**Summary of Actions from the Board meeting on 30 April 2020**

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| **Relevant Item** | **Action** | **Responsibility:** |
| **Actions from 30 April 2020** | | |
| BOD 21/20 (a) | **Amendment to minutes**  To amend item 9(f) to record that fill rates for inpatient safer staffing had been locally set rather than nationally mandated.  ***Status: complete*** | HS |
| BOD 22/20 (l) | **Improving Access to Psychological Therapies (IAPT) – training funding**  There was concern at regional and BOB level that neither of the CCGs would be able to fund adequate IAPT training places for 2020/21 and that there was, therefore, a mismatch between funding and LTP ambitions. The Trust was highlighting this and would be revisiting this issue with the CCGs.  ***Status: complete*** *– the Trust has been able to agree with both CCGs that the slippage from this year’s Mental Health Investment Standard will be used to recruit further trainees in both Sept & Jan; this will enable us to benefit from the 60% HEE salary support for year 1 and both CCGs have agreed that the full year effect costs of these posts will be picked up recurrently thereafter. This means that whilst we will not achieve this year’s LTP ambitions for IAPT we are back on track to achieve the ambitions by the end of 2024.* | DR |
| BOD 27/20 (d) | **Learning from deaths**  Learning from deaths to be considered in more detail at the Quality Committee meeting on 13 May 2020.  ***Status: complete*** *– at the Quality Committee meeting on 13 May 2020 and also discussed in relation to the paper on Oversight on Quality at QC 15/2020.* | MHa/JAsb |
| BOD 30/20 | **Questions from Governors**  To circulate the questions received from Governors to the Board (it had been agreed, in discussion with Governors, that the questions which had been submitted would be responded to at a separate meeting with Governor sub-group chairs on 18 May 2020 and at which the Chief Nurse and the Medical Director would be in attendance to address the detail).  ***Status: complete*** *– and questions addressed with Governors on 18 May.* | KR |
| **Actions from 29 January 2020** | | |
| BOD 02/20 | **Register of Directors’ Interests**  To be updated for Chris Hurst and Lucy Weston.  ***Status: complete*** | HS |
| BOD 07/20(h)&(k) | **Oxfordshire task and finish group**  As a recommendation from the Board, to commence discussion with Oxfordshire CCG on setting up a task and finish group, as part of the Integrated Care Provider model, to focus upon resolving Oxfordshire issues around finances, delivery and demand and reaching common agreement on what success would look like and the process to achieve it.  ***Status: complete*** *– MW had discussed with the CCG and the CCG to be invited to participate as part of the COVID-19 recovery programme of work. Debbie Richards provided a further update on 10 June 2020 that since the successful negotiation with Oxfordshire CCG on mental health funding, financial planning work had been taking place, including analysis of the in-year and forward-looking financial plans for the Mental Health Investment Standard. These, along with consideration of the NHS LTP and the outcome of demand and capacity planning work, would inform proposals for next year’s service improvement work. In the interim, Rob Bale, Clinical Director, had been working with each of the service leads in the Oxfordshire & South West Mental Health Directorate, as Oxfordshire issues needed to be addressed as a whole rather than on a team basis.* | MW |
| BOD 07/20(j) | **Data on average waiting times or longest waiting times**  As access rates did not necessarily correspond with patient experiences in CAMHS and Adult Services, data on average waiting times or longest waiting times to be provided (potentially out-of-session) so that the statistics presented could be better understood.  ***Status: on hold*** *– in the interim, paper BOD 30/2020 for the meeting on 10 June provides data on urgent and emergency waits.* | MW |
| BOD 08/20(b) | **Agency usage data to be disaggregated into occupational staff groups**  Chris Hurst cautioned against over-reliance on averages and noted that it may be helpful to disaggregate the data into occupational staff groups, especially if a different cost-weighting could be applied to the different occupational groups. The Chief Nurse agreed that it would be useful to consider the data at a profession-specific level. Bernard Galton noted that this could potentially be considered in more detail through the People, Leadership & Culture Committee.  ***Status: on hold*** | TB/BG |
| BOD 09/20(e) | **Consistency in the data sets used in reporting in the HR report and the Safer Staffing report**  Bernard Galton commented upon the need for a single consistent data set in reporting, noting that he had raised this before as the trends in this report on Safer Staffing did not match those in the HR report. The Chief Nurse and the Director of HR agreed to review this again.  ***Status: on hold*** | MC/TB |
| BOD 09/20(f) | **Inpatient Safer Staffing – Trust target of 85% fill rates**  To review the 85% target fill rates to ensure still optimal in the Trust’s current circumstances and financial situation (and not super-optimal and therefore more expensive than may be needed).  ***Status: on hold*** | MC |
| BOD 12/20(d) | **Quality Committee – update on progress to achieve CQC actions**  The Trust Chair noted that it would be useful for the Board to receive an update or report from the Quality Committee about progress to achieve the CQC actions, in due course.  ***Status: in progress -*** *for further reporting into the Quality Committee first during Q1-Q2 FY21.**The Quality Committee meeting on 13 May received at paper QC 17/2020 an update from the ‘Improving Care: 5 Questions’ (IC5) group on progress against CQC actions. It was noted that the CQC have suspended all scheduled inspection activity until the end of September 2020, due to the impact of COVID-19.* | MC/JAsb |
| **Actions held over from 04 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*** *– as reported into the Board meeting on 29 January 2020, the second bullet point had been completed and included in the Performance Report to the meeting. However, work was ongoing in relation to the*  *first bullet point to analyse areas of unchanged underperformance and the impact upon patients.* | 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: on hold*** *– but there could be an opportunity to link this into the Board Seminar on 14 October 2020 and the slot now scheduled for Equality, Diversity & Inclusion.* | TB |