

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

**Board of Directors**

**BOD 02/2020**

(Agenda item: 4)

Minutes of a meeting held on

04 December 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**) |
| John Allison | Non-Executive Director (**JA**) |
| Jonathan Asbridge | Non-Executive Director (**JAsb**) – *part meeting* |
| Stuart Bell | Chief Executive (**SB**) – *part meeting* |
| Tim Boylin | Director of HR (**TB**)**\*[[2]](#footnote-2)** |
| Marie Crofts | Chief Nurse (**MC**) |
| Sue Dopson | Non-Executive Director (**SD**) |
| Bernard Galton | Non-Executive Director (**BG**) |
| Mark Hancock | Medical Director (**MHa**) |
| Chris Hurst | Non-Executive Director (**CMH**) |
| Mike McEnaney | Director of Finance (**MME**) |
| Debbie Richards | Managing Director of Mental Health & Learning Disabilities (**DR**) |
| Kerry Rogers | Director of Corporate Affairs & Company Secretary (**KR**)**\*** |
| Martyn Ward | Director of Strategy & Chief Information Officer (CIO) (**MW**)**\***  |
| Lucy Weston | Non-Executive Director (**LW**) |

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| **In attendance:** |
| Danny Allen | Consultant Psychiatrist and Guardian of Safe Working Hours – *part meeting* |
| Caroline Griffiths | Freedom To Speak Up Guardian – *part meeting* |
| Donna Mackenzie-Brown Patient Experience & Involvement Team Manager – *part meeting* |
| Lorcan O’Neill | Director of Communications & Engagement – *part meeting* |
| Gerti Stegen | Consultant Psychiatrist and Director of Medical Education – *part meeting* |
| Emma Thomas | Patient Experience & Involvement Lead – *part meeting* |
| Hannah Smith | Assistant Trust Secretary (Minutes) |

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| **BOD****133/19**ab | **Welcome and Apologies for Absence**The Trust Chair welcomed members of the Board present, staff, the governor attending (Mike Hobbs) and members of the public who had attended to observe the meeting. Apologies for absence were received from: Aroop Mozumder, Non-Executive Director.  |  |
| **BOD****134/****19**a | **Declarations of Interest**No interests were declared pertinent to matters on the agenda.  |  |
| **BOD 135/****19**abcd | **Trust Chair’s Introduction and System Overview**The Trust Chair provided an oral update on the Trust’s Staff Recognition Awards 2019 and the presentation ceremony which had taken place the previous evening, 03 December 2019, for the finalists and winners (which would be reported on the Trust’s website). He noted that 03 December 2019 had also been the International Day of People with Disabilities – symbolising the actions which everyone should take every day to create diverse and accepting communities. Whilst Learning Disabilities and Autism were increasing in national and political focus, he emphasised the importance of adequate funding to deliver care and achieve change. He reflected upon the Buckinghamshire, Oxfordshire and Berkshire West (**BOB**) emerging Integrated Care System (**ICS**); it was still unclear whether it could have a role in performance management or be a looser collaboration between various entities but the potential was there for it to improve the flow of data in relation to mental health and community care, especially in comparison to that which had been achieved with physical and acute care. Once the architecture of the ICS had been developed, focus could then be placed upon how integration and the ICS would impact upon service users and service provision in the BOB footprint. He commented upon the reorganisation of primary care into Primary Care Networks and noted that the Trust was continuing in dialogue with local GP Federations. **The Board noted the oral update**.  |  |
| **BOD 136/****19**abc | **Report on Council of Governors’ meeting on 21 November 2019** The Trust Chair provided an oral update of the recent meeting and recognised the work of Rachel Miller, Patient Experience Lead for Learning Disabilities, to develop and trial ‘Easy Read’ versions of the Council of Governors’ agenda and selected papers in order to unpack and make more accessible the content of the meeting. He reported that feedback from service users had been positive and that the further development of the format and content of the Council meetings was still ongoing, with the intention to: reduce replication of information which may be available in other forms; and open up more time for discussion. He noted that the Council meeting had also received an insightful presentation from Alan Poots of the Picker Institute on Data Collection Analysis; he commented upon the challenge of dealing with subjectivity, especially where no one measure of patient experience may be inherently reliable, thereby increasing the importance of being able to triangulate various measures of patient experience from a variety of sources. **The Board noted the oral update**.  |  |
| **BOD 137/****19**abcde | **Minutes of the Meeting held on 25 September 2019**The Minutes of the meeting were approved as a true and accurate record subject to the final sentence of item BOD 126/19(c) on page 20 being amended to read that, in relation to crisis resolution and home treatment teams in Oxfordshire, plans were still being developed as there was no long-term funding commitment for the care fidelity model (the specification to describe the need for crisis resolution and home treatment teams). ***Matters Arising*****Item BOD 123/19(d) Incident, Mortality and Patient Safety report – Highfield incidents**The Chief Nurse confirmed that the case of the Highfield patient who had harmed on 107 occasions would be considered in more detail through the Safety quality sub-committee and reporting into the Quality Committee. The Board noted that the following actions were to be progressed:* BOD 112/19(a) Board Declarations of Interest to be updated to include the change in the Chief Executive’s role at Picker;
* BOD 118/19(e) Emergency Department Psychiatric Service deep dive by the Quality Committee; and
* BOD 123/19(e) Incident, Mortality and Patient Safety report (spike in incidents at Marlborough House) – to be considered by the Quality Committee and would be included again in the call for papers for 2020.

The Board noted that the following action would be dealt with in more detail during the meeting (at item BOD 142/19 below): BOD 119/19(c) HR report to consider reporting on turnover by earning group. The Board noted that the following actions had been completed or were in progress:* BOD 119/19(d) Workforce Race Equality Standards and Cultural Ambassadors – presented at the Board Seminar on 13 November 2019; and
* BOD 121/19(c) Board Seminar on use of community hospitals in BOB area – being considered by the Oxfordshire Community Services Directorate for inclusion in the Seminar programme 2020.
 | **HS****MHa****MC** |
| **BOD 138/****19**abcdefghijklmnopq | **Chief Executive’s Report**The Chief Executive presented the report BOD 104/2019 which provided updates on: recent national and local issues; and stakeholder meetings and visits he had undertaken. ***BOB ICS response to the NHS Long Term Plan (LTP)*** The Chief Executive referred to his report and confirmed that the Trust had submitted its contribution as part of the BOB ICS system response to the NHS LTP, together with a letter to the Executive Lead for the BOB ICS setting out risks/caveats to delivery of NHS LTP ambitions. He explained that an accompanying letter setting out risks/caveats had been submitted as it was important for the Trust to give a realistic account of what would, and would not, be possible in delivery of NHS LTP ambitions, especially in relation to delivery of specific mental health indicators and the impact of phasing of investment to remedy the historic underfunding of mental health services in Oxfordshire. In addition to the local funding situation, the various LTP submissions across the South East region had indicated that there would be a significant net deficit position by 2023/24, a substantial part of which would come from the BOB ICS area. Plans would, therefore, be reviewed to address the financial deficit. However, it had been agreed that the BOB ICS’ three key service priorities in the LTP were: mental health; primary and community care; and cancer. Therefore, if the three key service priority areas were to be delivered then they should be low on the list of areas to address the financial deficit. *Jonathan Asbridge joined the meeting*. Bernard Galton asked if the South East region system deficit took into account the £12 million historic underfunding of Oxfordshire’s mental health services which had been accepted by Oxfordshire CCG. The Chief Executive explained that the South East region covered areas including Kent and Southampton; the regional deficit figure included the assumption that the £12 million of underfunding had already been paid by the CCG. The regional deficit position was being impacted by the growing deficit in acute providers, whilst system costs also continued to rise. He commented that it was no longer sustainable for acute providers to operate on the assumption that increased levels of activity would be matched by increased funding; however, he recognised that it was challenging to move away from this basis where it had been operated over the years. The Trust Chair asked whether the BOB ICS could become an instrument to change this. The Chief Executive replied that it was too early to tell but that, in the meantime, the Trust would continue its work with primary care community services to help to relieve pressure on the local system. The Trust Chair referred to comments made by Jonathan Asbridge, at the Board’s workshop on 31 October 2019, in relation to the cost of Oxford University Hospitals NHS FT’s (**OUH**) Psychiatric Liaison Service and asked whether the BOB ICS would address this in the context of reviewing spending on local psychiatric services. The Chief Executive replied that he had mentioned this to Fiona Wise, BOB Executive Lead, but could not comment on how it may be addressed. Chris Hurst commented upon the premium cost for the BOB ICS of university/teaching hospitals; although they could apply for separate funding for teaching and research, and there was value for patients in being able to access the most current diagnostic and other technology, there was also a net cost to this. The Chief Executive acknowledged this but added that there were also larger financial problems outside of Oxfordshire’s university/teaching hospitals, for example financial challenges in Buckinghamshire; he reminded the meeting that the Trust also operated as a university/teaching hospital and was a more active research organisation than some others which also operated under the description. The Director of Finance agreed and emphasised the importance of addressing the overall BOB area deficit quickly otherwise the impact would be felt for the next four years across the BOB area. Jonathan Asbridge advocated seizing the opportunities which the BOB ICS could create. Whilst there were costs associated with university/teaching hospitals, the development of ICSs could: lead to cost reductions through eliminating excess costs which a pricing market could create and thereby releasing savings; and support providers to work more closely together to embrace opportunities through the BOB ICS. He noted that savings were less likely to be attained by stripping out parts of the system and that the Trust should be combative on behalf of mental health service users who had been historically underprovided. The Director of Finance replied that the Trust was striving on behalf of mental health service users but, in some respects, it was more challenging to do this for community services. Sue Dopson agreed with this. Chris Hurst agreed with seizing the opportunities, in particular to break down the boundaries which could be created for management convenience. The Managing Director of Mental Health & Learning Disabilities emphasised that the NHS LTP provided an opportunity to address the current under-provision of mental health services in the BOB area. The analysis on this which had been presented to the Board’s workshop on 31 October 2019 had demonstrated how this could be achieved but in certain given circumstances, as had been made clear in the accompanying letter setting out risks/caveats to delivery of NHS LTP ambitions. Lucy Weston reminded the meeting of the need for promised funding to materialise otherwise it was not sustainable for the Trust to continue delivering services under the pressures as evidenced in the Performance and HR reporting. The Director of Strategy & CIO agreed, noting that even with additional funding it would also be key to have sufficient workforce to deliver care. The Trust Chair summarised that whilst the Trust should continue to address the historic underfunding of mental health services in Oxfordshire, it should also seek to find ways to engage in collaboration with colleagues in the BOB ICS. ***Provider Collaboratives (development of New Care Models)***The Chief Executive referred to his report and reminded the meeting of the Trust’s participation in New Care Models for the last three years in relation to Forensics, Eating Disorders and Child & Adolescent Mental Health Services (**CAMHS**). Further to the interviews for the next phase of Provider Collaboratives, the submission of business cases had been delayed pending release of data by NHS England for completion of these business cases. In the meanwhile, the Trust had been discussing with Dorset Healthcare University NHS FT and Southern Health NHS FT on joining the risk/gain share on the Forensic Provider Collaborative and thereby spreading the potential risks that could still exist in this Provider Collaborative. He also highlighted risks in relation to: (i) the Eating Disorders Provider Collaborative from the low number of commissioned Eating Disorders beds across the area of the network, due to under-resourcing; and (ii) bringing people with Learning Disabilities in secure services into the cohort of the Forensic Provider Collaborative, pending release of information from NHS England in order to be able to undertake due diligence to identify the patients, their circumstances and the most appropriate clinical pathway. ***Integrated Governance Framework and new People, Culture & Leadership Committee***He referred to his report and the proposed establishment of the new People, Culture & Leadership Committee, as a new Board Committee, as well as the standing down of the Well Led quality sub-committee. ***UK-CRIS/Cristal Health Ltd***He referred to his report and the creation of Cristal Health Ltd during 2019 to develop UK-CRIS further. The Trust was entitled to appoint a non-executive director to the board of Cristal Health Ltd and it was proposed that Mike McEnaney, Director of Finance, be the Trust’s appointment. ***Winter Preparedness***He referred to his report and noted that this year, coordination of the urgent care system in Oxfordshire would be led through the Chief Nurse at OUHand the Director of Adult Social Care at Oxfordshire County Council. A wider group was involved this year and the arrangements built on learning from last year in order to achieve traction in all relevant parts of the local system. The Trust would participate fully and support its evolution. ***Oxford Academic Health Science Centre (AHSC)***He referred to the update in his report on the activities of the AHSC and highlighted that, further to discussion at the Board’s workshop on 31 October 2019, an exercise had been conducted to identify suitable candidates from amongst the AHSC partners for the part-time role of AHSC Director. Three candidates had been considered, with the experience, track record and senior academic clinical standing required for the role. It was recommended that Professor Keith Channing, former OUH Biomedical Research Centre Director and Research & Development Lead for the Medical Sciences Division of the University of Oxford, be endorsed in his appointment to this role. ***Changes in local system leadership***He referred to his report and noted that Lou Patten, Chief Executive of Oxfordshire and Buckinghamshire CCGs, had announced that she would be standing down in March 2020. The new role of Managing Director for the Oxfordshire Integrated Care Partnership (with responsibility as CCG Accountable Officer for Oxfordshire) was still to be appointed to. He thanked Lou Patten and noted her significant contribution in recognising and helping to address historic underfunding of mental health services in Oxfordshire. ***Consultant appointments***The Board was requested to ratify the appointment of Dr Anuradha Yadav as Consultant Forensic Psychiatrist to Woodlands House, Aylesbury and to Marlborough House, Milton Keynes. **The Board noted the report and:*** **RATIFIED the consultant appointment of Dr Anuradha Yadav;**
* **APPROVED the nomination of Mike McEnaney, Director of Finance, as the Trust’s appointed non-executive director on the board of Cristal Health Ltd;**
* **APPROVED the proposed amendments to the Trust’s Integrated Governance Framework, as set out in the report, and the consequential establishment of the People, Culture & Leadership Committee as a new Board Committee; and**
* **ENDORSED the appointment of Professor Keith Channing as Oxford AHSC Director.**
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| **BOD****139/****19**abcd | **Legal, Regulatory & Policy update report**The Director of Corporate Affairs & Company Secretary presented the report BOD 105/2019 which provided an update on legal, regulatory, compliance and policy matters to inform the Board of recent changes in legislation and guidance and to expand the Board’s curiosity about developments in other organisations. She highlighted Appendix A in the report which set out awareness/learning/’true for us’ findings from: Care Quality Commission (**CQC**) inspection reports into other organisations; and various investigations, legal cases and precedents. She also referred to section 1 in the report and the CQC’s findings from the Annual State of Care report and increasing focus on practices of seclusion, restraint and segregation. She drew attention to section 10 in the report on the development of competency frameworks for senior NHS leadership roles including NHS provider chairs, as well as the development of a remuneration structure for NHS provider chairs and non-executive directors. The Trust Chair and Bernard Galton commented that the report had provided a very useful summary. **The Board noted the report**.  |  |
| **BOD 140/****19**abcdefghi | **Performance Report and Operational Perspective**The Director of Strategy & CIO presented the report BOD 106/2019 on performance against national and local indicators. National indicators were reported against the Single Oversight Framework. Local indicators were reported against commissioners’ contracts. The report also provided data on patient access and flow including: demand for services/referrals; access/waiting times; Delayed Transfers of Care; and Out of Area Placements (**OAPs**). Overall the Trust had achieved 74% of targeted indicators for October 2019 (Month 7). Of the 85 indicators which had not been met in October, 35 had been over 10% away from meeting commissioner-defined targets. He highlighted that demand exceeding workforce capacity continued to have a major impact on service delivery, in particular in CAMHS and in Oxfordshire Adult Mental Health referrals. He noted that a potential benefit of the BOB ICS was the ability to work at scale and consider resourcing issues as a collective and how resources could be deployed as a system, rather than just from the perspective of individual organisations. On performance against the Single Oversight Framework, he referred to the covering report and highlighted:* below target performance against the Data Quality Maturity Index, mainly due to completeness (rather than accuracy) as not enough information was yet being collected in relation to some information requirements e.g. armed forces veterans or ethnicity. A data quality plan had been put in place to target further data collection;
* above target performance on Minor Injuries Unit waiting times; and
* improved performance on OAPs with reduced numbers of patients being sent out of are due to shortage of beds.

Local directorate performance was as set out in the report, with highlights in the covering report. In addition, he reported that, in relation to Specialised Services, the Community Dentistry Service would be going out to competitive procurement from January 2020 and this would be discussed in more detail at the Board meeting in private today following the meeting in public. Jonathan Asbridge referred to page 5 in the covering report and staffing pressures overnight and at weekends in the Emergency Department Psychiatric Service (**EDPS**). He asked whether EDPS staffing pressures were due to inability to recruit or lack of funding. The Director of Strategy & CIO replied that although there had been funding issues, these had now been resolved and funding had been provided. The remaining issue, therefore, was to recruit to cover evening and weekend EDPS shifts. Jonathan Asbridge asked if recruitment was specific to EDPS or whether staffing was covered through existing consultants. The Medical Director explained that EDPS was mainly nursing-based, with support from the medical workforce during the week. Jonathan Asbridge commented that services such as EDPS or the mental health nurses supporting triage in NHS 111 could do a significant amount to support Out-Of-Hours GP services and avoid use of emergency services; he asked if this was recognised by commissioners. The Managing Director of Mental Health & Learning Disabilities replied that although the ambitions to support these services were included in the NHS LTP, along with crisis care, services were not being commissioned to provide 24 hours/day core delivery and the amount of funding available for crisis care was insufficient to enable the provision of core 24 hour/day crisis care in both Oxfordshire and Buckinghamshire. The amount of funding currently envisaged through the LTP would need supplementing. Lucy Weston praised the report but asked whether some additional information was available to analyse areas of underperformance which had remained unchanged; for example, for how many months or years performance had been red-rated, what the average rate of performance had been and whether or how underperformance had impacted upon patients e.g. through waiting times. The Director of Strategy & CIO replied that additional information could be provided to show how long indicators had been red-rated or underperforming. He added that the underlying reason for underperformance was often workforce pressure. In relation to waiting times, a waiting times report across service lines was being developed. The Chief Nurse added that there was also a process to escalate patients who were waiting and to make contact, if necessary, whilst they were waiting for assessment or treatment. Lucy Weston noted that the impact of waiting times could be two-fold: upon patients themselves, therefore those at risk would need to be identified and escalated; and also the impact upon wider service provision as patients who may have deteriorated during a waiting period may then require more intensive services and support. The Trust Chair asked if the report could distinguish between performance issues which may be linked to funding or resourcing deficits and those for which the Trust may be responsible. The Director of Strategy & CIO agreed that it would be possible for reporting to distinguish between issues which the Trust could not directly control, such as workforce shortages, and issues which were within Trust control, such as data quality, recording and clinical issues. Lucy Weston added that colour coding to identify whether breaches were linked to issues of demand and capacity or workforce would also be helpful. The Managing Director of Mental Health & Learning Disabilities reminded the meeting that even acquiring more funding was only the start of a performance improvement trajectory and that performance indicators would not improve overnight from red to green-rated. Funding would be an enabler for recruitment and training to take place but the Trust would also need to work with commissioners and system partners to ensure delivery.**The Board noted the report**.  | **MW****MW** |
| **BOD 141/****19**abcd | **Patient Story**The Patient Experience & Involvement Team Manager and the Patient Experience & Involvement Lead joined the meeting and gave an oral summary of the experiences of two patients who had been treated for pressure ulcers. The pressure ulcers had started whilst the patients had been subject to acute care; they had subsequently been supported at home by the Trust’s district nurses. Their experiences even before entering Trust care were, however, relevant for community hospitals as these could be similar environments to the hospital environments which the patients had come from. The issues which the patients had experienced included: being left in bed immobile for long periods of time; not feeling listened to by nurses; not having enough opportunities to be helped out of bed so as to avoid pressure ulcers; and only being treated for the one element they had been admitted for, rather than a more holistic approach being taken. As the recording of the patients had been summarised rather than played to the Board, due to technical issues, the Patient Experience & Involvement Team Manager would circulate a version later for the Board. The Board discussed and acknowledged the importance of listening to patients, especially as patients could also become expert in their own conditions. The Chief Nurse reminded the Board of the ‘End PJ Paralysis’ initiative which was aimed at acute hospitals and community hospitals to encourage mobilisation of patients.**The Board noted the oral update.** *The Patient Experience & Involvement Team Manager and the Patient Experience & Involvement Lead left the meeting.*  | **DMcK** |
| **BOD 142/****19**abcdefghij | **Human Resources (Workforce Performance) Report**The Director of HR presented the report BOD 107/2019 which set out workforce performance indicators and updates on: the Chief Executive Officer appointment process; the development of an HR IT Strategy; Health & Wellbeing; the Employee Assistance Programme; the staff survey; Equality, Diversity & Inclusion; Just Culture principles; vacancies; recruitment; temporary staffing spend; sickness; and turnover (leavers’ data not internal moves). Further to the action from BOD 119/19(c) (HR report to consider reporting on turnover by earning group), referred to at item BOD 137/19(d) above, the Director of HR reported that: the lowest staff turnover group was medics, whilst the highest was administrative staff and Estates. Other groups, such as qualified nurses, managers and support staff generally reported turnover in between those two groups. He added that turnover in Estates could be high as it was difficult to attract and retain electricians and plumbers for payrates under Agenda For Change in the Trust’s geographical footprint. Bernard Galton noted that he could separately discuss with the Director of HR some organisational development work to help Estates staff feel more connected with, and less detached from, their organisation as this might assist with retention. The Board commented upon the challenges with members of Estates staff feeling detached, especially where they were not office-based. Nonetheless, the Board was reminded that members of Estates staff were also recognised and thanked for their contributions – one of the gardeners had been recognised at the Staff Recognition Awards event last night and previously one of the porters had been recognised.The Director of HR provided an additional update on the Chief Executive Officer appointment process and noted that presentations from the search consultancy firm were due next week, with assessment and interviews to take place in the following week. The Director of HR referred to the establishment of the new People, Culture & Leadership Committee and noted that he had been working with Bernard Galton on scoping its remit to focus not just on data but upon people, being forwards looking and learning from best national practice as well as local BOB work. The Director of HR was also working with the Chief Nurse to sponsor a series of meetings around quality and agency, especially as agency spend remained high and even when it was reduced in one area, it could swiftly climb up in another. These quality and agency meetings would also help to inform the work of the People, Culture & Leadership Committee. Further to the Board Seminar on 13 November 2019 which had considered the Workforce Race Equality Standards (**WRES**), the Director of HR reported that actions plans were being revised and further developed. Jonathan Asbridge praised the Cultural Ambassadors who had also presented at the Board Seminar and recommended that they also be given an opportunity to present at a meeting in public; he noted that the Board should demonstrate its commitment to the WRES actions. The Board discussed recruitment and retention. Lucy Weston noted that the Trust had options to emphasise the benefits of working for the Trust and the inspirational work which staff could become involved in, for example through Research & Development; she suggested that there was more which could be done before turning to options such as a Thames Valley pay-weighting, including more engagement with schools and universities. The Chief Nurse agreed with the importance of more proactively promoting what the Trust could offer, noting that the Preceptorship Programme and accreditation from Oxford Brookes University were also examples. The Director of HR agreed and noted that the Trust needed to speed up its progress in this area in order to have a greater impact. Bernard Galton emphasised the importance of retention and being able to demonstrate that the Trust could be a great place to work. He agreed that a Thames Valley pay-weighting was not the only option, especially as it could introduce issues such as competition between those areas with it and other neighbouring areas without it. John Allison noted that whilst retention was important and could prevent the workforce situation from deteriorating, it was not necessarily the key to improving it. He emphasised that in order to improve, it was imperative to make the Trust a really great place to work but until the disparity between demand and capacity was addressed, and activity reduced to better match available resources, the Trust may continue to ask too much of its staff. Even if this were progressed, there would be work to do in order to understand the personal qualities of the workforce and identify and appoint leaders. The Managing Director of Mental Health & Learning Disabilities reminded the meeting of additional or alternative workforce options, such as flexible workers and through third sector partnerships. She noted that the national Chief People Officer had appointed a Head of Flexible Working and there was national focus upon this. She also reflected upon the first Linking Leaders conference which she had attended and noted the importance of empowering managers to have conversations about issues such as menopause and its impact upon working lives. She also reminded the meeting that some parts of the workforce could also be predominantly female, with under-representation of men and that the work being done with nurse cadets to encourage more men to join nursing was relevant. **The Board noted the report**.  | **TB** |
| **BOD 143/19**ab | **Flu vaccination update report self-assessment**The Chief Nurse presented the report BOD 108/2019 and explained that Appendix 1 contained the vaccination programme self-assessment as required by NHS England/Improvement. The report set out the progress of the vaccination programme, the monitoring arrangements and current actions. She noted that there were no areas of concern to highlight from the self-assessment and that the vaccination rate was currently up to 45% which was approximately 4-5% ahead of last year, although she had hoped that the Trust would be even further ahead at this stage. She reported that although the first tranche of the vaccine which had been delivered had been administered immediately, there had been a national shortage of the vaccine which had resulted in clinic sessions having to be cancelled. **The Board noted the report.**  |  |
| **BOD 144/****19**abc | **Inpatient Safer Staffing Report – 12 August to 03 November 2019**The Chief Nurse presented the report BOD 109/2019 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: skill mix and staffing establishment reviews; vacancies by ward; and recruitment work. She referred to item BOD 142/19(d) above and the setting up of a series of meetings around improving quality and reducing agency, noting that the Trust still needed to tackle consistently high agency use. Average weekly daytime fill rates for registered and unregistered staff remained above the Trust target of 85% at 98% for registered staff and 86% for unregistered staff. Average weekly night time fill rates had also remained above the Trust target of 85%. However, 5 wards had been below the 85% target for average daytime fill rates for registered nurses (an increase from 2 in the previous reporting period but not as high as 9 in the period beforehand) but all wards remained safe to deliver care. Agency usage had increased slightly to 10.2% (from 9.5% in the previous reporting period) but below the peak of 19.1% in February 2018. **The Board noted the report**.  |  |
| **BOD 145/****19**ab | **Guardian of Safe Working Hours report** Dr Danny Allen, Guardian of Safe Working Hours, joined the meeting, introduced himself as having taken on the role from Dr Phil Davison and presented the report BOD 110/2019. He referred to the report and highlighted new guidance and new contract agreements which were available via the links in the report, noting that the Chair of the Junior Doctors’ Forum was also leading their colleagues through the changes. He noted that there remained a low level of exception reporting and there were no trends to address from the reporting period. However, there may be some under-reporting and he would work on ensuring junior doctors were aware of their corporate duty to record and report exceptions in working hours. Compared to other organisations, nonetheless, there was a good culture of reporting at the Trust. The Medical Director added that junior doctors were also positive about the Trust and that the changes made to rotas and the introduction of core trainees at weekends had helped to reduce the number of breaches of working hours. **The Board noted the report and thanked the Guardian of Safe Working Hours for his assurance.** *The Guardian of Safe Working Hours left the meeting.*  |  |
| **BOD 146/****19**abcde | **Director of Medical Education report**Dr Gerti Stegen, Director of Medical Education, joined the meeting and tabled a paper with bullet points covering positive points and issues in relation to undergraduate training, postgraduate training and SAS (Specialty and Associate Specialist) doctors. Further to discussion at item BOD 138/19(e)-(f) above, the Board noted that there were premium costs and overheads linked to being a teaching hospital which also needed to be balanced against competing pressures including the disparity between demand and capacity as well as organisational fatigue from workload. The Board considered issues in relation to: * two CAMHS placements being moved to OUH, due to service changes and vacant consultant posts or consultants being unable to host students, and the loss of accompanying funding. The impact of vacancies and workload pressures upon consultants’ ability to host students and provide core psychiatry training, which could not be done through OUH, was noted;
* trainee access to IT equipment and facilities/computer rooms where they could sit and work. Whilst it was noted that decisions to reallocate space were not made arbitrarily, the Board suggested that more discussion may be helpful. Investment in training was recognised as a crucial investment for the future but it was also noted that whilst other staff in the Trust were moving towards open-plan working models, especially in recognition of pressures upon sites, maintaining a computer or study room may be out-moded;
* accountability for/transparency of use of undergraduate funding. The Director of Medical Education confirmed that she was working with the Director of Finance on this; and
* Out Of Hours workload for postgraduate trainees in Oxford City and Littlemore, as well as time spent on managing physical healthcare rather than in psychiatry. The Medical Director acknowledged that trainees did spend time on discharge letters and supporting physical healthcare on wards.

The Chief Executive noted that until activity levels could be reduced or the Trust ceased providing some services, despite the goodwill of staff to deliver above and beyond requirements, these kind of issues would be exacerbated. He reminded the Board of the temporary closure of the City Community Hospital ward for safety reasons, noting that it had been necessary in order to be able to recruit and rebuild staffing on the ward (which had now reopened) in order to avoid a downwards spiral. The Board agreed that:* the Managing Director of Mental Health & Learning Disabilities would meet with the Director of Medical Education and discuss service requirements/room usage;
* the Chief Nurse would meet with the Director of Medical Education to discuss: a joint training event for nursing and medical trainee staff; and also consider resourcing for the management of physical health of patients; and
* the Director of Finance should be kept updated so that a coherent view of training requirements and budgetary impact could be maintained.

**The Board noted the oral update and the tabled paper and affirmed its commitment to enhancing the Trust’s status as a teaching organisation. The Board thanked the Director of Medical Education.** *The Director of Medical Education left the meeting*. *The Board took a break for 5 minutes and reconvened at 12:07.*  | **DR/MC** |
| **BOD 147/****19**abcd | **Quality and Safety Report: Effectiveness**The Medical Director presented the report BOD 111/2019 which provided an overview of the work of the Effectiveness quality sub-committee and supporting sub-groups in meeting the requirements of Effectiveness under the CQC key lines of enquiry. He noted the increase in the number of outstanding improvement/action plans following clinical audits and that this had been liked to lack of directorate governance support. Governance support was now in place and an improvement in completion of action plans was anticipated. He highlighted that: the Chief Pharmacist was leading on work to address the recording of the assessment of side effects of depot anti-psychotics; and, in relation to the National Clinical Audit of Psychosis, the Trust had only been an outlier in the area of patients attending their GP surgeries for blood tests but this may be resolved through the pilot of point of care testing in clinics. The Chief Nurse asked about staff training in venepuncture in order to support the pilot. The Medical Director confirmed that point of care testing would require staff venepuncture training. Jonathan Asbridge commented upon the high number of themes identified in the executive summary to the report and noted that it may be useful to categorise these into essential or desirable, if possible. The Medical Director replied that the Effectiveness quality sub-committee had a large number of sub-groups which reported into it and themes represented the main issues. **The Board noted the report.**  |  |
| **BOD 148/****19**abcdefg | **Finance Report** The Director of Finance presented the report BOD 112/2019 which summarised the financial performance of the Trust as at October 2019 (Month 7, FY20). He noted that the Trust was running at an Income and Expenditure deficit of £3.5 million which was £0.5 million adverse to plan but in line with forecast. EBITDA (Earnings Before Interest, Taxation, Depreciation and Amortisation) was also £1.3 million adverse to plan. After excluding Provider Sustainability Funding and Financial Recovery Funding, underlying performance was a deficit of £5.7 million which was £0.6 million adverse to the Control Total. Operating performance continued to be under significant pressure, largely from: high activity in Oxfordshire (focused around CAMHS and Adult Mental Health services) especially when considered against high levels of activity against current funding. He also noted increased agency costs in mental health services and overspends in Corporate areas such as IT and HR. The cash balance of £13.4 million was £1.3 million better than plan, which was a strong position but had been achieved mainly due to slippage against the capital programme. Delivery of the Cost Improvement Programme/ Productivity Improvement Programme (**CIP/PIP**) was £0.2 million adverse to plan but the bulk was expected in the latter part of FY20. A shortfall of approximately £2 million against the target of £7.6 million was also anticipated against which some contingency amounts may be available. He noted that the Trust would need to work in conjunction with Oxfordshire system partners in order to achieve the Control Total for Q3. In terms of the financial forecast, however, he anticipated that the Trust may need to reforecast at Q3. The Use of Resources risk rating remained on plan at ‘3’ (where ‘1’ was the best rating/low risk and ‘4’ the worst/high risk). The Trust Chair asked when the Trust would receive a decision on FY21 funding from CCGs. The Director of Finance replied that he had a meeting tomorrow with the CCG and that he and the Managing Director for Mental Health & Learning Disabilities also had a further meeting later this week. **The Board noted the report**.  |  |
| **BOD 149/****19**abcd | **Freedom to Speak Up report** The Freedom To Speak Up Guardian joined the meeting and presented the report BOD 113/2019. She reported that the number of concerns raised remained comparable with previous reporting periods and there had been no serious patient safety concerns raised. She highlighted the following themes of concerns: management behaviour and skills; behaviour amongst staff (including incivility and favouritism); work pressures including from complexity of cases and lack of staffing; and lack of consultant cover in Oxfordshire CAMHS. Whilst these were not new themes, they supported the need for cultural change and the role of the Freedom To Speak Up Guardian. She referred to the paragraph in the report on the Effectiveness of Freedom to Speak Up and the analysis of the staff survey; she noted that whilst Trust averages on the staff survey had remained the same for the past 4 years, upon closer inspection some areas of significant difference could be identified.The Freedom To Speak Up Guardian noted some inconsistences in the data in the report as the text referred to 43 concerns having been raised during the reporting period, whilst the table had a total of 42. She explained that the November-January 2018-19 section in the table should read 6, not 5, staff contacts and the total should be 43. Jonathan Asbridge asked about exit interviews. The Freedom To Speak Up Guardian replied that these were offered if people left the Trust, but not if they made an internal move; however, she noted that they did not yet feel like common practice. The Director of HR replied that he and the HR Business Partners did conduct some exit interviews but he acknowledged that this was capturing only a small percentage and that a better methodology may need to be found. **The Board noted the report** **and thanked the Freedom To Speak Up Guardian, noting her pivotal role in providing assurance that staff could speak freely and articulate issues.**  *The Chief Executive left the meeting.*  |  |
| **BOD 150/****19**abc | **Modern Slavery Act annual transparency statement**The Director of Corporate Affairs & Company Secretary presented the report BOD 114/2019 on the review and update of the Trust’s Modern Slavery Act transparency statement. Lucy Weston asked if the statement could be extended beyond the business risks of modern slavery to also encompass the Trust’s responsibilities to vulnerable patient groups. The Chief Nurse added that wording around safeguarding practice and protecting service users from exploitation could be included. John Allison agreed and noted that the Trust’s responsibility towards patients should be highlighted in the updated statement. Jonathan Asbridge noted that this could also be a statement as to how the Trust embraced the wider concept of anti-oppressive practice. **Subject to the comments above being incorporated by the Director of Corporate Affairs & Company Secretary, the Board APPROVED the updated Modern Slavery Act transparency statement for publication.**  | **KR** |
| **BOD 151/****19**abc | **Communications & Engagement report**The Director of Communications & Engagement joined the meeting and presented the report BOD 115/2019 on internal and external Communications & Engagement as well as systems development. He highlighted: * the development of the new intranet;
* social media activity, noting that the Trust now had over 14,000 social media followers and was the most followed trust in the BOB region;
* growing internal demand for Communications’ services – from printing of in-house leaflets to content development and the need for sufficient lead time to develop good content; and
* increasing system meetings linked to the BOB ICS and commissioning.

The Managing Director of Mental Health & Learning Disabilities asked about new ways of engaging with local communities and ways of getting more young people involved in challenging the Trust’s thinking about communicating and engaging. The Director of Communications & Engagement replied that in addition to his own team, there could also be opportunities to work on this with the Patient Experience & Involvement Leads and learn from their interactions with young people. **The Board noted the report and thanked the Director of Communications & Engagement.** *The Director of Communications & Engagement* *left the meeting. Jonathan Asbridge left the meeting.*  |  |
| **BOD 152/****19**abc | **Board Assurance Framework report**The Director of Corporate Affairs & Company Secretary presented the report BOD 116/2019 which provided an interim update, pending a more detailed update in Q4. She highlighted a new ‘high’ risk at 6.4 in relation to the Data Centre and an updated ‘high’ risk at 6.1 on Data Quality; both had been reviewed by the Audit Committee and it had been agreed to amend the wording of 6.4 to record that the Data Centre was hosted by an external supplier. The Trust Chair asked the Chairs of the Audit Committee and the Quality Committee for observations on the risk profile. Bernard Galton added that the Audit Committee in September 2019 had received an update on the Data Quality Strategy and reviewed the Internal Audit report on the Data Centre, with the Director of Strategy & CIO and the Head of IT, as set out in the Audit Committee minutes presented to this meeting at paper BOD 117/2019. He noted that the Audit Committee then had expressed concerns about the impact of data loss, further to the Internal Audit report, and had recommended that data security and management of data be escalated to a higher risk profile; this had been a few weeks before an incident involving the Data Centre in October 2019 had further highlighted the risk. The Audit Committee meeting in December 2019 had received assurance from the Director of Strategy & CIO that mitigation was in place in relation to the Data Centre risk and that recovery work from the incident in October was progressing. **The Board noted the report.**   |  |
| **BOD 153/****19**abcde | **Updates from Committees** ***Audit Committee – meeting on 10 September 2019***The Board received the minutes of the meeting on 10 September 2019 at BOD 117/2019 and Bernard Galton provided a further oral update on the Audit Committee meeting on 03 December 2019. In addition to considering the Data Centre, the Audit Committee in December had also: considered Clinical Audit; reviewed Internal Audit reports on financial systems; and discussed disappointing lack of progress in completing Internal Audit actions from previous reviews. He escalated the lack of progress in completing Internal Audit actions, or confirming if they had been superceded, to the Board. The Director of Finance confirmed that the Internal Audit action tracker was on the agenda for the Executive meeting to discuss on Monday, 09 December 2019. Bernard Galton reported that 03 December 2019 had been his final meeting as Chair of the Audit Committee and that Lucy Weston would be taking on the Chair of the Audit Committee whilst he would take on the Chair of the People, Culture & Leadership Committee. *Jonathan Asbridge returned to the meeting*. ***Finance & Investment Committee – meetings 17 September and 12 November 2019***Chris Hurst presented the minutes of the meeting on 17 September 2019 at BOD 119/2019 and provided an oral update from the recent meeting on 13 November 2019. He highlighted that the Trust would need to be able to demonstrate that it had met its Global Digital Exemplar (**GDE**)obligations and utilised the funding provided appropriately or this could impact upon the availability of future funding. The Director of Strategy & CIO noted that this was a fair assessment and that the Trust was also expected to match fund to complete the GDE programme. He added that the Trust’s ageing IT infrastructure and equipment would also need upgrading otherwise the full benefits of available software and the further digitisation of the Trust’s business would not be realised. The Trust’s four-year financial planning therefore included specific investment into IT. ***Quality Committee – meetings on 11 September and 13 November 2019***Jonathan Asbridge presented the minutes of the meeting on 13 November 2019 at BOD 118/2019 and confirmed that the Quality Committee’s ‘Quality Improvement’ half day would be taking place in January 2020 and that he had met with Professor Charles Vincent, Director of Oxford Healthcare Improvement, to construct the agenda. **The Board received the minutes.**  |  |
| **BOD 154/****19** | **Any Other Business and Updates to Strategic Risks**None. |  |
| **BOD 155/****19** | **Questions from Observers** None.  |  |
| **BOD 156/****19** | 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 13:00. **Date of next meeting held in public: 29 January 2020**  |  |

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)