**Summary of Actions from the Board meeting on 04 December 2019**

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| **Relevant Item** | **Action** | **Responsibility:** |
| **Held over from September 2019** | | |
| BOD 112/19(a) | **Declarations of Interest**  To be updated prior to publication to include the change in the Chief Executive’s role at the Picker Institute from Chair to Patron.  ***Status: completed and on the agenda*** | HS |
| BOD 118/19(e) | **Emergency Department Psychiatric Service (EDPS)**  EDPS and the consequences of waiting times for patients of EDPS to be subject to a deep dive by the Quality Committee.  ***Status: completed in discussion between Rob Bale and Jonathan Asbridge and resolved without further request for a deep dive by the Quality Committee.*** *Further information provided in relation to EDPS:*   * *there can be delays re the Horton as team based at the JR and not appropriate to have 2 teams. This is mitigated by the use of telepsychiatry; and* * *delays particular overnight at JR due to:*   + *historically lower staffing numbers at night compared to am and pm shifts;*   + *junior doctor gaps on rota (sickness/vacancies); and*   + *calls to wards for liaison work OOH which the Trust is not commissioned for.*   *Situation also improved due to increased staffing at night (winter pressures funding initially and now funding ongoing)* | MHa |
| BOD 123/19(e) | **Incident, Mortality and Patient Safety report –** **spike in incidents on CAMHS Marlborough House**  To consider whether these could be indicative of the situation slipping backwards, or the result of an impact of a particular individual who may be waiting for a specialist referral. The Deputy Director of Nursing replied that she could bring a deeper dive into CAMHS incidents and the data sets to the Quality Committee.  ***Status: in progress/will be complete in February 2020*** *– a deep dive into the self-harm incidents on the 2 CAMHS wards has been conducted and will be reported into the Quality Committee meeting on 12 February 2020 as part of the highlight and escalation reporting from the Safety quality sub-committee.* | KRi/MC |
| **Actions from December 2019** | | |
| BOD 140/19 (f)-(g) | **Performance report**  To:   * provide additional information 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; and * distinguish between performance issues which may be linked to funding or resourcing deficits and those for which the Trust may be responsible.   ***Status: in progress*** | MW |
| BOD 141/19 (b) | **Patient Story (two patients who had been treated for pressure ulcers)**  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.  ***Status: to follow up*** | DMcK/MC |
| BOD 142/19 (e) | **Workforce Race Equality Standards (WRES) and Cultural Ambassadors**  To give Cultural Ambassadors an opportunity to present at a meeting in public; and for the Board to also demonstrate its commitment to the WRES actions.  ***Status: to follow up*** | TB |
| BOD 146/19 (d) | **Medical Education**  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.   ***Status: to follow up*** | DR/MC |
| BOD 150/19 (c) | **Modern Slavery Act annual transparency statement**  To incorporate the Board’s comments (prior to publication) on extending the statement beyond the business risks of modern slavery to also encompass the Trust’s responsibilities to vulnerable patient groups and include wording around safeguarding practice and protecting service users from exploitation.  ***Status: completed –*** *revised wording:*  *As part of our recruitment process we consider the extent applicants have knowledge and skills to comply with their obligations to safeguard service users which includes Modern Slavery and Human Trafficking. It is extremely important to Oxford Health that all employed staff are supported to recognise signs and indicators of abuse which includes concerns relating to modern slavery and human trafficking. We have a responsibility as an organisation delivering care and treatment to vulnerable children and adults and we take this duty very seriously.*    *The organisation monitors any modern slavery issues through our Safeguarding Team and together with partner agencies.* | KR |