

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

**Board of Directors**

Minutes of a meeting held on

30 November 2018 at 08:30

Unipart Conference Centre

Unipart House, Garsington Road, Oxford OX4 2PG

**Present:[[1]](#footnote-1)**

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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**) |
| Stuart Bell | Chief Executive (**SB**) |
| Tim Boylin | Director of HR (**TB**)[[2]](#footnote-2) |
| Sue Dopson | Non-Executive Director (**SD**) – *part meeting* |
| Bernard Galton | Non-Executive Director (**BG**) |
| Dominic Hardisty | Chief Operating Officer (**DH**)  |
| Mike McEnaney | Director of Finance (**MME**)  |
| Aroop Mozumder | Non-Executive Director (**AM**) |
| Kerry Rogers | Director of Corporate Affairs & Company Secretary (**KR**)[[3]](#footnote-3) |
| Martyn Ward | Director of Strategy & Chief Information Officer (CIO) (**MW**)[[4]](#footnote-4) |
| Lucy Weston | Associate Non-Executive Director (**LW**)[[5]](#footnote-5)  |
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| **In attendance[[6]](#footnote-6):** |
| Robbie Dedi  | Deputy Medical Director (**RD**) – *in attendance for the Medical Director* |
| Donna Mackenzie-Brown | Patient Experience & Involvement Manager – *part meeting* |
| Kate Riddle | Deputy Director of Nursing (**KRi**) |
| Hannah Smith | Assistant Trust Secretary (Minutes) |

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| **BOD****176/18**ab | **Welcome and Apologies for Absence**The Trust Chair welcomed members of the Board present, staff observing (including members of the Trainee Leadership Board) and the governor who had attended to observe the meeting. No members of the public were observing. Apologies for absence were received from: Mark Hancock, Medical Director; and Chris Hurst, Non-Executive Director.  |  |
| **BOD****177/18**ab | **Declarations of Interest**The Trust Chair presented the report BOD 134/2018 which included recent updates to the Register of Directors’ Interests. **The Board received the report.**  |  |
| **BOD 178/18**abcd | **Minutes of the Meeting held on 31 October 2018**The Minutes of the meeting were approved as a true and accurate record. ***Matters Arising*****BOD 161/18(f) Indemnity/insurance cover for sponsorship of research studies** Action carried over for the Medical Director to provide confirmation that sufficient cover was in place. Whilst NHS Resolution had confirmed coverage in relation to clinical negligence, there was a potential gap in relation to design and management of clinical trials which may therefore need to be separately covered by Research & Development. **BOD 162/18(j) Wantage Community Hospital**The Chief Executive reported that yesterday he had attended a meeting of the Oxfordshire Joint Health Overview and Scrutiny Committee (**HOSC**) with Lou Patten, Chief Executive of Oxfordshire CCG. They had responded to questions posed by the HOSC on plans to replace the plumbing system; the Trust remained committed to funding plumbing replacement if that was what emerged from the consultation but it made little sense to expend significant sums of public money replacing a plumbing system which might subsequently require further changes just at the point that a process of consultation on what those potential changes might be was due to start. Since the beds at Wantage had temporarily been closed, the Trust had still been able to meet its contractual commitments for the provision of community hospital beds across Oxfordshire; average length of stay in community hospital beds had also decreased, which meant that there was more access to beds than previously. The Trust had also developed more specialisation in community hospital beds and focused on achieving better outcomes for stroke patients. The Board confirmed that the remaining actions from the Summary of Actions had been progressed: BOD 163/18(g)&(j) – Trevor Shipman review findings (as referred to in the Chief Executive’s Report at paper BOD 136/2018); and BOD 172/18(b) – Oxfordshire Care Alliance (in progress for further discussion at the February Board Seminar).  | **MHA** |
| **BOD 178/18**ab | **Report on Council of Governors’ (CoG) meeting on 22 November 2018** The Trust Chair provided an oral update on the CoG meeting which had: received updates on Carenotes and on Finance; and approved proposed changes to the Constitution, as would also be reviewed by the Board at this meeting at paper BOD 143/2018 (item 188/18 below).**The Board noted the oral update.**  |  |
| **BOD 179/18**abcdefghijklmnop | **Chief Executive’s Report**The Chief Executive presented the report BOD 136/2018 which provided updates against: recent national and local issues; and on legal, regulatory, compliance and policy matters. ***Winter preparedness*** The Chief Executive referred to his report, noting particular pressures across the Oxfordshire system which were also being considered by Oxfordshire CCG and Oxford University Hospitals NHS FT (**OUH**); the gap across the system for December was anticipated to be 30 beds which could increase to 70 in January. He explained that even if more beds were opened up through collaboration with care homes, there would still be challenges to staff these appropriately. Therefore, instead of just focusing on bed capacity, the system was more critically considering acuity within that capacity and how to meet the needs of the most seriously unwell patients. The Director of Strategy & CIO had also been involved in developing a demand and capacity modelling tool which may help with discussions around bed capacity. John Allison referred to system-wide bed capacity issues and the challenges of staffing beds safely and appropriately with finite staff. He asked whether national or local work had been done to identify the number of qualified staff who would be required to support bed capacity and whether there was a local capacity issue or a misdistribution of resources. The Chief Executive noted that the picture was complicated; nationally there was an approximately 10% vacancy rate across the NHS as a whole but this varied across areas and professions. It was even more challenging to pull together a comprehensive picture of staffing and vacancies within the care home and domiciliary care sector. John Allison noted that unless more staff were trained, human resources would not be available to improve the situation. The Director of Nursing & Clinical Standards replied that this was what the Trust was striving to do, especially as Health Education England no longer had responsibility for commissioning non-medical training or providing bursaries to support nurse training and it had been increasingly left to universities to attract candidates into training for the non-medical professions. The Trust’s work to develop Nurse Associate roles had been geared towards attracting such candidates to become part of the pipeline to enhance the workforce. The Chief Executive added that locally the challenge was compounded by the high cost of living; a national solution would not, therefore, resolve this but the Trust could help by increasing opportunities for apprenticeships and other routes into careers to support people already living locally. The Board discussed lack of national and local advertising as a contributory issue to attracting candidates into training for nursing and non-medical professions. Lucy Weston noted that unless training courses were financially profitable, it may not be commercially viable to fund national advertising campaigns but there could still be a local role for the Trust to invest in advertising. The Director of Nursing & Clinical Standards agreed and noted that withdrawal of commissioning funding had impacted upon universities’ ability to provide training courses. She highlighted particular challenges in providing training for Learning Disability nurses in the south of England as some courses had been run at a loss due to lack of demand. Advertising may help to stimulate demand and support the financial viability of such courses. She added that there was a different issue with some candidates not achieving undergraduate level; she noted that there may be a role for the Trust to support such candidates at a foundation level to assist them into university courses. ***Investment in Mental Health in Oxfordshire*** The Chief Executive referred to his report, noting discussions which had taken place with NHS Improvement earlier in November and work which was ongoing in relation to the longer-term planning and funding of mental health services in Oxfordshire. He expressed his concern that at a national, rather than a local, level there may be a different understanding of the impact of the financial pressures which had resulted from historic underinvestment in mental health services. The Trust would continue to work to raise visibility and awareness of the issue of historic underinvestment in mental health services in Oxfordshire and would next be writing, with Oxfordshire CCG, to the Health & Wellbeing Board. If the current situation did not change then either capacity to provide services would need to be matched to the actual resources available, or there would need to be a significant financial readjustment to address the conclusions of the independent review conducted by Trevor Shipman. ***Oxfordshire contracts***The Chief Executive referred to his report and welcomed the move away from Payment by Results (**PbR**) and towards the proposed system approach for Oxfordshire. This would involve: (i) fixed value contracts (similar to block contracts but with more flexibility) between Oxfordshire CCG and the Trust, OUH and GP Federations (managed through an overarching provider partnership agreement); (ii) work towards a shared financial control total for Oxfordshire; and (iii) collaboration with system partners to improve patient outcomes. The Trust Chair suggested that the relative efficiencies of the organisations in the Oxfordshire system could also be taken into account and that those organisations which were less efficient be incentivised to increase efficiency; he noted that the Trust was efficient against measures such as National Reference Costs. The Chief Executive cautioned that measures of efficiency could lead to focus on continuing the same kind of activity whereas improved outcomes for patients might be better achieved by reconsidering allocation of resources based on population. Aroop Mozumder asked about OUH agreeing to take on the risk of moving from a PbR to a more block-based system for acute services and how this would translate into negotiations for a share of available funding. The Chief Executive noted that this was comparable to the risk share which the Trust had previously agreed to but that negotiations should take place not based on individual organisations competing but on taking a view as to what could be afforded together. Such discussions should also be conducted in such a way as to allow the public to understand the dilemmas which NHS providers collectively faced and the compromises which may sometimes be required. The independent review by Trevor Shipman provided a useful starting point in relation to the mental health funding position. However, primary care resourcing could also be an issue to be collectively considered. Jonathan Asbridge added that the move towards a block-based system may prove to be a helpful driver for reconfiguration in acute services and to incentivise more innovative ways of working. This may benefit community services and provide more opportunities to support care closer to home which could help to support and reduce pressure on acute services. The Board discussed the financial impact of the historic underfunding of mental health services in Oxfordshire and steps which were being taken, with Oxfordshire CCG, to raise awareness. The Board considered whether enough had been done to ensure that the situation was appropriately understood, including the next steps to raise this with the Health and Wellbeing Board, and was assured that this was sufficient for the time being. The Director of Finance noted that initial FY20 plans would be submitted in January 2019 and these would involve joint submissions across the Sustainability & Transformation Plan (**STP**) footprint; this would mark a gateway point in assessing any improvement. ***Care Quality Commission (CQC) Quality Summit***The Chief Executive referred to his report and noted that the CQC Quality Summit had also discussed the impact of historic underinvestment in mental health services in Oxfordshire. In this wider context, the Trust had done well to maintain its overall CQC rating of ‘Good’ after the most recent Trust inspection. The final report of the CQC’s Oxfordshire system-wide inspection was not yet available but initial feedback had been encouraging. ***Consultant appointments*** Dr Alison Munden had been appointed to the consultant post for Phoenix Ward, Littlemore. ***Legal, Regulatory & Policy update***The Director of Corporate Affairs & Company Secretary highlighted:* points which Chris Hurst had submitted in advance in relation to section 6 on the new metrics under development to measure local health systems against the ambitions of the NHS long-term plan. The development of the new metrics and new areas of regulatory focus should be monitored especially in the context of the implications for the Trust’s own developing dashboards; and
* section 5 and the new handbook on effective clinical governance for the medical profession. This aimed to provide boards with a description of the core principles underpinning effective clinical governance for doctors.

The Director of Nursing & Clinical Standards highlighted section 1 on the NHS Violence Reduction Strategy and the work which was taking place through the Oxford Healthcare Improvement Centre. ***Retirement of Ros Alstead, Director of Nursing & Clinical Standards***The Chief Executive and the Board expressed their appreciation for the work and contribution of the Director of Nursing & Clinical Standards, noting that this was her final Board meeting before her retirement in December 2018. In the interim before her replacement was in post, Kate Riddle would take on the role of Acting Director of Nursing & Clinical Standards. **The Board noted the report.**  |  |
| **BOD 180/18**abcdefghijklmn | **Performance Report and Operational Perspective**The Chief Operating Officer and the Director of Strategy & CIO presented the report BOD 137/2018 on performance against national and local indicators. The Chief Operating Officer explained that all services were experiencing immense pressures which were manifesting in waiting times (especially in Child and Adolescent Mental Health Services (**CAMHS**)) and Out of Area Placements (**OAPs**) due to lack of beds rather than for clinical reasons. He noted the impact upon staff of the pressures being experienced. Community and physical health services were preparing for winter and challenges were anticipated over December and January. The Director of Strategy & CIO set the Trust’s performance in context and explained that services were still trying to perform against contractual targets which had been set years previously. The current situation, however, was one of increasing demand and workforce challenges, with high levels of OAPs across Oxfordshire and Buckinghamshire. Although efficiencies and improvement initiatives were being worked on across services, without further investment then some services would not be able to achieve targets. Workforce pressures were key to underperformance but the Trust was continuing to improve in relation to the national workforce indicator; the Trust was making progress towards the 12% target and was currently at 13.6% (having previously been an outlier at nearly 15% which had improved to 13.76% in Month 6). Overall, the Trust had achieved 73% of targeted local contractual indicators in Month 7 which was a slight decrease in performance from 74% in Months 4-6 and a decline from 77% achieved in Month 3 and 85% in Months 1-2. In relation to Oxfordshire Community Services, further to the report, he highlighted increasing demand from referrals into the Continuing Health Care (**CHC**) service. Whilst the service had scope for approximately 160 referrals per month, it had been receiving closer to 190 per month. Pressures were also significant in the Buckinghamshire CHC service. A meeting had been arranged with commissioners to discuss the CHC services in both Oxfordshire and Buckinghamshire. The Board noted the positive news that a reduction in targeted indicators had been achieved, with support from Oxfordshire CCG. However, Aroop Mozumder asked if more strategic or radical action could be taken so that the Trust was achieving more than catching up with waiting times indicators. The Director of Strategy & CIO noted that it may be possible to challenge the targets based upon assessment of the clinical impact of waiting times, especially given current workforce pressures. The Chief Executive noted that it may also be an option to apply the type of demand and capacity modelling which had been used for winter planning or in urgent care; this may provide more data on the clinical impact and consequences of waiting periods. Aroop Mozumder noted the importance of being able to measure and describe clinical outcomes more consistently. The Director of Nursing & Clinical Standards noted that although it was encouraging that the quality of the performance data had improved and that it was more reliable, more work would be required to be able to analyse comparative impact upon patients. She emphasised the importance of achieving waiting times for the CQC domain of ‘Responsive’, especially in relation to CAMHS waiting times. The Chief Operating Officer noted that in CAMHS the service model was very clearly defined with metrics in place to identify where patients were on the care pathway; the interventions which could improve responsiveness were known but the issue was lack of funding to provide sufficient capacity in order to meet demand, despite services operating a good model of care. Lucy Weston noted that it was still unclear what the impact of referrals not being accepted could be or the risks that this could pose to the Trust. The Director of Strategy & CIO added that he had recently reviewed a demonstration of a new business intelligence tool which could potentially dynamically bring together this information. The Chief Executive emphasised the importance of clarifying demand and capacity in order to inform decisions around resource allocation, reasonable workloads for staff and management of risk for those on waiting lists. Currently, the Trust’s governance structures grouped together the CQC domains of ‘Caring & Responsive’ and this may have resulted in more focus upon the domain of ‘Caring’ whilst taking for granted that most services were already achieving in ‘Responsive’. However, with services coming under greater pressure and moves towards systems of care which involved taking responsibility for providing care to a local population, it may become necessary to separate out the ‘Responsive’ domain in order to give greater focus to waiting times and the balance of demand and capacity; he noted that this could be for the Quality Committee to consider in the future. Aroop Mozumder noted the CQC’s focus at a national level on the ‘Responsive’ domain and supported this becoming the subject of more focus within the Trust, whilst noting that this also needed to be linked into consideration of the quality of clinical outcomes. Clinical outcomes would need to be measured and understood before the Trust could defend a decision to change or miss targets or could set new priorities. Jonathan Asbridge referred to the report and noted that it may indicate a tipping point towards a seriously deteriorating situation. He noted that the Board should seek assurance that everything reasonable was being done to manage the situation and that the Executive in particular should confirm that reasonable steps were being taken to manage or avoid OAPs. The Director of Finance and the Director of Nursing & Clinical Standards confirmed that all reasonable steps were being taken and that OAPs were carefully assessed. The Chief Executive added that sometimes even finding a bed out of area to send OAPs to could prove extremely challenging when the system was already at saturation point.The Trust Chair noted that it was also important to understand that given how long there had been issues around underfunding of services, there may be no quick resolution. The Trust was not alone in the NHS in facing funding and workforce challenges. However, it would need to establish priorities in order to direct available resources as effectively as possible. In order to achieve this as safely as possible, it would need more information on, for example, the clinical impact of particular waiting times or the consequences of missing certain targets. The Director of Nursing & Clinical Standards added that even with the progress which had been made in reducing the number of reportable indicators, there were still too many indicators which services needed to report against and which absorbed a significant amount of staff capacity. The Director of Finance cautioned that over emphasis upon reducing metrics risked missing the point that services should be measured against the right metrics in order to identify how much activity was taking place and where resources could be allocated most effectively. Metrics and measurement could be key to support modelling of services provided and to drive standards and efficiencies, as well as to support Operations, HR resources and budgetary control. *Sue Dopson joined the meeting.* The Director of Strategy & CIO agreed with the importance of measuring the right metrics including clinical impact and outcome measures. He noted that although good work was taking place to develop outcome measures and process measures, outcome measures were not currently readily reported through Carenotes. The Trust Chair noted that although challenges for Community Services were recognised, most of the immediate issues impacted upon Mental Health Services. He praised the report for the useful information it provided, noting how it had developed over the most recent six months. He emphasised the importance of the Executive considering prioritisation of resources in order to protect the most vulnerable service users, noting that Oxfordshire CCG and NHS Improvement should also be part of such considerations and discussions. The Chief Executive replied that this was already taking place. **The Board noted the report.**  | **DH/****JAsb** |
| **BOD 181/18**abcdefghij | **Human Resources (Workforce Performance) Report**The Director of HR presented the report BOD 138/2018 which set out the position on workforce performance indicators and updates on: the Healthcare Assistant (**HCA**) agency reduction project; recruitment and retention; health and wellbeing (including flu jabs); management of concerns (whistleblowing); the NHS Staff Survey (preliminary update); support for EU staff pending Brexit; temporary staffing spend; sickness and turnover; and Workforce Race Equality Standards (**WRES**). He reported that HR was undertaking work to understand and mitigate the risks which Brexit posed to workforce. He reported that staff from the EU included approximately 80 nurses, 80 HCAs and 40 housekeepers. The Trust had been working with other Trusts in the STP area on a consistent approach to supporting EU staff including with applications for their right to remain, which would be considered further by the Executive. He provided a preliminary update on engagement with the NHS Staff Survey and noted that the response rate was behind where it had been in previous years and that it was generally difficult to get past 50%. He noted that he would report back on this to the Board in February. He provided a progress update on flu jabs and noted that at 41% of frontline staff, this was currently ahead of where the Trust had been in the same period last year (36%) and flu jabs would remain available until the end of January. He reported on the Staff Awards evening which had taken place the previous evening for the winners and the highly commended, noting that there had been 380 nominations across 13 different categories. Non-Executive Directors and Governors had been involved in the judging. Bernard Galton referred to the report and the steady to increasing spend on agency over a two-year period. Despite the Board’s focus on the matter, if this trend continued upwards (especially during the winter period when there was a risk of higher sickness absence) then this could have significant financial consequences. The Director of HR noted that this may be picked up in more detail at the Board Seminar in December 2018 focused upon Cost Improvement Programme projects. The Director of Nursing & Clinical Standards advised caution whilst the data was analysed, noting that although the cost of agency was rising, usage levels were decreasing and the averages presented by directorate may need to be replaced by more granular analysis by service. The Deputy Director of Nursing & Clinical Standards added that the Inpatient Safer Staffing Report (at paper BOD 139/2018) also offered an opportunity to review the data at a more detailed level by inpatient ward and with more accompanying narrative. She noted that as this was developed around the integrated dashboard, it may start to provide a more rounded picture. The Director of Finance noted that the Q2 results of all NHS trusts had just been published and that although the average cost of agency as a percentage of total pay costs was 4.2%, for the Trust it appeared to be approximately 9% which indicated that this was a particularly salient issue for the Trust. However, he reminded the Board that when NHS Improvement had visited the Staffing Solutions team, they had reviewed the team’s work in detail and commended them for the work being done in managing agency usage and developing the staff bank. The Director of Nursing & Clinical Standards noted that it would be key to: understand agency usage at service line level, as some areas would have more significant usage than others; and break this down by nursing, medical, Allied Health Professional and administrative usage and spend. She cited as an example forensic services which historically used long lines of agency nurses, noting that this may be necessary in order to operate this type of service with its particular demands upon staff. However, the pattern of usage was likely to be different across different services. The Chief Operating Officer emphasised the importance of the Trust thinking carefully about the employment prospects and proposition which it offered, noting that these were evidently not yet optimal if people were choosing to work through external agencies rather than for the Trust directly including through its staff bank. The Board discussed the positive impact of the HCA agency reduction project on building the staff bank, noting that there were different challenges to achieving similar with agency nurses especially where some nurses provided a very specific skill set (such as in forensic nursing). The Director of Nursing & Clinical Standards recommended reviewing the Trust’s nursing agency frameworks as well as the situation on particular wards. Aroop Mozumder referred to the WRES data and noted that the way in which it was presented implied that if staff were BME (Black or Minority Ethnic) they would be more than 50% likely to enter a disciplinary process, as opposed to the data just representing how many were involved in such a process. The Chief Executive noted that given the actual low numbers involved, it may also be more useful to provide the numbers rather than percentages. The Trust Chair requested that this be clarified in future reporting. **The Board noted the report.**  | **TB** |
| **BOD 182/18**abcde | **Inpatient Safer Staffing Report – 10 September to 07 October 2018** The Director of Nursing & Clinical Standards presented the report BOD 139/2018 and noted that it included complementary data to the HR Report at paper BOD 138/2018, discussed above, in relation to agency usage. The reduction in agency usage continued from the peak of 19.1% in February 2018 to average weekly agency usage of 9.65% down to a new low of 8.7% in the first week of October. As the new cohort of Nurse Associates joined the workforce this may also be able to help with reduction of agency usage. Average weekly daytime fill rates for registered and unregistered staff remained above the Trust target of 85%, having increased to 96% (from 92%) for registered staff and to 92% (from 89%) for unregistered staff. Average weekly night time fill rates had also remained above the Trust target of 85%. However, 8 wards were below the 85% target for average daytime fill rates for registered nurses (down from 11 in the previous reporting period) but all wards remained safe to deliver care. In terms of the registered skill mix against establishment, 14 wards (up from 13) had in place an average of 50% or above registered staff skill mix. A mix of substantive staff, flexible workers and agency registered staff made up staffing numbers; safe staffing was also supported by ward managers and matrons working clinically as part of numbers, where required, to ensure that registered nursing leadership was maintained. The Director of Nursing & Clinical Standards noted particular staffing pressures in community hospitals, Phoenix Ward, Ashurst Ward and on Thames House. Jonathan Asbridge referred to the report and the section on Evenlode on page 10. He asked if the patient referenced had required an alternative placement for staffing or clinical reasons. The Director of Nursing & Clinical Standards replied that this had been for clinical reasons and the placement had been found in another NHS trust. **The Board noted the report.**  |  |
| **BOD 183/18**abcde | **Patient Story** The Patient Experience & Involvement Manager joined the meeting and presented a YouTube video which a young service user and active blogger had produced themselves further to accessing Oxfordshire CAMHS. She noted that as service users could conduct internet searches about the Trust prior to accessing services, such videos and blogs could be opportunities for the Trust. She confirmed that the blogger was aware that the video would be shared with the Board and that although they had considered attending the meeting in order to present it, they had just started a new job and therefore been unavailable. The video described the service user’s experience of a CAMHS assessment, the questions they had been asked, the purpose of the assessment and concluded that the experience had not been as scary as they had thought it might be, being more akin to an online depression test. The Board discussed the video, noting its usefulness and relevance for other service users and potential service users. The Board checked that appropriate safeguarding checks had also been made in relation to the use of the video. The Patient Experience & Involvement Manager noted that the young service user was now classified as an adult and that they had self-published the video already. The Board discussed whether other bloggers discussed the range of services which the Trust offered and whether there could be opportunities to use this medium to help to direct the public to access Minor Injury services which could help to take pressure away from Accident & Emergency. The Chief Executive noted that there may be an audience for personal experiences or reviewing the experiences of peers. The Trust Chair cautioned that it could also be possible to over-exaggerate the perceived effect of social media and recommended liaison with the Communications Team – the Director of Corporate Affairs & Company Secretary to action. The Deputy Medical Director added that he had met recently with a local MP who had praised the local Minor Injuries Unit at which he had received treatment and who was proposing to prepare a piece about this. **The Board noted the patient story and thanked the service user for their video.**  | **KR** |
| **BOD 184/18**abcdef | **Patient Experience & Involvement Report**The Director of Nursing & Clinical Standards presented the report BOD 140/2018 and highlighted the development in this area overall from its previous focus on feedback via complaints to use made of local and national patient surveys and increasingly real time feedback. She credited the work of the Head of Quality Governance and of the Patient Experience & Involvement Manager. She noted that although previously there had not been a strong culture in the Trust of involvement with mental health service users, this had been transformed since 2015 through the success of a number of different initiatives and the impact of the Patient Experience & Involvement Manager, with the support of the Chief Operating Officer. She highlighted that the majority of feedback was positive with 91% recommending services. The main theme identified for improvement remained that of communication and information sharing with patients and their families to enable joint decision making and involvement in care. In response, the Trust continued to involve patients and their families in quality improvement work and service design. The Patient Experience Strategy was also under review for a refresh by March 2019. The Board praised the report. The Trust Chair noted that the theme of communication and information sharing had been recognised for years and that the revised Patient Experience Strategy should focus on action which could be taken to improve this. The Chief Operating Officer noted that with the many demands made of staff, the challenge may be to move this higher up the priority list. Lucy Weston emphasised the importance of supporting and upskilling families, especially where they may be expected to take on more of a carer role. If it was anticipated that the trend towards underfunding may continue then it could become critical to invest in families and to communicate more with them in order to support them to cope. The Patient Experience & Involvement Manager added that projects were taking place to help to inform and support families, including the ‘get me home’ project from community hospitals and work taking place with the Night Team around prevention and ‘keeping well’. John Allison noted that although he supported the need to improve communication and information sharing, he challenged the assumption that information should always be provided in a simplified format, noting that it should also be available in a more detailed or professional format where appropriate. The Director of Nursing & Clinical Standards confirmed that this would be maintained and that although information had to be available at a basic level, this would not prevent other levels of information being provided. The Chief Operating Officer added that he and the Director of Corporate Affairs & Company Secretary had recently completed the Leading Together course as part of a cohort which included professionals and people with Learning Disabilities; he praised the course content as some of the best he had ever experienced, noting that it had still been delivered in an accessible format. The discipline of honing complex material into an accessible format had lifted the quality of the end product. The Director of Finance emphasised the importance of embedding feedback loops as part of business as usual and ensuring that each team acted on feedback received. The Patient Experience & Involvement Manager confirmed that the responses of teams were monitored and if feedback highlighted that particular points should be actioned then these were highlighted to relevant teams. **The Board noted the report.** *The Patient Experience & Involvement Manager left the meeting.*  |  |
| **BOD 185/18**abcde | **Finance Report** The Director of Finance presented the report BOD 141/2018 which summarised the financial performance of the Trust for October 2018 (Month 7, FY19). He reminded the Board of the reforecast which had been submitted to NHS Improvement at Q2 and which was for an Income & Expenditure (**I&E**) deficit of £8 million. Work continued on the formal Financial Recovery Plan; no new risks had been identified and some areas of potential benefit had been identified and were subject to validation. The Month 7 position was an I&E deficit of £7.3 million which, after adjustments, was an underlying performance deficit of £7.7 million. EBITDA (Earnings Before Interest, Taxation, Depreciation and Amortisation) was £0.1 million which was £5.4 million adverse to plan. Cost pressures continued and OAPs had not yet reduced as planned, although the impact of these had been offset in month by a business rate rebate. The cash balance was £17.8 million which was £0.3 million behind plan. Capital expenditure was £0.5 million which was £2 million behind plan. The Use of Resources risk rating had become an overall ‘4’ (where ‘1’ was the best rating/low risk and ‘4’ the worst/high risk). The Trust Chair requested that future reporting include reporting against the reforecast position. **The Board noted the report.**  | **MME** |
| **BOD 186/18**abcdefgh | **Freedom to Speak Up Report**The Freedom to Speak Up Guardian joined the meeting and presented the report BOD 142/2018 on the activity of the present and previous Guardian over November 2017-18. She highlighted from the report that bullying behaviour had been the most often raised concern but that no serious patient safety concerns had been raised. In relation to the effectiveness of the Freedom to Speak Up process, she noted that before approaching her, staff had not always followed due process or involved their line managers and there was, therefore, further work to do to raise awareness of the appropriate work of the Guardian. However, where cases had been appropriate, she felt that the process had worked well. The Guardian noted that she would find it helpful to report back to staff the discussion she had heard at this Board meeting on workforce pressures and the Board’s awareness of these. She noted that some of her early cases had been from staff members who had felt pressurised to do more. The Trust Chair noted that the Board was very conscious of the issues from increasing demand and patient acuity and the impact upon staff working extra hours; the Board was grateful for staff going beyond the call of duty and was striving to obtain more funding to support services. The Director of Corporate Affairs & Company Secretary reminded the Board that it received a report from the Guardian in the context of the Board’s role to support a culture of speaking up and to support different ways in which concerns could be raised in the Trust, alongside reporting on patient experience, incidents and complaints. The Audit Committee would also consider the effectiveness of the process and how it operated. The Board discussed the complex interplay between a variety of different process including Freedom to Speak Up (whistleblowing), grievances and HR disciplinary processes. Navigating these processes, especially when they intersected, could be complex for staff and individual processes could be lengthy and meandering. The Director of Nursing & Clinical Standards noted that she had been discussing with the Director of HR what support could be made available to staff who were not union members. John Allison expressed concern that the Guardian was not necessarily empowered to effect change or ensure that Executive action was taken; the Guardian could be in possession of information which may be useful to senior management but which could not be passed on. He noted that he supported the role and would like to see it more empowered. The Guardian agreed that it was difficult when in possession of information which needed to be kept confidential however she was confident in the support of the Chief Executive and of the Executive to ask for assistance and resolution, when appropriate. Jonathan Asbridge asked whether there had been any obvious trends or differences in the ethnic backgrounds of those accessing the Freedom to Speak Up process. The Guardian replied that she had been contacted by a broad spectrum of backgrounds and only one case had involved ethnicity. She noted that there was a trend in relation to relative position within the organisation and that this could indicate that there was more work to do in order to access non-clinical or non-registered staff. The Trust Chair referred to the report and the finding that staff who had been in contact had often been in leadership and management roles, not just frontline staff, and noted that this should be reflected upon. Aroop Mozumder asked if Non-Executive Directors could play a part in the Freedom to Speak Up process. The Guardian replied that the nominated Non-Executive Director was Chris Hurst (apologies given for this meeting) and that she had been working with him. **The Board noted the report.** *The Freedom to Speak Up Guardian left the meeting.*  |  |
| **BOD 187/18**a | **Constitution review** The Director of Corporate Affairs & Company Secretary presented the report on proposed amendments to the Constitution, principally as a result of the restructure of clinical directorates. She explained the impact upon elections to the Council of Governors coming up in May 2019 and noted that a transitional period was allowed for so that not all staff governors currently in post would need to be simultaneously replaced as a result of the restructure.  |  |
| bc | The Chief Operating Officer reported that he had been asked by the Learning Disability community to raise their disappointment that they were not already represented on the Council of Governors. The Director of Corporate Affairs & Company Secretary replied that Learning Disability services were entitled to apply already and that under the new structure, staff from the Learning Disabilities service could apply to represent the Specialised Services directorate however there could be no guarantees as to the outcome of an election process. Specialised Services were specifically included in the coming election process so as to provide a wider opportunity for staff representation. The Trust Chair noted that whilst this could not necessarily be resolved whilst transitional arrangements were proposed, a future review of the Constitution might consider whether a specific position should be created to represent Learning Disabilities. **The Board APPROVED the proposed amendments to the Constitution and supported a period of consultation to determine any desirable amendments to the size and composition of the Council of Governors, following the May 2019 elections.** |  |
| **BOD 188/18**abc | **Updates from Committees** The Board received the minutes of the Charity Committee meeting on 04 September 2018 at paper BOD 144/2018. The Trust Chair noted that the Charity would also be subject to an externally facilitated Strategic Development Day in January 2019. Bernard Galton presented the minutes of the Audit Committee meeting on 11 September 2018 at paper BOD 145/2018 and reported that more progress had been requested on Internal Audit reviews for the meeting in December 2018. He also highlighted discussion on the Fire Safety Management report, noting that actions following this had been picked up by the Quality Committee. Jonathan Asbridge presented the minutes of the Quality Committee meeting on 12 September 2018 at paper BOD 146/2018 and provided an oral update of the meeting on 14 November 2018. He reported that the November meeting had requested escalation to the Board of reporting on achievement of health care access standards for people  |  |
| d | with Learning Disabilities; he noted that, although good work had been done, the report had not been personally presented to the Quality Committee and the findings had appeared static. As this was still a relatively new service for the Trust to take on, the Quality Committee had requested a direct update be provided to the Board. The Chief Operating Officer explained that the apparently static progress may also be because the service had deliberately set high standards to be met. The Director of Nursing & Clinical Standards added that after she had followed up separately with the Service Director, she had been more assured by the progress made but the report had not provided sufficient detail to provide assurance at the time. The Director of Corporate Affairs & Company Secretary noted that the Service Director would also be arranging to meet separately with Aroop Mozumder in his capacity as the lead Non-Executive Director for Learning Disabilities. The Board agreed that the January Board meeting should receive a report on health care access standards for people with Learning Disabilities. The Board received the minutes of the Finance & Investment Committee meeting on 13 September 2018. | **DH** |
| **BOD 189/18** ab | **Any Other Business and Strategic Risks**No changes to Strategic Risks. The Director of Nursing & Clinical Standards wished the Board well and commended its good work as a unitary body of Executive and Non-Executive Directors.  |  |
| **BOD 190/18**a | **Questions from Observers** Gillian Randall, Governor observing the meeting, noted that it had been reassuring to hear the Board’s discussion on waiting times but that the Council of Governors was unlikely to support increasing waiting times up to 16 weeks in CAMHS as it should be a greater priority for younger service users to be able to access services. She also commented upon the HR Report and the distribution of sickness absence over Oxfordshire and Buckinghamshire, with a greater instance in Oxfordshire but higher turnover in Buckinghamshire.  |  |
| **BOD 191/18**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 12:21. **Date of next meeting: 31 January 2019**  |  |

1. Quorum is 2/3 of the whole number of members of the Board (including at least 1 NED and 1 Executive) i.e. where voting members of the Board are 12 (from October 2018), quorum of 2/3 with a vote is 8. [↑](#footnote-ref-1)
2. Non-voting [↑](#footnote-ref-2)
3. Non-voting [↑](#footnote-ref-3)
4. Non-voting [↑](#footnote-ref-4)
5. Non-voting [↑](#footnote-ref-5)
6. 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-6)