

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

**Board of Directors**

Minutes of a meeting held on

24 May 2019 at 09:30

Unipart Conference Centre

Unipart House, Garsington Road, Cowley, Oxford OX4 2PG

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

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| David Walker | Trust Chair (the Chair)(**DW**) |
| Stuart Bell | Chief Executive (**SB**) |
| Bernard Galton | Non-Executive Director (**BG**) |
| Mark Hancock | Medical Director (**MHa**) |
| Dominic Hardisty | Chief Operating Officer (**DH**) |
| Chris Hurst | Non-Executive Director (**CMH**) |
| 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**)**\*[[2]](#footnote-2)** |
| Martyn Ward | Director of Strategy & Chief Information Officer (**CIO**) (**MW**)**\*** |
| Lucy Weston | Non-Executive Director (**LW**) |
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| **In attendance[[3]](#footnote-3):** | |
| Phil Davison | Consultant Psychiatrist and Guardian of Safe Working Hours – *part meeting* |
| Donna Mackenzie-Brown | Patient Experience & Involvement Manager - *part meeting* |
| Gerti Stegen | Director of Medical Education – *part meeting* |
| Hannah Smith | Assistant Trust Secretary (Minutes) |

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| **BOD**  **74/19**  a  b | **Welcome and Apologies for Absence**  The Chair welcomed members of the Board present, staff and members of the public observing and the governor (Alan Jones) who had attended to observe the meeting.  Apologies for absence were received from: John Allison, Non-Executive Director; Jonathan Asbridge, Non-Executive Director; Tim Boylin, Director of HR; and Sue Dopson, Non-Executive Director. |  |
| **BOD**  **75/19**  a | **Declarations of Interest**  No interests were declared pertinent to matters on the agenda. |  |
| **BOD 76/19**  a  b  c | **Minutes of the Meeting held on 25 April 2019**  The Minutes of the meeting were approved as a true and accurate record.  ***Matters Arising***  The Board noted that the following actions were to be progressed:   * BOD 05/19(c) Performance Report data being checked prior to submission for publication; * BOD 49/19(c) R&D focus at a future Board Seminar (after July 2019); and * BOD 65/19(e) future Staff Story to Board to be from a staff member impacted by an incident relating to violence or aggression.   The Board confirmed that the following actions had been progressed, completed or were on the agenda:   * BOD 43/19(k)&(o) and 59/19(b) – reporting on the impact of waiting times, as presented to the Quality Committee in May; * BOD 44/19(f) whistleblowing cases – on the agenda for the session in private; * BOD 63/19(f) Internal Audit review of the Buckinghamshire Directorate – discussed at the Executive meeting on 13 May; |  |
|  | * BOD 65/19(d) Stroke Rehabilitation Unit – discussed at the Quality Committee in May and on the agenda for July; and * BOD 71/19(a) demand and capacity risk being developed and discussed at Quality Committee and Audit Committee. |  |
| **BOD 77/19**  a  b  c  d  e  f | **Year-End Reports**  The year-end reports were presented to the Board for approval, having been reviewed by the Audit Committee at its meetings on 23 April 2019 and 21 May 2019 and recommended to the Board.  ***Financial Statements & Accounts 2018/19 (including Letter of Representation)***  The Director of Finance presented the paper BOD 55/2019 which set out the 2018/19 Financial Statements & Accounts. He explained that the Audit Committee had carefully considered the Value For Money statement in the audit report presented to the meeting on 21 May and agreed with the qualified statement given the deficit position during the financial year and record of delivery against the Cost Improvement Programme.  **The Board APPROVED the Financial Statements & Accounts 2018/19 and approved the Letter of Representation which related to the Financial Statements be sent to the Trust’s auditors.**  ***Trust Annual Report 2018/19***  The Director of Corporate Affairs & Company Secretary presented the paper BOD 56/2019 which set out the text of the Trust’s Annual Report. The Trust’s Annual Report had been reviewed by both the Audit Committee and auditors, and it had been written in line with the statutory and regulatory requirements.  ***Quality Account 2018/19 (and further Letter of Representation)***  The Acting Director of Nursing & Clinical Standards presented the paper BOD 57/2019 which set out the text of the Quality Account which would be incorporated into the Trust’s Annual Report. The Quality Account had also been reviewed by the Quality Committee, stakeholders, the Audit Committee and auditors and had been developed in line with national guidance.  **The Board APPROVED the Trust Annual Report 2018/19 and the Quality Account 2018/19 and approved the Letter of Representation which related to the Quality Account be sent to the Trust’s auditors.** |  |
| **BOD 78/19**  a  b  c  d  e  f  g  h  i  j  k  l  m | **Chief Executive’s Report**  The Chief Executive presented the report BOD 58/2019 which provided updates on: recent national and local issues; and legal, regulatory, compliance and policy matters. He also tabled a report from the Oxfordshire Joint Health Overview and Scrutiny Committee (**HOSC**) due at their meeting on 31 May 2019 and in relation to the Trust’s temporary closure of the 12-bed City Community Hospital ward on the grounds of patient safety.  ***Vulnerable adults with autism or a learning disability***  The Chief Executive reflected upon the recent: (i) broadcast of the BBC Panorama documentary on a unit for vulnerable adults with autism and learning disabilities; and (ii) the Care Quality Commission’s (**CQC**) interim report into restraint, prolonged seclusion and segregation for people with a mental health problem, a learning disability or autism. He noted that whilst these examined the situations and quality of care which people experienced once they were in a placement, there was also a wider issue around how people ended up in inpatient placements and whether better alternatives could be available through health and social care or through education. When the Trust took over learning disability services in Oxfordshire, the model of care did not provide for inpatient provision and, when necessary, the Trust occasionally used external placements, having checked the quality. The Trust was keen to be at the forefront of helping to find alternatives to inpatient care, being part of national networks to help to facilitate this and tackling issues on a system-wide basis.  The Chief Operating Officer added that Board members were welcome to attend a conference on 21 June 2019 which had been co-produced with patients, families and carers on learning lessons from specialist hospital admission. The Board discussed experiences of patients who had been transferred to external specialist placements. Chris Hurst noted the distinction between Out of Area Placements (**OAPs**) involving: (i) mental health service users, which were more likely to be a result of capacity issues; and (ii) people with a learning disability where the current model of care did not provide for inpatient provision. Aroop Mozumder asked about the ways in which concerns raised by patients could be addressed or escalated. The Chief Operating Officer referred to an example from the previous year when a patient had reported that they had not been satisfied with the care which they had received from another service; in response, the Trust had actively engaged to address their concerns. The Acting Director of Nursing added that: (i) safeguarding arrangements provided another mechanism for dealing with concerns; and (ii) the Learning Disability Service had oversight of patients on OAPs and as numbers were typically low (1-3) it was feasible to have a relatively high degree of oversight. The Chief Operating Officer also referred to ‘My Life My Choice’, a user-led Oxfordshire-based self-advocacy organisation/charity which provided independent support for people with learning disabilities and which could also help to assess environments for people with learning disabilities who had been hospitalised.  The Trust Chair asked whether the Trust should consider further action. The Chief Executive replied that this may depend upon any recommendations coming out of the conference on 21 June on learning lessons from specialist hospital admission. He noted that the Trust should also be mindful of the changing environment in which it operated, especially with increasing involvement in New Care Models which were seeing responsibility for oversight of services devolve from NHS England commissioning to providers.  ***Mental Health services – demand and capacity***  The Chief Executive referred to his report and noted that he had written to all staff to acknowledge his appreciation for their work to manage rising demand with increased activity. He highlighted that a start had been made to address historic underfunding of Mental Health services in Oxfordshire but that whilst FY20 terms had been agreed with Oxfordshire CCG, this covered baseline activity for the year and mainly on a non-recurrent basis; arrangements to increase funding for FY21 were yet to be finalised. The challenge remained to achieve a recurring solution so as to balance demand with capacity and establish a sustainable service portfolio. The Trust’s ability to fund Crisis Resolution/Home Treatment teams was dependent upon achieving a stable and sustainable funding situation and balancing demand with available capacity. He referred to his report and highlighted that the Trust was working with partner organisations to address immediate challenges and develop a more sustainable position for the future, noting that additional funding for this year had been identified to add capacity to the Oxfordshire Mental Health Partnership.  ***Temporary closure of the 12-bed City Community Hospital ward on the grounds of patient safety***  The Chief Executive referred to the detail in his report as well as to the report from the Oxfordshire HOSC which he had tabled to the meeting. He explained that staff shortages had necessitated the temporary closure of the 12-bedded unit, based at the Fulbrook Centre on the Churchill Hospital site, as there were insufficient registered nursing staff to ensure safe staffing of the unit across all shifts. He added that the staff had been redeployed to other community hospitals to open four beds at Abingdon and four beds at Witney to minimise the effect of this temporary closure. The patients had been individually assessed and transferred according to their needs; four patients had been due to be discharged in any event and the remainder moved to the newly opened beds. He noted that the Oxfordshire HOSC’s concerns were available in the public domain and that the HOSC had called an emergency meeting for 31 May 2019 which would consider a motion of no confidence in the management of the Trust. He emphasised the importance of doing the right thing to protect the safety of patients.  The Chief Operating Officer noted that, in relation to processes, he believed that the Trust had used all reasonable endeavours to keep the HOSC informed and that there had been no intention to do otherwise. The Board noted that staffing issues were regularly discussed at Board meetings held in public and that data on this was published in the Board papers, including in the Safer Staffing Report.  ***CQC Routine Provider Information Request (RPIR)***  The Chief Executive confirmed that the Trust had submitted its response to the CQC’s RPIR.  ***Applied Research Collaboration (ARC) bid***  The Chief Executive noted that the Trust was still awaiting a response on the ARC bid.  ***System integration – Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Partnership (BOB STP)***  The Trust Chair and the Chief Executive noted that Jonathan Asbridge had given apologies for this meeting as he was participating in the process to appoint an external part-time independent Chair to the BOB STP.  ***Consultant appointments***  The Chief Executive referred to his report and noted that: (i) Dr Mike Pearce had been appointed to an Old Age consultant psychiatrist post in the South Oxfordshire Community Mental Health Team; and (ii) Dr Lucy Caswell had been appointed to a consultant psychiatrist post with the Oxfordshire Perinatal team.  ***Staff announcements***  The Chief Executive referred to his report and paid tribute to Pauline Scully who would be retiring from the Trust and her role as Deputy Chief Operating Officer. He also thanked Kate Riddle noting that this would be her last meeting in her capacity as Acting Director of Nursing & Clinical Standards, pending Marie Crofts coming into post as Chief Nurse from June 2019. The Board added their thanks and appreciation.  **The Board noted the report and ratified the consultant appointments.** |  |
| **BOD 79/19**  a  b  c  d  e  f  g  h | **Performance Report and Operational Perspective**  The Director of Strategy & CIO presented the report BOD 59/2019 on performance against national and local indicators. National indicators were reported against the Single Oversight Framework. Local indicators were reported against Joint Management Groups (**JMGs**) and commissioners’ contracts. The report also provided data on patient access and flow including: demand for services/referrals; access/waiting times; Delayed Transfers of Care (**DToCs**); and OAPs.  The Director of Strategy & CIO summarised that the Trust’s performance overall had improved over the past couple of months and against national targets, the Trust was achieving all but two indicators – OAPs (although bed days lost had continued to reduce) and 4-hour performance in Minor Injury Units. As set out in the report, however, over a rolling 12 months’ performance the Trust was above the national 95% target. He highlighted that issues were: workforce shortage and funding pressures.  He referred to the main body of the report and the red-rated indicators at a national level, highlighting issues with:   * ongoing workforce retention (performance at 14.12% against a staff turnover target of 12%, despite efforts by HR and teams); * an increase in staff sickness (performance at 4% against a target of 3.5%); and * the percentage of patients in settled accommodation, albeit technical issues with the data set being used may be having an impact. This emphasised the importance of establishing a reliable national data set.   He referred to the covering report and highlighted that, at a local level: adult referrals in Oxfordshire continued to be higher than in Buckinghamshire; waiting targets continued to be challenging; DToCs were decreasing; and the Trust had achieved 100% compliance with JMGs/S.75 agreements in Oxfordshire and Buckinghamshire. He referred to the covering report and highlighted improved performance in the Oxfordshire Mental Health Directorate and in Specialised Services but decreased performance in Buckinghamshire Mental Health and in Oxfordshire Community Services.  Lucy Weston asked whether performance issues in the Emergency Department Psychiatric Service against the waiting time target were related to issues with technology. The Director of Strategy & CIO replied that the issues related to staffing pressures.  Lucy Weston referred to the issues with the Child & Adolescent Mental Health Service (**CAMHS**) in Oxfordshire meeting the waiting time target and asked to what extent the Trailblazer funding was anticipated to make a difference. The Director of Strategy & CIO replied that whilst the funding would help to improve the situation, it could take a while to map out the trajectory for improvement and the effects may not be seen until later in the year.  Lucy Weston referred to the ongoing high level of referrals and asked to what extent the impact could be mitigated or the flow of referrals stemmed. The Director of Strategy & CIO replied that this would need to be considered in more detail in order to understand patient needs and ensure that alternative support was made available if referrals were reduced. The Chief Operating Officer added that there may be opportunities to systematise and standardise referral processes in the Trust. However, he highlighted that there were examples of Trust services which were managing referrals well, and offering self-triage, such as the Improving Access to Psychological Therapies service.  **The Board noted the report.** |  |
| **BOD 80/19**  a  b  c  d | **Human Resources (Workforce Performance) Report**  In the absence of the Director of HR, the Board reviewed the report BOD 60/2019 which set out workforce performance indicators and updates on: the position on the NHS 3-year pay deal; temporary staffing spend, management of concerns (whistleblowing); health and wellbeing; sickness; turnover (leavers’ data not internal moves); and Workforce Race Equality Standards.  Bernard Galton noted that the spike in staff sickness levels was unusual as the Trust was now out of flu season. He noted that it would also be useful if sickness absence data could be presented in days rather than percentages, as was done for the Annual Report.  The Acting Director of Nursing & Clinical Standards noted that it would also be useful if turnover could be broken down into more detail in future reporting to Board. She noted that NHS Improvement figures had indicated that nursing turnover had increased; however, it would be useful to be able to understand that more clearly at a local level or consider if this was linked to retirements.  **The Board noted the report.** | **TB**  **TB** |
| **BOD 81/19**  a  b  c  d  e  f | **Inpatient Safer Staffing Report – 25 March to 21 April 2019**  The Acting Director of Nursing & Clinical Standards presented the report BOD 62/2019 which provided an exception report and assurance that sufficient staffing levels were in place to deliver safe, effective and high quality care. The report also included updates on: Older Adult Mental Health nursing vacancies; and the positive impact of the new Nurse Associate roles.  Average weekly daytime fill rates for registered and unregistered staff remained above the Trust target of 85% at 95% for registered staff and 89% for unregistered staff. Average weekly night time fill rates had also remained above the Trust target of 85%. However, 6 wards had been below the 85% target for average daytime fill rates for registered nurses (an increase from 4 in the previous reporting period) but all wards remained safe to deliver care.  Agency usage had decreased slightly to 11.3% (from 11.5%) although there had also been a slight increase in sickness absence for ward staff to 5.575% (from 5.2%). Three wards (Allen, City and Kestrel) had required above 20% of agency staff in the period, related to a combination of sickness absence, vacancies and patient acuity. Allen ward in particular was managing through long but robust lines of agency staffing. City Community Hospital ward had an only 56% average fill rate for unregistered staff, below the 89% target.  The Trust Chair noted that this report was useful for highlighting safety concerns and that this informed decisions such as the temporary closure of the City Community Hospital ward on safety grounds.  Aroop Mozumder noted the potential for overlap in roles between Nurse Associates and Health Care Assistants; he asked what additional therapeutic interventions Nurse Associates could provide or whether their work was more limited to basic nursing practice. The Acting Director of Nursing & Clinical Standards replied that the scope of practice for Nurse Associates was clearly defined as this was a regulated profession and competency-driven. Aroop Mozumder asked if the Oxford Healthcare Improvement Centre could play a role in further defining and developing the role. The Acting Director of Nursing & Clinical Standards replied that this could be considered in the future but at the moment the development of the role was being led by services.  **The Board noted the report.** |  |
| **BOD 82/19**  a  b  c  d  e  f | **Director of Medical Education report**  The Director of Medical Education joined the meeting and provided an oral update to accompany a tabled report on the background of medical education in the Trust, positive developments and developments required. She highlighted the Trust’s role as a provider of medical training to 160-170 medical students each year, noting the generally positive feedback from students (mainly attributed to the very engaged workforce) and the low instances of exception reporting in relation to any issues around rest periods or inability to attend medical education due to work. She explained the opportunities available to develop leadership, clinical audit and management skills, including through involvement with the multi-disciplinary Trainee Leadership Board (which also involved nursing staff). The Trainee Leadership Board had been an innovation for the Trust which had now been replicated in other local trusts. She noted that the Trust was also looking to develop more opportunities for multi-disciplinary learning.  In terms of developments required and areas for improvement, she highlighted the need to improve on the number of medical student placements and respond to pressure upon staff which may be taking time away from providing medical education. She noted that it was also challenging with the current number of substantive consultants because locums could not be used as trainers.  The Board discussed the capacity of consultants to provide training and education for medical students, noting that this was key to regenerate the profession for the future. The Chief Executive noted that if the majority of the training was being provided in Oxfordshire, where activity levels and workload was therefore potentially higher (as demonstrated in performance reporting), then it may help to free up capacity if more training could be provided in Buckinghamshire. The Medical Director added that there could be issues with medical students being reluctant to travel. The Director of Medical Education noted that options around accommodation in Buckinghamshire were being considered.  The Board discussed the variability of some of the educational experiences of medical students, which could veer from more administrative tasks to tasks which may require more supervision such as discharge reports. Aroop Mozumder cautioned against junior medics trying to decipher complex cases for discharge reports for GPs. The Medical Director noted that, over the years, discharge reports may have become less key for GPs who could receive updates more immediately through current systems.    The Medical Director acknowledged the work of the Trust’s consultants who provided medical training and education, noting that this was consistently highly rated.  **The Board thanked the Director of Medical Education and noted the oral update.** |  |
| **BOD 83/19**  a  b  c | **Guardian of Safe Working Hours (GoSWH) report**  The GoSWH joined the meeting and presented the report BOD 61/2019. The Board acknowledged that this was his final meeting in post and his contribution in originating the role and ensuring that the Trust had been an early adopter and had developed a culture of encouraging exception reporting from junior doctors.  The GoSWH referred to his report and the changes to working conditions which he had seen implemented, including to: on-call arrangements; work schedules for advanced trainees; additional weekend deployment in Oxfordshire; and support for Buckinghamshire doctors in accessing appropriate work space. He highlighted that his role had been well received and supported by the Board, the Medical Director and by the Medical HR Manager. He noted that his role was about medics starting to looking after themselves, as a profession, and their juniors. The Chief Executive agreed and asked if this were comprehended at a national level and whether there was a national guardian for Safe Working Hours (potentially parallel to the National Guardian who supported the local Freedom to Speak Up Guardians) to whom the local GoSWHs reported. The GoSHW replied that there was not but the various guardians met locally and through national sessions facilitated by NHS Employers  **The Board noted the report and thanked the GoSWH.**  *The Director of Medical Education and the GoSWH left the meeting. The meeting took a break at 11:30 and resumed at 11:40.* |  |
| **BOD 84/19**  a  b  c | **Patient Story**  The Patient Experience & Involvement Manager joined the meeting and played an audio recording of a staff member reading out a statement from a mental health service user. The statement described how the service user had found counselling sessions/Talking Therapies to be more beneficial than medication alone; after 20 years of having been prescribed antidepressants, when she changed GP she was offered access to support other than medication for the first time and in her early 50s. Despite initial concerns that the counselling would not work, the sessions were described as life changing and having helped the service user to learn things to help herself. The service user recommended that more people should learn early on how to access and use the tools which counselling could provide; she recommended the service but noted that the waiting time to access it should be shorter as each day could feel like a lifetime when experiencing low mood. She ascribed the new approach to her treatment to a new GP who had joined her local practice and suggested Talking Therapies.  The Board discussed waiting times to access Talking Therapies and the management of waiting lists. The Chief Operating Officer confirmed that the process for managing waiting lists was done well and it was clear to the Improving Access to Psychological Therapies service who was waiting. However, he explained that the service was financially constrained and only commissioned to provide a certain level of activity; if funding did not match demand then waiting lists were a consequence.  **The Board noted the Patient Story.** |  |
| **BOD 85/19**  a  b | **People’s Experience & Involvement Strategy 2019-21**  The Acting Director of Nursing & Clinical Standards presented the report BOD 63/2019 on the revised strategy and the Patient Experience & Involvement Manager played a short promotional video to accompany the strategy (the video was intended for use at staff training and induction sessions). The Patient Experience & Involvement Manager explained that the intention was to create a culture of everyone being the ‘patient’ experience (hence the rebranding to a ‘people’s experience’ strategy), contributing towards data collection and increasingly moving towards co-production and co-development of activities.  **The Board APPROVED the revised People’s Experience & Involvement Strategy 2019-21.** |  |
| **BOD 86/19**  a  b  c  d | **Director of Infection Prevention & Control (DIPC) annual report 2018/19**  The Acting Director of Nursing & Clinical Standards presented the report BOD 64/2019 and explained that the Clinical Director for the Oxfordshire Community Services Directorate had been acting as the DIPC following the retirement of the former Director of Nursing & Clinical Standards. She confirmed that: the Trust remained compliant with health and safety statute and guidance; and infection prevention and control audits had demonstrated sustained improvement  She highlighted that a key event had been the outbreak of Invasive Group A Streptococcus (**iGAS**), as referred to at section 8.3 in the report. She confirmed that collaborative multi-agency work had taken place to learn from this and that all staff in the Trust’s relevant district nursing team had screened negative for iGAS. The iGAS outbreak and this report had also been discussed in more detail at the Quality Committee meeting on 08 May 2019 and the Quality Committee had recommended the report to the Board for final approval.  Aroop Mozumder congratulated the team on their work and the report, noting that it was clear and well laid out. The Trust Chair added that this remained an area for eternal vigilance.  **The Board APPROVED the DIPC annual report 2018/19.** |  |
| **BOD 87/19**  a  b  c  d | **Quality and Safety Report: Effectiveness**  The Medical Director presented the report BOD 65/2019 on the work of the Effectiveness quality sub-committee and its sub-groups to meet the relevant CQC key lines of enquiry relating to Effectiveness.  In relation to clinical audit, he highlighted the achievement in the clinical audit programme being up-to-date, with no outstanding improvement plans and a reduction in outstanding action plans. He explained that the National Audit of Care at the End of Life (referred to on pp. 8-9 of the report and currently unrated) was due to be repeated shortly; unlike in an acute provider where End of Life Care could be a core service, within the Trust this was more relevant for community hospitals. Bernard Galton, as Chair of the Audit Committee, commended the improvement in clinical audit delivery. The Acting Director of Nursing & Clinical Standards acknowledged the work of the clinical audit leads in driving improvement.  The Medical Director also highlighted the work of the NICE Implementation Group, the Drugs & Therapeutics Group and the Physical Health Group. A new Diabetes Steering Group would also be launched with a wider remit to consider all the Trust’s services.  **The Board noted the report.** |  |
| **BOD 88/19**  a  b  c  d  e  f | **Finance Report**  The Director of Finance presented the report BOD 66/2019 which summarised the financial performance of the Trust for April 2019 (Month 1, FY20). The Month 1 position was an Income & Expenditure (**I&E**) deficit of £0.9 million which was £0.3 million adverse to plan.  EBITDA (Earnings Before Interest, Taxation, Depreciation and Amortisation) was £0.2 million which was £0.3 million adverse to plan. Operational pressures from 2018/19 continued with overspend in relation to residential care in Adult services and in Oxfordshire CAMHS (especially in relation to locum costs where it had not been possible to recruit to substantive consultant posts). He explained that although expenditure on OAPs had reduced in-month, this was also still over budget. Lucy Weston asked if the residential care overspend issues were similar to those related to OAPs. The Director of Finance replied that they were less directly within the Trust’s control to influence and that more work would be required with Oxfordshire County Council in order to prevent further increases and then to reduce expenditure.  The Director of Finance explained that the cash balance of £8.9 million, which was £9.1 million worse than plan, had been driven by delays in receiving specialist commissioning income from NHS England in March and April 2019. He confirmed that the invoices had now been paid and that the cash balance would be back on plan.  The Use of Resources risk rating remained an overall ‘4’ (where ‘1’ was the best rating/low risk and ‘4’ the worst/high risk) because at Month 1 the Trust was not yet on plan. The plan for 2019/20 was to achieve a Use of Resources risk rating of ‘3’.  The Trust Chair noted that although only Month 1 figures were being considered, and it was early in the financial year, there were areas which would need focus and close management: CAMHS overspend in particular would need concerted effort; he recognised that work was progressing in relation to managing expenditure on OAPs and residential care. Chris Hurst reminded the meeting of the Cost Improvement Programme target of £7.6 million for FY20 and noted that if the Trust was not yet on plan as at Month 1 then this would increase the amount to catch up over the rest of FY20; he cautioned against complacency early in the year and recommended that every short-term opportunity be considered in order to help to compensate.  **The Board noted the report.** |  |
| **BOD 89/19**  a  b  c | **NHS Improvement Board self-certifications**  The Director of Corporate Affairs & Company Secretary presented the report BOD 67/2019 on the annual self-certification process to provide assurance of compliance with the conditions of the Trust’s NHS provider licence. She reminded the Board that she had apprised the Board of the declarations which could be made at its Board Seminar on 08 May 2019 and that the Board had also wanted to wait for further consideration of the Trust’s going concern status at the Finance & Investment Committee meeting on 09 May 2019 and the Audit Committee meeting on 21 May 2019. She explained that this would have particular bearing upon the declaration as to whether the Trust would have a reasonable expectation that required resources would be available to deliver the designated services for the next 12 months; if the Board determined that a qualified declaration should be made then it would need to select option 3b for its declaration (not the unqualified option at 3a). In 2018, the Board had opted for the qualified declaration at 3b.  The Director of Finance confirmed that sustainability and going concern status had been discussed by the Finance & Investment Committee, with sensitivity analysis and consideration of the cash flow forecast to June 2020. He summarised that whilst the Trust would have resources to deliver the designated services for the next 12 months, there may be more of a challenge if the analysis were extended to cover a longer 18-month period. Chris Hurst, Chair of the Finance & Investment Committee, agreed and cautioned that longer term sustainability would require funding or service reprioritisation.  The Director of Corporate Affairs & Company Secretary reminded the Board of the rationale in 2018 to select the qualified declaration at 3b due to concerns around system funding and wider resourcing (including workforce not just financial resourcing). The Director of Finance added that a change in 2019 was wider recognition and consensus in the Oxfordshire system that mental health had been historically and significantly underfunded, although there was not yet a clear pathway set as to how to redress this. Bernard Galton noted that in 2018 the cash position had been stronger and that in 2019 the position around resources, in particular workforce and continued use of agency staffing, had not improved significantly. The Board |  |
| d | discussed the position in 2019 and noted that although improved system collaboration was intended and there was wider recognition of the issue of historic underfunding, this had not yet manifested in further funding and, in the meantime, workforce pressures continued as had been evidenced in the temporary closure of the City Community Hospital ward. The Chief Executive noted that although workforce developments, such as the introduction of Nurse Associates, were now starting to have a positive impact they would not resolve all the issues. The Board noted the relevance of workforce concerns, increasing demand and the need for recurrent funding upon its consideration of required resources for the next 12 months.  **The Board confirmed that declaration 3b should be selected in relation to required resources to deliver designated services over the next 12 months and APPROVED the remaining declarations as set out in the report.** |  |
| **BOD 90/19**  a | **Updates from Committees**  The Board received the minutes of the Quality Committee meeting on 13 February 2019, the Finance & Investment Committee meeting on 19 March 2019 and the Audit Committee meeting on 23 April 2019 at papers BOD 68-70/2019. |  |
| **BOD 91/19**  a | **Any Other Business and Updates to Strategic Risks**  None. |  |
| **BOD 92/19**  a | **Questions from Observers**  None. |  |
| **BOD 93/19**  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 12:33.  **Date of next meeting: 24 July 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 13 (from March 2019), quorum of 2/3 with a vote is 9 [↑](#footnote-ref-1)
2. \* = non-voting [↑](#footnote-ref-2)
3. [↑](#footnote-ref-3)