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

**BOD 62(i)/2020**  
(Agenda item: 03)

Minutes of a meeting held on

30 September 2020 at 09:30

virtual meeting via Microsoft Teams

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Present:[[1]](#footnote-1)** | |  | | |
| David Walker | | Trust Chair (the Chair)(**DW**) | | |
| John Allison | | Non-Executive Director (**JA**) | | |
| Tim Boylin | | Director of Human Resources (HR) (**TB**)**\*[[2]](#footnote-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**) | | |
| Mike McEnaney | | Director of Finance (**MME**) | | |
| Aroop Mozumder | | Non-Executive Director (**AM**) | | |
| Debbie Richards | | Managing Director of Mental Health & Learning Disabilities (**DR**) | | |
| Ben Riley | | Managing Director of Primary Care & Community Services (**BR**) | | |
| 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:** | | | | |
| Sara Bolton | | Associate Director of Allied Health Professionals - *part meeting* | | |
| Rita Bundhoo-Swift | | Cultural Ambassador - *part meeting* | | |
| Gemma Hunt | | Programme Support Officer (HR) *- part meeting* | | |
| Ignatius Mukombe | | Deputy Team Manager (Older Adult Community Mental Health Team) *- part meeting* | | |
| Andrew Mutandwa | | Cultural Ambassador – *part meeting* | | |
| Lorcan O’Neill | | Director of Communications & Engagement | | |
| Mo Patel | | Head of Inclusion *- part meeting* | | |
| Hannah Smith | | Assistant Trust Secretary (Minutes) | | |
| Susan Wall | | Corporate Governance Officer (Minutes) | | |
| Surangi Weerawarnakula | | Corporate & Claims Officer | | |
|  | |  | | |
| **Observers:** | |  | | |
| Mike Hobbs | | Governor: Public Oxfordshire | | |
| **BOD**  **65/20**  a  b | **Welcome and Apologies for Absence**  The Trust Chair welcomed members of the Board present, and Mike Hobbs, a Trust Governor, to the virtual Board meeting in public.  Apologies for absence were received from: Chris Hurst, Non-Executive Director. | |  |
| **BOD**  **66/20**  a | **Declarations of Interest**  No interests were declared pertinent to matters on the agenda. | |  |
| **BOD 67/20**  a  b  c  d | **Trust Chair’s report and oral update of Council of Governor’s meeting on 10 September 2020 and the Annual Members’ Meeting & Annual General Meeting on 24 September 2020**  The Trust Chair gave an oral update to the Board of two recent Governors’ meetings, the Council of Governors meeting on 10 September 2020 and the Annual Members’ meeting and Annual General meeting on 24 September 2020, stating both meetings had been really positive. He informed the Board the Governors were looking for more clarity and development in their role and future governance with the introduction of Integrated Care Systems (**ICS**) and NHS structural changes. He confirmed review of the Governors’ role and development was already underway.  The Trust Chair reported on paper BOD 49/2020 highlighting there were worrying conversations around the Treasury’s commitment to equalise Mental Health funding, and noted it was the Trust’s responsibility to raise their voice both locally and nationally to ensure that historical funding injustices did not remain.  The Chief Executive stressed the importance of adhering to the Trust’s ‘green plan’ in reducing the Trust’s carbon footprint to be at the forefront of minds. The Trust Chair confirmed this was very much on the agenda of the Sustainability Committee meeting that would be meeting the following week.  **The Board noted the oral update and Trust Chair’s report.** | |  |
| **BOD**  **68/20**  a  b  c  d  e  f  g  h  i  j  k  l  m  n  o  p | **Minutes of the Meeting held on 22 July 2020**  The Minutes of the meeting were approved as a true and accurate record.  ***Matters Arising***  **Item BOD 52/20(e) BAME groups to have a greater role in decision-making and governance**  The Trust Chair informed the Board the current application process for the Non-Executive Director vacancy was an inclusive process and suitable candidates would be selected in the Trust’s central commitment in addressing a Directorship that reflected the staff and population the Trust served.  The Director of HR said the Trust had organised a series of ‘Black History Month’ events for October and mentioned two of the Trust’s Culture Ambassadors would be joining the Board meeting at item 71, ‘Annual Report of the Cultural Ambassadors programme’. Culture Ambassadors had been in place for the last year following Royal College of Nursing (**RCN**) guidance to raise the profile of equality. He said the interim appointment of Joyce Fletcher, Strategic Nurse Advisor had given the Trust extra momentum in raising equality matters.  The Chief Executive thanked Mo Patel, Head of Inclusion and his team for putting together an extraordinary list of events for Black History month.  Bernard Galton said progress on the action would be advanced in the next People, Leadership and Culture Committee on 14 October 2020.  **Item BOD 52/20(k) Primary Care Networks (PCNs)**  Ben Riley updated the Board on the progress of PCNs. He outlined local structure and communication channels and highlighted Oxford Health Nurse Leads, Operational Leads and Allied Health Professionals (**AHPs**) linking with PCN Clinical Leads through neighbourhood teams, district nurses and community therapists around the geography of the Trust.  He said that work that had been undertaken in supporting care homes in response to the pandemic was continuing with support from Service Leads and Primary Care multi-disciplinary teams for weekly ‘check ins’ to ensure protection around care homes.  Ben Riley added that at County and ICS level, PCNs, Community Care representatives, and Oxford Health integration was moving forward at a more strategic County wide and Buckinghamshire, Oxfordshire and Berkshire West (**BOB**) level. This would involve funding from CCGs to support capability matrices, employment, training, secondments and roles across community teams and networks and future models of care.  The Chair enquired about the expiration of Oxfed. Ben Riley replied a group had been formed in the City Clinical District to pro-actively review Oxfed activities and how services might be transferred and continue from March 20221. The action was closed.  **Item BOD 08/20(b) Agency usage data to be disaggregated into occupational staff groups**  The Board determined this item to be progressed via the People Leadership and Culture Committee (**PLC**), next meeting 14 October 2020 where the Director of HR confirmed a breakdown of agency spend by category would be reported, closing the action. The Chief Nurse informed the Board of a new appointment, Director of Clinical Workforce Transformation whose remit would encompass agency usage reporting into the PLC.  **Item BOD 09/20(f) Inpatient Safer Staffing – Trust target of 85% fill rates**  The Chief Nurse confirmed this item was completed as the data was included in the Quality Dashboard.  **Item BOD 12/20(d) Quality Committee – update on progress to achieve CQC actions**  The Chief Nurse informed the Board CQC actions were being progressed, monitored and managed at Directorate level with a focus on quality improvement. Aroop Mozumder, Non-Executive Director and Chair of the Quality Committee gave assurance following 9 September 2020 Quality Committee that actions were being addressed and noted the IC5 group had ceased with CQC action updates assisting in shaping the quality improvement approach, and would be reporting into the Quality Committee Sub-group, closing the action.  The Trust Chair enquired about future CQC assessments. The Chief Nurse replied the CQC would be changing their methodology and would be focusing on a risk-based approach. She added currently the Trust was not profiling any risk. She mentioned a recent engagement meeting with the South Inspector highlighted the Health and Safety Executive (**HSE**) were focusing on ligature management and the Trust had received a letter with regards to ligature management from the Deputy Chief Inspector for the CQC. Points raised in the letter were being investigated by colleagues, including Estates in order to assess adherence by the Trust.  **Item BOD 140/19(f)-(g) Performance Report**  The Board agreed this action could be closed as a new style of reporting would be in place from October 2020.  The Board noted that the following actions had been completed or scheduled:   * BOD 52/20(f) presentation from staff about their experiences and what they would like to see happen in relation to Equality and Diversity - scheduled; * BOD 53/20(i) Out of Area Placements – scheduled; * BOD 07/20(j) Data on average waiting times or longest waiting times – scheduled;   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:   * BOD 141/19(b) Patient Story | |  |
| **BOD 69/20**  a  b  c  d  e  f  g  h  i  j  k  l  m | **Chief Executive’s Report**  The Chief Executive gave an oral update to the Board from a recent Oxford Health Overview and Scrutiny Committee (**HOSC**), where members of the OX12 Task and Finish Group and Charity Health Overview Committee were in attendance. He said it had been a helpful meeting to review County overarching services and said the Trust had given an update for the Community Hospital at Wantage at the meeting. The Chief Executive reported that the Trust’s apologies had been put on record with the HOSC for the four-year closure but that whilst beds would not be opening immediately, re-opening of the beds formed part of a review and improvement plan being undertaken.  Ben Riley expanded that the review and improvement plan would consider a wider and more specific model of care. An option to consider would be a rapid access care facility for the older and more vulnerable to establish a diagnosis, with care continued at home as an alternative to admission overnight at the John Radcliffe, the historical model. He said discussions had already started with the John Radcliffe in considering how clinical pathways would flow and the financial aspects would also need to be considered.  The Chief Executive moved on to report from paper BOD 51/2020 Chief Executives’ report. He stated the Trust had been adhering to priority actions to the response phase to the pandemic as outlined in a letter from the NHS CEO and Chief Operating Officer received August 2020. He said services that had ceased had now resumed and winter planning was underway. In relation to Covid-19 he said there were currently no in-patients, and only a small number of staff who were absent due to Covid-19 factors. He said although there was a rise in Covid-19 cases and admissions across the country, Oxford and the South East were low in cases compared to other regions.  The Chief Executive commented referrals were average for this time of year, however there had been an increase in community referrals and to CAMHS. He mentioned the predicted spike in demand had not as yet taken place, however he noted the Trust was prepared if the local situation was proved to be behind the expected spike.  The Chief Executive moved on to highlight that in the recovery phase the NHS required a named Trust Board member to continue strengthening and addressing health inequalities. It was proposed for Tim Boylin, Director of HR to take on this role. The Board approved of the proposal. The Chief Executive said an action plan would be completed to support the Board to match over the next five years, the percentage composition of overall Trust BAME workforce verses the local community (whichever is the greater). The Director of HR added he was happy to co-ordinate the health inequality programme and noted that to bring breadth of experience four different Executives would each lead one of the four staff networks for Race, Gender, LGBT and Disability.  Aroop Mozumder enquired how the Trust was going to approach addressing health inequalities. The Chief Executive stated the Trust had already started addressing health inequalities via the staff risk assessment and follow up processes to ensure the safety and well-being of staff.  The Chief Nurse updated the Board that mandatory refresher training compliance rates for Resuscitation training had dipped owing to the demands of the pandemic and availability of rooms to accommodate social distancing. Priority had been given to newly employed HCAs and a plan was being put in place to ensure the backlog for those required to undertake refresher training would take place.  The Chief Executive referenced:   * Phase 3 financial envelope – this had been challenging and would be expanded on by the Finance Director at item 78; * Quality Improvement training – a two-day training programme had been arranged for all Board members; and * Diversity and Inclusion – a recent meeting with a Global Diversity Manager of an international law firm with the Director of HR. He stated this meeting had been very thought provoking and had inspired the process to develop a reverse mentoring scheme for the Trust.   In reference to the visible leadership section in the Chief Executive’s report, Lucy Weston enquired if there had been any common themes staff had raised on his visits to facilities. The Chief Executive said common themes had been that the organisation is perceived to be too Mental Health focused, and too Oxford centric. He mentioned being visible had been appreciated and valued by staff. An additional theme raised was that it was apparent that too many layers of management seemed to exist from the ground to senior levels, creating the potential of dilution, or inaccurate flow of information and communication at times. He added some services had felt overlooked particularly some who had been at the sharp end for COVID-19.  He mentioned it was paramount to contain and support the emotional and physical well-being of staff as many are tired. However, he said staff were also energised and optimistic by the organisation looking to do things differently, with a focus in strengthening clinical leadership and a commitment to change culture that linked into the Trust’s People Plan progression.  In relation to communication the Chief Executive said staff he had met appreciated the introduction of staff webinars and blogs. He added there would be development of a team briefing for managers to cascade key messages and decisions, because communication to Trust staff was fundamental. He proposed that he still had areas of the Trust to visit, notably Swindon, Wiltshire and North Somerset that he intended would be achieved by the end of the year.  The Director of HR said the People Plan that informed the development of the Trust’s Organisational Development Strategy had been updated, with development of the diversity and equality, wellbeing, leadership and cultural sections, and that its development echoed the national NHS People Plan.  **The Board approved the Director of HR as the named Executive Board member with responsibility for tackling inequalities and noted the oral update and report.** | |  |
| **BOD 70/20**  a  b  c  d  e  f  g  h  i  j  k  l | **Performance Report and operational perspective**  The Director of Strategy & CIO reported on paper BOD 52/2020 Monthly Performance and Service Change Report for Month 4 July and Month 5 August 2020.  The Director of Strategy & CIO stated the date of the last confirmed Covid-19 inpatient for the Trust had been 17 July 2020 but that the Trust was prepared to switch from recovery mode to response mode as cases of Covid-19 were rising nationally.  He said the Trust continued to perform well against targets set by NHS/E. He stated Out of Area Placements (**OAPs**) were still being reported as a breach and were owing to bed closures necessary to manage infection prevention control for Covid-19 cases. It had been reported as an average of 620 days both for July and Aug 2020. The Trust would probably have been able to manage demand had there been no bed closures.  The Director of Strategy & CIO said referrals were below volumes for the same period for the previous year owing to the impact of Covid-19. He said emergency and urgent referrals showed an increase, noting the high increases in Adult Eating Disorders and Neurodevelopment Disorder assessment referrals, and these increases were impacting on routine waiting times.  He reported activity levels had dropped for some services, for example School Nurses and Health Visitors, however there had been a significant increase in digital consultations as meeting face to face had not been possible throughout the pandemic. Analysis was being undertaken to assess and understand clinical implications for virtual care and how to progress and embed appropriate changes to services.  Bernard Galton enquired how long waiting times were. The Director of Strategy & CIO explained business intelligence had been developed to record waiting time per service and the information would be available to present soon following refinement to ensure accuracy. The Managing Director of Mental Health & Learning Disabilities assured the Board the Trust was focusing on, and actively taking action to reduce waiting times. She informed the Board for both Buckinghamshire and Oxfordshire there were plans in place to clear the routine back log for Memory Assessment Clinics by the end of the year. Routine work had been paused throughout the height of the pandemic with waits of up to 6 weeks, and as an interim measure urgent and emergency cases had been assessed by the Older Adult Team. She added for both Buckinghamshire and Oxfordshire there were 1000 children in each area on the waiting list for Neurodevelopment Disorder assessments. Non-recurrent funding had been received to assist with clearing the waiting list in Buckinghamshire but a bid for funding in Oxfordshire had failed and options were being considered as to how to manage demand and capacity to recover the position.  The Chair enquired how the Trust was following up clinical effectiveness of digital consultations. The Medical Director informed the Board industry funding had been received and an extensive evaluation project that included patient feedback was being completed by Oxford Biomedical Research Centre (**BRC**) by Andrea Cipriani, Professor of Psychiatry at the University of Oxford.  Lucy Weston searched clarity regarding the transparency of data available for Board oversight and governance for clinicians to manage risk, and the position in reporting to commissioners. The Director of Strategy & CIO replied business intelligence data was continually being developed acoss the organisation noting that over 350 staff had access to three apps that had been developed; Covid-19 app; Patient activity and Demand app (includes service and clinician data); and a Commissioner app. He confirmed he would set up a Non-Executive Director (**NED**) app so NEDs could have access to the detail. He added one of the Trust’s strategic objectives focused on how to achieve the best clinical care, and work groups had been put in place to ensure this objective was being achieved.  Lucy Weston asked what the Trust could do in the absence of additional funding in support of those on the waiting list and their families for Neurodevelopment Disorders as diagnosis was usually the start of the patient’s journey and would have enormous impact on families. The Managing Director of Mental Health & Learning Disabilities replied there was work ongoing in support of this. Donnan Kelly, Service Director Oxfordshire and BSW Mental Health Directorate had attended a recent Oxfordshire Children’s Trust to secure support from all partners. The meeting had included Parent and Carer Groups and a new Director of Children’s Services who promoted a collective solution approach, and a move away from data assurance. She added although system funding had been unsuccessful another application for a transformation project for more key worker support for children had been secured.  The Medical Director, in response to John Allison’s question around the large spike in discharges that occurred in February and March 2020 clarified clinicians had used existing discharge criteria for patients. He added admissions had dropped in the same period.  The Chief Executive referred to the reported figures and highlighted the Trust had ‘stranded’ patients and enquired what discharge packages were being arranged; also, how was the Trust addressing physical health checks that had become a regional and national issue. The Managing Director for Mental Health & Learning Disabilities replied work was already in progress to manage ‘stranded’ patients in the system stating she received weekly updates which was also included in one of the system calls where there was oversight for these patients to find resolutions. She highlighted there had been an increase in homeless patients being admitted to wards and this proved difficult at discharge. The Chief Nurse responded that physical health checks were challenging as more Physical Healthcare Leads were required and work was underway in revision of the model and to embed the Leicester tool, an assessment guide from NHS/E for managing physical health for those with a mental illness.  **The Board noted the report.**  *Rita Bundhoo-Swift, Gemma Hunt, Andrew Mutandwa and Mo Patel joined the meeting* | | **MW** |
| **BOD 71/20**  a  b  c  d  e  f  g | **Annual Report of the Cultural Ambassadors programme**  Mo Patel, Head of Inclusion gave a brief introduction to the oral update for the Annual Report of the Cultural Ambassadors’ programme. He stated the RCN had invited the Trust to be part of a pilot for the launch of a Cultural Ambassadors’ Programme, an initiative to ensure procedures within an organisation are managed in a fair and equitable way for BAME staff. He said 10 members of staff had been selected as volunteers, via an application process, across the geography of the Trust. The volunteers had attended a 3-day RCN training course, and the scheme had been launched in the Trust in August 2019. Mo Patel said he was honoured the Trust had been selected to be part of the programme and that the Cultural Ambassadors’ role had made a difference in support of HR Policies and processes for BAME staff. He introduced Rita Bundhoo-Swift and Andrew Mutandwa, Cultural Ambassadors who would each give an update of their experience in the Cultural Ambassador role.  Andrew Mutandwa said the Cultural Ambassador programme showed the Trust cared about BAME staff and had changed his view and improved his positivity in how he felt about the Trust. He said he had been involved in a number of HR cases highlighting that issues were more complex than a person’s ethnicity. He said cases involved the intricacy of BAME staff being from the same ethnic group but different countries, with different regions and cultures highlighting previously issues had not been fully understood around these differences. He stressed he felt supported, respected and valued by the HR Team enabling him to feel confident in expressing his opinions in achieving conclusions free of basis. Andrew added he gained immense satisfaction from being part of a Risk Assessment Reference Group for the Trust.  Rita Bundhoo-Swift, spoke about the engagement of teams during HR investigation interviews. She mentioned some teams were more comfortable than others in engaging in questions around cultural differences but highlighted that the presence of a Cultural Ambassador primarily helped staff feel more valued and respected in processes. She stressed it was hard at times to unpick what was happening at it was not always tangible and required careful thought about what was happening in situations. She added BAME groups were really positive and appreciative of the Cultural Ambassadors’ role in being sensitive to their needs. She added it was important to keep things in balance with the voluntary Cultural Ambassadors role and associated engagements and her full-time role.  Many members of the Board thanked Mo Patel, Andrew Mutandwa and Rita Bundhoo-Swift for their inspiring, powerful and heartfelt presentations. Comments included understanding the importance of recognising difference, and difference within different cultures within the BAME community within the Trust and the role of Cultural Ambassador being of benefit in supporting staff in HR processes were acknowledged. It was noted the RCN pilot ended in August 2020 and the Board were keen to know how the less tangible differences of staff feeling processes were fairer and having access to a Cultural Ambassador was translating into developing more positive team behaviours in the Trust.  In response to the Board Mo Patel thanked them for their positive feedback. He said although the pilot had ended, he saw the Cultural Ambassadors Team continuing in its current format. He said an official review of the programme was being undertaken by the RCN for all pilots that had been undertaken and would be available in November. He added there was more work to be done in developing a positive culture across the Trust and a future consideration could be for Culture Ambassadors to form part of an interview panel, however he was conscious the role was currently voluntary and he was mindful for them to continue to be valued and not over utilised.  The Chair noted there would be a need for greater resource for the Cultural Ambassador Programme, and for Mo Patel to report back to the Board following the RCN evaluation of the pilot.  **The Board noted the oral update.**  *Rita Bundhoo-Swift, Sue Dopson, Gemma Hunt, Andrew Mutandwa and Mo Patel left the meeting*  *The meeting took a break at 11.13 and resumed at 11.18* | | **MP** |
| **BOD 72/20**  a  b  c | **Human Resources Report (workforce performance)**  The HR Director highlighted it was assumed the paper had been read, he wished to report further on paper BOD 53/2020 Human Resources Workforce performance report. He invited all those present to attend events from the Trust’s Black History Month Programme being provided during October 2020.  The HR Director said that a review was being undertaken of recruitment and retention to understand the challenges for staff working throughout the pandemic and to generate a Trust wide recruitment campaign in anticipation of increased staff turnover. He added the staff survey would be launched in early October.  **The Board noted the report and the actions being undertaken.** | |  |
| **BOD 73/20**  a  b  c  d | **Guardian of Safe Working Hours Report**  The Medical Director reported on BOD 54/2020 Guardian of Safe Working Hours Report, and highlighted it had been an unusual period as many F1 Doctors had been called to support the acute sector during the pandemic and the remaining doctors had been working on in-patient units rather than in the community.  He highlighted the higher physical health check requests arising from one particular ward, had added to increased working hours at times, but noted it was a ward with patients having very complex requirements.  The Board considered this report might in future benefit from more in-depth discussion at the People, Leadership and Cultural Committee. The Director of Corporate Affairs and Company Secretary would look into scheduling this to take place in the future.  **The Board noted the report.** | |  |
| **BOD 74/20**  a  b  c  d  e | **Inpatient Safer Staffing (Nursing) Report**  The Chief Nurse reported on BOD 55/2020 Inpatient Safer Staffing (Nursing) Report, stating staffing levels were reviewed weekly at the Weekly Review Meeting. She said a new post had been created and a person had been appointed to support the management of the clinical workforce. It was noted there had been an increase in agency staff in August following a drop over the previous couple of months.  The Chief Nurse referred to the Quality and Safety app on the Trust’s internal quality dashboard, ‘TOBI’, stating wards and teams were using the app to support staffing levels. She mentioned the app also had the functionality to record vacancies, serious incidents, and other workforce data across the Trust. She said it would be important to triangulate workforce data into one report and would liaise with the Director of HR to avoid duplication as this was mandated information required by the Government.  The Chief Nurse informed the Board there were three strands of money available tied to recruitment available to the Trust: funds to recruit nurses from India; funds for international recruitment of up to £100,000; and funds for nurses to be registered in the UK in addition to their own country.  It would be important to consider the implications of international recruitment with regards to quarantine periods and how this would be funded or managed, a point raised by Bernard Galton from his experience at another Trust.  **The Board noted the report.** | |  |
| **BOD 75/20**  a  b  c  d  e  f | **Safety and Quality Report: Patient Experience**  The Chief Nurse reported on BOD 56/2020 Patient Experience and Involvement Quarterly Report an analysis of the collection and use of patient, carer and family feedback during the period of April-August 2020. She informed the Board that she would be reviewing the overall strategy with Donna Mackenzie-Brown, Patient Experience and Involvement Manager lead.  The Chief Nurse said feedback was lower than average for the period being reviewed, however good feedback had been gathered from ‘I Want Great Care for the period.’  The Chief Nurse highlighted the change in question for reporting via the national Friends and Family Test (**FFT**). The question had been changed to, ‘Overall how was your experience,’ from, ‘Would you recommend …’  The Trust Chair stated the pandemic had raised wider awareness of all those that care, and would this be something that the ICS would explore and manage. The Chief Nurse replied it would be challenging but useful to think about.  The Chief Nurse said she would confirm to the Board what stage staff uniform review was at, initiated nationally via the Chief Nursing Officer.  **The Board noted the report.** | | **MC** |
| **BOD 76/20**  a  b  c  d  e  f | **Joint Children & Adults safeguarding Annual Report**  The Chief Nurse reported on BOD 57/2020 Safeguarding Children and Adults Joint Annual Report 2019/2020 stating the Team and Service Directorates had been in attendance at all Children and Adults’ Boards throughout the period. She added there was a complex system below these meetings to ensure effective communication for multiagency working.  The Chief Nurse said there were no issues raised from the CQC inspection in relation to the Trust’s safeguarding practice.  She noted that child consultations had decreased owing to the pandemic but had now returned to pre-pandemic levels.  The Chief Nurse highlighted due to the pandemic there had been improved collaboration in working across multi-agencies with shared ownership of risk and that some cases had been related to Covid-19. The Trust Chair mentioned the dynamic of multi-agency support would depend on the level of resource available as it was generally accepted there was a lack of funding in the local authority.  The Chief Executive said on the back of lock down there had been an increase in child abuse and it would be important for the Trust to be alert to this. He enquired about the progress and monitoring for all staff being required to have Safeguarding Children training level 3. It was agreed for the Quality Committee to receive an updated report on the levels of attendance at this training.  **The Board noted the report.**  *Sara Bolton, Sue Dopson and Ignatius Mukombe joined the meeting* | | **MC** |
| **BOD 77/20**  a  b  c  d  e  f  g  h  i  j | **Allied Health Professionals strategy (AHP)**  Rebecca Kelly, Associate Director of AHP reported on BOD 58/2020 Allied Health Professionals strategy noting work that had been undertaken in the previous 6 months in support of Covid-19 which included, digital consultations, role redeployment, post Covid-19 recovery and audit work.  Rebecca Kelly highlighted her concerns around pending leadership changes with her retirement at the end of October 2020 and the departure of Jonathan Asbridge, Non-Executive Director in July 2020. She explained Jonathan Asbridge had undertaken field visits with AHPs and it would be important to have another representative on the Board who would champion and support AHPs with merging opportunities and transformation work for AHPs in Mental Health.  The Director of Corporate Affairs and Company Secretary confirmed the responsibilities of Sir Jonathan would be reviewed and where appropriate allocated to the successor NED/amongst the NEDs. She went on to give her thanks to Rebecca Kelly for her support over the years and in particular with Trust events like Healthfest and Artscape, and her assistance with support to the Oxford Health Charity and community involvement.  The Director of Strategy and CIO enquired how the Trust could assist and support AHPs in embedding digital consultations or other initiatives. Sara Bolton, Associate Director of AHP explained there was an AHP Council and that BOB had an AHP strategy, that linked into the National AHP strategy. She informed the Board there was a new Clinical Fellow post, Digital for AHPs with the role being to work with AHPs to maximise digital working in line with national plans. She noted a potential gap could be staff education and training in support of using the app when available.  The Chief Executive thanked Rebecca Kelly for her long and distinguished career in the NHS. He enquired what stage of implementation the AHP strategy was at. Rebecca Kelly replied a good example had been the introduction of digital consultations, owing to the pandemic, however some areas of strategy had been delayed as realignment was required in order to achieve the BOB strategy. Rebecca confirmed to the Director of HR she was aware of the National People Plan that included helpful themes for AHPs.  Rebecca Kelly said there was £40,000 available to expand student placements following their graduation, and there had been some success from the ‘bring back staff campaign’ as part of Public Health England initiatives to bring back staff in response to the pandemic.  The Chief Nurse gave her thanks to Rebecca for all her help and support since she had joined the Trust.  The Trust Chair stated it would be important to foster AHPs to move into more general operational roles and senior positions within the Trust. Sara Bolton stated this was happening in some areas and noted to highlight this in the future.  Sara Bolton informed the Board they were seeing significant numbers with ‘long Covid’ suffering fatigue and other physical symptoms. She said any additional funding would be well received as they would soon exceed funding levels. She added that 69 patients had been seen with long Covid since June, and noted some patients were under 30. It would be important to ensure access to rehabilitation for those with long Covid.  **The Board noted the report and thanked presenters.**  *Sara Bolton, Rebecca Kelly and Ignatius Mukombe left the meeting* | |  |
| **BOD**  **78/20**  a  b  c  d  e | **Finance Report**  The Finance Director reported on BOD 59/2020, Financial Position 2020-21 for Month 5, August. He said £9m had been reclaimed and received for Covid-19 related costs during the year to date. In the current regime of receiving finance directly rather than by contract the Trust had achieved break even for month 5, the expected position. He added the underlying position for the Trust was sound due to cost control work that had been undertaken within services. The biggest issue remaining for Oxford and Buckinghamshire Mental Health was agency cost and he hoped the new appointment to the post of Director of Clinical Workforce Transformation would accelerate improvements in agency costs.  The Finance Director stated the cash position was strong due to the Trust receiving finances one month in advance. He said currently delivery of Cost Improvement Programmes (**CIP**) was £1m ahead of plan, and Capital Programme expenditure was £3.7m below plan due to slippage in estates projects owing to the pandemic.  The second half of the year would be more challenging the Finance Director stated as the Treasury were revising the financial regime to keep NHS operational costs in line with Long Term plans and would be tightening up significantly on Covid-19 costs. The forecast for the second part of the year would be finalised soon. He said the onus from NHS England had been placed on BOB ICS to achieve the financial plan which had been worked on collectively with providers and CCGs to ensure the best possible outcomes and was due for submission the first Monday in October 2020.  The Director of Finance clarified for the Trust Chair that if there were a second wave of Covid-19 there would be tighter restrictions on costs. He added it was more challenging in the pandemic to maintain business as usual within the requirements to operate safely. As an example, he said HR had incurred additional costs in covering staff Covid-19 assessments, and it would be imperative to prioritise and manage resources.  **The Committee noted the report and the financial position to date.** | |  |
| **BOD**  **79/20**  a  b  c  d  e  f  g  h | **Legal, Regulatory & Policy update covering report**  The Director of Corporate Affairs and Company Secretary reported on BOD 60/2020 Legal and Regulatory and stated the reading room appendix RR App 15 BOD Legal Regulatory Update Appendix was deemed as read.  The Director of Corporate Affairs and Company Secretary highlighted the People Plan item, mentioned at item 69 of the minutes would have significant oversight via the People and Leadership Committee in terms of progression.  She stated the focus nationally remained predominantly on Covid-19. She drew attention to an item featured in the report in how to improve access for Learning Disability and Autism calling for action to tackle stigma, adding the Trust Governors had expressed an interest in exploring stigma and bias across the organisation.  The Director of Corporate Affairs and Company Secretary said the CQC had raised concerns following inspections nationally with regards to the Mental Health Act in respect of those being deprived of their liberty, and this would be discussed at the Mental Health Act Committee at a future meeting.  She added an interesting reflection was captured through the patient experience library, including The Patient Association, that gave a fresh look on patient experience and would be of benefit for those who manage and report on patient experiences.  Lucy Weston referred to the ‘Getting it right for everyone’ report and her concern about linking Autism to the Learning Disabilities, so as not to pigeonhole Autism as it had a wider reference. Aroop Mozumder said he was assured as Chair of the Quality Committee that this was not the case within the Trust.  The Chief Nurse said the profile for autism had been raised significantly by the Paula McGowan Campaign, and added autism training was now mandatory for all Healthcare Professionals and that the 3rd sector had received money earlier in the year via a Health Education England (**HEE**) tender to launch training and that this was a quality priority for the Trust.  **The Board noted the report.** | |  |
| **BOD**  **80/20**  a  b  c  d | **Board Assurance Framework and Trust Risk Register Report**  The Director of Corporate Affairs and Company Secretary reported on BOD 61/2020, which set out recent updates to the Board Assurance Framework (**BAF**) and Trust Risk Register (**TRR**), stating there had been increased activity across the focus on risk management throughout the pandemic and that the Trust had benefitted from increasing support to the risk management team during this period, including through the addition to the team of Hannah Wright, Risk Manager. She highlighted that the combined BAF and TRR reporting provided a universal view of the risk profile and effectiveness of controls throughout the Trust, for the assurance of the Board, external audit and regulators. By way of example of the dynamism of risk management, she noted that further to recent Executive discussion of resuscitation training, she had swiftly been provided with examples of how risk registers across directorates were covering mandatory training actions to address that for resuscitation.  The Director of Corporate Affairs and Company Secretary said it would be important for Board members to use the information in the report to inform their own individual assurances and to influence the focus of Board Committee agendas.  Lucy Weston, Non-Executive Director and Chair of the Audit Committee, emphasised the importance of Board and Board Committee oversight of risk management, especially in the context of the amount of change which had been required in response to COVID-19, and cautioned the Board against treating it as a process rather than a business tool. The Trust Chair agreed and noted that increasing emphasis on risk analysis tied in with the work currently in progress to revise the Trust’s strategy and risk profile.  **The Board noted the report acknowledging the assurances provided in terms of the management of risk.** | |  |
| **BOD**  **81/20**  a  b  c  d  e  f  g  h | **Updates from Committees**  The Board took as read the minutes at RR/App 17 – 21/2020 for Quality Committee 08 July 2020; Financial and Investment Committee 09 July 2020; Charity Committee 10 June 2020; People, Leadership & Culture Committee on 15 July 2020; and Private RR/App 18/2020 for a supporting confidential paper for Quality Committee 09 July 2020.  **Finance and Investment Committee (FIC)**  It was noted there were no substantive points to raise from the July FIC by Chris Hurst who had sent his apologies for the Board meeting.  ***Mental Health Act Committee (MHAC)***  John Allison gave an oral update reporting the newly formed Committee had met twice since being set up in May 2020. He said the CQC were very active in scoping the Mental Health Act in particular in relation to human rights and deprivation of liberty issues. He noted the particular themes patients were being informed of by the CQC were: of their rights to be involved in the planning of their care; the principle of the use of the least restrictive practice options; and the equitable application of the Mental Health Act to all patients. He said Steve McCourt, Lead for CQC Standards and Quality for the Trust had reviewed the essential Mental Health standards. The review had been beneficial in managing seclusion and isolation to avoid infection owing to Covid-19. Another change during the pandemic had been the introduction of virtual tribunal hearings and the practical and ethical use of masks. It was noted the Committee had made a sound start but there was more work to be undertaken.  ***Quality Committee (QC)***  Aroop Mozumder stated the Quality Committee had revised the format of the agenda for the 9 September 2020 QC meeting to reflect the CQC domains of Safety, Effectiveness, Quality Improvement, Patient and Carer experience, and Policies. It was noted the revised agenda had provided an improved focus. It was noted there was more to do supporting a proactive Quality Improvement approach. This would be supported by the newly formed Quality Sub-Group reporting into the Quality Committee.  ***Audit Committee (AC)***  Lucy Weston gave an oral update that the AC was undertaking the same reflective process as other Committees in order to avoid duplication and noted there had been an internal re-focus on financial processes in response to Covid-19. The Finance Director clarified the Trust was currently at the contract break point in considering the renewal or not of the current external auditors.  ***Charity Committee (CC)***  Lucy Weston gave thanks to The Director of Corporate Affairs and Company Secretary, to Julie Pink, Community Involvement Manager, and Michelle Evans, Development Coordinator for their enormous amount of work undertaken owing to the pandemic. She noted on reflection from this period there was a potential need to re-consider strategy for the Charity Committee.  ***People, Leadership and Cultural Committee (PLC)***  Bernard Galton stated the last PLC meeting had taken place in July in the height of the pandemic where the focus had been looking at how staff were affected by the pandemic and how to support them during the challenging period. He noted the PLC continued to develop.  **The Board received the minutes for: Quality Committee and confidential paper; Finance and Investment Committee; Charity Committee; People Leadership and Cultural Committee; and oral update for Mental Health Act Committee and Audit Committee.** | |  |
| **BOD**  **82/20**  a  b  c  d | **Any Other Business**  Mike Hobbs, Public Governor for Oxfordshire who was in attendance expressed his thanks to the Director of Corporate Affairs and Company Secretary for her support and results in her approach to constitutions. He mentioned fellow governors and constituents had raised some points around different patient populations and that this would be explored more fully in the Governor Sub-Groups.  It was noted there had been additional communications to encourage the public to attend the virtual Board meeting in Public.  It was noted that minutes and papers for The Health Overview and Scrutiny Committee (**HOSC**) run by Oxfordshire County Council are available via their website.  **The Board noted the additional business.** | |  |
|  | The meeting was closed at 12:26  **Date of next meeting: 26 November 2020** | |  |

1. Quorum is 2/3 of the whole number of members of the Board (including at least 1 NED and 1 Executive) i.e. where voting members of the Board are 13 (from July 2020), quorum of 2/3 with a vote is 9 [↑](#footnote-ref-1)
2. \* = non-voting [↑](#footnote-ref-2)