the case of specialist areas with particular skill shortages, such as in IT. The Director of Nursing & Clinical Standards added that for lower banded administrative and clerical work, NHS base pay rates were not necessarily competitive compared to the commercial market but the Trust may be constrained, by being part of a national pay system, from making a better offer. However, she highlighted that there was a discrepancy between high expectations of the clinical workforce compared to the administrative workforce on the pay banding system, noting that whereas a university degree and 5-6 years’ experience may be required for a nurse under Agenda for Change Band 6, this level could potentially be more quickly and easily reached in administrative roles. Bernard Galton noted that ‘administrative and clerical’ was a broad term which could encompass various important and specialist functions; he asked what further work was taking place to break down the categories within this grouping. The Director of HR replied that a project to determine this was commencing; he agreed that the term ‘clerical’ could also be misleading as it may imply junior roles whereas it could encompass specialist roles such as in Estates (e.g. surveyors) or IT (e.g. web designers). Jonathan Asbridge added that contract work was often a career choice for IT specialists. Bernard Galton asked about strengthening options for internal resourcing so as to be able to move and redeploy staff, especially over the Trust’s large geographical footprint. The Director of HR agreed that this was an area for development to support staff to be able to progress their careers internally, especially as career progression was a reason given for leaving. The Board discussed whether it could be beneficial to take more control of moving staff internally to fill vacancies and spotting opportunities for their career development or whether this risked disregarding the views of local staff, unions and underestimated the importance of team fit and culture. Alyson Coates expressed frustration at the slow pace of change in addressing workforce recruitment and retention challenges which were amongst the key strategic risks for the Trust. The Trust Chair noted that it was important to progress the workforce agenda, through the work of the Director of HR, but whilst taking a measured view of risks which a change in approach could lead to. ***Electronic Health Records***The Chief Executive referred to his report and confirmed that the Trust had been successful in its bid to NHS England for funding to develop a Local Health and Care Record Exemplar (**LHCRE**) over the next two years. This would also support work around interoperability between digital systems across different organisations. Aroop Mozumder asked about the advantages for the Trust. The Chief Executive explained that it was particularly useful for the Trust to be involved in this consortium of partners from the BOB (Buckinghamshire, Oxfordshire and Berkshire West), Frimley and Surrey STPs (Sustainability & Transformation Partnerships). Their combined experience included expertise in: using digital devices at home as a way to support people towards more independence; and integrating different Electronic Health Records systems. This was an opportunity to collaborate, learn, develop more consistent approaches towards digital coordination and improve the Trust’s potential eligibility to become a digital innovation hub. ***New Models of Care***The Chief Executive referred to his report and noted that work was continuing to develop New Models of Care for Adult Eating Disorders and Tier 4 Child & Adolescent Mental Health Services (**CAMHS**), whilst discussions were progressing with NHS England in relation to specialist dentistry. Final Board agreement would be required in due course before the new models could formally commence. ***Legal, Regulatory and Policy update***The Board noted: the new recommendations for a revised definition and measurement framework for pressure ulcers; the NHS England guidance on working with bereaved families and carers; minor updates from NHS Improvement to the Single Oversight Framework; NHS Improvement’s group to address issues around exception reporting for junior doctors; and the NHS Improvement patient experience framework, including a self-assessment tool. ***New Learning Disability (LD) improvement standards***The Board noted the new LD standards against which performance had been reported directly to the Board since the standards were first consulted upon; a copy of the new LD  |  |
| pq | standards were also included at paper BOD 92(ii)/2018 with the Trust highlighted as an exemplar against standard 4 (Specialist LD services). The Director of Nursing & Clinical Standards expressed concern that future LD reporting would not be to the Board directly but to the Caring & Responsive (**C&R**) quality sub-committee, with escalation upwards via the Quality Committee if required. She explained that the Trust still had some way to go before the Board could be satisfied that the standards were all clearly being met, noting that previous reporting had shown some areas were still red or amber rated. She reminded the Board that the LD standards (and the Board’s oversight responsibilities) were also to be applied across Trust services, not just within the specific LD service. She also cautioned against losing direct Board oversight of the specific LD service however, after the transfer of LD services a year ago in July 2017, especially in light of the learning for Southern Health NHS FT from the Verita independent review which had highlighted the risks which could arise 18 months to 2 years after the transition of LD services. The Chief Executive noted that a balanced view should be taken but that the Trust should not take its eye off this area. The Director of Nursing & Clinical Standards recommended regular/quarterly progress reporting to the Quality Committee, not just reliance on escalation reporting from C&R, with potentially six monthly reporting still directly to the Board. The Board agreed that the Quality Committee should receive direct quarterly reporting and that the initial progress report should also be escalated directly to the Board for further consideration as to whether to establish Board reporting six monthly or at another frequency. **The Board noted the report.**  | **DH** |
| **BOD 122/18**abcdefgh | **Chief Operating Officer’s Report**The Joint Service Director presented the report BOD 92/2018 which provided an update on quality, people and sustainability together with a narrative of key issues being managed by the Operational Management Team. ***Quality***He referred to the report and highlighted: the School Health Nursing end-of-year meeting; the Leading Together programme on co-production; and the Care Quality Commission (**CQC**) Well Led inspection (publication still awaited), noting that the Trust, through the IC5 group, should also focus on areas which had not been subject to inspection by the CQC. ***People***He referred to the report and highlighted that it was one year on from the transition of LD services. He also noted that a meeting had taken place with consultants in CAMHS to discuss challenges faced by that service, which was timely given the ongoing process of service transformation, and a further meeting was scheduled for September. Phase 2 of the consultation on the restructuring of Operations had just completed and the HR team was putting together responses to questions. Expressions of interest were now being sought for the new posts. However, it may still take time to strengthen the speciality and professional leadership as there was not currently the budget available to fund all of the posts which Operations would like to appoint to; it was expected that, over time, funding could be redeployed following retirements from some posts, with the aim of being able to reach a full complement of clinical leaders within 12-18 months without creating material cost pressures. The Board discussed the reduction in the use of agency HCAs, noting that there was not yet a reduction in high levels of agency spend (as referred to in discussion of the Chief Executive’s report at item 121/18 (h) above). The Director of HR reported that approximately 40 HCAs were in the pipeline for the staff bank, pending Disclosure & Barring Service checks and references. The Trust Chair noted that it would be useful to report on progress by September. John Allison referred to the report and the next area of focus being on agency administrative staff; he asked if the Trust could forego some use of agency administrative staff, and accept less, especially during a period of transition. The Joint Service Director replied that from a clinical perspective this may not be helpful if less administrative support resulted in increased pressure upon clinicians. John Allison clarified that he was not suggesting a transfer of functions but a change in expectations, such as the amount of detail provided in reporting to the Board which may be a heavy use of administrative time. The Chief Executive added that this was part of discussions with commissioners around contractual monitoring and requirements; however, he noted the value of administrative support services to clinical functions, such as the positive difference which had been made by business managers at the Whiteleaf Centre who had helped to free up ward managers’ time. Chris Hurst added that whilst clinical services needed appropriate administrative support in order to function, the Trust should not only challenge commissioners but also itself on requirements and areas which it could not afford to resource. The Joint Service Director also noted that there was work taking place to align Non-Executive Directors with clinical directorates and to build on those relationships. The Chief Executive added that the new directorate performance meetings could be a useful platform for this. John Allison expressed some reservation about Non-Executive Directors becoming too close to operational work and noted that appropriate boundaries could be considered further. ***Development of future reporting***The Board discussed the report and noted that the high level summary did not provide granular detail on the position within directorates. At the same time, it was important for the report not to duplicate the Chief Executive’s Report or the Performance Report; although inevitably there had been some overlap, this may indicate that joint reporting could be the way forward. As the Performance Report developed to provide more information on a directorate by directorate basis, this may also need to be reconciled with a new way of reporting on Operations; operational commentary upon contractual and other performance and analysis of what this could mean for the Trust and direction of travel could potentially be done through joint reporting. The Director of Nursing & Clinical Standards cautioned that Performance Reporting may not be capturing some services or elements of services which were not formally required to be reported against under contractual indicators; she reminded the Board that it was still important for the Executive or the Board to receive reporting against these and that these may merit a deep dive to consider further. Aroop Mozumder noted that there was a difference between reporting which: (i) evidenced performance, as currently provided through the Performance Report; and (ii) set out an operational view on managing the risks to that performance, which the Board should be cautious not to lose.  | **DH/TB** |
| ijk | The Board discussed whether a combined Operations and Performance Report could be constructed and noted how this may align and integrate with developments currently taking place around: Integrated Performance Reporting; Service Line Reporting; the Well Led action plan (from the external PwC assessment during 2017 against NHS Improvement’s Well Led framework for governance reviews); and reporting generally on quality, performance and workforce. The Chief Executive reminded the Board of the wider implications of: (i) the consultation on the restructuring of Operations, which had impacted not just upon Operations but also upon clinical leadership structures; and (ii) the decision to move away from use of agency HCAs. He noted the importance of wider strategic discussion around such organisational development and change. The Director of Finance added that in other industries and sectors, the separation of Performance from Operational Reporting may be considered unusual and that this may have developed from the way in which NHS contracting and commissioning was treated as separate from the core business of providing healthcare. However, it may make more sense for the area with operational responsibility for delivery of a service to also report on the performance of it and on the quality of service delivery, including an assessment of overall risks. The Board noted that the development of combined Operations and Performance Reporting may be for further consideration by the Executive, with a view to an update in September 2018 and, potentially, some change to reporting to the Board from October 2018. **The Board noted the report.**  | **DH/****MW** |
| **BOD 123/18**abcdefghi | **Performance Report for June 2018 (Month 3)**The Director of Strategy & CIO presented the report BOD 93/2018 on performance against: national indicators (the Single Oversight Framework and national contractual requirements); and local indicators (local contractual performance and Joint Management Groups’ (**JMG**) performance). The Trust had achieved 77% of local contractual performance indicators with clearly defined targets, compared to 85% reported in May and April 2018; previously the Trust had generally achieved 90% compliance overall. The number of reportable indicators varied each month (depending upon frequency of the reporting expected e.g. quarterly or monthly) but were reducing; work continued with commissioners to reduce still further the number of indicators. The 2,102 indicators were also now divided into two categories: those with defined targets for reporting to commissioners (553); and those for context or monitoring only (1,549). Areas of underperformance were set out in the report. Workforce pressures and difficulties in recruitment and retention continued. Out of Area Placements (**OAPs**) in Oxfordshire and Buckinghamshire were also well above targets due to operational pressures and lack of community alternative options. He highlighted the reporting on trends and breaches but noted that the additional time taken for analysts to investigate the reasons why breaches had happened had resulted in less time for the report to be produced and for the Board to be able to review. ***OAPs – Oxfordshire and Buckinghamshire***The Director of Corporate Affairs & Company Secretary asked about the high number of OAPs and whether reporting distinguished between those which were: longstanding; related to particularly complex needs; or the result of failures in system-working. The Director of Strategy & CIO replied that this was not yet included in this report. The Director of Nursing & Clinical Standards noted that the Board should also be sighted on distance/how far away from base people under OAPs were. The Chief Executive added that this was an example of an area where joint Performance and Operational Reporting upon impact and detail would be useful. ***Section 75 JMGs***In relation to performance indicators for the Section 75 JMG with Oxfordshire County Council, the Trust had achieved 73% compliance in May 2018 (Month 2), which was a decrease in performance against 97% compliance in April 2018 and 92% compliance in March 2018 (reporting was one month in arrears). 2 indicators were reported as exceptions, having not been achieved, compared to 1 in April. The Buckinghamshire JMG indicators were reported on a quarterly basis and were therefore not included this month. ***All Ages Mental Health Oxfordshire Directorate***The All Ages Mental Health Oxfordshire Directorate (which also included Swindon, Wiltshire & BaNES (Bath & North-East Somerset) had achieved 66% compliance in June which was a decrease compared to 80% compliance in May and 87% compliance in April. Issues and anomalies were as set out in the report. The Board discussed issues around CAMHS waiting times and the number of children who may be waiting longer than 12 weeks. Alyson Coates expressed concern about the impact upon individuals during this waiting time who may deteriorate and then needed to be accelerated into services. The Chief Executive replied that there was an issue around capacity to fund CAMHS, especially in light of increasing activity levels, noting that this was a reason why it was important to petition for CAMHS waiting times to be treated in a similar way to, and given equal importance with, acute sector waiting times. Alyson Coates noted that it was important to raise visibility of this issue around CAMHS waiting times compared to acute sector waiting times. The Director of Nursing & Clinical Standards noted that although she was more assured about the reliability of the data being presented around the issue of CAMHS waiting times, she was not yet assured about actions being taken, impact assessments or the management of risks to potentially deteriorating patients. The Joint Service Director replied that mitigating actions were in place for those waiting over 16 weeks but there was a national issue around funding for access to CAMHS. The Director of Strategy & CIO added that a meeting between the Executive and the CCG on CAMHS was also scheduled during August 2018. Aroop Mozumder asked whether the risks to potentially deteriorating patients were held by GPs or the Trust. The Joint Service Director replied that GPs and families were carrying some of the risk – not all referrals to services came through GPs as families and children could also self-refer. The Board discussed the pressure upon GPs and primary care. The Chief Executive reminded the meeting that through CCGs with GP representatives on board, commissioners had the power to allocate funding. The Joint Service Director added that with the new Single Point of Access, whereas previously young people may have had to see various GPs and councillors before being referred to services, referrals could now be more direct and self-referral was supported. The Board considered issues highlighted around Cluster Reviews in the report, noting that clustering was around fitting individual patients into a care cluster which could help to manage resources within the cluster effectively. The Finance Director added that clustering also provided an insight into clinical conditions which could be particularly useful for non-clinicians. However, the Medical Director explained that there was a challenge when some patients were re-clustered and found not to meet the agreed thresholds for ongoing treatment although their clinical teams still recommended that they receive treatment. The Chief Executive noted that in a population-based model of care then clustering could be a useful stratification tool and indicator of demand, which could ultimately inform funding/a payment system; however, the Trust was not currently using it in this way or as part of a payment system for mental health services or a way of targeting resources but had instead drifted towards seeing it as a contractual requirement. The indicator around Cluster Reviews was under review with commissioners as although there was agreement that cluster reviews should be carried out, measurement against a specific timescale was not considered to be of clinical value. The way in which clustering was currently being measured did not necessarily provide assurance that patients with greatest need were being targeted appropriately and there was a risk that the clustering target itself (currently around timescales) was subject to more focus than patients. ***All Ages Mental Health Buckinghamshire Directorate***The All Ages Mental Health Buckinghamshire Directorate had achieved 73% compliance in June which was a decrease compared to 93% compliance in May and 84% compliance in April. ***Community Services Directorate (Oxfordshire)***The Community Services Directorate had achieved 77% compliance in June which was an improvement on 68% compliance in May albeit not up to 80% compliance in April. Pressures continued for Out Of Hours (**OOH**) services but only 1 of the 9 indicators (unfilled clinical shifts) remained below the exception reporting threshold in June and May; the service continued to ensure that patients had remained safe whilst under OOH care. The CCG had also agreed in principle to the withdrawal of this indicator (unfilled clinical shifts) as not a robust measure of clinical care provision and access performance; the Director of Nursing & Clinical Standards cautioned that this data in relation to performance and staffing should still be reported elsewhere however, especially if safe staffing on shifts was at risk. Jonathan Asbridge noted the improvement in the OOH service, especially considering previous adverse CQC reporting which had caused concern but been addressed.  | **MW****MW** |
| jk | ***Specialised Services Directorate***The Specialised Services Directorate had maintained 88% compliance in June comparative to 88% compliance in May and 86% compliance in April. **The Board noted the report.**  |  |
| **BOD 124/18**abcd | **Patient Story – LD service**The Patient Experience & Involvement Manager joined the meeting and introduced a service user from the LD service together with the Service User Experience Lead for the LD service. The service user talked to the Board about their experiences since the LD service had transferred to the Trust in July 2017. They highlighted their participation in the LD User Group Meeting and confirmed that the LD User Group had also met with the CQC during the most recent inspection. They noted particular challenges which they and others had experienced when receiving incoming phone calls which were recorded as ex-directory so that caller names were not displayed; they confirmed that this issue had been reported and resolved so that caller names could now be displayed. They noted the work of the LD User Group in making the Initial Assessment Form more accessible, including through the use of a range of symbols and images. They recommended the development of more easy-read documents and the Service User Experience Lead for the LD service showed the Board an example of an easy-read agenda. The Trust Chair thanked the service user for their valuable feedback and emphasised the importance of their participation in helping to develop the service and the culture at the Trust. **The Board noted the presentation and thanked the service user for their story.** *The LD service user and the Service User Experience Lead left the meeting.*  |  |
| **BOD 125/18**abcde | **Human Resources (Workforce Performance) Report**The Director of HR presented the report BOD 94/2018 which set out the position on workforce performance indicators including temporary staffing spend, the HCA agency reduction, vacancies, turnover, sickness, recruitment, health and wellbeing, management of concerns (whistleblowing), proportion of Black & Minority Ethnic (**BME**) staff involved in formal disciplinary processes, retention, national pay review and Workforce Race Equality Standards (**WRES**). He referred to the WRES data in the report and highlighted that, for the first time, data from June 2018 demonstrated a higher proportion of BME staff entering disciplinary processes. This was an area of particular focus and concern, especially as proportionately the Trust overall had fewer BME than white staff. Following discussion with the Royal College of Nursing, the Trust was developing a training programme and would target rollout in October 2018, coinciding with Black History Month. He noted that the Trust should focus on race equality, not just gender equality, and that this was of particular concern to the Equality & Diversity steering group. The Trust was implementing the national pay review including back pay, in line with other NHS organisations, for staff on Agenda for Change. The Director of HR noted that the position was not clear, however, for those staff not on Agenda for Change terms and conditions. The pay deal was more complex than in recent years. The Director of Finance agreed and noted that if the treasury had set aside insufficient funds then there may be a shortfall in future months; central funding was coming through monthly but it was complicated to route this through CCGs on a recurrent basis and if there was a shortfall/gap then this may only become apparent once funding mechanisms had bedded in. The Medical Director reported the recent national announcement around doctors’ pay, which would not be backdated, and noted that this may cause consternation. **The Board noted the report.**  |  |
| **BOD 126/18**a | **Inpatient Safer Staffing Report**The Director of Nursing & Clinical Standards presented the report BOD 95/2018 which, this month, provided more specific focus on: agency use; the impact of maintaining safe staffing on patient care; CHPPD (Care Hours Per Patient Day) reporting requirements; and implementation of the Safe Care acuity and demand data collection module on the Health Roster. During 21 May to 17 June 2018, average weekly daytime fill rates for  |  |
| bc | registered and unregistered staff had been above the Trust target of 85%, being 95% or above for registered staff and 92% or above for unregistered. Average weekly night time fill rates had also been above the target of 85%. However, 8 wards were still below the 85% target for average daytime fill rates for registered nurses (also 8 in the previous reporting period) but all wards had 93% or above of unregistered staff to ensure safe staffing numbers overall. Substantive, flexible and agency registered (nursing) staff had been used to fill shifts. Average weekly agency usage had reduced to 9.85% (from 11.22% in the previous reporting period) and the work to reduce agency HCA usage continued. The reasons for needing to use agency staffing remained: high levels of patient acuity driving the need for agency/temporary staffing. There were no instances to link staffing levels with adverse patient outcomes or the project to reduce agency HCA usage; this was being monitored through the Trust’s incident reporting processes. John Allison asked if the report was prepared specifically for the Board or was also required for/could be used in other contexts. The Director of Nursing & Clinical Standards replied that it was a requirement for boards to consider whether or not wards were safely staffed, on a monthly basis, following the Mid Staffordshire NHS FT enquiry; she added that the CQC had also reviewed the way in which the Trust published information on safe staffing and this was an area of national regulatory focus. She noted that workforce and staffing was a significant risk for the Trust and it was important, in acute and mental health sectors, for ward staffing and the amount of effort which took place to ensure safe staffing to be highlighted for the attention of boards. **The Board noted the report.**  |  |
| **BOD 127/18**a | **Quality & Safety Report: Patient Experience**The Director of Nursing & Clinical Standards presented the report BOD 96/2018 which provided an overview of feedback from patients and carers and examples of action taken (‘You Said, We Did’). The majority of feedback was positive but the same persistent themes continued to be reported. Recent Linking Leaders conferences had been used to focus on themes around family engagement, involvement and communication; these remained areas to consider for every patient.  |  |
| bc | Aroop Mozumder noted that the scores achieved were impressive and he congratulated staff. He asked if there was any evidence to suggest that high agency or flexible staff usage on wards impacted on patient experience. The Joint Service Director replied that it was possible to break the data down to highlight individual wards and consider if agency usage had an impact. The Director of Nursing & Clinical Standards confirmed that this was being considered and this data also triangulated with reporting on complaints. **The Board noted the report.** *The Patient Experience & Involvement Manager left the meeting*.  |  |
| **BOD 128/18**ab | **Complaints & Patient Advice & Liaison Service (PALS) annual report FY18**The Director of Nursing & Clinical Standards presented the report BOD 97/2018 which provided an annual report of formal complaints, PALS contacts, MP enquiries and compliments. She noted that it was important for the Board to understand the caseload, in particular referrals to the Parliamentary Health Service Ombudsman or Local Government Ombudsman and the outcome of their investigations; she confirmed that the Ombudsmen generally agreed with the quality of the Trust’s complaints investigations. She highlighted that operational and staffing pressures were contributing to poorer patient experience; whilst the detail and progress of cases was reviewed on a weekly basis, she noted that annual reporting helped to illustrate the impact more starkly. The Board considered the analysis of themes from concerns and complaints. Aroop Mozumder referred to page 9 of the report and the number of cases which related to medication issues; he asked whether this was an unusually high proportion and whether linked to the administration of medicines or another aspect. Jonathan Asbridge noted that it may be useful for this to be considered in more detail through the Quality Committee; the Director of Nursing & Clinical Standards to action through the Patient Experience group with reporting up to the Quality Committee in due course. The Medical Director added that as some patients did not consent to treatment, it was not necessarily unusual for there to be complaints in relation to prescribing or from patients who did not want to receive depot injections.  | **RA** |
| cd | The Director of Corporate Affairs & Company Secretary reminded the Board of the importance of taking a balanced view of complaints and also compliments, noting the 11,953 compliments received against the 232 complaints for the reporting period. **The Board noted the report.** |  |
| **BOD 129/18**abcd | **Finance Report**The Director of Finance presented the report BOD 99/2018 which summarised the financial performance of the Trust for June 2018 (Month 3, FY19). There was an Income and Expenditure deficit of £1.3 million, which was £0.1 million favourable to plan (compared to a Month 2 position of a deficit of £1.8 million which was £0.8 million adverse to plan). EBITDA (Earnings Before Interest, Taxation, Depreciation and Amortisation) was £2 million which was in line with plan (compared to the Month 2 position which had been £0.4 million adverse to plan). Operational pressures had been partly offset by a one-off technical gain relating to a reduction in the Trust’s Private Finance Initiative liability; the underlying position excluding this technical gain was £0.6 million adverse to plan. The cash balance was healthy and £5.9 million above plan. Capital expenditure was £2.2 million below plan (compared to £1.8 million below plan in Month 2). The Use of Resources risk rating remained a ‘3’ (where ‘1’ was the best rating/low risk and ‘4’ the worst/high risk). Aroop Mozumder noted that the capital programme was still slipping and asked whether this should be considered as a strategic issue for the Board. The Director of Finance replied that the capital programme was more on plan than in previous years but the challenge was in getting spend against commitments. Chris Hurst added that the capital programme was already regularly reviewed through the Finance & Investment Committee. **The Board noted the report.**  |  |
| **BOD 130/18**ab | **Operational Plan – Quarter 1 Report**The Director of Strategy and CIO presented the report BOD 99/2018 which provided an update on progress against delivery of the Operational Plan 2018/19 against activity, quality, workforce, finance and key programme targets. Key programmes included areas of strategic focus around: the Mental Health Five Year Forward View; New Care Models; the Oxfordshire Care Alliance and Care Closer to Home; and Learning Disabilities Transformation. **The Board noted the report.**  |  |
| **BOD 131/18**abc | **Board Assurance Framework (BAF) – Quarter 1 Report**The Assistant Trust Secretary presented the report BOD 100/2018 which set out suggestions for revising risk descriptions and the inclusion of a new strategic risk around cyber security. The Board requested that the detail of the proposed changes be considered separately and in longer session at the Board Seminar in September 2018. Aroop Mozumder suggested that the Board could also consider ensuring that the extreme risks (around financial exposure, cost improvement programme, health and social care systems, workforce requirements and vacancies) were reviewed at every Board meeting and discussed as subjects. The Director of Corporate Affairs & Company Secretary noted that this thinking could be developed into ensuring that the Board was receiving appropriate assurances and mitigations; the agenda for Board meetings already linked individual items to relevant BAF risks. The Director of Finance added that risks could also be more integrated into the Operational Plan/business plan. **The Board noted the report and that the detail would be discussed further at Board Seminar.**  | **HS** |
| **BOD 132/18**ab | **Employer-based Clinical Excellence Awards (CEA)**The Medical Director presented the report BOD 98/2018 which set out the recommendation of the CEA panel, noting that this was further to the oral update which he had provided to the Board meeting in private on 27 June 2018. **The Board APPROVED the recommendations.**  |  |
| **BOD 133/18**abcdef | **Estates Strategy**The Director of Estates and Facilities joined the meeting and gave a presentation on the Estates Strategy, noting that this had been developed through various Estates Strategy workshops in January and February. She explained that the development of the Buckinghamshire Integrated Care System would change how estates operated within its footprint and that closer working with county councils and other bodies was anticipated; changes to service models would also impact upon estates. The Estates Strategy was also closely aligned around the 3 strategic themes of: the Mental Health Five Year Forward View; New Care Models; and the Oxfordshire Care Alliance/Care Closer to Home. It was also influenced by the 7 key strategic priorities, the strategic drivers/objectives and various external drivers. She provided a summary of plans to configure the future estate including: * the development of the Littlemore site as a forensic hub and also with a LD low secure unit;
* the redevelopment of the Warneford site in partnership with Oxford University to provide modern mental health facilities and research and education facilities;
* the development of locality hubs to support community services;
* the provision of community inpatient beds in appropriate locations; and
* the importance of ensuring/continuing to ensure: safe and secure estates and facilities; and sustainable environmental plans including travel plans.

She highlighted risks that:* if the Trust continued to operate as it did currently then an increasing population would lead to a requirement for increased accommodation;
* if the Trust did not model its future needs then there was a risk of building facilities in the wrong places or investing poorly in the future; and
* affordability would be a challenge.

The Board considered the achievement of goals around environmental sustainability. Bernard Galton asked how confident the Trust could be in the likelihood of achieving a 26% carbon reduction. The Director of Estates & Facilities replied that there were good plans and proposals within the capital programme to achieve this but she acknowledged that it would be a challenge and that the Trust may also need external support to be able to meet this. The Director of Strategy & CIO asked about the sustainability of the fixed estate and fixed buildings. The Director of Estates & Facilities noted that it may be sensible to move away from traditional buildings and to support more mobile working but this would require cultural change and change management. Alyson Coates asked about workforce challenges in delivering the Estates Strategy. The Director of Estates & Facilities replied that there were generally workforce shortages within Estates & Facilities, especially amongst domestic staff. The Director of HR added that this linked to discussions around the importance of providing more staff accommodation to be able to support recruitment and retention. **The Board noted the presentation.**  |  |
| **BOD 134/18**a | **Updates from Committees**The Board received the minutes of the meetings of the Quality Committee on 09 May 2018, the Finance & Investment Committee on 10 May 2018 and the Charity Committee on 12 June 2018 at papers BOD 102-104/2018.  |  |
| **BOD 135/18**a | **Any Other Business and Strategic Risks**None. No changes noted to strategic risks. |  |
| **BOD 136/18**abcd | **Questions from Observers**Madeleine Radburn, Deputy Lead Governor, suggested that the Board consider:* more use of volunteers to help to plug gaps in staffing;
* taking more responsibility for educating the public in order to prevent admissions to Accident & Emergency. She noted that she needed information on how to prevent pressure ulcers which she could then share more widely which may help to inform people and prevent admissions; and
* better use of building space which was currently standing empty, especially in relation to Wantage community hospital and the physiotherapy block at Witney (especially whilst patients were standing in the Witney waiting area due to lack of space during periods when a number of clinics were being held).

The Director of Corporate Affairs & Company Secretary noted that advertising for volunteer posts was taking place but cautioned that the Trust must also be mindful of employment legislation and HR and union requirements and take care not to use volunteers to fill existing establishment posts. The Director of Nursing & Clinical Standards confirmed that she would separately provide relevant information around pressure ulcers, which could be more widely disseminated. The Joint Service Director replied that, in relation to Witney and the physiotherapy block, plans for this were currently being developed with Estates. The Director of Nursing & Clinical Standards added that at Witney there was also temporary seating space for the waiting area which staff should be making available. The Chief Executive added that in relation to Wantage, this was subject to the consultation being arranged by the CCG but this was also being considered by the Health Overview and Scrutiny Committee.  |  |
| **BOD 137/18**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; and legal professional privilege in relation to the business to be discussed. |  |
|  | The meeting was closed at 12:43 **Date of next meeting: 27 September 2018** |  |

1. Non-voting [↑](#footnote-ref-1)
2. Non-voting [↑](#footnote-ref-2)
3. Non-voting [↑](#footnote-ref-3)
4. An officer in attendance for an Executive but without formal acting up status may not count towards the quorum – Standing Orders 3.12.2 [↑](#footnote-ref-4)