

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

BOD 50/2020
(Agenda item: 4)

**Minutes of a meeting held on
22 July 2020 at 09:30
virtual meeting via Microsoft Teams**

Present:¹

David Walker	Trust Chair (the Chair) (DW)
John Allison	Non-Executive Director (JA)
Tim Boylin	Director of Human Resources (HR) (TB)* ²
Nick Broughton	Chief Executive (NB)
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)
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)

In attendance:

Tehmeena Ajmal	Service Director, Oxfordshire Community Services Directorate – <i>part meeting</i>
Davina Logan	Governor
Lorcan O’Neill	Director of Communications & Engagement
Sue Palmer	Hospital at Home Clinical Lead, Oxfordshire Community Services Directorate – <i>part meeting</i>
Hannah Smith	Assistant Trust Secretary (Minutes)
Surangi Weerawarnakula	Corporate & Claims Officer

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 July 2020), quorum of 2/3 with a vote is 9

² * = non-voting

<p>BOD 48/20</p> <p>a</p> <p>b</p>	<p>Welcome and Apologies for Absence</p> <p>The Trust Chair welcomed members of the Board present, and attendees, to the meeting.</p> <p>Apologies for absence were received from: Ben Riley, Managing Director of Primary Care & Community Services.</p>	
<p>BOD 49/20</p> <p>a</p> <p>b</p> <p>c</p>	<p>Trust Chair’s introduction and system overview</p> <p>The Trust Chair commented that COVID-19 was not yet a done deal or a won battle and the summer period may be a time for deepening resilience, anticipating future resurgence and contemplating the future for NHS FTs and the work of boards and councils of governors especially considering the different ways in which all had been working since the start of the pandemic. Although the Trust’s referrals may currently be at below pre-COVID levels, this was not the case for all trusts. He also reminded the meeting that the Black Lives Matter movement and heightened consciousness of ethnicity and its potential implications during the pandemic as well as risks of equality/inequality and organisational injustice at national and local levels would be in the minds of staff and patients and should be recognised and addressed.</p> <p>The Trust Chair also recommended the documents in the accompanying Reading Room/appendix to the Board, in particular: the Legal, Regulatory & Policy update report at RR/App 06/2020; and the Infection Prevention and Control and Complaints reports which had been recommended from the Quality Committee at RR/App 03-05/2020 (and as discussed at item BOD 59/20 below).</p> <p>The Board noted the oral update.</p>	
<p>BOD 50/20</p> <p>a</p> <p>b</p>	<p>Declarations of Interest</p> <p>The Trust Chair referred the Board to the Register of Directors’ Interests in the Reading Room at RR/App 01/2020. No interests were declared pertinent to matters on the agenda.</p> <p>The Board received the Register of Directors’ Interests.</p>	

<p>BOD 51/20</p>	<p>Minutes of the Meeting held on 10 June 2020</p>	
<p>a</p>	<p>The Minutes of the meeting were approved as a true and accurate record.</p>	
	<p><i>Matters Arising</i></p>	
	<p>Item BOD 40/20(e) COVID-19 recovery programme – workstream on leadership development</p>	
<p>b</p>	<p>The Director of Strategy & CIO reported that he had started to discuss this with the Director of HR and he proposed that this workstream instead be overseen by the People, Leadership & Culture Committee. The Director of HR agreed to this proposal. The action was closed.</p>	
<p>c</p>	<p>The Board noted that the following actions had been completed or scheduled:</p> <ul style="list-style-type: none"> • BOD 39/20(b) guidance on wearing of face masks – circulated; • BOD 40/20(c) Equality, Diversity & Inclusion, discussing ways to involve staff groups more in decision-making – scheduled; • BOD 40/20(e) review of draft action plan on race equality – completed; 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) – to be linked with scheduling of action from BOD 40/20(c) above. 	
<p>d</p>	<p>The Board noted that other actions remained to be progressed as set out in more detail in the Summary of Actions document in relation to:</p> <ul style="list-style-type: none"> • 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); and 	

	<ul style="list-style-type: none"> 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). 	
BOD 52/20	Chief Executive's Report and update on the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS)	
a	<p>The Chief Executive presented the report BOD 41/2020 which provided updates on: his induction to the organisation and stakeholders, including preliminary visits and meetings and new communication initiatives implemented (with more to follow); the BOB ICS and the Mental Health Five Year Forward View Delivery Board; COVID-19 System Recovery Groups; an event organised by Unison to support Black Lives Matter and to remember Black, Asian & Minority Ethnic (BAME) NHS colleagues who had died during the pandemic; links with the University of Oxford Department of Psychiatry; and Executive Team development. He noted that the format of this report would change and content would align more closely to the Trust's strategic objectives, as delivery at Board level should also align to achievement of strategic objectives.</p> <p><i>Black Lives Matter and BAME</i></p>	
b	<p>Further to his report, the Chief Executive commented upon the Black Lives Matter event organised by Unison at the Whiteleaf Centre and which he had attended together with the Trust Chair and other colleagues. He set out that the Trust needed to address the experiences of colleagues and noted that whilst good work was in progress in relation to this, being led by the Director of HR, this needed to be communicated to the wider organisation so that it was made clear that the Trust truly valued diversity. He cautioned against complacency and noted that there was disquiet amongst some staff groups which should be acknowledged and which the organisation should be sensitive to and where it should provide support.</p>	
c	<p>Lucy Weston supported addressing BAME issues at the start of the discussion and shifting the culture of the organisation; she asked what sort of action or timescale to develop action could be expected. The Chief Executive referred to the Board's commitment to support the race equality and changing culture work of Joyce Fletcher, Strategic Nurse Advisor, as discussed at the Board's private workshop on 24 June 2020; he acknowledged however that words of support needed now to be followed by action. He noted that at this time during the pandemic, the Trust had done well to ensure that BAME colleagues and others at</p>	

	<p>potentially heightened risk had completed individual risk assessments so that appropriate support could be offered for them to work and also to meet safely. He added that he had also been contacted directly by a BAME colleague with a very sobering message, which he had discussed with the Director of HR, but it was encouraging that colleagues felt that they could approach their Chief Executive directly to raise such matters; and he had also attended the recent meeting of the Equality & Diversity Group. The Director of HR added that there had been a very good level of engagement recently with the Equality & Diversity Group and with the staff network on race equality, as the momentum of recent events had raised awareness. He confirmed that Joyce Fletcher was pulling together a group to continue her work and implement the framework for action, commitment and accountability; this would be sponsored by the Chief Nurse. The Chief Nurse agreed that now was the time for action and reported that the initial focus group had now met; the focus group would be held to account through the People, Leadership & Culture Committee which would in turn report to the Board.</p>	
<p>d</p>	<p>The Managing Director of Mental Health & Learning Disabilities added that she had been struck by the moving accounts given by staff at the Black Lives Matter event at the Whiteleaf Centre and that it had been good to see staff from across Oxfordshire and Buckinghamshire attending the event in solidarity and demonstrating the movement towards positive change in the organisation. She reported that she had also set a challenge to the workstream leads in the Mental Health Transformation Programme to be more explicit about what they were doing to tackle health inequalities and similar issues.</p>	
<p>e</p>	<p>Bernard Galton noted that it was encouraging that the Chief Nurse was taking a leading role in the work to support race equality and cultural change as this helped to emphasise that this was an important part of the business of the Trust as a whole, not just for the HR team. He referred to a recent letter from NHS England/NHS Improvement (NHSE/I) which had recommended that BAME groups have a greater role in decision-making and governance; he asked what the Trust was doing in response to this. The Chief Executive replied that this was a good challenge and there was work to do to ensure that: (i) decisions were linked to appropriate equality impact assessments which considered the impact upon BAME colleagues and others with protected characteristics; and (ii) for this practice to become routine and an established way of operating for the culture of the Trust. He recommended that this should be a standing item for consideration by the People, Leadership & Culture Committee chaired by Bernard Galton</p>	<p>TB/BG</p>

<p>f</p> <p>g</p> <p>h</p> <p>i</p>	<p>and that the Board should receive formal updates on progress in this regard from the People, Leadership & Culture Committee.</p> <p>The Chief Executive suggested that the next Board meeting should also hear directly from staff/colleagues and potentially representatives from the Equality & Diversity Group about their experiences and what they would like to see happen in relation to Equality & Diversity. He reflected that his previous trust had had a powerful and constructive board meeting with colleagues from disabled and BAME backgrounds. The Director of HR added that there was a plan to bring the Trust’s Cultural Ambassadors to speak to the Board. The Chief Executive requested that this be brought forward to a formal meeting of the Board in public to highlight the importance of the discussion.</p> <p>Aroop Mozumder referred to the WRES (Workforce Race Equality Standards) data and noted that it was of concern that the results continued to not improve.</p> <p>The Trust Chair commented upon the challenge of the Trust potentially relying on a significant proportion of BAME staff to provide services to some local populations of a predominantly different ethnicity; he noted that there may be some limits as to how far a single organisation could address its local societal issues.</p> <p><i>System working and participation in BOB ICS</i></p> <p>Further to his report, the Chief Executive highlighted that this was a period of opportunity for the Trust to recalibrate its relationship with the ICS and to help to shape clinical strategy with its recently appointed team. He noted that he would be inviting Dr James Kent, the BOB ICS Executive Lead and Accountable Officer of the three Clinical Commissioning Groups in the ICS, to a Board session. He added that the twice weekly NHS Chief Executive Group meetings had been helpful forums in which to consider the challenges across provider organisations and potential system responses, especially further to the impact of COVID-19 on waiting times and in anticipation of the impending winter period with the risk of a further wave of the pandemic coinciding with seasonal flu. He emphasised the importance of the flu vaccination programme and noted that the level previously attained by the Trust needed to be improved upon as 72% would not be sufficient. The Chief Nurse added that she was developing a programme to expand peer vaccination across the Trust.</p>	<p>TB</p>
-------------------------------------	---	------------------

j	<p>The Trust Chair commented that to date, BOB ICS discussions had operated at a more abstract level rather than resulting in practical propositions. There were still questions to resolve on: what the BOB ICS could mean in practice for the Trust’s capacity and ability to deliver services to patients; and what Board-level decisions might be taken which reflected the Trust’s participation in the BOB ICS. Chris Hurst noted that the Trust should make the most of the period of opportunity now to participate in collective agreement of ways forward, influence flows of finance and capital, engage in determining investment priorities for the BOB area and engage in discussions to potentially rationalise some services across providers.</p>	
k	<p>Aroop Mozumder referred to Primary Care Networks (PCNs) and asked whether the momentum to move forwards with PCNs had dissipated or was continuing locally. The Chief Executive noted that the development programme was ongoing and there was an opportunity for the Trust to engage with the local PCN as an interface between Trust services and primary care. Action for the Managing Director of Primary Care & Community Services to provide an update on local PCN development progress at the next meeting.</p>	BR
l	<p>The Managing Director of Mental Health & Learning Disabilities added that there was also a significant role for mental health and learning disabilities services in the development of PCNs and not only through the development of the community framework for mental health. Whilst this work had been delayed as a result of COVID-19, she was keen that this be picked up again to support the provision of holistic community services.</p>	
	<p><i>Executive Team development</i></p>	
m	<p>The Chief Executive noted that it was important for teams to constantly look at how they were working and whether they could improve team working; the Executive Team set the tone for this for the wider organisation and had embarked on a programme of Executive Team development, as set out in his report. He confirmed that appropriate care had been taken to undertake this safely with a detailed risk assessment conducted by the Chief Nurse. He highlighted that it should be possible to make arrangements to meet safely, not just relying on video conferencing, and that it was important to create these opportunities for teams to spend time together physically and engage in informal conversations to share ideas as this helped teams to be more efficient. This applied equally to how a unitary board should operate</p>	

<p>n</p>	<p>and would therefore be applied to the Board’s upcoming development session in July and future development programme, further to appropriate risk assessment and consideration of individual self-assessment risk forms.</p> <p>The Board noted the report.</p>	
<p>BOD 53/20</p> <p>a</p> <p>b</p>	<p>Performance Report and operational perspective</p> <p>The Director of Strategy & CIO presented the report BOD 42/2020 on performance (for June 2020, Month 3 FY21) and revised performance reporting in response to COVID-19. Standard performance reporting meetings remained suspended now until September 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.</p> <p>He highlighted that:</p> <ul style="list-style-type: none"> • overall referrals were at below pre-COVID levels, urgent and emergency referrals had remained constant during the pandemic. An increase in urgent referrals, and in their acuity, had been reported especially in Buckinghamshire. However, all urgent and emergency Key Performance Indicators (KPIs) had been achieved; • there had been a significant increase in use of telephone and digital consultations therefore the Trust had not needed to cease providing services. Although referrals may be lower, activity was still high and potentially being recorded more now than pre-COVID. High activity levels also reflected the work which was taking place to respond to legacy cases; • at a national level, the Trust was performing well against targets in the NHS Single Oversight Framework. Although Out of Area Placements (OAPs) had increased during the pandemic, this was primarily due to the decision taken to make a block purchase of beds as part of the COVID response in order to ensure adequate bed capacity given that the Trust had set a maximum occupancy level of 85% across inpatient wards. Now that it was clear that the Trust had been able to maintain occupancy levels below the 85% maximum, it would be appropriate to review the OAPs; and • Delayed Transfers of Care were at below pre-COVID levels. 	

Public

c	<p>In relation to service change, he referred to the report and reported that the Crisis Resolution Home Treatment Team (adult provision) had gone live in early July 2020 in Oxfordshire. The Trust had needed to take a decision on this as it was not commissioned to provide this service in Oxfordshire but the benefits could include reductions in admissions, length of stay and OAPs. In Buckinghamshire, plans had been agreed with commissioners but in Oxfordshire the plans had been less well developed. Due to challenges around funding and resourcing, there would be incremental rollout of the service.</p>	
d	<p>The Managing Director of Mental Health & Learning Disabilities reported that development of the mental health helpline had been accelerated and staffing had now transferred to a different model, now largely based out of the Buckinghamshire Night Team. Discussions were taking place with commissioners but until commissioner support was confirmed, this would remain a further call upon mental health investment funding.</p>	
e	<p>Lucy Weston referred to page 2 of the report and the national target for 35% of children and young people who needed access to mental health services to be able to access Child & Adolescent Mental Health Services (CAMHS); she asked what capacity the Trust had to be able to deliver this, especially given the spike in demand for CAMHS anticipated post-COVID and the additional pressure this may lead to. The Managing Director of Mental Health & Learning Disabilities replied that nationally this was a challenging target and at present the Trust was exceeding delivery against the target in Oxfordshire and Buckinghamshire (the picture was more complex in BSW (Bath and North East Somerset, Swindon and Wiltshire) as set out in the report). In relation to surge planning and mitigating the risk of a spike in demand, she confirmed that the services had surge plans (by service and by place) which had been shared with commissioners, local authorities and colleagues in the education sector; work had also been taking place with GPs to better ensure that referrals met the Trust's criteria as a specialised provider of secondary care; and the service had been working closely with the paediatrics team provided by Buckinghamshire Healthcare NHS Trust. In both Buckinghamshire and Oxfordshire, ambitions had been set to clear backlogs for neuro-developmental assessments by the autumn and some backing had been secured to outsource some of the backlog. She had also been challenging the directors of children's services in both Buckinghamshire and Oxfordshire to ensure that they had considered risks to their operating plans whilst comprehensive recovery plans were being developed.</p>	

Public

f	<p>Lucy Weston noted that whilst she was reassured about plans in place to support delivery, there was still a question around the appropriateness of the 35% national target and whether there was any scope to advocate nationally to improve on this, especially given increasing recognition and media coverage of the importance of young people's mental health. The Chief Executive replied that he and others had been highlighting the need for further investment in children's and young people's services as part of the COVID-response; he agreed with the concern that the 35% target was too low and that the Trust would need to continue to try to exceed it for the wellbeing of more children and young people.</p>	
g	<p>John Allison commended the significant improvement in efficiency from use of phone and digital consultations, compared to face to face consultations, during the pandemic. However, he asked whether: (i) the quality of remote consultations, as opposed to face to face consultations, was being evaluated; and (ii) whether a new bottleneck was being created if treatment could not be delivered entirely remotely. The Director of Strategy & CIO confirmed that the Trust was working with partners to evaluate the effectiveness of digital consultations not only for patients but also for staff and that an evaluation of tele-psychiatry was commencing through the University of Oxford Department of Psychiatry; he noted that a list of all the different studies taking place on this subject would be collated.</p>	
h	<p>The Trust Chair asked whether a similar evaluation of effectiveness would be applied to the mental health helpline. The Medical Director replied that this may not be the case and that the helpline was not necessarily an alternative method of delivering treatment as it was more likely to help to prevent admissions in the early stages than treat longer term more severe illness. However, it had been important to try to introduce this to increase the availability of support for patients after 17:00 as this had been recognised as a gap in services. In relation to overall activity and referral levels, he also commented that although there had been a reduction in referrals overall, there had been a surge in more serious illness especially amongst men which had contributed to many areas now experiencing high levels of out-of-area referrals.</p>	
i	<p>Chris Hurst commented upon the increased levels of OAPs; he acknowledged that this may be multifactorial and attributable to a variety of factors including demand, capacity, length of stay once in an external placement or pathway design. However, he asked whether analysis had taken place on which of these factors may be most</p>	

j	<p>significant so as to indicate how to prioritise resolution. The Director of Strategy & CIO replied that he may need to consider how OAPs were being presented and whether to distinguish more between those which were appropriate versus those which may need to be brought back. The Managing Director of Mental Health & Learning Disabilities noted that she had been working with the Director of Strategy & CIO on approaches to dealing with OAPs; there were 10 cases for Oxfordshire but none of them were fit for discharge or stranded and she had therefore challenged the team to work with system partners on discharge strategies in advance of these patients becoming fit for discharge. She added that there were also multi-faceted aspects of this issue as there was a need to improve Psychiatric Intensive Care Unit capacity (especially female capacity) across the BOB region. The Chief Executive referred back to his report and noted that psychiatric intensive care was already an area of focus amongst BOB NHS Chief Executives and that the BOB ICS may be able to help to resolve the situation; he added that an increase in demand for Improving Access to Psychological Therapies services was also anticipated and this was an area where activity would need to be monitored closely.</p> <p>The Board noted the report.</p>	MW
<p>BOD 54/20</p> <p>a</p> <p>b</p>	<p>Human Resources (HR) Report (workforce performance)</p> <p>The Director of HR highlighted key messages from the report BOD 43/2020 which summarised: HR activity; employee relations cases; recruitment activity; COVID risk assessments and shielding staff; Health & Wellbeing activity; and KPIs on vacancies, sickness absence, staff turnover and agency spend. He highlighted that the Trust had been doing well on completing COVID risk assessments for staff and the last few who were still to complete these (approximately 150 out of nearly 6,000 staff) had been contacted individually. The Trust Chair asked whether there was a disproportionate number of BAME staff amongst the final 150 to complete their risk assessments. The Director of HR confirmed that there was a higher than average proportion of BAME staff in this category and all staff were being contacted individually to follow up and address concerns which staff might have, especially if they were concerned about being sent home or being told that their risk factors might render them unable to work.</p> <p>The Board noted the report.</p>	

BOD 55/20	Inpatient Safer Staffing Report (and further discussion of the HR Report)	
a	<p>The Chief Nurse presented the report BOD 44/2020 on ward staffing for 23 March-14 June 2020 and noted that there were no new concerns to escalate and that the data was reviewed regularly at the Weekly Review Meeting (Clinical Standards). There was still agency usage and this was fairly high on forensic wards. She noted that there remained work to do on previous Board actions (as referred to at item BOD 51/20(d) above and set out in the Summary of Actions document) in relation to:</p> <ul style="list-style-type: none"> • BOD 09/20(e) consistency in the data sets used in reporting in the HR report and the Safer Staffing report (MC/TB); and • BOD 09/20(f) to review the 85% safer staffing target fill rates to ensure still optimal rather than super-optimal (MC). 	
b	<p>Aroop Mozumder asked: what action(s) had been taken as a result of COVID risk assessments for staff; how many staff had been moved from front line duties due to any protected characteristics; and how the impact of redeploying staff due to COVID risks had been managed for other/remaining staff who did not have protected characteristics. The Director of HR replied that 21 had been moved from frontline duties and the Executive had considered the cases of those staff aged over 70 (approximately 7 staff) who had wanted to remain at work; the Executive had determined that this would be too great a risk to support. He reported that generally staff had not needed to be moved from frontline work once risk assessments had been completed and appropriate mitigations applied through use of Personal Protective Equipment (PPE), Infection Prevention & Control measures and social distancing. The Chief Executive added that the risk assessments for staff would be overseen by the Managing Director of Primary Care & Community Services.</p>	
c	<p>Bernard Galton supported the action to bring together the data sets used in this report and in the HR/workforce performance report and potentially bringing both reports together. He referred back to the HR report at paper BOD 43/2020 and the KPIs reported, noting that it was concerning that although vacancies may be green-rated, agency spend was red-rated. The Director of HR agreed and noted that this had been discussed at the recent Executive Team development day; a new role was being defined to lead the Trust through a programme of agency reduction as it had been recognised that the Trust had not been making the progress which it had set out to. The Chief Executive thanked the Chief Nurse for progressing with this and noted that the role was almost</p>	

<p>d</p>	<p>ready to go out to advertisement. The Chief Executive referred to page 2 of the HR/workforce performance report at paper BOD 43/2020 and the recruitment campaign which had been led by the Chief Nurse; he asked how many staff had successfully been recruited as a result. The Chief Nurse and the Director of HR reported that over 700 people had contacted the Trust in response to the campaign, of which 134 people had been recruited to date as a result of the campaign.</p> <p>The Board noted the reports.</p> <p><i>The meeting took a break at 10:47 and resumed at 10:53.</i></p>	
<p>BOD 56/20</p> <p>a</p> <p>b</p> <p>c</p>	<p>Staff Story from the Oxfordshire Community Services Directorate</p> <p>Tehmeena Ajmal, Service Director, and Sue Palmer, Hospital at Home Clinical Lead, joined the meeting and gave an oral update on staff experiences over the past few months. Sue Palmer explained the background of the Hospital at Home service, since February 2011 and based out of Abingdon Community Hospital servicing a broad group of patients and supporting them to avoid unnecessary hospital admission. She explained that this service aimed to be responsive to patient needs/requests for help and that had not changed during COVID-19. The service could also operate as a type of 'Emergency Multidisciplinary Unit (EMU) at home' as it had scanners, could provide antibiotics and deal with sepsis, could assess for VTE (venous thromboembolism) risk and deal with pressure damage. The Hospital at Home service was contracted to provide services in the south central and west locality, whilst other parts of Oxfordshire were serviced through Oxford University Hospitals NHS FT (OUH) and Principal Medical Limited (PML) (GP Federation).</p> <p>Sue Palmer gave an update on the positive support for patients and staff, especially during the pandemic and working virtually/through virtual ward rounds, from the medics at the Witney EMU and also from the RACU (Rapid Access Care Unit) based at Townlands Hospitals in Henley. She reported that this had worked well across community services and had helped clinicians to feel supported. The service had also learned to work flexibly and combine home working with still going out and seeing patients in their homes or in care homes, even whilst other services (such as Out Of Hours or GPs) were not.</p> <p>She noted that the period had also been challenging for staff who had been used to working closely together and who had needed to find other ways of providing support to one another, including dealing with</p>	

	<p>the challenges of wearing PPE and applying social distancing. It was also at times difficult to conduct home visits knowing that a patient had been tested as COVID-positive or finding patients who reacted less well to staff when they could not see them properly through their PPE, however staff had worked through this. She commented upon the unintended consequences for patient care and experience of staff/carers wearing PPE and the necessary Infection Prevention & Control measures which needed to be applied but which could result in patients having reduced contact with carers; she noted the potential further negative implications of this if it needed to be repeated during any second wave of the pandemic.</p>	
d	<p>Aroop Mozumder asked how the Trust's Hospital at Home service coordinated care with OUH for its recently discharged patients. Sue Palmer replied that the Trust's Hospital at Home service liaised with the Central Hospital at Home service based in OUH in order to pick up the care for patients who lived within the catchment area for the Trust's service. Both services held a daily catch-up call to share data on capacity. She also reported that the Trust's service worked well and collaboratively with PML.</p>	
e	<p>The Chief Nurse thanked Sue Palmer and her team for their work, recognising that it had been challenging and that not all staff had been able to change how they were working but had continued to provide important services during the pandemic. She noted that it had been challenging nationally to source transparent face masks which would better allow patients to see their carers/staff and the Trust was hoping to acquire more of these. She added that discussions about change practice as a result of lessons learned during the pandemic were taking place and she referenced one that morning being hosted by the Deputy Director of Nursing for Mental Health for modern matrons in mental health services; she added that she would be happy to discuss further, especially if the service or directorate wanted to discuss flu or future surge preparedness.</p>	
f	<p>The Director of Strategy & CIO asked whether the team had the IT equipment it needed. Sue Palmer confirmed that they did and had been impressed with the IT response during the pandemic, noting that staff now had new and fast laptops.</p>	
g	<p>The Chief Executive thanked Sue Palmer for the great presentation and for the work of her and her team. He commented upon the three different Hospital at Home services operating across Oxfordshire and</p>	

<p>h</p> <p>i</p>	<p>asked whether, in an ideal world, there should be a single team. Sue Palmer commented upon the pros and cons of the situation, also noting the background/past history and the progress which had been made.</p> <p>The Trust Chair asked about development/career opportunity programmes to support clinical staff into managerial roles. Sue Palmer commented upon the compromise of less patient contact which may need to be made for such roles. The Chief Nurse agreed that this was a particular challenge in nursing and one which was on her agenda to consider further.</p> <p>The Board thanked Sue Palmer, Tehmeena Ajmal and the Hospital at Home team for their presentation and feedback. <i>Tehmeena Ajmal and Sue Palmer left the meeting.</i></p>	
<p>BOD 57/20</p> <p>a</p> <p>b</p> <p>c</p>	<p>Community Involvement Report</p> <p>The Director of Corporate Affairs & Company Secretary presented the report BOD 46/2020 on progress and developments for volunteering, the Charity and community engagement. She noted that the Trust held an important part in the local community and it was important to review how it had engaged. She highlighted the achievement of the small team during the pandemic crisis, especially with the Oxford Health Cares project to support staff with care packs and lift morale, and its collaborative work with the Communications Team and other stakeholders, as set out in the report, including Artscape and Creating with Care.</p> <p>The Trust Chair referred to the partnerships update report in the Board’s private meeting and noted the potential links between the two, especially in relation to work with the voluntary sector. He acknowledged the important work of the Community Involvement Manager and her team and noted that the Charity had also benefitted from wider national awareness of the NHS and the work of the national team at NHS Charities Together who had been working throughout the pandemic to manage donations in support of the NHS, as set out on page 10 of the report. The Director of Corporate Affairs & Company Secretary confirmed that the Charity had received grants from NHS Charities Together, as set out in the report, and staff had submitted (and were continuing to submit) ideas for use of the grants.</p> <p>The Chief Executive asked whether volunteers and those who had donated had been contacted and thanked. The Director of Corporate</p>	

<p>d</p>	<p>Affairs & Company Secretary confirmed that they had. The Chief Executive asked about processes to keep volunteers safe during the pandemic. The Director of Corporate Affairs & Company Secretary confirmed that a significant amount of work had been done on this at the start of the pandemic as most volunteers had been connected to community hospitals and it had been clear early on that if visitor access was to be restricted for safety reasons then this would also need to apply to volunteers, all of whom had been contacted individually to explain the situation and also to invite them to undertake a COVID risk assessment. Community hospitals were now starting to feel the impact of a lack of volunteers on site and the Managing Director of Primary Care & Community Services had been asked if the occupational health review of the risk assessments could be expedited so as to support volunteers to return safely to community hospitals.</p> <p>The Board noted the report.</p>	
<p>BOD 58/20 a</p>	<p>Finance Report</p> <p>The Director of Finance presented the report BOD 47/2020 which summarised the financial performance of the Trust as at June 2020 (Month 3, FY21). 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 breakeven Income and Expenditure position and to the healthy cash position. COVID-19 costs incurred could also be reclaimed from NHSE/I and the Trust had reclaimed £4.6 million year-to-date (costs were running at £1.5 million per month). Although these reclaimed costs and NHSE/I top-up payments brought the Trust to a breakeven position, the underlying deficit was £1.4 million. This was also a deficit against the original breakeven plan, mainly due to:</p> <ul style="list-style-type: none"> • residential care monies not yet received from the council; • a lower contribution from the Oxford Pharmacy Store (as the acute sector was not yet back to its pre-COVID demand for drugs to support elective and non-elective operations); • the contribution to the BOB ICS savings target; and • agency spend. 	

<p>b</p>	<p>He noted that the Cost Improvement Programme/Productivity Improvement Programme schemes had generally been on hold during the pandemic and NHSE/I were not expecting delivery against them this month but the schemes were starting up again and the savings of £0.2 million which had been made were adverse to plan. The overall cost improvement target remained £6.8 million for FY21. The Director of Strategy & CIO would cover the programme in more detail in the private session but confirmed for the meeting that the schemes had restarted and were starting to deliver some savings.</p>	
<p>c</p>	<p>Chris Hurst noted that particularly high cost areas appeared to be: OAPs; agency spend; skill mix/speciality doctors and consultants (which could be COVID-related); and some corporate spend relating to estates pressures, HR and legal costs. Within those categories, he asked whether any exceptional costs had been identified which could be focused on. The Director of Finance replied that although some of the high agency spend was COVID-related, not all of it was; similarly skill mix expenses were not directly COVID-related but more linked to operational change.</p>	
<p>d</p>	<p>The Managing Director of Mental Health & Learning Disabilities provided an update on the challenges which she and the Director of Finance continued to face in relation to lack of clarity/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. She reported that from an operations perspective, the Trust was being strongly encouraged by the national team to progress its NHS Long Term Plan delivery ambitions and transformation work. At the same time, the Trust was also aware from national finance webinars that the national position on funding coming through to providers was less clear, which was an unsatisfactory situation. The Trust Chair commented upon the difficulty for the Trust in being urged to spend on the one hand by one part of the NHS whilst not necessarily being provided with the wherewithal to support spend. The Chief Executive noted that this could be considered in more detail in the private session, linked to consideration of the overall financial framework, albeit next week more clarity was expected on the financial envelope for the remainder of the financial year.</p>	
<p>e</p>	<p>The Board noted the report.</p>	

BOD 59/20	Quality Committee recommendations	
a	The Trust Chair introduced the report BOD 45/2020 which summarised the recommendations of the Quality Committee in relation to the: Infection Prevention and Control Board Assurance Framework (IPC BAF); IPC annual report; and Complaints annual report (as set out more fully in papers RR/App 03-05/2020). He invited any comments from the Board prior to requesting receipt and approval.	
b	Aroop Mozumder confirmed that the Quality Committee had reviewed and discussed the reports before recommending them to the Board. He highlighted that the IPC BAF was part of a national programme providing a comprehensive set of assurances from every trust; he congratulated the Chief Nurse and her team on its production. The Chief Nurse reported that the Care Quality Commission (CQC) had met with the Trust on the IPC BAF yesterday, reviewed it and been impressed.	
c	Aroop Mozumder also reported that the Governors' Safety & Effectiveness sub-group had met yesterday and he had provided a briefing to it on these reports. The meeting discussed Executive representation at the sub-group meeting and it was noted that Executives had not been invited to attend this meeting. It was also noted that the work of governors should be aligned with the Trust's vision and priorities.	
d	The Board received, agreed and adopted: the IPC BAF; the IPC annual report; and the Complaints annual report.	
BOD 60/20	Legal, Regulatory Policy update report	
a	The Trust Chair reminded the Board that paper BOD 48/2020 was supported by the detail in the Reading Room/appendix at RR/App 06/2020 which highlighted changes in recent legislation, regulation, guidance, structures, policies and direction on health and social care. Lucy Weston commended the useful report.	
b	The Board noted the report.	
BOD 61/20	Corporate Registers	
a	The Board noted and received the register of the application of the Trust's seal and the register of gifts and hospitality at RR/App 07-08/2020.	

BOD 62/20	Updates from Committees	
a	<p>The Board took as read the minutes at RR/App 09-12/2020 from the meetings of the: Finance & Investment Committee on 12 May 2020; Quality Committee on 13 May 2020; Audit Committee on 19 May 2020; and Mental Health Act Committee on 20 May 2020.</p>	
b	<p><i>Mental Health Act Committee (MHAC)</i></p> <p>John Allison reported that the MHAC had had its first meeting but its next meeting would be tomorrow. He confirmed that the MHAC would be working to ensure compliance with mental health statute, regulations and guidance so as to protect the rights of patients and ensure that they received the best possible treatment. The Trust Chair emphasised the importance of this work, the focus which the CQC would place upon it and recommended to Non-Executive Directors spending time in supporting the management of the MHA, including with MHA panels.</p>	
c	<p><i>Finance & Investment Committee (FIC)</i></p> <p>Chris Hurst reported that the FIC was keeping under review the emerging reverse capital financing approvals regime, for which not all rules and processes were yet completely clear. He noted that there were also prioritisation issues with BOB ICS plans as these currently exceeded available resources and there may be slippage across the region. The Trust Chair commented that resource distribution within and to the BOB would be an important consideration, especially given the potential impact upon health inequalities and the weighting giving to competing demands and areas/populations of need.</p>	
d	<p><i>Audit Committee</i></p> <p>Lucy Weston reminded the meeting that the year-end reports which the Audit Committee had received in May 2020 had already been presented to the Board at its extraordinary meeting on 10 June 2020. She also reported that discussions were continuing on resolving the backlog of Internal Audit actions; although these had been delayed during the pandemic, it was now more crucial to begin to see some traction on achieving them. The Chief Executive noted that Internal Audit could be a useful resource to drive business forwards and achieve the organisation's strategic objectives, for which it was crucial for the wider leadership team to be aware of the Internal Audit programme and feeding into it.</p>	
e	The Board received the minutes.	

Public

BOD 63/20 a	Questions/comments The Trust Chair invited questions from the Governor attending, Davina Logan. Davina Logan commended the staff story noting that it had been powerful and set out some of the challenges which staff had faced during the pandemic.	
BOD 64/20 a	Any Other Business None.	
	The meeting was closed at 11:53. Date of next meeting: 30 September 2020	