

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

**Board of Directors**

Minutes of a meeting held on

27 March 2019 at 08:30

Unipart Conference Centre

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

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

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| Jonathan Asbridge | Non-Executive Director and Vice Chair (the Chair) (**JAsb**) |
| John Allison | Non-Executive Director (**JA**) |
| Stuart Bell | Chief Executive (**SB**) |
| Tim Boylin | Director of HR (**TB**)**\***[[2]](#footnote-2) |
| 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**)**\*** |
| Martyn Ward | Director of Strategy & Chief Information Officer (CIO) (**MW**)**\*** |
| Lucy Weston | Associate Non-Executive Director (**LW**) - *part meeting* |
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| **In attendance[[3]](#footnote-3):** | |
| Donna Mackenzie-Brown | Patient Experience & Involvement Manager - *part meeting* |
| Hannah Smith | Assistant Trust Secretary (Minutes) |

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| **BOD**  **38/19**  a  b  c | **Welcome and Apologies for Absence**  The Chair welcomed members of the Board present, staff observing and the governors who had attended to observe the meeting. No members of the public were observing.  Apologies for absence were received from: Sue Dopson, Non-Executive Director; and Martin Howell, Trust Chair. The Chair and the Board expressed their best wishes towards the Trust Chair who had been unable to attend the meeting.  The Chair noted that the Chief Executive had again been recognised in the HSJ Top 50 chief executives’ list. |  |
| **BOD**  **39/19**  a  b | **Declarations of Interest**  The Chair presented the report BOD 28/2019 which set out the Register of Directors’ Interests and summarised recent changes.  **The Board received the report**. |  |
| **BOD 40/19**  a  b  c | **Minutes of the Meeting held on 27 February 2019**  The Minutes of the meeting were approved as a true and accurate record.  ***Matters Arising***  **Item 26/19 (f) and (g) Equality, Diversity and Inclusion focus at April Board Seminar**  The Director of HR confirmed that these items would be included as part of the planned April Board Seminar on Equality, Diversity and Inclusion.  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 41/19**  a  b  c  d  e | **Chief Executive’s Report**  The Chief Executive presented the report BOD 30/2019 which provided updates on: recent national and local issues; and legal, regulatory, compliance and policy matters.  ***Demand and capacity***  The Chief Executive highlighted his concern with continued pressure from demand upon services, especially upon community mental health services across the age range. He noted that the impact of historic underfunding of mental health services in Oxfordshire had been appreciated by Oxfordshire CCG, as referred to in his report, but it was still necessary to finalise a plan to correct the historic underfunding. He explained that there had also been a significant rise in the number of mental health referrals which were being received, as new service models were supporting more access to services, but at a time when services had been impacted by historic underfunding. There was, therefore, a challenge to get services back onto a sustainable footing - the key to this was to achieve stable levels of staffing and to ensure that workloads would be manageable for staff and not subject to relentless growth. He noted the importance of also taking pressure away from teams in the short term so as to allow them time to regroup in order to meet demand; he reported that the Trust was in discussions with Oxfordshire CCG to support this.  *Lucy Weston joined the meeting*.  The Chief Executive reported that, following the Board to Board meeting with Oxford University Hospitals NHS FT (**OUH**)on 27 February 2019, discussions were progressing in relation to structuring an approach towards integrated care in Oxfordshire which would also become part of broader discussions in relation to the Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Partnership (**BOB STP**); the importance of interfaces with social care, especially children’s social care, were also recognised. The Trust was working to develop a shared integrated approach to the development of mental health subsystems across Buckinghamshire and Oxfordshire, with the intention of informing wider discussion across the BOB STP. Subsystems around primary care, primary community services and urgent care were also being considered, especially in light of the experiences from the Oxfordshire system-wide Winter Team which had helped Oxfordshire’s system performance over winter to improve even in the face of a worsening national picture. Other subsystems were being considered in relation to elective care and cancer.  The Board discussed the work of the Oxfordshire system-wide Winter Team and asked the Chief Operating Officer to congratulate the Winter Director on the achievement of her and her team. The Board recognised that the Winter Team had been a collaborative effort not only between the Trust and OUH but also with social care, the CCG and ambulance trusts. The Board invited the Winter Director and her team to present at a Board Seminar.  **The Board took the rest of the report as read and noted the report.** | **DH/ HS** |
| **BOD 42/19**  a  b  c | **Report on Council of Governors’ meeting on 20 March 2019**  The Director of Corporate Affairs & Company Secretary provided an oral update on the recent Council of Governors’ meeting, noting that it had been preceded by a joint Governors’/Non-Executive Directors’ development session and that she would work with the incoming Trust Chair and the Lead Governor on its outcomes. The main meeting of the Council of Governors had considered the Trust’s response to concerns raised by governors in relation to the Oxfordshire Night Team, assurance provided by the Chief Operating Officer and constraints upon the Trust as a result of funding issues. Further to the publication of Staff Survey results, the meeting had also queried the extent to which the Trust assessed the impact of actions or improvement initiatives – for example as set out in the Quality Account. She also noted that the Trust was in the midst of its governor election process, with nominations to close in April and new and returning governors to be welcomed in June.  The Chief Executive added that the Council of Governors’ meeting had also briefly discussed the way in which wider changes across the NHS were challenging some assumptions inherent in the NHS FT model and the role of governors within that model. He noted that he had also raised this at a recent BOB STP meeting, in the context of plans to develop a wider engagement forum across the STP. He had recommended greater engagement with governors to enable and support this engagement forum, noting that this could also provide governors with a valuable role in the wider system. Chris Hurst supported this direction of travel and noted the input of governors in helping boards to avoid becoming detached from their organisations and stakeholders. The Chair asked how this would be progressed from the STP meeting which the Chief Executive had attended. The Chief Executive replied that the initiative was with the Executive Lead of the BOB STP and the attending members from NHS England but that the Trust should also seek to demonstrate local leadership in developing its Council of Governors, working in collaboration with OUH and its Council where possible.  **The Board noted the oral update**. |  |
| **BOD 43/19**  a  b  c  d  e  f  g  h  i  j  k  l  m  n  o  p | **Performance Report and Operational Perspective**  The Chief Operating Officer introduced the report and highlighted that the system was now stepping down from Winter operating and that although it was still busy, the system was coping. He highlighted good integrated working across the system, noting that primary and acute care teams were in daily contact with each other through a morning call, working as one team and remaining vigilant especially in the run up to Easter. He reported that there had been a concerted effort to reduce numbers of Out of Area Placements (**OAPs**) and although there had been an improvement in February 2019, this was an area which required constant vigilance as it was easily impacted by issues of flow and capacity on wards.  The Chief Operating Officer referred to the prospect of EU Exit and confirmed that detailed operational plans were in place to ensure continuity of public service provision. All NHS organisations were providing daily and weekly situation reports to central government but the impact of EU Exit would create risks for services to respond to. He noted that he was responsible for the Trust’s operational preparedness for EU Exist and the Director of Corporate Affairs & Company Secretary was leading on the Trust’s response.  ***National and local performance***  The Director of Strategy & CIO presented the report BOD 31/2019 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. Nationally, the Trust had achieved all indicators except for OAPs, due to a lack of community alternatives. OAPs (Adult services), including per month, were set out in: the covering report at pages 3- 5; and at the back of the main report.  Overall the Trust had maintained performance having achieved 72% of targeted indicators in Month 11 which was broadly consistent with Months 7-10 (74% had been achieved in Month 10) but a decline from 77% achieved in Month 3 and 85% in Months 1-2. This reflected ongoing pressures, particularly in relation to lack of workforce.  The Director of Strategy & CIO highlighted performance and pressures in directorates, as set out in the report. The Oxfordshire and South All Ages Mental Health Directorate had achieved 62% of targeted indicators in Month 11 which was a decrease in performance from 68% in Month 10. In relation to demand and access to services, the number of Adult Mental Health referrals received in Oxfordshire was significantly higher than in Buckinghamshire, despite comparable population sizes. Referrals in Child & Adolescent Mental Health Services (**CAMHS**)had decreased in February but were still at the fifth highest level for 2018/19. In relation to CAMHS Oxfordshire, the Trust was not able to achieve the 12-week routine waiting time target, due to long-term underinvestment in mental health in Oxfordshire; the service was currently operating with a wait of 16 weeks or more and prioritising those who had been waiting longest.  The Buckinghamshire All Ages Mental Health Directorate had improved to achieve 81% of targeted indicators in Month 11 from 68% in Month 10. He highlighted the pilot of a new dashboard on Care Reviews (Clusters) which would provide clinicians with a view on when Care Reviews needed to be carried out; evidence of impact should be available by April. The Oxfordshire Community Services Directorate had achieved 69% of targeted indicators in Month 11 which was a decline in performance from 72% in Month 10.  ***Understanding impact to inform decision-making***  John Allison asked how the Board could help to improve performance, noting that it was disappointing to be presented with a report which contained detailed and useful information but only be asked to review and note it. The Director of Strategy & CIO replied that when funding/investment was received then it would be necessary to decide which indicators should be prioritised because funding was still unlikely to be sufficient and some difficult decisions would need to be made as to where to prioritise.  Aroop Mozumder referred to the final page of the covering report and bed occupancy in the Eating Disorders service with the Trust unable to use all of its available bed stock due to high levels of patient acuity and lack of workforce. He noted that if this issue was repeated in different areas then it would need to be discussed in some detail. The Director of Strategy & CIO replied that this was specific to Eating Disorders. Bernard Galton added that it may be more appropriate to refer to ‘workforce shortage’ than ‘lack of workforce’, given that there was a workforce in place.  The Chief Executive noted that the actions available to the Board depended upon which of the following were more dominant at a given time in assessing whether targets had been breached: either as a result of the Trust not running services as well as possible; or because it had been set an impossible task in the current external conditions (as exemplified by the challenge to align demand with capacity). He acknowledged that some instances could demonstrate both aspects – for example, staffing which was a well debated risk which the Trust was taking a variety of actions on. Chris Hurst added that the Board could also consider and discuss the impact of the way in which services were run or of funding shortfalls upon patients.  Bernard Galton asked about the impact of the recently published NHS England access standards for mental health and how the Trust measured up against these. The Chief Executive replied that although the Trust had set itself fairly high standards locally which mapped to these new measures, its achievement of these had started to slip in the face of increasing demand. He referred to his report at paper BOD 30(i)/2019 and noted that the new access standards demonstrated the importance of understanding the scale of the demand the Trust was facing, and the capacity needed to meet that demand, in order to plan for a sustainable system. The Director of Corporate Affairs & Company Secretary referred to the section in the Legal, Regulatory & Policy update at paper BOD 30(ii)/2019 on the new access standards. She added that the Board needed to bring together its thinking from the Performance Report, Quality & Safety reporting and the Finance Report in order to achieve a comprehensive picture of the impact upon patients (even though these reports were dealt with separately on the agenda). She noted that integrated reporting had been an ambition for the Board and it was necessary to avoid considering performance issues in isolation.  The Chair recommended that the Board focus its attention upon a specific impact area: the impact of waiting times upon patients, especially in relation to Adult Mental Health services and the 8-week waiting time for assessment. The Acting Director of Nursing & Clinical Standards noted that work was already taking place with the Deputy Chief Operating Officer which would enable some clinical narrative to be provided alongside performance reporting; she supported the recommendation from the Director of Corporate Affairs & Company Secretary to present more integrated reporting. The Medical Director reported that, in practice, clinical teams were not comfortable with an 8-week waiting time and instead prioritised urgent cases so that they could be assessed within 4 weeks. The Chair noted that it was still critical for the Board to understand: if any young people or adults were at risk of coming to harm before their appointment if they were subject to a long waiting time; the clinical implications of waiting times; and whether patients who were kept waiting escalated into a more urgent category. He recognised that staff were under enormous pressure but noted that the Board should consider more data on the implications of waiting times upon patients. The Chief Operating Officer reminded the Board of the impact of hidden waiting times if there were delays during progress along a pathway of care, not just delays with access to initial assessments.  Aroop Mozumder added that whilst the Executive should be empowered to undertake operational decision-making in order to improve waiting times, it would be helpful for the Board as a whole to be provided with more information on this in order to inform other discussions such as how to prioritise use of limited resources. Chris Hurst reminded the Board that whilst its role sometimes required it to operate at a high level and with a panoramic perspective, it was at other times necessary to drop down and engage with the detail – especially in an area which demonstrated quality of service and where a better understanding could inform the Board on the strategic decisions it was required to make.  ***Performance reporting at team level***  The Chief Operating Officer commended the performance reporting which had been developed for the Board and asked when similar reporting would be available for teams and wards to support them with management of services. The Director of Strategy & CIO replied that this was a fair challenge for both the Performance and IT teams; the initial priority had been to improve data quality for publicly available reporting to demonstrate with transparency what the Trust was doing. The next stage was to transfer this reporting into teams; this was work which he anticipated for the coming year.  Lucy Weston cautioned against over-focus upon Key Performance Indicators (**KPIs**), at the expense of other self-selected indicators which may deliver better performance; she noted the potential impact of KPIs upon driving behaviours including creating ‘box-ticking’ mentalities as she had seen demonstrated in a recent Board site visit. The Director of Strategy & CIO replied that performance reporting was built upon a variety of available data sets including service line and HR data. The Medical Director and the Director of Nursing & Clinical Standards noted that they would separately pick up the ‘box-ticking’ example in relation to completing data on physical health checks to inform national data sets; the Director of Nursing & Clinical Standards confirmed that next week a meeting would be taking place to review physical health strategy work in a mental health context.  The Chair summarised that an update would be provided to the Board on the impact upon patients of waiting times (including any hidden waiting times during progress through a pathway of care, not just waiting times to access care or until initial assessment).  **The Board noted the report**. | **KRi/MHa/MW**  **KRi/MHa/MW** |
| **BOD 44/19**  a  b  c  d  e  f  g  h  i  j | **Human Resources (Workforce Performance) Report**  The Director of HR presented the report BOD 32/2019 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; management of concerns (whistleblowing); health and wellbeing; sickness; turnover (leavers’ data not internal moves); and Workforce Race Equality Standards (**WRES**).  ***Gender Pay Gap***  Gender Pay Gap reporting would be published at the end of March and the Director of HR warned that the position had worsened since last year, mainly due to the impact of: (i) increased recruitment into lower banded jobs (HCAs and apprenticeships) which had gone to more women; and (ii) absorbing more Out Of Hours GPs (mainly higher paid men) onto the payroll after NHS Improvement had required that off-payroll arrangements for GPs should cease. He noted that the Trust was benchmarking against data from other organisations to check whether they had been similarly impacted. However, he emphasised that there was not an issue around equal pay as all staff on a particular pay band, including GPs, were paid the same as each other, regardless of gender.  ***Agency usage***  In relation to agency usage, deep dive reviews were taking place into: why particular areas were using more expensive agency staff; whether the right levels of leadership were in place; and what Staff Survey results indicated about the culture/management culture on these units. Initial focus would be upon Ashurst, Amber and Phoenix wards, as highlighted from the Inpatient Safer Staffing Report to the previous meeting in February 2019 at report BOD 21/2019.  ***Freedom to Speak Up/’Whistleblowing’***  John Allison expressed concern about the lack of detail provided on the four whistleblowing cases which were referenced in the report. He emphasised that more information should be provided about the substance of the concerns – albeit this level of detail would be more appropriate for the Board in private rather than as part of a report in public. Unless the Board were provided with this level of information then he challenged: how the Board could support appropriate corrective action being taken, if necessary in response to any well-founded concerns; the use of brief references in a public report if not supported by more detail; and why Non-Executive Directors should have received less information than Executive Directors. The Board discussed the processes by which whistleblowing cases were investigated and reported through the Trust’s governance structure. This included consideration of the detail by the Executive as well as reporting to the Well Led quality sub-committee and to the Quality Committee. The Director of Finance reminded the meeting that he was the Lead Executive Director with responsibility for whistleblowing and that the Lead Non-Executive Director for whistleblowing was Chris Hurst.  John Allison clarified that he was not suggesting that the detail be reported in a meeting in public but that it was an issue that this information had been presented first to the wider Board in this report. The Chief Executive replied that although the whistleblowing investigation process did not routinely involve all Board members, this did not imply that cases were not considered seriously and in detail (even if not all Board members were part of the proceedings). The Trust had agreed processes for dealing with whistleblowing which were not rendered ineffective by not involving the full Board whilst they were taking place.  The Chair noted that the opaque references to the whistleblowing cases in the report raised more questions than answers and recommended that the Board in private consider the relevant cases or processes further, noting that Chris Hurst as the Lead Non-Executive Director for whistleblowing should be kept informed.  ***Agency usage***  The Board considered agency usage and the progress of the HCA agency reduction project. Aroop Mozumder asked whether nursing agency grade swaps would continue as a means to avoid use of agency HCAs; he noted that their ongoing use may have a negative impact upon nursing morale. The Director of HR replied that grade swaps were recognised as not ideal and were not intended to continue; these had partly prompted the deep dives which were now taking place into agency usage, as he had referred to at item 44/19(c) above. The Acting Director of Nursing & Clinical Standards added that these had been necessary at the time to mitigate staffing risks and to ensure that shifts were safely filled.  Chris Hurst noted that there were differences between the processes to provide elective agency cover compared to non-elective/emergency agency cover; he asked if the data was available to distinguish between these and understand when they were required. The Director of HR confirmed that this was possible and added that in both scenarios, it was preferred to use the Trust’s staff bank of agency workers first. However, sometimes sickness or last minute demands required the use of more expensive emergency agency cover.  ***Board to ward messaging – flu jabs***  Lucy Weston noted that although flu jabs were not included in this month’s report she had noted from a recent Board site visit that the messaging about the importance of flu jabs had not fully filtered down into team meetings. She reported that some staff were not viewing flu jabs as a priority in terms of their responsibilities towards patients, as much as in relation to prevention of staff sickness, and were not following up missed flu jabs. The Director of HR agreed that there was still progress to be made especially to ensure that local management led upon these rather than expecting Occupational Health to do most of the work. The Chief Operating Officer noted that this may be indicative of a wider issue around Board to ward connectivity and the messages which were delivered and understood. The Medical Director added that there was a challenge to counter anecdotal cultures and people ascribing not feeling well to having received a flu jab. The Acting Director of Nursing & Clinical Standards reported that these issues were being discussed at flu wash-up meetings at which there had been good engagement from operational managers.  **The Board noted the report**. | **MME/TB** |
| **BOD 45/19**  a  b  c  d  e  f  g | **Inpatient Safer Staffing Report – 28 January to 24 February 2019**  The Acting Director of Nursing & Clinical Standards presented the report BOD 33/2019 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 provided assurance that action was being taken in response to the action from the Care Quality Commission (**CQC**) Well Led inspection that efforts should be made to reduce the level of vacancies, particularly of qualified nurses. Updates were therefore provided on: registered nursing vacancies on Forensic and Adult Mental Health wards; and the development of the nursing workforce in relation to Nurse Associate roles, recruitment and retention and Continuing Professional Development for nurses.  Average weekly daytime fill rates for registered and unregistered staff remained above the Trust target of 85% at 95% (marginally down from 97%) for registered staff and 90% (marginally down from 91%) for unregistered staff. Average weekly night time fill rates had also remained above the Trust target of 85%. However, 2 wards had been below the 85% target for average daytime fill rates for registered nurses (an improvement from 4 and previously 11 in previous reporting periods) but all wards remained safe to deliver care. Amongst the 2 wards which had been below the target for daytime fill rates for registered nurses was City ward which had also dropped to 72% fill rates on unregistered staff; this would be considered further. John Allison asked whether the Trust’s targets differed from national targets. The Acting Director of Nursing & Clinical Standards replied that the targets had been in place for some time and she would check.  In terms of the registered skill mix against establishment, 15 wards (an improvement from 13) had in place an average of 50% or above registered staff skill mix. Wards with below 50% had been impacted by registered nurse vacancies. A mix of substantive staff, Trust-employed flexible registered workers and agency registered nurses 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 was at a weekly average of 11.3% which was a marginal increase on the previous reporting period (9.925%) but still below the peak of 19.1% in February 2018.  In relation to registered nursing vacancies, she highlighted that the new Trac system which HR were using for recruitment should prove to be more robust and efficient. She highlighted the detail in the report on vacancies and that there had been improvement in recruitment to Band 5 roles. Although there had been positive engagement from local universities she noted that more work needed to be done to address the decreasing volume of graduate mental health nurses.  The Chair noted that this was a useful report highlighting the position on staffing and retention.  **The Board noted the report**. | **KRi** |
| **BOD 46/19**  a  b  c  d | **Quality Account update**  The Acting Director of Nursing & Clinical Standards presented the report BOD 34/2019 on the development of the Quality Account 2018/19 and some suggestions for possible quality objectives for 2019/20. She highlighted that changes in national guidance applicable to the Trust introduced requirements to: detail ways in which staff could speak up if they had concerns over the quality of care (in response to the Gosport Independent Panel Report); and provide a statement from the Guardian of Safe Working for medics and dentists.  Aroop Mozumder asked how the quality priorities and quality objectives linked to the Trust’s strategic themes and priorities and the national 5 Year Forward View for Mental Health. The Medical Director replied that they would link to the Trust’s strategic themes and priorities. The Chief Executive noted that it was also the responsibility of the Trust’s strategic work on the 5 Year Forward View for Mental Health to link with the relevant quality priorities and quality objectives.  The Director of Corporate Affairs & Company Secretary noted that if reporting against delivery of the quality priorities and quality objectives developed to include a column to record the Trust’s performance against particular areas then this could be an opportunity to integrate reporting and influence the development of the Trust’s wider strategic priorities and objectives.  **The Board noted the report and the timescales for development of the Quality Account in April and May 2019.** |  |
| **BOD 47/19**  a  b  c  d  e  f | **Quality and Safety Report: Patient Experience & Involvement**  The Patient Experience & Involvement Manager joined the meeting and presented the report BOD 35/2019 on: achievements against the three-year Patient Experience & Involvement Strategy and the development of a new strategy; achievements against the ‘I Care, You Care’ Carers’ Strategy; feedback received from patients, families and carers and actions taken; involvement work with patients and carers in the design, delivery and evaluation of services; and complaints, concerns and compliments received. She referred to pages 8-9 in the report and highlighted that although positive feedback had been received from a variety of different sources, a significant proportion of the negative feedback had been from relatively few reviews/sources. She noted that she and the relevant team managers always directly received any feedback which scored lower than 2 stars and they were working on becoming more responsive to reviews received, including relevant teams responding directly with actions taken.  Aroop Mozumder asked how teams dealt with feedback which may be directed at a particular individual staff member. The Patient Experience & Involvement Manager replied that teams would review their feedback monthly in team meetings or with particular individuals, as may be appropriate; she noted that she had been auditing this as it was important for teams to receive feedback promptly, not months later or annually. Approximately only 2% of feedback named individuals and if the comments were negative then steps may be taken to attempt to mediate through the ‘iwantgreatcare’ system.  The Director of Corporate Affairs & Company Secretary asked how feedback was being sought from patients in crisis, noting that traditional methods of seeking feedback may not be useful or effective for patients in this position and that this was an area of particular focus for the Council of Governors and the Quality Committee. The Patient Experience & Involvement Manager replied that more bespoke methods were being trialled, such as telephone interviews which were taking place with the Oxfordshire Night Team.  The Board commented that the ‘Boys in Mind’ films referred to on page 13, in which young men discussed barriers in feeling able to reach out for help, could be publicised more widely, assuming that the film event in January had taken place. The Patient Experience & Involvement Manager confirmed that the film event had taken place and part of the development of the new Patient Experience & Involvement Strategy included providing more self-help and anti-stigma material, such as these short films, on the Trust’s website for people to access.  The Chair commented that it was positive that this feedback was shared transparently in this report, including the responses from teams in the ‘You Said, We Did’ format.  **The Board noted the report.** |  |
| **BOD 48/19**  a  b | **Patient Story**  The Patient Experience & Involvement Manager explained that the patient who had been intending to present to the meeting had been unable to attend and there would not, therefore, be a Patient Story to this meeting.  **The Board noted that the Patient Story would be rescheduled to the next meeting**.  *The Patient Experience & Involvement Manager left the meeting.* |  |
| **BOD 49/19**  a  b  c  d | **Research and Development (R&D) Report**  The Medical Director presented the report BOD 37/2019 which provided a six monthly update on R&D activity including: various networks and collaborations such as the Oxford Academic Health Science Network; the National Institute of Health Research (**NIHR**) Infrastructure; the Trust’s R&D set up, management and governance including reporting mechanisms; R&D staffing and estates; Communications; Intellectual Property; and R&D Finance. He added that the recent Department of Psychiatry 50th Anniversary Events in March 2019 had also showcased the benefits of R&D work for patients. He highlighted: the Improving Access to Psychological Therapies service which provided access for a large proportion of the population who might otherwise not receive treatment; work on post-traumatic stress which had led to the delivery of more appropriate treatments; work around mood disorders; and research in relation to inflammation and immunity.  Further to discussion at item 43/19 (g) above, and in relation to informing future strategic decision making, he referred to the following in the report:   * section 4.11 and the challenges in obtaining consent for re-contact from patients about their involvement in future research. Following considerable difficulties with an ‘opt-in’ approach, work was taking place with the Information Governance team to explore an ‘opt-out’ approach which he noted may need to be brought back to the Board for a decision in the future; * section 4.10 as national funding for the Case Records Interactive Search (**CRIS**) would end presently and decisions would need to be taken on the ongoing management of CRIS and long-term protection for NHS Intellectual Property; * section 3.4 on the NIHR Biomedical Research Centre and its future hosting arrangements.   Aroop Mozumder noted that the report was clearer and more readable than last year’s. Although the Board had previously received a Seminar focused on R&D, the Board noted that it could still be useful to spend further Seminar time on: R&D funding flows and processes and the role of participants including the university; protection of NHS Intellectual Property; and links with digital strategy and the Trust’s digital capability (as evidenced through projects such as Sleepio, referenced at section 2.6 in the report). The Acting Director of Nursing & Clinical Strategy noted that future reporting could also include more on R&D conducted by nurses.  **The Board noted the report.** | **MHa/HS** |
| **BOD 50/19**  a  b  c  d  e  f  g | **Finance Report**  The Director of Finance presented the report BOD 36/2019 which summarised the financial performance of the Trust for February 2019 (Month 11, FY19). The Month 11 position was an Income & Expenditure (**I&E**) deficit of £11.1 million which, after adjustments, was an underlying performance deficit of £11.5 million and £8.8 million adverse to the Trust’s Control Total and plan. EBITDA (Earnings Before Interest, Taxation, Depreciation and Amortisation) was £0.5 million which was £11.8 million adverse to plan. The Trust continued to be under severe operational pressures in mental health services in particular. Overspend continued in relation to OAPs and residential care in Adult services as well as in Oxfordshire CAMHS. He emphasised the good work which had, however, been done to: reduce overspend on OAPs and noted that it would be key to maintain focus; and in budget management by the Community Services Directorate.  The cash balance had deteriorated from £18.9 million to £11.6 million which was £3.3 million behind plan. Cash management arrangements had been strengthened to improve the working capital position and the capital programme had been reduced to £8.1 million. Capital expenditure was £4.8 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) with individual ‘4’ ratings against the metrics for agency spend, I&E margin and capital service cover.  However, the Director of Finance noted that it should still be possible to deliver to the revised forecast and that there were still opportunities to be crystallised from the Forensic New Model of Care. He added that the Trust had also received some further support from Oxfordshire CCG.  He cautioned however that the impact of actions taken by Oxfordshire County Council could have a negative impact, especially considering the interface between social care and mental health services. Although discussions had commenced, there was still work to do to achieve consensus on delivery of services.  Chris Hurst reminded the Board that the Finance & Investment Committee had reviewed the detail of the financial position and that the original financial plan had always been considered relatively high risk. Given that the Trust had needed to reforecast its financial plan, it was imperative that it achieve this in order to retain credibility. The cash position illustrated the challenge which would be carried forward into FY20 to balance commitments and expenditure against income. The Chief Operating Officer added that lack of cash available for investment would also start to impact upon: patient and staff experience; and, potentially, service models if the Trust was constrained from investing in its Estate. He emphasised that the processes for prioritisation and risk assessment were necessary but noted the future impacts. The Director of Finance reminded the Board of the impact of STP and Integrated Care System bid processes upon capital investment, noting that bids were prioritised across the region and with focus given to backlog maintenance which the Trust had, so far, managed to avoid given that to date it had maintained its Estates well.  The Board considered achievement of the Cost Improvement Programme (**CIP**); cost improvements of £3 million had been delivered (£2.8 million non-recurring), against a year-end target of £6 million. John Allison reminded the Board of the Trust’s consistent underachievement of CIP targets noting that if a similar target were to be proposed for FY20 then it would require more innovative proposals. The Chair noted that further discussions on the delivery of CIP, especially for FY20, would need to take place in private session.  **The Board noted the report**. |  |
| **BOD 51/19**  a  b | **Corporate Registers: application of Trust seal; and receipt of gifts and hospitality**  The Director of Corporate Affairs & Company Secretary presented the reports BOD 38(i)/2019 on the application of the Trust seal and BOD 38(ii)/2019 on the Register of Gifts, Hospitality & Sponsorship. The report on the Register of Gifts now set out and distinguished between gifts accepted and gifts declined. The Director of Corporate Affairs & Company Secretary noted that the Community Involvement Manager was working with the Communications team to promote gift giving to the Charity as although staff were not able to accept cash or vouchers from grateful patients or their families, these could be donated to the Charity.  **The Board received the reports.** |  |
| **BOD 52/19**  a  b | **Updates from Committees**  Chris Hurst presented the minutes of the Finance & Investment Committee meeting on 21 January 2019 and highlighted the reviews of the Capital Programme, including the revised position, and the FY20 Financial Plan.  **The Board received the minutes**. |  |
| **BOD 53/19**  a  b  c | **Any Other Business and Strategic Risks**  No changes were noted to Strategic Risks.  The Chair asked John Allison to speak on behalf of the Non-Executive Directors about Martin Howell, Trust Chair, noting that this would have been his last Board meeting if he had not been unable to attend. John Allison remarked upon the privilege to have served with Martin Howell who had been the only Trust Chair to all current Board members. He emphasised his calm and fair chairing, ability to facilitate the opinions of others without imposing his own and to sum up discussions and chart the way forwards. He noted that he had demonstrated a tremendous sense of duty and wide appreciation of the greater role of Trust Chair, which was more than just running the Board and Council of Governors; he had discharged his responsibilities with energy, commitment and purpose. He had commanded respect and affection and received the thanks and appreciation of his colleagues for the way in which he had done his job.  The Chief Executive agreed that Martin Howell had been one of the finest Chairs that he had been privileged to work with and that he had been a great support to him and the wider Executive. He commended his unshowy style and skilful but unobtrusive ability to facilitate discussion so as to get to the root of a matter, whilst maintaining a |  |
|  | capacity to surprise. He noted that the Lead Governor had also commented upon the balancing act which chairing the Board and the Council of Governors entailed, and Martin Howell’s ability in performing this. He added that this also extended to his ability to work with the chairs of other organisations including beyond the NHS. He noted that the quality of the Board was a tribute to what Martin Howell had brought together. |  |
| **BOD 54/19**  a | **Questions from Observers**  Karen Holmes, Governor, asked about the premium which had been awarded to staff working on Thames House, whether this would be support for other areas and whether the feelings of other staff had been considered. The Director of HR replied that this was the first time since he had joined that the Trust had attempted a ‘reward’ payment but that the impact would be assessed before it was considered for replication in other areas. The Chief Executive added that management had been mindful of how this could be viewed by other staff but that recruitment into Thames House and the specialist work that this entailed had been a challenge for years and there were specific reasons why it was necessary to try a new approach. |  |
| b | Karen Holmes asked when the situation around vending machines in Littlemore, Witney and Abingdon sites could be reviewed especially to ensure that they provided healthy options to support staff wellbeing. The Director of Finance replied that he had followed-up with the Director of Estates and Facilities and this would be discussed further at the meeting tomorrow of the Staff Partnership, Negotiation and Consultative Committee. |  |
| c | Maureen Cundell, Governor, commented upon the need to be more integrated within the Trust especially around wider sharing of information from the Board and some committees. She noted that formerly there had been a programme of Executives going ‘back to the floor’ and she welcomed the Board site visits which had been referred to. |  |
| d | Maureen Cundell asked what role the Quality Improvement (QI) team had in developing different ways of working in order to provide better care and avoid patients going into crisis and what projects the QI |  |
|  | team were involved in. The Chair replied that the QI team reported into the Quality Committee which would also be reviewing its work profile, facilitated by the QI team. The Chief Executive added that the QI team supported the Trust and its directorates and teams with their improvement initiatives including work around the ‘reliable ward’, OAPs, HR processes and time saving using Carenotes. |  |
| **BOD 55/19**  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 11:32.  **Date of next meeting: 25 April 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 and 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. 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)