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

**BOD 40/2020**
(Agenda item: 4)

Minutes of an extraordinary meeting held on

10 June 2020 at 14:30

virtual meeting via Microsoft Teams

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| **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**) |
| Stuart Bell | Chief Executive (**SB**) |
| Tim Boylin | Director of Human Resources (HR) (**TB**)**\*[[2]](#footnote-2)** |
| Nick Broughton | Chief Executive (designate) (**NB**) |
| Marie Crofts | Chief Nurse (**MC**) |
| Bernard Galton | Non-Executive Director (**BG**) |
| Mark Hancock | Medical Director (**MHa**) |
| Chris Hurst | Non-Executive Director (**CMH**) |
| Mike McEnaney | Director of Finance (**MME**) |
| Aroop Mozumder | Non-Executive Director (**AM**) |
| 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:** |
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| Helen Bosley | Nurse Consultant - Infection Prevention and Control  |
| Hannah Smith | Assistant Trust Secretary (Minutes) |
| Susan Wall  | Corporate Governance Officer (Minutes) |
| Surangi Weerawarnakula | Corporate & Claims Officer |

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| **BOD****31/20** abc | **Welcome and Apologies for Absence**The Trust Chair welcomed members of the Board present, and attendees, to the extraordinary meeting which had replaced the meeting originally scheduled for 22 May 2020 to receive the year-end reports. He noted that this would be the final Board meeting for the public for the exiting Chief Executive, Stuart Bell, who would be retiring on 12 June 2020, and he welcomed the incoming Chief Executive, Nick Broughton.Apologies for absence were received from: Sue Dopson, Non-Executive Director; and Ben Riley, Managing Director of Primary Care and Community Services. |  |
| **BOD 32/20**ab | **Trust Chair’s introduction and system overview**The Trust Chair commented upon feedback from Anne Eden, Regional Director of the South East Region for NHS England/NHS Improvement (**NHSE/I**), noting that she had commended the performance of NHS trusts, including in Oxfordshire, for their response during COVID-19. However, now was the time to plan for the next potential wave of the pandemic and the potential impact that this could have upon resources and productivity, especially if there was a surge in demand for mental health services. The ongoing response to COVID-19 and the need to maintain social distancing measures could impact how work took place as well as potentially reduce productivity. **The Board noted the oral update.** |  |
| **BOD****33/20**ab | **Declarations of Interest**The Trust Chair presented the Register of Directors’ Interests at paper BOD 24/2020 to the meeting. No interests were declared pertinent to matters on the agenda.**The Board received the Register of Directors’ Interests.** |  |
| **BOD****34/20**abcdef | **Minutes of the Meeting held on 30 April 2020**The Minutes of the meeting were approved as a true and accurate record subject to amending item BOD 22/20(k) to read (insertion in italics): “However, neither Oxfordshire nor Buckinghamshire CCGs had been able to *fully* fund the LTP for 2020/21”. ***Matters Arising*****Item BOD 22/20(l) Improving Access to Psychological Therapies (IAPT) – training funding**The Managing Director of Mental Health & Learning Disabilities confirmed that the risk of not meeting NHS Long Term Plan (**LTP**)trajectories for IAPT had been revisited with the CCGs and the Trust had agreed with Oxfordshire and Buckinghamshire CCGs that the slippage from the 2020/21 Mental Health Investment Standard would be used to recruit further trainees in September 2020 and January 2021. This would enable the Trust to benefit from 60% Health Education England salary support for year 1, and both CCGs had agreed that the full year effect costs of these posts would be picked up recurrently thereafter. Whilst the Trust would not, therefore, achieve this year’s LTP ambitions for IAPT, it was back on track to achieve the ambitions by the end of 2024. **Item BOD 07/20 (h)&(k) Oxfordshire task and finish group – to discuss setting up with the CCG to resolve issues around finance, delivery and demand** The Managing Director of Mental Health & Learning Disabilities provided an update that, since successful negotiation with Oxfordshire CCG on mental health funding, financial planning work had taken 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, the Clinical Director of the Oxfordshire & South West Mental Health Directorate had been working with each of the service leads in the directorate, as Oxfordshire issues needed to be addressed as a whole rather than on a team basis. The Board noted that the following actions had been completed:* BOD 27/20 (d) learning from deaths - discussed at the Quality Committee meeting on 13 May 2020 (and included in paper QC 15/2020 on Oversight on Quality, presented at that meeting);
* BOD 20/20 questions from Governors - addressed at a separate meeting with Governor sub-group chairs on 18 May 2020. The Director of Corporate Affairs & Company Secretary thanked the Chief Nurse, the Director of Strategy & CIO and their teams for the responses and supporting data they had provided; and
* BOD 02/20 Register of Directors’ Interests – updated.

The Board noted other actions remained to be progressed as set out in more detail in the Summary of Actions document in relation to:* BOD 07/20(j) data on average waiting times or longest waiting times (MW);
* BOD 08/20(b) agency usage data to be disaggregated into occupational staff groups (TB/BG);
* BOD 09/20(e) consistency in the data sets used in reporting in the HR report and the Safer Staffing report (MC/TB);
* BOD 09/20(f) to review the 85% safer staffing target fill rates to ensure still optimal rather than super-optimal (MC);
* BOD 12/20(d) update from the Quality Committee on progress to achieve CQC actions (MC/AM);
* BOD 140/19(f) to provide additional information to analyse unchanged areas of underperformance (MW);
* BOD 141/19(b) Patient Story recording of 2 patients who had been treated for pressure ulcers to be circulated for the Board (DMcK/MC); and
* BOD 142/19(e) Cultural Ambassadors to be given an opportunity to present and the Board to demonstrate its commitment to the Workforce Race Equality Standards (WRES) actions (TB).

The Trust Chair noted that Lucy Weston had asked when reporting would return to standard performance metrics, given that reduced reporting had been implemented during the initial response to COVID-19. The Director of Strategy & CIO replied that it had been agreed with commissioners that this would not be before July and was more likely for September 2020. In any event, new reporting should be provided, rather than a return to previous metrics, as work was taking place with commissioners to redesign reporting and address concerns about the overheads involved in previous reporting.  |  |
| **BOD****35/20**abcdefgh | **Year-end reports** The year-end reports were presented to the Board for approval having been reviewed by the Audit Committee at its meetings on 22 April 2020 and 19 May 2020 and recommended to the Board. ***Financial Statements & Accounts 2019/20 (including Letter of Representation)***The Director of Finance presented the paper BOD 26/2020 which set out: an Analytical Review and Changes Log of the Primary Financial Statements from the draft Annual Accounts; the draft Going Concern Statement; the 2019/20 Financial Statements & Accounts; the Letter of Representation to be sent to the Trust’s external auditors; and the external auditors’ Audit Findings report. Further to review at the Audit Committee, he highlighted that the Going Concern Statement had been updated to include COVID-19 and in light of guidance issued by NHS England in relation to COVID-19 costs and ensuring financial sustainability for all trusts. He reminded the meeting that the Letter of Representation for the external auditors, confirming that the Financial Statements had been prepared and presented fairly and in good faith, was subject to approval at this meeting. He explained that the Audit Findings report had been presented in draft to the Audit Committee and the final version, following finalisation of the audit, had been provided yesterday. He highlighted from the Audit Findings report that: there were no further matters that would require modification of the anticipated unqualified audit opinion (which included an enhanced Key Audit Matter relating to the uncertainties in the land and building valuations as a result of COVID-19); the Value For Money opinion was positive and the Trust was deemed to have proper arrangements to secure economy, efficiency and effectiveness in the use of its resources; and the audit was substantially complete subject to completion of testing of patient care revenues, final senior management quality reviews, receipt of the signed Representation Letter and review of the final approved set of financial statements. The Trust Chair congratulated the Finance Team on the clean audit opinion. Lucy Weston confirmed that the Audit Committee had reviewed the Financial Statements & Accounts, and supporting documents, in detail and congratulated the team on the improved Value For Money conclusion but noted some concern that the audit work had not been completed more promptly. Chris Hurst agreed and noted that whilst the timeliness of the production of the Financial Statements & Accounts reflected well on internal processes, it had proven to be a challenge to conduct an audit on a socially-distanced model. **The Board APPROVED the Financial Statements & Accounts 2019/2020 and APPROVED the Letter of Representation which related to the Financial Statements be sent to the Trust’s auditors.** ***Trust Annual Report 2019/20***The Director of Corporate Affairs & Company Secretary presented the paper BOD 27/2020 which set out the text of the Trust’s Annual Report and confirmed that external audit feedback had been minor and actioned. She thanked those who had been involved in its production and noted the contribution of Lucy Weston in her capacity as Audit Committee Chair. Lucy Weston confirmed that the Audit Committee had reviewed the Annual Report and commended it for reading. The Board noted that it was a significant piece of work giving a good overview of the volume and scale of the Trust’s activities and the Board accepted and endorsed the Annual Report in preparation for it to be laid before Parliament.**The Board APPROVED the Trust’s Annual Report 2019/20.** |  |
| **BOD 36/20**abcdefghijkl | **Chief Executive’s Report and Coronavirus/COVID-19 update** The Chief Executive presented the report BOD 28/2020 which provided updates on COVID-19, other local and national issues and had appended: a copy of the letter of thanks to staff for their efforts over the last three months; highlights of the Oxford Health Biomedical Research Centre’s (**BRC**) involvement in national COVID-19 work; highlights of the COVID-19 rapid research work led by the National Institute of Health Research (**NIHR**) Applied Research Collaboration (**ARC**) Oxford and Thames Valley; and the Buckinghamshire, Oxfordshire and Berkshire West (**BOB**) Integrated Care System (**ICS**) news bulletin. ***Mental Health investment, contracts and funding***He referred to his report, emphasising the importance of better investment in mental health services. However, he noted that COVID-19 had suspended progress on closing out FY20 commissioning contracts, completing FY21 contracts and finalising the contractual details to support the increased level of investment in mental health which had been negotiated with Oxfordshire CCG following mediation. Transition from New Care Models to the new Provider Collaboratives had also been postponed, partly due to COVID-19 and partly due to outstanding contractual matters with NHS England Specialist Commissioning; transition was now unlikely to happen earlier than 01 October 2020 and this may be only for the Forensic New Care Model. The Managing Director of Mental Health & Learning Disabilities referred to page 5 of the report and the potential financial risk around receipt of funding for the Mental Health Investment Standard given that normal commissioner funding flows to providers had been suspended during COVID-19. As providers were still being strongly encouraged to proceed to meet LTP delivery ambitions, she asked whether there were further updates in terms of the national approach. The Chief Executive replied that although there was still some ambiguity, the message from the National Director of Mental Health was that funding for the Mental Health Investment Standard should be received by July and providers should not hesitate in the meantime to recruit to support LTP delivery and implementation. He added that the Director of Finance had also been in contact with regional finance colleagues and the Trust had been clear that it would not delay or risk losing ground on LTP progress.***COVID-19 response*** The Chief Executive referred to the main body of his report and also the appended copy of the letter of thanks to staff for their efforts over the last three months; the letter would be sent from the Chief Executive and the Trust Chair in hard copy to staff. He highlighted the new and more detailed programme of COVID-19 screening and risk assessment which had been taking place for all staff and noted that the letter also signposted staff to support which could be accessed. He added that the Trust had also been engaged in discussions with staff networks to understand some of the concerns of staff, especially from a Black, Asian and Minority Ethnic (**BAME**) background, and had today issued a statement with a clear commitment on behalf of the Trust that Black Lives Matter and in recognition of chronic issues around inequality. He noted that live webinars with staff would continue and provide a forum for questions and answers. He noted that the Trust was continuing with its recruitment drive and that the Director of Strategy & CIO was leading on COVID-19 recovery work following the first peak and to consider the impact upon demand for mental health services. Nationally it was anticipated that demand for mental health support may increase, particularly in young people further to the impact of being away from school. He added that the Managing Director of Mental Health & Learning Disabilities had been engaging with local leads to take a proactive approach on providing support, whilst recognising that care should be taken not to overburden existing Child & Adolescent Mental Health Services (**CAMHS**). He commented positively upon the way in which members of the health and social care system had worked together in response to COVID-19 and engaged proactively in discussion and problem solving, noting that this had been better than he had experienced before and that it would be prudent to learn from the experiences of working differently during this period (including use of technology for meetings). ***Research & Development (R&D)***The Chief Executive highlighted the appended papers on the BRC and NIHR ARC involvement in COVID-19 work and R&D, including research on clinical interventions and guidelines, and noted that this was an impressive list which had been actioned in a short period of time. The Trust Chair observed that there were multiple projects with some overlap. The Chief Executive commented that this could be an appropriate response which recognised the urgency of the current situation and there was rigour applied to the approaches being taken; it may not be as effective or timely, in the current circumstances, to apply a linear approach to problem solving compared to exploring multiple options and then focusing upon those more likely to succeed. ***BOB ICS – system integration***The Chief Executive referred to his report and the appended BOB ICS news bulletin and reported that Dr James Kent had commenced in post as Executive Lead of the BOB ICS and Accountable Officer of the three CCGs within the BOB area. ***Consultant appointments*** The Chief Executive referred to his report and the three consultant appointments to be ratified by the Board in relation to: Dr Arif Ahmed to a consultant psychiatrist post with the Chiltern Adult Mental Health Team (**AMHT**); Dr Owen Curwell-Parry to a consultant psychiatrist post with Aylesbury AMHT; and Dr Alison Lennox to a consultant psychiatrist post with the Buckinghamshire Adult Autism Diagnostic and Intervention Service and Attention Deficit Hyperactivity Disorder service.The Medical Director confirmed that he had been part of the reviewing panel and he fully endorsed the appointments. ***COVID-19 update from the Executive lead for the tactical response***The Trust Chair asked if there was any further update on COVID-19 from the Medical Director, in his capacity as Executive lead for the tactical response. The Medical Director reported that one patient had tested positive in a community hospital, eight patients were awaiting testing and there were no current cases in mental health wards; emphasis was shifting towards recovery planning and understanding which services could be re-opened and how they may need to operate differently. The Trust Chair enquired how COVID-19 testing of staff was progressing and how this may be realised to include corporate staff and even Non-Executive Directors. The Chief Executive replied that the Trust was participating in a trial with Oxford University Hospitals NHS FT, the first phase of which may complete by mid-July. **The Committee noted the report and ratified the consultant appointments.** |  |
| **BOD 37/20**ab | **Legal, Regulatory Policy update report**The Director of Corporate Affairs & Company Secretary presented the report BOD 29/2020 which highlighted changes in recent legislation, regulation, guidance, structures, policies and direction on health and social care. She reminded the meeting that the report was to support and stimulate Board Committee Chairs in particular. She referred to the report and highlighted the updated legal guidance from NHSE/I for Mental Health, Learning Disability, Autism and Specialised Commissioning services, noting the relevance for the Mental Health Act Committee and Quality Committee.**The Board noted the report.** |  |
| **BOD 38/20**abcdefg | **Performance Report and operational perspective**The Director of Strategy & CIO presented the report BOD 30/2020 on management of performance-related meetings (for Months 1-2, April -May 2020) and revised performance reporting in response to COVID-19. Standard performance reporting meetings remained suspended until at least July 2020, with staff time released to respond to COVID-19, although nationally mandated or operationally essential reporting continued e.g. mandatory submission of data to NHSE; performance against referrals; and emergency and urgent waiting times.He highlighted that: * routine referrals had declined but emergency referrals had remaining consistent;
* activity levels had increased, in particular the number of appointments delivered in mental health services during the COVID-19 period. Having moved into increasing use of telephony and digital consultations, their effectiveness would be evaluated;
* reporting guidelines had changed in relation to Delayed Transfers of Care (**DToCs**) but, further to the data in the report, as at today there were 20 DToCs in community hospitals and 2 in mental health services;
* Out of Area Placements had continued, in part related to lack of female intensive care facilities; and
* at a local level, the Trust was achieving the majority of commissioned targets except in Adult Community Mental Health Teams (which was being reviewed).

He added that the report also included the headlines on service changes, including: the establishment of 24/7 open access telephone lines for urgent NHS mental health support; roll-out of digital consultations (now at over 500 a day); increased emergency dental care services during the pandemic (the Trust’s services had stepped up to meet the gap in lack of provision, in particular at weekends and bank holidays); and the response from community services including set-up of CALM (Coronavirus Assessment, Liaison and Monitoring) response clinics. The Trust Chair asked how the benefits of online consultations were being evaluated. The Director of Strategy & CIO replied that under the digital programme there were two themes covering this: one with the University of Oxford to create a study into the effectiveness of telepsychiatry; and the other with staff to gather data on staff experiences of the move to digital. In relation to wider research, he added that discussions had started with neighbouring and other mental health trusts to consider what digital change had meant for them. Aroop Mozumder asked: (i) now that operations were winding down from surge capacity and returning beds to more traditional uses, whether the Trust was making these decisions on its own or whether guidance had been provided by NHSE; and (ii) what steps were being taken to prepare for the risk of a second wave of the pandemic. The Medical Director replied that the major issue was that inpatient mental health services had not changed, although the criteria for admission may have become slightly higher; there was bed capacity but the plan was not to exceed 85% capacity due to the risks that this could create with COVID-19 and management of Infection Prevention and Control (**IPC**). The Chief Nurse added that, in community services, staff who had been redeployed were being considered for return to their substantive posts. Further to the recent legal guidance from NHSE/I (referred to at item BOD 37/20(a) above), which was all-age related, she highlighted that there were also concerns for young people around safeguarding issues and family dynamics.The Managing Director of Mental Health & Learning Disabilities noted that:* COVID-19 had highlighted the challenges of maintaining IPC and social distancing in old buildings such as on the Warneford site. She and the Chief Nurse had visited staff and considered the impact on them of operating with this additional challenge. She emphasised that staff in these areas had done well in preventing onwards transmission of COVID-19;
* use of digital consultations was not just for community outpatients but had also been rolled out in inpatient settings where, for example, there had been positive results with use of blended face-to-face and digital consultations in Adult Eating Disorders. In addition, digital consultations and increasing use of virtual meetings had led to an increase in attendance at Care Programme Approach meetings by non-Trust professionals because they were easier to access/no travel was involved; and
* although staff working from home generally commented positively upon the use of digital technology, there were some concerns that work was intruding into home environments and this could be an issue for the emotional resilience of those working with difficult material or challenging clients.

**The Board noted the report.** |  |
| **BOD****39/20**abc | **Infection Prevention and Control (IPC) Board Assurance Framework (BAF)**The Chief Nurse provided an oral update and confirmed that the Trust was using the template IPC BAF to check and capture IPC actions. The current draft would be discussed by the Board in private session after this meeting and next presented to the Quality Committee in July 2020. The Chair asked about further guidance on wearing masks and how this may impact non-frontline staff visiting sites. The Chief Nurse replied that further guidance had been received yesterday, with more guidance expected tomorrow, and she would be putting together a briefing for all staff; she had also been discussing current practices with colleagues nationally. She added that social distancing and basic IPC measures such as handwashing would remain crucial even with masks in greater use. Chris Hurst commented that, given the positive benefits in creating a barrier and the potential consequences of not exploiting every opportunity for IPC, face masks may need to be a default position. **The Board noted the oral update.** | **MC** |
| **BOD 40/20**abcdef | **Human Resources Report (workforce performance) including COVID-19 staff risk assessment update**The Director of HR presented the report BOD 31/2020 and emphasised that Equality, Diversity and Inclusion (**EDI**) had been given a high profile and the Trust had recently held three staff network group meetings (focused on LGBT (Lesbian, Gay, Bisexual and Transgender), race equality and disability). Higher than usual attendance had been noted at these network meetings, potentially as they were more accessible for some staff groups through video conferencing; however, this was not necessarily the case for all staff groups as some did not have laptops or easy IT access, which in itself was an inequality to be considered. He reported that staff who had attended the network meetings had acknowledged the Trust’s support for staff. In relation to COVID-19, he highlighted:* an area of concern was staff tiredness, whether linked to the wearing of Personal Protective Equipment (**PPE**) or to the time required to recover if staff contracted COVID-19 as some had reported not feeling fully fit weeks after contracting the virus. He added the Trust was looking for ways to support staff as part of future resource planning and staff were being encouraged to take annual leave for rest and recuperation. However, annual leave uptake was lower than usual for June;
* whilst the majority of staff currently at home were working from home with laptops, there was still a small group of staff not working for reasons of shielding or caring for others and for whom the Trust was looking into alternative work; and
* an appetite amongst staff for the COVID-19 recovery programme to embed and embrace flexible working and new technology.

Bernard Galton asked for the Director of HR’s feedback on the recent letter from the NHSE/I Chair and from the Chief People Officer on race, inequalities and involving BAME groups more in decision-making. The Director of HR supported the letter and noted that it built on Workforce Race Equality Standards (**WRES**) findings. He reported that a visit from WRES officers last year had been useful for the Trust’s EDI steering group but the WRES data demonstrated that there was more to do to improve involvement and engagement with BAME groups. Bernard Galton suggested using a Board Seminar to discuss innovative ways to involve staff groups more in decision-making and to empower staff to take issues forwards. Aroop Mozumder asked whether any Trust staff had been provided with temporary accommodation, so that they could live away from home in order to protect their families from the risk of bringing COVID-19 back, and whether more could be done to support them. The Director of HR replied that take-up of the offer of temporary subsidised or free accommodation had been fairly low but appreciated by the substantive and agency staff who had accepted it; however, there could still be risks around communal spaces or share eating areas. The Chief Nurse reminded the Board that Joyce Fletcher, Strategic Nurse Advisor, had been working with the Trust and national colleagues on taking action on race equality and changing culture in line with the LTP, as well as supporting the development of the risk assessment for staff. The Trust Chair suggested that the Board could review the draft action plan coming out of the work on race equality further. The Chief Nurse noted that the work done so far had also led her to reflect that the Trust’s policies could be reviewed to challenge the effectiveness and breadth of the current equality impact assessments. The Director of HR added that the People, Leadership and Culture Committee had already requested that Trust policies be reviewed for best practice and this would receive input from staff-side trade union representatives. The Director of Strategy & CIO added that it would also be useful to include leadership development as a workstream within the recovery programme and that he would discuss this further with the Director of HR.  **The Board noted the report.** | **TB/HS****MC****MW/****TB** |
| **BOD 41/20**abcd | **Gender Pay Gap report**The Director of HR noted that the slides at paper BOD 32/20 could be taken as read. Some historic data and comparative data with other trusts had been included. Whilst there had been a slight improvement on the mean measurement, there had also been a slight deterioration on the median. The Managing Director of Mental Health & Learning Disabilities referred to the Gender Equality Action plan on the final slide and noted that she would be working with the Head of Inclusion to establish the Gender Equality Staff Network group to work alongside the existing staff networks on LGBT, race equality and disability. She noted that Sue Dopson had also offered to assist with access to research and resources to support the Trust to learn from best practice and identify the key features of a meaningful network. The Board noted that there was still a majority of men in more senior roles, including in the BOB ICS following the departure of female Chief Executives in the area. **The Board noted the report.** |  |
| **BOD 42/20**abc | **Guardian of Safe Working Hours report and update on clinical and nursing staff wellbeing.**The Medical Director presented the report BOD 33/2020 and noted that whilst the process continued to work well to safeguard working hours for doctors, there had been a reduction in reporting during the period of the pandemic response. He noted there had been improvements made for out of hours rotas for CAMHS and Adult services in Oxford.The Trust Chair reiterated the importance of staff taking annual leave after the intensity of the initial pandemic response and to help build resilience in the event of a resurgence. The Medical Director cautioned against assuming that staff may not be taking leave because they could not go away on holiday or were choosing not to take leave; from feedback he had received, staff were reporting that they were still busy and, in some cases, providing cover for colleagues who were absent. The Director of HR concurred. **The Board noted the report.** |  |
| **BOD 43/20**abcd | **Finance Report**The Director of Finance presented the report BOD 34/2020 which summarised the key financial results for the period ending 30 April 2020, as well as the financial performance of the Trust as at April 2020 (Month 1, FY21). For the period ending 30 April 2020, a breakeven Income and Expenditure position had been achieved. Due to COVID-19, the financial regime of contracts and payments had been suspended and providers were receiving block payments from NHSE/I in advance to cover costs and cashflow from April to July 2020; this was intended to help to support providers to maintain breakeven positions. As the block payments were being received a month in advance and in the middle of the month, they were contributing significantly to the healthy cash position. COVID-19 costs incurred could also be reclaimed from NHSE/I. The Director of Finance confirmed that budgets and the Financial Plan were kept under review and updated in accordance with the current situation. The capital programme was almost on plan.Chris Hurst noted that although the current financial position was stronger than it had been in recent years, the situation could become challenging post-COVID and when the regular financial regime resumed. The test then may be the status of achievement of Cost Improvement Plans/Productivity Improvement Plans (**CIPs/PIPs**)and he asked how these would be resumed and progressed. The Director of Strategy & CIO confirmed that centrally it had been assumed that no CIPs would be delivered to the end of July 2020; the Trust would be looking to re-start PIP/CIP delivery in July 2020.**The Board noted the report.** |  |
| **BOD 44/20**ab | **NHS Improvement self-certifications**The Director of Corporate Affairs & Company Secretary provided an oral update and reminded the Board of the Trust’s annual self-certification against NHSI license conditions, even if the timing during the pandemic period was more ambiguous. The Council of Governors’ meeting tomorrow would consider the relevant licence condition around provision of governor training before the full set of self-certifications was presented to the Board in private session on 24 June 2020. **The Board noted the update.** |  |
| **BOD 45/20**ab | **Corporate Register: gifts and hospitality**The Director of Corporate Affairs &Company Secretary presented the report BOD 35/2020 which set out the register of gifts, hospitality and sponsorship for the period January-March 2020.**The Board received and noted the report.** |  |
| **BOD****46/20**ab | **Updates from Committees**The Board took as read the minutes at papers BOD 36-39/2020 from the meetings of the: Quality Committee on 12 February 2020; Finance & Investment Committee on 11 March 2020; Audit Committee on 22 April 2020; and People, Culture & Leadership Committee on 29 April 2020. **The Board received the minutes.** |  |
| **BOD****47/20**a | **Any Other Business**The Trust Chair reflected upon Stuart Bell’s tenure as one of the NHS’s most experienced and senior managers, noting that the Trust’s good performance in response to COVID-19 was a tribute to the leadership given by Stuart Bell and his team. He commented that whilst good managers created good teams around them, it took good leaders to ensure that they performed. The Board thanked Stuart Bell and wished him well on his retirement.  |  |
|  | The meeting was closed at 16:00**Date of next meeting: 22 July 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 14 (from April 2020), quorum of 2/3 with a vote is 9 [↑](#footnote-ref-1)
2. \* = non-voting [↑](#footnote-ref-2)