

PUBLIC

Please notify attendance to Hannah Smith, Assistant Trust Secretary, on hannah.smith@oxfordhealth.nhs.uk



Oxford Health
NHS Foundation Trust

BOARD OF DIRECTORS MEETING

- meeting held in public -

Wednesday, 25 September 2019
08:30 – 11:30

Unipart Conference Centre
Unipart House, Garsington Road, Cowley, Oxford OX4 2PG
(for Sat Nav OX4 6LN)

Agenda

		Indicative Time
1. Welcome and Apologies for Absence ¹	DW	08:30
<u>INTRODUCTORY ITEMS</u>		
2. Declarations of Interests (paper – BOD 84/2019)	DW	
• <i>To confirm Directors' interests</i>		
3. Trust Chair's introduction and system overview (oral update)	DW	
• <i>To note</i>		
4. Report on Council of Governors' meeting on 05 September 2019 and Annual Members' Meeting & Annual General Meeting on 19 September 2019 (oral update)	DW	
• <i>To note and for assurance against medium BAF risk 4.3 (engagement with membership, patients and public)</i>		
5. Minutes and Matters Arising of the Board of Directors' meeting held on 24 July 2019 (paper – BOD 85/2019)	DW	08:45
• <i>To confirm the Minutes of the meeting and report on matters arising</i>		

¹ Apologies received: Marie Crofts, Chief Nurse; and Martyn Ward, Director of Strategy & Chief Information Officer

CHIEF EXECUTIVE AND PERFORMANCE/OPERATIONS

6. Chief Executive's Report (paper – BOD 86/2019) SB 08:55
- *To discuss and note for assurance against extreme BAF risk 2.3 (financial exposure including through constraints of block contracts in the context of increasing levels of activity and demand and the impact of historic and/or ongoing underfunding of mental health services), extreme BAF risk 2.7 (demand and capacity driving cost and staffing pressures), extreme BAF risk 4.1 (system delivery) and high BAF risk 4.2 (partnership working)*
7. Legal, Regulatory & Policy update report (paper – BOD 87/2019) KR 09:10
- *To note*
8. Performance Report and operational perspective (paper – BOD 88/2019) CP/DR 09:15
- *To review and note for assurance against extreme BAF risk 2.3 (financial exposure including through constraints of block contracts in the context of increasing levels of activity and demand), extreme BAF risk 2.7 (demand and capacity driving cost and staffing pressures), high BAF risks 1.1 (quality standards) and 6.1 (incomplete and inaccurate data and records)*

WORKFORCE AND SAFETY

9. Human Resources Report (workforce performance) (paper – BOD 89/2019) TB 09:30
- *To discuss concerns, note actions being taken and note for assurance against extreme BAF risks 5.1A (workforce planning and requirements) and 5.1B (recruitment and retention)*
10. Inpatient Safer Staffing (Nursing) Report (paper – BOD 90/2019) KRi 09:40
- *To discuss concerns, note actions being taken and note for assurance against extreme BAF risks 5.1A (workforce requirements including staffing and skillmix) and 5.1B (recruitment and retention) and high BAF risk 1.1 (quality standards)*
11. City Community Hospital – update upon recruitment (paper – BOD 91/2019) SB 09:50
- *To decide and, if appropriate, approve recommendation to re-open*

PATIENT EXPERIENCE PRESENTATION

12. Patient Story (presentation) KRi 10:00
- *To receive, comment and note for assurance against medium BAF risks 4.3 (engagement with membership, patients and the wider public) and 5.2 (organisational and leadership development)*
- The patient/staff stories presented to Board may have certain details anonymised to protect individuals' confidentiality; permissions have been granted. **Presenters attend in good faith to share their experiences and would prefer that any personal details which may, however, be shared are not then taken away by members of the public in attendance.***

QUALITY AND SAFETY

13. Quality and Safety Report: Incident, Mortality and Safety (paper – BOD 92/2019) KRi 10:15
- *To note for information and assurance against high BAF risk 1.1 (quality standards)*

14. Joint Children & Adults Safeguarding annual report (paper – BOD 93/2019)	KRi	10:25
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- To receive and approve the safeguarding annual report

FINANCE & GOVERNANCE

15. Finance Report (paper – BOD 94/2019)	MMcE	10:35
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- To note and for assurance against extreme BAF risks 2.3 (financial exposure), 2.4 (CIP and financial sustainability) and 2.7 (demand and capacity driving cost and staffing pressures)

16. Operational/Business Plan update (paper – BOD 95/2019)	MMcE	10:45
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- To note and for assurance against high BAF risk 2.2 (business planning arrangements)

17. Research & Development Report (paper – BOD 96/2019)	MHa	10:55
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- To note and for assurance against medium BAF risk 3.1 (academic and R&D potential)

18. Corporate Registers: application of Trust seal (paper – BOD 97/2019) and receipt of gifts (paper – BOD 98/2019)	KR	11:05
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- For assurance and in relation to medium BAF risk 2.1 (governance arrangements)

REPORTS/RECOMMENDATIONS FROM COMMITTEES

19. Updates from Committees:		11:10
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a. Audit Committee meeting on 21 May 2019 (paper – BOD 99/2019)	BG	
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b. Charity Committee meeting on 13 June 2019 (paper – BOD 100/2019)	LW	
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c. Finance & Investment Committee 09 July 2019 (paper – BOD 101/2019)	CHt	
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d. Quality Committee 10 July 2019 (paper – BOD 102/2019)	JAsb	
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- To discuss, receive and for assurance against medium BAF risk 2.1 (governance arrangements)

20. Any Other Business and confirmation of any changes to strategic risks ²	DW	11:20
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² The Trust's Strategic Risks in the Board Assurance Framework are:

EXTREME RISKS (net/residual basis)

- 2.3. Risk of **financial exposure** (including, but not limited to, through non-delivery of **CIP** savings, failure to realise **productivity** gains, constraints of **block contracts** in the context of increasing levels of **activity and demand** and the impact of historic and/or ongoing **underfunding of mental health services** *may lead to*: failure to deliver the Trust's financial plans; additional scrutiny and intervention by NHS Improvement; insufficient cash generation to fund future capital programmes; and failure to deliver health outcomes in particular in relation to achievement of the Mental Health Five Year Forward View
- 2.4 Risk of **non-delivery of CIP** savings and **difficulty in maintaining financial sustainability** or being able to offset the **annual deflator** including, but not limited to, through: relatively high levels of efficiency already achieved; the cumulative impact of underfunding of mental health services combined with increasing demand and activity; increasing complexity of conditions; and inability to recruit and/or retain staff to match demand with capacity
- 2.7 *new* Risk that **increasing demand** for services continues to **drive cost and staffing pressures** which the Trust is limited from being able to mitigate because a health and social care system-wide plan and action is required to influence this pattern of demand and it still may take 2-3 years on from FY20 to have a positive impact. In the meantime, **demand for services will**

Meeting Close

continue to increase whilst capacity to provide services remains, or becomes further, insufficient in terms of both funding and workforce

- 4.1. Failure of the **Health and Social Care Systems** in which we work to act together to deliver **integrated care**, maintain **financial equilibrium** and **share risk** responsibly *may impact adversely* on the operations of the Trust and compromise service delivery, especially during **transition to Integrated Care Systems** and from internal models of delivery to **new ways of working in alliance and partnerships**
- 5.1A Insufficient or ineffective **planning** for current and future **workforce requirements** (including number of staff, skillmix and training) *may lead to*: impaired ability to deliver the quantity of healthcare services to the required standards of quality; and inability to achieve the business plan and strategic objectives
- 5.1 B Inability to **recruit** to vacancies or to **retain** permanent staff *may lead to*: the quality and quantity of healthcare being impaired; **pressure on staff** and decreased resilience, health & wellbeing and staff morale; over-reliance on **agency staffing** at high cost/premiums and at a potential increased risk of incidents and poorer patient outcomes; and **loss of the Trust's reputation as an employer of choice**

HIGH RISKS (net/residual basis)

- 1.1. Failure to: (i) meet consistently **quality standards** for clinical care; (ii) address variability across quality standards; or (iii) reconcile conflicting quality standards or guidance, will result in poorer outcomes for patients and poorer patient safety and experience
- 1.2. Failure of service models to deliver an **integrated care pathway** may mean that the individual needs of patients, including those with special needs and/or disabilities, are not met and that patients are not provided with appropriate access to, and transfer between, services
- 1.3. Failure to **manage change effectively** may compromise: (i) quality and safety for patients during the **transition** from current to future **service models**; and (ii) **staff morale and wellbeing** during periods of transition, including during internal **restructurings/organisational change**, which may lead to staff being unable to deliver on objectives or drive quality improvement and/or lead to difficulties retaining staff
- 1.4. Failure to ensure **patients and carers** are involved in managing and **leading on their own care** could lead to compromising patient outcomes and not delivering sustainable health care
- 1.5 Failure to care for **patients in an appropriate inpatient placement or environment**, due to bed pressures or absence of community or social care support, could lead to: compromising patient outcomes; patients and carers/families not having an excellent experience; and services falling below reasonable public expectations with ensuing publicity and criticism of the organisation and the wider Health & Social Care system.
- 2.2. Ineffective **business planning** arrangements that do not integrate activities at all levels of the Trust may lead to: the Trust being in breach of regulatory and statutory obligations; or the Trust failing to achieve its annual objectives and consequently being unable to meet its strategic objectives
- 4.2. Failure to work collaboratively and effectively with external **partners** and to ensure that **effective governance arrangements** are in place in partnerships and to support new ways of working may: compromise service delivery and stakeholder engagement; lead to poor oversight of risks, challenges and relative quality amongst partners; and put at risk the **Trust's integrity, reputation and accountability** to its stakeholders and **credibility as a system leader and partner of choice**
- 6.1. **Incomplete and inaccurate data and records**, both clinical and operational, may lead to: less effective planning and decision-making; lesser control over service safety and quality; lesser ability to drive improvements in safety, quality and productivity
- 6.2. Failure to meet the key objectives of the project to replace the **Electronic Health Record** system may lead to: inaccurate patient records; inefficient use of clinicians' time; less safe and lesser quality of care; increased cost of operation through lost opportunities to improve productivity
- 6.3 Failure to keep pace with evolving **cyber security** threats and to maintain mature cyber security controls and training may lead to: **cyber-attacks** which could compromise the Trust's infrastructure and ability to deliver services and patient care; **data theft** and other business continuity risk events which could compromise patients and staff and lead to regulatory fines or sanctions; and failure to act as a **system leader with Global Digital Exemplar status**
- 7.1. **Facilities** being unsuitable or unfit for purpose may lead to: increased risk to patient safety; lesser quality of care and patient experience; increased cost of operation; breach of statutory requirements

MEDIUM RISKS

- 2.1. Failure to put effective **governance** (both corporate and clinical) arrangements in place may lead to: poor oversight at **Board level of risks and challenges; strategic objectives** not being established or structures not in place to achieve those objectives; or appropriate structures and processes not in place to maintain the Trust's integrity, reputation and accountability to its stakeholders
- 3.1. Failure to fully realise the Trust's **academic and Research and Development potential** may adversely affect its reputation and lead to loss of opportunity
- 3.2. Failure to be sufficiently **innovative and leading edge** in its practice may lead to the Trust not being able to keep current contracts or realise its potential in a competitive market
- 4.3. If the Trust does not proactively **engage** with its **membership, patients and the wider public** then this may compromise its ability to listen and respond to feedback, involve stakeholders proactively and communicate effectively and transparently
- 5.2. Failure to maintain a coherent and co-ordinated structure and approach to **succession planning, organisational development and leadership development** may jeopardise: the development of robust clinical and non-clinical leadership to support service delivery and change; the Trust becoming a clinically-led organisation; staff being supported in their career development and to maintain competencies and training attendance; staff retention; and the Trust becoming a "well-led" organisation under the CQC domain

