

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

**Board of Directors**

Minutes of a meeting held on

31 January 2019 at 08:30

Conference Room, The Whiteleaf Centre

Bierton Road, Aylesbury, Buckinghamshire HP20 1EG

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

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| Martin Howell | Trust Chair (the Chair) (**MGH**) |
| 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**) |
| Mark Hancock | Medical Director (**MHa**) |
| Dominic Hardisty | Chief Operating Officer (**DH**) *part meeting* |
| Mike McEnaney | Director of Finance (**MME**) |
| Aroop Mozumder | Non-Executive Director (**AM**) |
| Kate Riddle | Acting Director of Nursing & Clinical Standards (**KRi**) |
| Kerry Rogers | Director of Corporate Affairs & Company Secretary (**KR**)**\*** |
| Martyn Ward | Director of Strategy & Chief Information Officer (CIO) (**MW**)**\*** |
| Lucy Weston | Associate Non-Executive Director (**LW**)\* |
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| **In attendance[[3]](#footnote-3):** | |
| Sara Bolton | Associate Director for Allied Health Professionals (Community Services) *part meeting* |
| Rebecca Kelly | Associate Director for Allied Health Professionals (Mental Health) *part meeting* |
| Charlie Molden | Patient Experience & Involvement Lead (Older People’s services)– *part meeting* |
| Hannah Smith | Assistant Trust Secretary (Minutes) |

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| **BOD**  **01/19**  a  b | **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 governors who had attended to observe the meeting. No members of the public were observing.  Apologies for absence were received from: John Allison, Non-Executive Director; and Chris Hurst, Non-Executive Director. |  |
| **BOD**  **02/19**  a | **Declarations of Interest**  No interests were declared pertinent to matters on the agenda, except for discussion of the Staff Survey as the Chief Executive was the Chair of Picker which coordinated the national Staff Survey. |  |
| **BOD 03/19**  a  b  c  d  e | **Minutes of the Meeting held on 30 November 2018**  The Minutes of the meeting were approved as a true and accurate record.  ***Matters Arising***  **BOD 178/18(b) Indemnity/insurance cover for sponsorship of research studies, specifically of Clinical Trials of Investigational Medicinal Products (CTIMPs) adopted by the Oxford Health Biomedical Research Centre (BRC)**  The Medical Director reported that the Trust was not currently sponsoring such CTIMPs and was unlikely to do so in the current financial year; therefore, current indemnity cover was sufficient as there was no risk of exposure whilst the Trust did not enter into a sponsoring role for such trials. He confirmed that if this position changed then separate insurance cover would be obtained. The action could therefore be closed.  **BOD 180/18(g) Separating out the CQC domain of ‘Responsive’**  Jonathan Asbridge confirmed that this would be discussed at the next meeting of the Quality Committee on 13 February 2019.  **BOD 183/18(d) Use of social media including YouTube to possibly direct the public to access alternative/Minor Injury services which could help to take pressure away from A&E**  To liaise with Comms on whether this could be an option.  The Board confirmed that the remaining actions from the Summary of Actions had been completed, actioned or progressed: BOD 181/18(i) – clarification of presentation of data on Workforce Race Equality Standards; BOD 185/18(d) – Finance Report to include reporting against the reforecast position; and BOD 188/18(c) – report on health care access standards for people with learning disabilities. | **JAsb/ DH**  **KR** |
| **BOD 04/19**  a  b  c  d  e  f  g  h  i  j  k  l  m  n  o  p  q  r | **Chief Executive’s Report**  The Chief Executive presented the report BOD 02/2018 which provided updates against: recent national and local issues; the Trust’s work on operational readiness for a no-deal EU exit; and legal, regulatory, compliance and policy matters.  ***Winter preparedness***  The Chief Executive referred to his report and recognised the positive impact of the winter preparedness work which had taken place, including through the appointment of a Winter Director in Oxfordshire who had been seconded from the Trust; and a similar post in Buckinghamshire which had also helped to coordinate NHS and social care organisations in a collective response to winter pressures. Despite improvement in Accident & Emergency (**A&E**)treatment and waiting times and a decrease in the number of Out of Area Placements (**OAPs**), further improvement required ongoing effort in relation to the Home Assessment Reablement Team (**HART**) service operated by Oxford University Hospitals NHS FT (**OUH**)and the availability of domiciliary social care.  ***Mental Health services – pressure and funding issues***  The Chief Executive referred to his report and the recent meeting of the Oxfordshire A&E Delivery Board which had considered mental health pressures on the acute emergency care system and help which could be given to move people through A&E more quickly. However, this still left issues with pressures on the mental health urgent care system, in particular demand and capacity pressures. Mental health patients were still being sent many miles away on OAPs due to urgent mental health issues; and there remained issues with lack of national commissioning for Child and Adolescent Mental Health (**CAMHS**)beds. He welcomed the decision of the Oxfordshire A&E Delivery Board to also consider demand and capacity in the mental health urgent care system.  He reported that, on 29 January 2019, the Trust had hosted a presentation from the NHS Benchmarking Network on Mental Health Analytics and the outcome of the independent review conducted by Trevor Shipman on mental health investment in Oxfordshire. Stakeholders and partner organisations had attended, including from OUH, Oxfordshire CCG and the voluntary sector. He emphasised that the historic underinvestment in mental health services in Oxfordshire, as evidenced by the Shipman review, would need to be addressed before the implications of the NHS long-term plan. 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 significant financial readjustment to address the conclusions of the Shipman review. If more funding was not invested into Oxfordshire mental health services then the Trust would only be able to respond by doing less. Oxfordshire contractual discussions were taking place within this context and an increasing understanding of what lower than planned additional income from commissioners could mean in terms of potential reduction in Trust activity. The Director of Finance to circulate a copy of the presentation from the NHS Benchmarking Network on the Shipman review to the Board.  He reported on the outcome of the consultation on Oxfordshire County Council’s proposed mental health budget cuts which would have involved a £1.6 million reduction in mental health funding by 2022. He noted the unprecedented public response to the consultation, in recognition of which the County Council had amended its proposal by: removing entirely the originally proposed £1 million reduction in the Council’s contribution to the NHS mental health budget; and delaying the proposed £600,000 saving against mental health social workers by a year. He welcomed the removal of the £1 million reduction but noted that there were still issues with the remaining £600,000 proposed saving, even if delayed by a year. He noted that spend on children’s social care had nearly doubled since 2011 with a significant amount funding children’s OAPs. He explained that if services could provide more mental health and social care support to families then they may be able to improve the environment for children and young people such that fewer children’s OAPs would be required.  The Trust Chair noted the Trust’s focus on providing mental health treatment in the community and asked if increasing the relatively low number of beds instead would help to reduce the number of OAPs. The Chief Executive replied that it would be preferable to invest more in mental health crisis resolution and home treatment than in beds. He referenced the pressures on Adult Mental Health Teams to provide step up and step down care, especially at a time when resourcing and staffing were stretched; resourcing crisis services could help to relieve some of the pressure.  ***Workforce – retention and EU staff***  The Chief Executive confirmed that the Trust had participated in the Home Office pilot programme for EU staff to apply for settled status in the UK.  ***Research & Development***  The Chief Executive referred to his report and noted that the Trust would be submitting a revised bid to the National Institute for Health Research (**NIHR**) to host an Applied Research Collaboration (**ARC**), which was the successor body to the CLARHC (Collaboration for Applied Health Research and Care). The revised bid would consider the evidence base in social care for interventions which were taking place and would demonstrate collaboration with local social services.  *The Chief Operating Officer joined the meeting*.  ***Stakeholder meetings – Sue Ryder***  The Chief Executive reported on recent meetings he had attended, including with the chief executive of the Sue Ryder organisation which provided palliative, neurological and bereavement support. There was potential for some Sue Ryder services to be co-located on Trust sites with community hospital services, linked to an on-site GP and community nursing and mental health teams. This could support people’s choices to receive end-of-life care at home with hospice-type support, rather than in a hospice. Jonathan Asbridge supported this option and noted that it linked with discussions which had been taking place in the Quality Committee around the challenges to replace services from Helen & Douglas House.  ***Care Quality Commission (CQC) review of Oxfordshire system 2018***  He confirmed that the CQC’s system review report had been published and had been positive about the progress made as a system over the last eight months, in particular in relation to partnership working and the role of the Winter Director. More detail was included in his report and also at paper BOD 05/2019, as would be considered at item BOD 07/19 below.  ***EU exit planning***  He referred to his report and the Appendix at BOD 02(ii)/2019 on the Trust’s work on operational readiness for a no-deal EU exit. He emphasised the importance of the national response and of national government departments being strong links in the chain of response. Health providers were not acting in isolation in their preparations and had been instructed not to stockpile additional medicines beyond their business-as-usual stock levels. As set out in the Appendix to the report, the Trust’s routine business continuity plans and ongoing reviews and testing robustly covered the areas of risk. The Director of Corporate Affairs & Company Secretary emphasised the importance of transport logistics and the impact upon supplies, including goods beyond medicines, and people; she noted the assurance which the Trust had received from its providers of ‘cook chill’ food.  Aroop Mozumder asked whether the Trust was likely to lose many staff due to the EU exit. The Director of HR replied that he did not have indications of this; the Trust had written to all of its EU staff and this had not revealed significant levels of concern about the Trust’s response. The Acting Director of Nursing & Clinical Standards and the Medical Director noted that anecdotally there were also varied and differing opinions amongst staff.  ***System integration - Buckinghamshire, Oxfordshire and Berkshire West (BOB) Sustainability and Transformation Partnership (STP)***  The Chief Executive referred to his report and the success of the Trust’s capital bid for funding of a low secure unit for patients with autism and learning disabilities. In the future, the Trust would revisit its bid for redevelopment at Didcot (not funded this time around).  ***NHS operational planning and contractual guidance***  He referred to his report and explained that if the new financial framework, in particular the new Financial Recovery Fund, targeted supporting trusts in the acute sector to eliminate their financial deficits then this could still leave the Trust exposed, especially with its unique circumstances in relation to historic underinvestment in mental health services in Oxfordshire. Further regulatory scrutiny was anticipated on the Trust agreeing and achieving its Control Total and, as a deficit Trust, in setting and meeting robust financial recovery plans. The publication of the spending review and the impact upon measures to address workforce shortages would be fundamental in terms of the pace at which the Trust could recover its position and support its workforce.  ***Consultant appointments***  The Board ratified the appointments of: Dr Dan Joyce as Senior Clinical Research Fellow and Consultant Psychiatrist with the Department of Psychiatry and the Oxford Early Intervention Service; Dr Aneta Ptak to a CAMHS Consultant Psychiatrist post with Swindon Community CAMHS; and Dr Amanda Elkin as Consultant Psychiatrist in Perinatal Mental Health with the Buckinghamshire service.  *Sue Dopson joined the meeting*.  ***Board and other local and regional appointments***  The Chief Executive confirmed the appointment of Kate Riddle as Acting Director of Nursing & Clinical Standards pending the commencement in post of Marie Crofts as Chief Nurse in June 2019. He congratulated on their CBEs: Professor Richard Hobbs, Director of the Oxford CLARHC; and Claire Murdoch, the National Director for Mental Health at NHS England and the Chief Executive of Central and North West London NHS FT. He reported that Lou Patten had been confirmed as Accountable Officer for Oxfordshire CCG and would also remain so at Buckinghamshire CCG. He noted that the newly appointed joint national and regional directors for NHS England and NHS Improvement had been announced and Anne Eden would remain as such for the South East region.  ***Legal, Regulatory & Policy update***  The Director of Corporate Affairs & Company Secretary highlighted the summaries of the NHS Long Term Plan and of the NHS Operational Planning and Contracting Guidance 2019/20, noting that the Trust’s response was being led by the Director of Strategy & CIO and by the Director of Finance.  **The Board noted the report and ratified the consultant appointments.** | **MME** |
| **BOD 05/19**  a  b  c  d  e  f  g  h  i | **Performance Report and Operational Perspective**  The Chief Operating Officer and the Director of Strategy & CIO presented the report BOD 03/2019 on performance against national and local indicators. National indicators were reported against the Single Oversight Framework. Local indicators were reported against Joint Management Groups and commissioners’ contracts. The report also provided data on OAPs (all in Adults’ services). The Director of Strategy & CIO explained that reporting had moved on from focusing on reporting by exception on targets which had not been met; instead the revised reporting aimed to provide a more balanced picture of the Trust’s performance measured against the national position. He summarised that the Trust performed well against national targets and in the majority of cases improved upon the national position.  Overall the Trust had achieved 74% of targeted indicators in Month 9 which was broadly consistent with performance in Months 7-8 but a decline from 77% achieved in Month 3 and 85% in Months 1-2. This reflected ongoing pressures, particularly in relation to workforce.  The Director of Strategy & CIO explained that reporting on local contractual indicators was also moving towards: setting out the Trust’s own evaluation of its position; greater focus upon patient access to services and patient flow within services (including pressure points); and more precise thematic reporting on contractual indicators to set out long standing issues and measures to resolve these. He highlighted pressures on Adult mental health services and consistently high referral rates, especially for Adult services in Oxfordshire; underfunding of mental health services in Oxfordshire had resulted in pressure building up for services and routine waiting times would not be met due to insufficient resources (he would check the data prior to publication). Significant numbers of bed days had also been lost due to Delayed Transfers of Care (**DToCS**).  Aroop Mozumder referred to the number of bed days lost due to DToCs (1,819 in mental health and 11,169 in community services) and noted that it would be useful in the future to present this raw data in percentages to aid comparisons or analysis of changes. He asked what actions were being taken to reduce DToCs. The Chief Operating Officer replied that although there had been improvement in levels of DToCs in October, once the winter period had started the volume of patients had silted up the system and this was not expected to improve until May or June. Pressures were exacerbated by the challenge faced by Trust services and by the HART service to recruit. Lucy Weston referred to the Board Seminar in October 2018 which had received a presentation on Stranded Patients in Adult services and the actions being taken to reduce DToCs; she asked if that work was still taking place. The Chief Executive confirmed that it was and that the situation reported was after these mitigating activities had taken place, without which the situation would have been even more serious.  In relation to the development of reporting towards more precise thematic reporting on contractual indicators, the Director of Finance cautioned against losing an overview of how particular services were performing overall. Thematic reporting could lead to missing some of the 70-80 service lines and providing less overview as to which services may be doing well or struggling. The Director of Strategy & CIO added that as the Quality Oversight Framework developed through the work of the Head of Quality Governance to bring together an overarching view of quality and performance, this may help to maintain oversight of relative service line performance.  The Trust Chair acknowledged the challenge for the Board in being able to assimilate detail across the number of Trust services as well as the range of issues. He suggested that performance reporting also evolve to provide for quarterly reviews by directorates which could highlight areas of good performance or underperformance. The Director of Strategy & CIO replied that the revised quarterly performance meetings were intended to provide this. The Trust Chair noted that it would be still be useful to extend this principle into Board reporting so that performance by directorate, which highlighted areas of concern, could be presented.  The Trust Chair referred to the report and the data on OAPs; he noted the impact upon patients of being sent miles away from home and asked how OAPs could be avoided. The Director of Strategy & CIO replied that investment into crisis and home treatment teams could help to avoid admissions and support patients at home. The Chief Executive added that crisis resolution teams may be the first key area to invest in but they could also be further assisted by community rehabilitation teams to support patients after discharge and reduce the likelihood of them needing readmission.  The Board discussed the awareness of local and national commissioners and national regulators of their own responsibilities in relation to mental health service provision and the need to fund and support this. The Board noted the risk of over-emphasis upon acute services, at the expense of mental health services, and the importance of ringfencing mental health spend (noting that this concept had been included in the NHS long term plan). The Chief Executive emphasised the importance of continuing to highlight key issues.  **The Board noted the report**. | **MW** |
| **BOD 06/19**  a  b  c  d  e  f  g | **Human Resources (Workforce Performance) Report**  The Director of HR presented the report BOD 04/2019 which set out the position on workforce performance indicators and updates on: temporary staffing spend and the Healthcare Assistant (**HCA**) agency reduction project; Nurse Associates; recruitment and retention; health and wellbeing; management of concerns (whistleblowing); the NHS Staff Survey (results to be publicly available on 26 February 2019); support for EU staff pending EU exit; sickness; turnover (leavers’ data not internal moves); and Workforce Race Equality Standards (**WRES**). He noted that more work would be done to breakdown WRES data as part of reporting on Gender Pay Gap data and wider equality and ethnicity considerations from March 2019.  He noted there had been increase in recruitment activity including with the new intake of Nurse Associate trainees and work to encourage participants on the staff bank to undertake roles they may not have originally contemplated. There was a risk of a bottleneck developing in getting potential new staff trained and out onto wards; however, the HR team was working with the Learning & Development team to support staff to be deployed promptly.  He referred to his report and noted that the CQC Oxfordshire system review had also suggested additional focus on Values Based Recruitment. He noted that good work had taken place with Oxfordshire County Council and through the BOB STP and he hoped that work would not be duplicated unnecessarily.  Jonathan Asbridge commented upon Trust turnover at 13.6% at the end of December 2018, against a target of 12%, and noted that he was surprised that it was not higher considering how hard staff were working. The Director of HR replied that staff had been remarkably resilient given pressures but he noted that there remained significant spend on temporary staffing.  Aroop Mozumder asked about the new Nurse Associate roles, the aim of introducing these and the anticipated impact upon the workload of other staff. The Acting Director of Nursing & Clinical Standards replied that the new registered Nurse Associate roles had been built into the skill mix on wards; the Nurse Associates would work at a higher level than HCAs and enable Nurses to work at the top of their licence. The Chief Executive cautioned that although the Nurse Associates would lead to an increase in the number of registered staff, it was important to recognise that ‘registration’ would therefore encompass a broader range of roles and responsibilities.  In relation to the Staff Survey, the Director of HR confirmed that 52% of staff had responded which was above average. However, it was disappointing that more staff had not provided opinions about their jobs, line management and prospects. In the coming weeks, HR business partners would work locally with teams on interpreting the data once it had been broken down into services. Bernard Galton stated that 52% was still not a good enough response rate, although it was at least statistically reliable; he recommended that the Trust start planning now on how to improve the response rate for next year’s survey and to set a higher target for itself. The Board discussed the correlation between percentage take-up of the Staff Survey and overall staff engagement, noting that improving staff engagement may improve the level of response to the survey. In order to achieve a higher level of staff engagement, more work may need to take place to demonstrate to staff how the Trust acted in response to survey results. The Chief Executive reminded the Board that Staff Survey data was regularly used at Linking Leaders’ conferences and that this year, when staff were invited to fill in the survey, this had been accompanied by information setting out what the Trust had done in response to past survey results. The Chief Executive reminded the Board of his interest as Chair of Picker which coordinated the national Staff Survey and noted that the data from survey results would be available in February 2019.  **The Board noted the report**. |  |
| **BOD 07/19**  a  b  c  d | **Oxfordshire CQC system review**  The Acting Director of Nursing & Clinical Standards presented the report BOD 05/2019 on the outcome of the follow-up review by the CQC of the Oxfordshire health and social care system in November 2018. The final report was publicly available. She highlighted that the membership of the Oxfordshire Health & Wellbeing Board had been expanded to include District Councils, the CCG and chief executives from the local NHS FT healthcare providers. Next steps would include delivery of the agreed action plan, review of services commissioned and better use of voluntary and community groups.  Jonathan Asbridge reported that the Governors’ Safety & Effectiveness sub-group had also discussed the CQC system review and whether governors across the system could assist in any way. He noted that although the system as a whole should not need a CQC review to drive improvement, the momentum that this had generated should nonetheless be harnessed. The Chief Executive agreed but noted that the review had focused the attention of local commissioners who were not ordinarily subject to such scrutiny; it had also helped to foster a sense of collective achievement. In the future, it would be useful if the CQC undertook system reviews beyond the remit of Older People’s services – for example in Children’s services to consider the impact and benefits of dealing with issues early on.  Aroop Mozumder asked about the anticipated impact of expanding the membership of the Oxfordshire Health & Wellbeing Board and whether this could lead to more focus on public health and the health system. The Chief Executive replied that this and also the Trust’s revised bid to the NIHR to host an ARC (referred to at item BOD 04/19(h) above) could have a positive impact on wider public health especially as the revised bid would consider the evidence base in social care for interventions taking place. He noted that the involvement of: (i) providers would help to ensure that actions took place; and (ii) District Councils would help focus upon housing issues which were fundamental for both patients and staff. If the ARC could build an evidence base for applied interventions in social care then this could also help to inform decision-making in public health and social care.  **The Board noted the report.** |  |
| **BOD 08/19**  a  b  c  d  e | **Inpatient Safer Staffing Report – 08 October – 30 December 2018**  The Director of Nursing & Clinical Standards presented the report BOD 06/2019 which also provided an update on nursing workforce developments including career pathways (recent appointments, new Nurse Consultant roles and Nurse Associates) and skill mix work.  Average weekly daytime fill rates for registered and unregistered staff remained above the Trust target of 85%, at 94% (from 96%) for registered staff and 88% (from 92%) for unregistered staff. Average weekly night time fill rates had also remained above the Trust target of 85%. However, 11 wards had been below the 85% target for average daytime fill rates for registered nurses (up from 8 in the previous reporting period) and 4 wards had been below the target level for 2 out of the 4-week reporting periods but all wards remained safe to deliver care. In terms of the registered skill mix against establishment, 11 wards in the first reporting period and 15 wards in the second reporting period 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.  Agency usage had slightly increased over the Christmas period with an average of 10.06% in the first reporting period and 10.55% in the second reporting period (up from 9.65% but not back to the peak of 19.1% in February 2018). She noted ongoing high levels of nurse vacancies (and therefore long lines of agency staffing) on Ashurst ward (Adult services) and on forensic wards; recruitment and retention initiatives were being considered and, as Ashurst ward was co-located with Phoenix ward, staff worked flexibly to support patient needs across both wards.  The Board considered the recruitment and retention activity set out in the report, including the new Flyer programme for newly qualified nurses and Allied Health Professionals which offered staff an opportunity to obtain masters level accreditation. This was a Trust-wide programme which worked alongside service level preceptorship; the second cohort to participate would start in March 2019, led by the new Preceptorship Lead (who was part of the Learning & Development team). Bernard Galton asked whether the data presented was from the same source as the HR/workforce data and whether there was duplication. The Acting Director of Nursing & Clinical Standards replied that there was not duplication but both she and the Director of HR were receiving data and reporting to highlight different aspects; she would check the data in the report before publication. The Board considered the challenges to retention which the high cost of living in the Trust’s geographical footprint represented. The Board discussed the potential opportunities from: recruitment work taking place with the armed forces; the relative stability which healthcare work could offer compared to retail work, especially as high street stores faced growing challenges; and the Trust’s staff bank offering a more attractive flexible model of working, compared to more traditional permanent posts.  **The Board noted the report**. | **KRi** |
| **BOD 09/19**  a  b  c  d | **Health, Safety and Security annual report**  The Acting Director of Nursing & Clinical Standards presented the report BOD 07/2019 and explained that this was the first report to the Board to provide assurance that the Trust’s responsibilities in these areas were being met. Compliance with Health, Safety and Security requirements was reviewed through the Health, Safety and Security committee which escalated matters, as appropriate, to the Safety quality sub-committee. The report included a summary of incidents relating to: (i) Health and Safety (the highest number being of incidents of violence and aggression from patients on staff but incidents were also reported around challenges in staffing levels and Musculoskeletal (**MSK**) disorders); and (ii) Security (particularly around failure to return from leave and discovery of banned items). Enquiries from the Health & Safety Executive (**HSE**) were also summarised as was the HSE’s national review of management arrangements for violence and aggression and MSK disorders.  She highlighted that the Health, Safety and Security team also proposed developing more formal training for senior leaders, including the Board and service directors, around Health and Safety.  Bernard Galton asked how trade unions were involved in Health, Safety and Security work, noting that in some other organisations this may be considered part of the remit of HR. The Acting Director of Nursing & Clinical Standards confirmed that this work was fed through into various sub-groups and also to the Trust’s SPNCC (Staff Partnership, Negotiation and Consultative Committee) who had raised the matter of patient assaults upon staff.  **The Board noted the report.** |  |
| **BOD 10/19**  a  b | **Quality and Safety report: Incident, Mortality and Patient Safety**  The Acting Director of Nursing & Clinical Standards presented the report BOD 08/2019 which focused on safety of care. The report also provided summaries of incidents and highlighted: relatively high levels of violence and aggression by patients on staff (in response, a quality improvement project had commenced looking at reducing levels of violence and aggression and associated restrictive practice); and challenges with staffing levels. She emphasised that incident reporting levels continued to be high which was a positive indicator of a good learning culture, especially as most incidents reported resulted in no or low harm.  **The Board noted the report**. |  |
| **BOD 11/19**  a  b  c  d  e  f | **Learning Disability and NHS Improvement provider standards for health access for people with learning disabilities and autism**  The Chief Operating Officer presented the report BOD 09/2019 and explained that the NHS Improvement provider standards applied to all trusts in relation to access to healthcare for people with learning disabilities and autism (not just to trusts which provided specialised Learning Disability services). NHS Improvement had also launched a benchmarking data collection review against the standards to understand the extent of compliance; the Trust had fully participated in this review, submitted its response and was awaiting the outcome in terms of benchmarking and the bespoke report for the Trust.  Jonathan Asbridge noted that a further update on Learning Disabilities was anticipated to the meeting of the Quality Committee on 13 February 2019.  Aroop Mozumder asked if there were any particular standards against which the Trust particularly needed to improve. The Acting Director of Nursing & Clinical Standards replied that this would become clearer upon the outcome of the NHS Improvement benchmarking exercise. The Chief Operating Officer noted that there was a challenge for the Trust in having taken on Learning Disability services in 2017 and in needing to acquire expertise and experience in this area, although this had now been resourced.  The Director of Corporate Affairs & Company Secretary reminded the Board that the previous Learning Disability standards had emphasised the importance of being able to flag up patients with learning disabilities for access to services; in the report (in relation to the first standard of respecting and protecting rights), flagging remained highlighted as a difficult issue to resolve. She noted that it was unclear whether the issue related to the Trust’s ability to identify a wider patient group with learning disabilities or to provide reasonable adjustments. The Chief Executive added that the development of more interoperability between different provider healthcare systems would be required in order to see long-term improvement.  The Director of Corporate Affairs & Company Secretary referred to section 7 in the Legal, Regulatory and Policy update, appended to the Chief Executive’s report at paper BOD 02(iv)/2019, and noted that the CQC had announced that it was to review the use of restraint and seclusion practices for people with mental health problems, learning disabilities or autism. The Acting Director of Nursing & Clinical Standards confirmed that the Trust was responding to this, in particular in relation to an adolescent unit rather than specifically within a specialist Learning Disability unit.  **The Board noted the report**. | **DH** |
| **BOD 12/19**  a  b  c  d | **Patient Story**  The Patient Experience & Involvement Lead joined the meeting and presented a video entitled “Lucy’s Story” on the physical disability physiotherapy service and the experience of a patient who had been diagnosed with early onset Parkinson’s disease at the age of 38 (Lucy, the patient, wished to be named). The story highlighted the importance of emotional support and other specific challenges for early onset patients who may not find the usual support groups helpful given the age gap with other patients and the assumptions which could be made about a younger patient’s ability to cope.  The story highlighted Lucy’s experience from first diagnosis and then having moved to Oxfordshire and become lost in the system with the result that she had been offered a 5 month wait to be seen by a neurologist through the NHS. Due to her rapid decline, she had decided to opt for private treatment and had seen the 5 months’ wait reduced to 2 days; she had been coping without medication until her quality of life began to deteriorate. She emphasised the positive and life-changing impact of medication upon her quality of life but also the importance of emotional support for early onset patients. Although she had been provided with medication, there had initially been little focus upon emotional support and this was difficult given that every stage and progress of the disease was new to her and her husband. She praised the NHS for the help which it had subsequently been able to provide with the practicalities of dealing with the disease but noted that more emotional support would have been helpful.  The Board noted the relative rarity of early onset Parkinson’s and therefore the potential gaps in services and support, noting that this patient may have been eligible for referral early on to Improving Access to Psychological Therapies services. Whilst Integrated Care Systems may not be able to provide a complete solution to the potential gaps, they represented a move in the right direction and towards more collaboration (as did progress towards delivering more person-centred care). The Chief Operating Officer added that for any long-term condition, the provision of mental health support could be variable. The Chief Executive noted that this story should also be shared with OUH as neurology was not a Trust-provided service. The Board also considered the role of the GP, noting that whilst this had not been elucidated upon in the story, the GP would have been involved in the initial diagnosis.  **The Board noted the patient story and thanked Lucy for her video**.  *The Patient Experience & Involvement Lead left the meeting.* |  |
| **BOD 13/19**  a  b  c  d | **Finance Report**  The Director of Finance presented the report BOD 10/2019 which summarised the financial performance of the Trust for December 2018 (Month 9, FY19). He highlighted that until Month 8 (November 2018), financial performance had been tracking to the reforecast position but ongoing operational pressures in services, in particular OAPs (despite the significant work which had taken place to reduce these, especially in Learning Disability services), had resulted in slippage of £500,000 from the reforecast. The reforecast position had been reviewed and it would not be amended as there was renewed activity to achieve it. In particular, work was taking place to cap activity in Oxfordshire mental health services which were overstretched, already over-performing and yet underfunded. This work would also pave the way for the position which may need to be taken in the coming financial year if appropriate contractual income for Oxfordshire services could not be achieved. Discussions were taking place with Oxfordshire CCG in relation to use and investment of a wider system surplus.  The Month 9 position was an Income & Expenditure deficit of £9.7 million which, after adjustments, was an underlying performance deficit of £10.1 million. EBITDA (Earnings Before Interest, Taxation, Depreciation and Amortisation) was -£0.2 million which was £8.1 million adverse to plan. Cost pressures continued and OAPs had not yet reduced as planned, although some of the impact had been offset by a one-off technical gain in relation to a reduction in the Trust’s Private Finance Initiative liability. In relation to the Cost Improvement Programme, cost improvements of £3 million had been delivered (£2.6 million non-recurring), against a year-end target of £6 million.  The cash balance was holding up well at £18.1 million which was £2.6 million better than plan, although it was still forecast to reduce and be worse than plan by year-end. Capital expenditure was £3.9 million which was £6 million behind plan; the capital programme itself had been reduced to £8.1 million from £13.8 million. The Use of Resources risk rating remained an overall ‘4’ (where ‘1’ was the best rating/low risk and ‘4’ the worst/high risk).  **The Board noted the report**. |  |
| **BOD 14/19**  a  b  c | **Operational Plan 2018/19 – Q3 update report**  The Director of Strategy & CIO presented the report BOD 11/2019 on progress against key sections of the Operational Plan and key achievements in activity, quality, workforce, finance and key programme targets and commitments. He highlighted progress against the key programmes of: the Mental Health Five Year Forward View; New Care Models; the Oxfordshire Care Alliance and Care Closer to Home; and Learning Disabilities. He also noted work taking place to prepare the next Operational Plan which would be reported to the Board in March 2019.  The Chief Executive referred to the points made by the Director of Finance in item BOD 13/19(a) above in relation to work taking place to cap activity in Oxfordshire mental health services and which would also pave the way for the position which may need to be taken in the coming financial year if appropriate contractual income for Oxfordshire services could not be achieved. Given the increase in referrals to Oxfordshire adult mental health services in recent years, whilst funding remained static, the Trust would need to pare back services if it was not being appropriately funded to provide them and, in particular, restrict the number of routine referrals into services which it was able to accept. Aroop Mozumder noted that the acute sector had taken a similar stance in the past. The Trust had also included increased activity levels in the planning and contractual discussions it was having with commissioners.  **The Board noted the report**. |  |
| **BOD 15/19**  a | **Board Assurance Framework report**  The Director of Corporate Affairs & Company Secretary noted that although this was purposively left on the agenda as this was the usual time for the Board to receive a report as part of quarterly business planning updates, paper BOD 12/2019 would be deferred to the next meeting when an update could also be included further to the EU exit work reported to this meeting. | **HS** |
| **BOD 16/19**  a  b  c | **Updates from Committees**  Bernard Galton presented the minutes of the meeting of the Charity Committee held on 04 December 2018 at paper BOD 14/2019. He explained that the meeting had not been quorate but had received presentations on funding requests and the approvals recommended would be ratified at the next quorate meeting. He noted the upcoming Charity Strategy Day which was a positive development. He highlighted work to do on slow-moving funds and that these should be challenged or the funds distributed to areas of need. The Director of Corporate Affairs & Company Secretary confirmed that the Charity’s annual report and accounts had been approved.  The Trust Chair presented the minutes of the meeting of the Finance & Investment Committee held on 15 November 2018 at paper BOD 15/2019, including review of: options on capital expenditure; the CAMHS PICU (Psychiatric Intensive Care Unit) business case; and the FY20 Financial Plan.  **The Board received the minutes**. |  |
| **BOD 17/19**  a  b  c  d  e  f  g  h | **Allied Health Professionals’ (AHPs) Strategy – update**  The Acting Director of Nursing & Clinical Standards presented the report BOD 13/2019 on progress against the strategy; she emphasised how the new roles of the Associate Director for AHPs (Mental Health) and the Associate Director for AHPs (Community Services) had strengthened AHP leadership. Joint work had also taken place to consider cross-cutting work with the Nursing Strategy.  Jonathan Asbridge praised the work of the two Associate Directors for AHPs and noted that the development of this strategy should be encouraged. Aroop Mozumder agreed but asked how patient outcomes were being measured; he noted that increased assistance from AHPs could help to reduce length of patient stay and queried how else the positive difference which AHPs could make could be demonstrated. The Chief Operating Officer replied that the evidence may be qualitative rather than quantitative at this stage. The Chief Executive added that more evidence could come could out of the skill mix work on wards, noting that more AHPs including Occupational Therapists on wards could help to relieve pressure on nursing staff and have a positive impact on patient flow and staffing skill mix.  The Chief Operating Officer added that further to the focus on AHPs, there were also other groups of staff hitherto without recognised professional leadership: HCAs; and business administration staff. He noted that he would be seeking to redress this balance as these were under represented staff groups who felt that they could contribute more but did not currently have a sufficient voice.  *The Associate Director for AHPs (Mental Health) and the Associate Director for AHPs (Community Services) joined the meeting.*  The Associate Director for AHPs (Mental Health) and the Associate Director for AHPs (Community Services) presented on the strategy and the background to its development and launch 6 months’ previously. They emphasised the positive impact which AHPs could have upon wider recruitment and retention as well as contributing to the transformation of the health and wellbeing of service users.  The meeting discussed the potential for further development in Research & Development and the health and wellbeing support which AHPs could offer to staff as well as patients, including in relation to MSK disorders. The Associate Director for AHPs (Community Services) noted the links which were being developed with local universities on research projects.  Aroop Mozumder referred to his question at item BOD 17/19(b) above on how patient outcomes were being measured and what difference AHPs were making to length of stay or activities for daily living. The Associate Director for AHPs (Community Services) replied that this was being considered and patient feedback tools, such as ‘iwantgreatcare’ were being used. She also referred to the report at section 2.4.4 on the work to implement TOMs (the Therapy Outcome Measure) as a straight-forward and reliable outcome measure which could be used across AHPs. Anecdotally, she referred to the Patient Story at this meeting (at item BOD 12/19 above) on the physical disability physiotherapy service, noting the evidence this provided of how patients valued AHP services.  The Board requested a further update on progress against the AHP Strategy in approximately 6 months’ time and potentially to a Board Seminar, rather than a Board meeting, as offering more opportunity for discussion.  **The Board noted the report and supported progress with the strategy.** | **HS** |
| **BOD 18/19**  a  b  c | **Any Other Business and Strategic Risks**  No changes were noted to Strategic Risks.  The Trust Chair noted that next month the Board would have a Board-to-Board meeting with OUH.  The Director of Corporate Affairs & Company Secretary reminded the Board of the upcoming Board Strategy & Development Day on 15 February 2019. |  |
| **BOD 19/19**  a  b | **Questions from Observers**  Madeleine Radburn, Deputy Lead Governor, described her membership of the Witney Lions Club (a voluntary services organisation) and her fundraising activity for the Talking Space service. She described the impact of the Talking Space service for local people in the area, noting the importance of this frontline service.  Karen Holmes, Governor, suggested that the Trust tell staff what it had done with the results of past Staff Surveys. The Director of HR replied that this had been done but that perhaps it needed to be done at a more local level to be relevant to individual teams. The Chief Executive referred to the letter which he sent to all staff at the time when they were invited to participate in the survey and in which he set out “You said, We did”. |  |
| c | Karen Holmes asked whether the Inpatient Safer Staffing report would include Nurse Associates amongst registered staffing figures or report on them separately. The Acting Director of Nursing & Clinical Standards replied that this would be considered as part of reporting on skill mix; at the moment, all registered staff were reported on together. The Chief Executive added that if different levels of registered staff were reported on separately then this may provide a more complete picture of the expertise available on a ward. |  |
| **BOD 20/19**  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 12:09.  **Date of next meeting: 27 February 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. 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-3)