

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

**Board of Directors**

**BOD 15/2020**

(Agenda item: 4)

Minutes of a meeting held on

29 January 2020 at 09:30

Conference Room, POWIC Building

Warneford Hospital, Headington, Oxford OX3 7JX

**Present:[[1]](#footnote-1)**

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| David Walker | Trust Chair (the Chair)(**DW**) |
| John Allison | Non-Executive Director (**JA**) |
| Tim Boylin | Director of Human Resources (HR) (**TB**)**\*[[2]](#footnote-2)** |
| Marie Crofts | Chief Nurse (**MC**) |
| Sue Dopson | Non-Executive Director (**SD**) – *part meeting* |
| Bernard Galton | Non-Executive Director (**BG**) |
| Mark Hancock | Medical Director (**MHa**) |
| Chris Hurst | Non-Executive Director (**CMH**) |
| Mike McEnaney | Director of Finance (**MME**) |
| Aroop Mozumder | Non-Executive Director (**AM**) |
| Debbie Richards | Managing Director of Mental Health & Learning Disabilities (**DR**) |
| Kerry Rogers | Director of Corporate Affairs & Company Secretary (**KR**)**\*** |
| Martyn Ward | Director of Strategy & Chief Information Officer (CIO) (**MW**)**\***  |
| Lucy Weston | Non-Executive Director (**LW**) |

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| **In attendance:** |
| Vanessa Odlin | Service Director, Oxfordshire, BaNES (Bath & North East Somerset), Swindon and Wiltshire Mental Health Directorate – *part meeting* |
| Julie Pink | Community Involvement Manager – *part meeting* |
| Hannah Smith | Assistant Trust Secretary (Minutes) |

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| **BOD****01/20**ab | **Welcome and Apologies for Absence**The Trust Chair welcomed members of the Board present, the governors attending (Hasanen Al-Taiar, present from the start, and Benjamin Glass, who joined during item BOD 07/20 below) and staff including members of the Trainee Leadership Board (Nurul AinMohdNizam, Harun Butt, Anand Nadaradjou, Oluwasegun Oluwabamise, Qi Pei and Vyara Valkonova). Apologies for absence were received from: Jonathan Asbridge, Non-Executive Director; and Stuart Bell, Chief Executive.  |  |
| **BOD****02/20**ab | **Declarations of Interest**The Trust Chair presented the Register of Directors Interests at paper BOD 01/2020 to the meeting. No interests were declared pertinent to matters on the agenda but Chris Hurst and Lucy Weston noted that they had further updates to provide for the next version of the Register.**The Board received the Register of Directors Interests.**   | **HS** |
| **BOD** **03/20**ab | **Trust Chair’s Introduction and System Overview**The Trust Chair provided an oral update, highlighting: (i) a visit last week from Nadine Dorries MP (Minister for Patient Safety, Suicide Prevention and Mental Health); and (ii) engagement with the Buckinghamshire, Oxfordshire and Berkshire West (**BOB**) Integrated Care System (**ICS**) including workshops for trust chairs. However, an ongoing issue remained historic underfunding of mental health services, including recognition of this at a system financial level, and the consequences of this upon the Trust’s efforts to provide safe services despite an insufficient financial basis. **The Board noted the oral update**.  |  |
| **BOD** **04/20**abcdef | **Minutes of the Meeting held on 04 December 2019**The Minutes of the meeting were approved as a true and accurate record. ***Matters Arising*****Item BOD 140/19(f)-(g) Performance report** The Director of Strategy & CIO reported that the action in the second bullet point, to distinguish between performance issues linked to funding/resourcing deficits as opposed to those for which the Trust may be responsible, had been completed and included in the report to this meeting at paper BOD 05/2020. However, work was ongoing in relation to the first bullet point to analyse areas of unchanged underperformance and the impact upon patients. **Item BOD 142/19(e) Workforce Race Equality Standards (WRES) and Cultural Ambassadors**The Director of HR reported that Cultural Ambassadors may be ready to present to the Board in public from May 2020 onwards. **Item BOD 146/19(d) Medical Education – requirements** The Managing Director of Mental Health & Learning Disabilities reported that this action would be completed by tomorrow when she and the Chief Nurse were to meet with the Director of Medical Education. The Board noted that the following action was to be progressed: BOD 141/19(b) – recording of the Patient Story (two patients who had been treated for pressure ulcers) to be circulated for the Board as technical issues had meant that the recording had been summarised for, rather than played to, the Board.The Board noted that the following actions had been completed (as set out in the Summary of Actions document):* BOD 112/19(a) Declarations of Interest;
* BOD 118/19(e) Emergency Department Psychiatric Service. The Trust Chair added that he had also visited the unit and been impressed by the clinical work but concerned by other aspects impacting upon the unit, such as parking;
* BOD 123/19(e) deep-dive into self-harm incidents on two Child & Adolescent Mental Health Service (**CAMHS**) wards; and
* BOD 150/19(c) Modern Slavery Act revised annual transparency statement.
 | **MW****TB** |
| **BOD** **05/20**abc | **Chief Executive’s Report**The Managing Director of Mental Health & Learning Disabilities presented the report BOD 03/2020, on behalf of the Chief Executive, which provided updates on recent national and local issues and a copy of the BOB ICS news bulletin. ***Winter performance***The Managing Director of Mental Health & Learning Disabilities referred to the report and noted that there had been an effective system response at a challenging time of the year. She highlighted that: Oxfordshire’s Community Services teams had been commended for the considerable support which they had provided to Oxford University Hospitals NHS FT to help support patients to get home; and Urgent Care Services had also performed well to provide alternative options to patients attending Accident & Emergency. ***BOB ICS response to the NHS Long Term Plan (4-year system plan)***She referred to the report and noted that work to bring the system back into financial balance and maximise opportunities to address the financial deficit in the South East region had been a main item for discussion at the System Leaders Group in January 2020. She noted that the South East region and the BOB ICS area would be expected to work to improve the region’s financial position and this would impact upon the Trust at a time when it was continuing to face increasing activity and demand for services.  |  |
| defghijk | ***Historic underfunding of Mental Health Services in Oxfordshire***She referred to the report and explained that although the NHS Long Term Plan submission had factored in an assumption of investment of £7 million to cover the backlog in mental health funding in 2020/21 and £3 million in 2021/22, that funding had not yet been reflected in the commissioning process. The situation would need to be resolved if the Trust was to be able to implement the Long Term Plan especially in light of increasing levels of activity in excess of the capacity supported by existing funding. She highlighted that there was a risk that the Trust would not be able to achieve Long Term Plan ambitions in FY20 or FY21 if funding issues were not resolved. The Trust and Oxfordshire Clinical Commissioning Group (**Oxfordshire CCG**) would therefore move to mediation with the input of the national mental health team and NHS England. She provided an update that progress had, however, been made with the local authority in relation to overspend on residential care placements and discussions were taking place with Oxfordshire County Council. The Trust Chair asked whether this was likely to lead to further investment. The Director of Finance replied that investment may partially help to relieve pressure but there was also work to do to look at the way in which placements were operated and to reduce costs. The Managing Director of Mental Health & Learning Disabilities reminded the meeting that the Board’s private workshop in October 2019 had received a presentation on the Long Term Plan submission, and activity and financial assumptions; she confirmed that the feedback from this had been utilised in discussions with the place-based systems in both Oxfordshire and Buckinghamshire. She reported that there were differences in the approaches between the systems in Oxfordshire and Buckinghamshire; investment was further behind in Oxfordshire and the Trust was awaiting confirmation as to funding to support the Mental Health Investment Standard. *Sue Dopson joined the meeting.* ***Provider Collaboratives (formerly New Care Models)***She referred to the report and the contractual matters still to be resolved with NHS England Specialist Commissioning. Business cases to support the development of Provider Collaboratives would be presented to the Finance & Investment Committee and the Board in due course, further to a deep dive review by the Executive. ***People, Recruitment and Retention***She referred to the report and thanked Bernard Galton for chairing the inaugural meeting of the People, Leadership and Culture Committee which was a significant and positive step forwards to raise the profile of people issues. ***Care Quality Commission (CQC) final report – overall ‘Good’ rating***She referred to the report and noted that the CQC final report was also on the agenda for the meeting at paper BOD 09/2020. ***Consultant appointments***The Board was requested to ratify the appointment of Dr Rachael Rattlidge as Consultant in Child and Adolescent Psychiatry with the BaNES (Bath & North East Somerset) team in Keynsham. **The Board noted the report and RATIFIED the consultant appointment of Dr Rachael Rattlidge.**  |  |
| **BOD****06/20**ab | **Legal, Regulatory & Policy update report**The Director of Corporate Affairs & Company Secretary presented the report BOD 04/2020 which provided an update on legal, regulatory, compliance and policy matters to inform the Board of recent changes in legislation and guidance and to expand the Board’s awareness of developments in other organisations. Appendix A in the report set out awareness/learning/’true for us’ findings from: CQC inspection reports into other organisations; and various investigations, legal cases and precedents. She noted that there were some particularly relevant ‘true for us’ cases included in the examples in Appendix A. **The Board noted the report**.  |  |
| **BOD 07/20**abcdefghijk | **Performance Report and Operational Perspective**The Director of Strategy & CIO presented the report BOD 05/2020 on performance against national and local indicators. National indicators were reported against the Single Oversight Framework. Local indicators were reported against commissioners’ contracts. The report also provided data on patient access and flow including: demand for services/referrals; access/waiting times; Delayed Transfers of Care; and Out of Area Placements (**OAPs**). Overall the Trust had achieved 78% of targeted indicators for December 2019 (Month 9). Of the 85 indicators which had not been met in December, 39 had been over 10% away from meeting commissioner-defined targets. He highlighted that demand exceeding workforce capacity continued to have a major impact on service delivery, which remained the case in Oxfordshire: (i) Adult Mental Health referrals; and (ii) CAMHS referrals which, although these had reduced in-month, were still higher than the previous year (by contrast, CAMHS performance in Buckinghamshire was consistently improving). On performance against the Single Oversight Framework, he referred to the covering report and highlighted:* performance remained below target against the Data Quality Maturity Index, mainly due to completeness (rather than accuracy) as not enough information was yet being collected in relation to some information requirements e.g. armed forces veterans or ethnicity. From 01 April 2020, the Trust’s performance in this regard would be monitored at a national level and efforts were increasing to improve performance; and
* increased OAPs in Buckinghamshire but still significantly below the Trust’s overall planned trajectory.

Local directorate performance was as set out in the report, with highlights in the covering report. He commented upon the decline in performance in relation to physical health checks in the Oxfordshire Mental Health Directorate, further to changes in reporting methodology, and noted that work was underway to understand the root cause(s) of the change. The Chief Nurse added that she was also meeting with the Head of Service and would look into the detail. The Trust Chair asked what the reasons were for the discrepancy between the particularly problematic situation in Oxfordshire compared to Buckinghamshire. The Board discussed the impact of demand for services and access/referral criteria but noted that as access/referral criteria had not changed in the past year, the deterioration in performance may be less attributable to access/referral criteria and more to system pressures. Chris Hurst suggested that over the next 6 months it may be helpful to try to pinpoint where demand was emerging and whether this was uniform across various access points, or clustered around more specific access points. The Director of Strategy & CIO replied that it was also important to understand how needs in Oxfordshire differed from Buckinghamshire and the rest of the local system. The Managing Director of Mental Health & Learning Disabilities commented upon the demand and capacity review work which was already progressing, and which had been welcomed with enthusiasm by clinical teams, and noted that once this had been finalised then it was hoped that this would support clinicians to engage in discussions with Oxfordshire CCG and primary care on how to stem demand. She noted that the Trust needed to engage in discussions not only to secure more investment but also to understand and control demand. John Allison commented upon the trendless curve which appeared to be demonstrated by the chart on performance on page 1 of the covering report. He noted that whilst over years performance tended to oscillate, OAP performance, as set out on page 3 of the covering report, was now showing a clear but worrying trajectory which was in opposition to the overall planned trajectory. He asked whether the Director of Strategy & CIO was concerned by this. The Director of Strategy & CIO replied that OAP levels were likely to be volatile as they were based on acuity and patient need. Chris Hurst noted that it would be helpful to understand if the OAPs reported were those which were avoidable or clinically required and unavoidable. The Director of Strategy & CIO confirmed that the reported figures extracted out the clinically required/unavoidable cases so that the focus of reporting was upon avoidable cases for which there may be some alternatives. Aroop Mozumder referred to page 5 of the report and the implementation of a Crisis Team in Buckinghamshire. He asked how the effectiveness of this change to a new Crisis model would be measured. The Director of Strategy & CIO replied that the Crisis team would need to operate for a few months before it would be possible to track back to analyse what difference it had made to trends. The Medical Director added that the impact of the Crisis team upon hospital admissions and length of stay would be particularly subject to review as the team was anticipated to be able to have more impact upon preventing admissions and accelerating discharge, rather than demand. The Trust Chair asked whether: (i) there was sufficient focus upon Oxfordshire in terms of issues around finances, delivery and demand; and (ii) an Oxfordshire taskforce should be set up to provide more focus. The Director of Strategy & CIO replied that focus was sufficient in terms of discussions with commissioners and there were particular challenges with what the Trust was currently required to report on which needed to be addressed; he advocated moving from contractual reporting towards reporting on clinically valuable indicators. Chris Hurst noted that the issues and the potential solution(s) in Oxfordshire could span a number of different organisations, not just the Trust and the CCG, and that the path to improvement may require common agreement on what success would look like as well as the process to achieve it. He also suggested that a short-term focused task and finish group could help to achieve this and to agree priorities. The Director of Strategy & CIO agreed that further to this recommendation from the Board at its public meeting then a discussion could commence with Oxfordshire CCG on setting up a task and finish group but that this would need to be done as part of the Integrated Care Provider model and a more collaborative way of working. The Managing Director of Mental Health & Learning Disabilities added that as three local CCGs came together under a single management team and accountable officer then this may inevitably lead to changes in how performance would be managed. The Trust Chair commented upon the potential for the emerging BOB ICS to have an impact and noted that it was difficult to envisage how it could break open funding silos and redistribute resources more equitably in line with a population health management approach. The Managing Director of Mental Health & Learning Disabilities replied that the BOB ICS may move to a higher level of commissioning oversight and anticipate that place-based systems become self-assuring. The Director of Finance added that funding redistribution may be a short term solution which could restrict provider growth and development, especially as currently the infrastructure to apply population health management had not yet been developed and there was a long way to go before sufficient and reliable/quality data would be available to support this. Lucy Weston reminded the meeting that the impact of care in Oxfordshire Mental Health Services should not be overlooked as an area of focus. She noted that access rates did not necessarily correspond with patient experiences in CAMHS and Adult Services. She asked about data on average waiting times or longest waiting times so that the statistics presented could be better understood. The Director of Strategy & CIO replied that he could provide more information about this out-of-session. **The Board noted the report and that a** **discussion would commence with Oxfordshire CCG on setting up a task and finish group, as part of the Integrated Care Provider model, to focus upon resolving Oxfordshire issues around finances, delivery and demand and reaching common agreement on what success would look like and the process to achieve it.**   | **MW****MW****MW** |
| **BOD 08/20**ab | **Human Resources (Workforce Performance) Report**The Director of HR presented the report BOD 06/2020 which set out workforce performance indicators and updates on: Health & Wellbeing; the Employee Assistance Programme; enhancement of HR IT systems and reports; Equality, Diversity & Inclusion; the Management Toolkit pilot programme; sickness; vacancies; turnover (leavers’ data not internal moves); and agency and temporary staffing spend. He noted that although agency spend remained stubbornly high and sickness had increased (in line with seasonal expectations), there were improvements in retention rates and staff turnover was now under 13% and continued to reduce. Aroop Mozumder referred to the final page of the main body of the report, on inpatient temporary staffing use, and asked about the increase in NHS Improvement agency rule overrides. The Chief Nurse explained that the increase was a matter of concern as the overrides were triggered when high-cost (above the NHS Improvement price cap) off-framework agency workers were used. She confirmed that these  |  |
| cdef | instances were reviewed weekly at the Weekly Review Meeting (Clinical Standards) and would be the focus of an ‘Improving Quality and Reducing Agency’ programme board (which she would discuss further under item BOD 09/20 below). She noted that she had already had discussions with Heads of Nursing on this. The Medical Director added that from a locum medics perspective, there was a supply and demand issue as medics could choose the agencies for which they worked and were not subject to the same framework arrangements. Chris Hurst cautioned against over-reliance on averages and noted that it may be helpful to disaggregate the data into occupational staff groups, especially if a different cost-weighting could be applied to the different occupational groups. The Chief Nurse agreed that it would be useful to consider the data at a profession-specific level. Bernard Galton noted that this could potentially be considered in more detail through the People, Leadership & Culture Committee.Aroop Mozumder asked if there was an opportunity through the BOB ICS to set universal guidelines throughout the local area on use and cost of locum medics. The Managing Director of Mental Health and Learning Disabilities replied that there was a BOB ICS workforce group and HR directors group; however, she noted that demand for locum medics could also be subject to seasonal fluctuations and that winter pressures tended to lead to an increase in demand and locum rates especially in community services like of Out Of Hours GPs. Bernard Galton commented that although the reduction in turnover was positive and indicated a cost saving and that less recruitment activity was required, there was still a concerning spike in vacancies in either the Buckinghamshire Mental Health or Specialised Services directorate. The Chief Nurse noted that the vacancy increase may relate to Buckinghamshire. The Director of HR added that the spike may relate to funding because as funding became available this could trigger a spike in budgets; he noted that recruitment activity did not track well to this particular graph which tracked establishments to budget. The Trust Chair asked about the situation in relation to national undersupply of CAMHS consultants. The Medical Director replied that the national position was deteriorating and locums were prepared to travel for roles at the highest available rates. Lucy Weston asked about options to deliver care differently in the short to medium term. The Chief Nurse replied that this would need to be carefully mapped out and although in some areas nurse-led clinics would work, sometimes a medic was required. **The Board noted the report.**  | **TB/BG** |
| **BOD 09/20**abcd | **Inpatient Safer Staffing Report – 04 November to 29 December 2019**The Chief Nurse presented the report BOD 07/2020 which provided an exception report and assurance that sufficient staffing levels were in place to deliver safe, effective and high-quality care. The report also included an update on recruitment work. She explained that as the City Community ward had opened on a phased-return basis, the fill rates had not been available for inclusion in this report but they were being monitored through the Weekly Review Meeting (Clinical Standards) and there were no issues to raise in relation to that ward. Average weekly daytime fill rates for registered and unregistered staff remained above the Trust target of 85% at 100% for registered staff and 89% for unregistered staff. Average weekly night time fill rates had also remained above the Trust target of 85%. However, 8 wards had been below the 85% target for average daytime fill rates for registered nurses (an increase from 5 in the previous reporting period) but all wards remained safe to deliver care. Agency usage had increased slightly to 10.5% (from 10.2% in the previous reporting period) but below the peak of 19.1% in February 2018. She referred to page 6 in the report and the launch of an ‘Improving Quality and Reducing Agency’ programme board to progress towards a sustainable and over-arching reduction in agency usage. The programme board would be supported by the following workstreams: engagement and retention; workforce development; temporary staffing; rostering and establishments; and recruitment. Lucy Weston referred to the Appendix in the report and noted the vacancy rates did not appear to have improved significantly over the past year; she commented that she would have expected the introduction of Nurse Associates to have had a positive impact upon  |  |
| efg | vacancy rates. The Chief Nurse replied that the Trust still had relatively small numbers of 20-22 Nurse Associates who were mainly based on wards, whereas some community teams in particular had high vacancy rates. She added that in September 2019, only 11 student nurses had started mental health training at Oxford Brookes University and noted that this was also a small part of being able to address vacancies and that discussions were taking place around increasing apprenticeships. Bernard Galton commented upon the need for a single consistent data set in reporting, noting that he had raised this before as the trends in this report on Safer Staffing did not match those in the HR report. The Chief Nurse and the Director of HR agreed to review this again. John Allison asked how the Trust target of 85% for fill rates had been established. The Chief Nurse replied that this had been brought in by her predecessor in post and further to the Francis inquiry into Mid Staffordshire NHS FT but fill rates had been locally set rather than nationally mandated therefore there could be variances between organisations. John Allison replied that it was helpful that the Trust had been able to form its own judgement on an appropriate fill rate but suggested that the target may now be suitable for review to ensure that it was still optimal in the Trust’s current circumstances and financial situation (and not super-optimal and therefore more expensive than it may need to be). Aroop Mozumder cautioned that cost pressures should still not override safety concerns or risk putting further pressure upon staff who may be asked to make difficult decisions about staffing as a result. John Allison agreed that there should be balance but noted that neither extreme should drive the position. The Chief Nurse agreed to review the 85% target fill rates but noted that safety considerations should be accepted as a standard and that there were other enabler processes which could reduce costs, such as further recruitment in order to reduce agency spend. **The Board noted the report**.  | **MC/ TB****MC** |
| **BOD 10/20**abc | **Quality and Safety Report: Experience & Involvement**The Chief Nurse presented the report BOD 08/2020 which provided an overview of: feedback received from patients and carers; work to improve people’s experiences and their involvement in service developments; progress against the Carers’ Strategy; and the results of the 2019 national community mental health patient survey. She highlighted that over 17,000 survey responses had been received from April-December 2019 with 94% recommending the service. Work was also progressing to consult on the development of a new Carers’ Strategy. The Trust Chair reminded the Board of the useful presentation which the Council of Governors’ meeting had received in November 2019 from the Picker Institute in relation to Data Collection Analysis and the challenge of dealing with subjectivity, especially where no one measure of patient experience may be inherently reliable. The Chief Nurse agreed with the importance of triangulating various measures of patient experience, as had been highlighted by that presentation, and noted that feedback from service users and carers should therefore be an essential part of the development of the Trust’s quality dashboards. **The Board noted the report.**  |  |
| **BOD 11/20**a | **CQC final report**The Chief Nurse presented the report BOD 09/2020 which provided a summary as well as the final CQC inspection report. The Trust’s overall ‘Good’ rating remained unchanged and two services had improved their ratings and were now also ‘Good’ (Urgent Care and Evenlode ward for people with learning disabilities). Immediate actions taken were as set out in the report. The Trust had received one ‘Must’ action in relation to seclusion practice and potential breach of Human Rights on Evenlode ward; as a result, current practice across all wards had been reviewed and the CQC had still rated Evenlode as ‘Good’ based on the remaining significant improvements demonstrated. The Chief Nurse added that further to her review of the Trust’s approach to reducing restrictive practice, she would be launching a Positive and Safe sub-committee, to report into the Quality Committee and to raise the profile of the use of all restrictive interventions including seclusion. The Trust had also received two Trust-wide actions relating to the Mental Health Act. In response, the Trust had chosen to establish a Mental Health Act Board sub-committee to ensure robust and thorough oversight at Board-level of Mental Health Act practice; this would be chaired by John Allison.  |  |
| bcde | Services had been developing individual action plans in response to the 22 ‘Should’ actions which had been received and these would be reviewed by the Executive. The Chief Nurse emphasised the importance of embedding a Quality Improvement approach in the Trust to improve on the rating for the next inspection and using the Quality Indicators in the Quality Account to guide the focus of the organisation and to link into the Quality Improvement programme; she commented that it was also helpful to reflect upon the ‘true for us’ findings from Appendix A in the Legal, Regulatory & Policy report at paper BOD 04/2020. Aroop Mozumder asked why issues around seclusion and restrictive practice had not been picked up before the inspection. The Medical Director replied that practice and expectations in this area were changing rapidly and certain practices may not have been rated as inadequate until recently. Lucy Weston asked how progress to achieve the CQC actions would be monitored and whether the Board would receive further updates on this. The Chief Nurse replied that monitoring would be through the Quality Committee. The Trust Chair noted that it would be useful for the Board to receive an update or report from the Quality Committee about progress to achieve the CQC actions, in due course.**The Board received the final CQC report and noted current progress against the CQC actions.**  | **MC/****JAsb** |
| **BOD 12/20**abcdefgh | **Finance Report** The Director of Finance presented the report BOD 10/2020 which summarised the financial performance of the Trust as at December 2019 (Month 9, FY20). He noted that the Trust was running at an Income and Expenditure deficit of £2.5 million which was £0.7 million better than plan. He explained that the positive variance from plan related to a £0.5 million gain on the disposal of an asset following a property sale and £0.1 million in Provider Sustainability Funding (**PSF**) for FY29. However, these positive variances from plan were excluded from performance against the Control Total and the Trust had formally submitted to NHS Improvement a reforecast at Quarter 3 (**Q3**) which was £6.5 million worse than plan. EBITDA (Earnings Before Interest, Taxation, Depreciation and Amortisation) was £0.7 million adverse to plan. After excluding PSF, Financial Recovery Funding and gains on the asset disposal, underlying performance was a deficit of £6.1 million. Operating performance continued to be under significant pressure, largely from: high levels of activity in Oxfordshire focused around CAMHS and Adult Mental Health services; agency spend; and adverse variances in residential care (further to costs passed through to the Trust from the Outcomes Based Contract), OAPs and inpatient services. These underlying issues had contributed to the need to formally reforecast at Q3. The period-end cash balance of £16.8 million was £4.7 million better than plan, which was a strong position but achieved mainly due to slippage against the capital programme. Even after reforecast at Q3, the year-end cash balance was anticipated to be £11.4 million. Delivery of the Cost Improvement Programme/Productivity Improvement Programme (**CIP/PIP**) was £0.9 million adverse to plan. The Director of Finance added that next financial year, the Trust would also have to increase its CIP contribution by at least £0.9 million in order to contribute to close the financial deficit gap in the BOB ICS plan for the year. He cautioned that substantial change may be required in order to meet CIP targets for not only the Trust but also the BOB ICS. The Use of Resources risk rating remained on plan at ‘3’ (where ‘1’ was the best rating/low risk and ‘4’ the worst/high risk). Chris Hurst commented that most of the high cost items could be classified as recurrent features unless there was significant change, which may need to be led through next year’s budget setting process. The Managing Director of Mental Health & Learning Disabilities warned that planning work had also indicated that the Trust may be at risk of not being able to fully meet the ambitions of the NHS Long Term Plan. To mitigate this, work was taking place with clinicians to prepare proposals which would best reflect clinical needs and mitigate clinical risks. However, this may require difficult decisions to be made about priorities.  |  |
| ij | Lucy Weston asked about the status of the (delayed) large capital projects: the Highfield Psychiatric Intensive Care Unit (the **PICU**); and the Learning Disabilities Low Secure Unit (the **LD LSU**). The Director of Finance confirmed that the PICU had been agreed and the Memorandum of Understanding was in the process of being followed up with NHS England; the project was anticipated to commence soon. The LD LSU was further away from commencement as a letter of support and confirmation was still awaited from NHS England Specialist Commissioning, subject to confirming the bed day rates to be charged and the gender to be supported by the unit. **The Board noted the report**.  |  |
| **BOD 13/20**ab | **Corporate Registers: (i) application of Trust Seal; and (ii) Gifts, Hospitality & Sponsorship**The Director of Corporate Affairs & Company Secretary presented the report BOD 11/2020 which set out the Register of the application of the Trust Seal and the report BOD 12/2020 which set out the Register of Gifts, Hospitality & Sponsorship. **The Board noted the reports and received the registers.**  |  |
| **BOD 14/20**a | **Updates from Committees** ***Finance & Investment Committee – meetings on 12 November 2019 and 22 January 2020***Chris Hurst presented the minutes of the meeting on 12 November 2019 and provided an oral update from the recent meeting on 22 January 2020. He highlighted discussions which had taken place around risks associated with Information Management & Technology including: the Trust’s ability to deliver on its commitments under Global Digital Exemplar status; and the ageing IT estate and the negative impact which this could have upon staff productivity. He noted that the Committee had been assured at its most recent meeting that capital funding would be made available to provide some upgraded IT equipment.  |  |
| bc | ***Charity Committee – meeting on 21 November 2019***Lucy Weston confirmed that there were no matters to escalate from the minutes of the meeting on 21 November 2019. **The Board received the minutes.**  |  |
| **BOD 15/20**a | **Questions from Observers** Harun Butt referred to the Performance Report and discussion at item BOD 07/20(c) above; he asked why data need to be collected in relation to ethnicity and armed forces veterans. The Medical Director noted that this data had become more of a priority for NHS Digital. The Director of Strategy & CIO added that trusts were required to provide data against a list of data items; there were already 23 national data sets which the Trust supplied information to and NHS England used data from certain areas of focus in order to track particular interventions.  |  |
| b | Benjamin Glass (governor) asked what stage the Trust was at with negotiations on remuneration for the incoming Chief Executive and whether the Board had considered the risk to the morale of staff, patients, carers and to the Trust’s reputation if the decision was taken to maintain the remuneration of the incoming Chief Executive at previous levels of approximately £200,000. The Director of HR replied that discussions on remuneration for the incoming Chief Executive had not yet concluded and that the final decision on remuneration would be a matter for the Nominations, Remuneration & Terms of Service Committee (**NRATSC**). He confirmed that opinions had been sought not only from the Non-Executive Director members of the NRATSC but also from NHS England and both groups had been fully supportive of the terms proposed.  |  |
| **BOD 16/20**abcdef | **Patient/Carer Story** The Service Director for the Oxfordshire Mental Health Directorate and the Community Involvement Manager joined the meeting together with the carer (the father) of a former service user who had been admitted to inpatient care at the Littlemore Mental Health Centre. The Director of Corporate Affairs & Company Secretary introduced the carer and their story, explaining that the carer also wanted to make a donation to the Trust’s Charity following his son’s experience at Littlemore. The carer presented on his and his son’s experiences and the insights they had gained from: the challenging 10 years prior to his son’s admission; his son’s admission and experiences as an inpatient; and finally, to his son’s discharge and current career. He highlighted that if he had known more about mental health and the fragility of a young person’s developing brain earlier in his life as a parent then he would have informed and educated his children about this and the risks which could be posed to a young person’s developing brain, even up until the age of 25, by factors such as drugs and alcohol. He emphasised the importance of maintaining mental wellbeing and mental health in young people. He reflected upon his son’s inpatient admission and the benefits of regular visits, time away from the ward as a respite from an institutionalised experience, and daily ward activities such as tai chi. He praised the fantastic hospital team and noted that whilst he had expected something much worse for his son on section, he had found the ward doing a brilliant job but impacted by lack of funding. He explained that he would like to donate to the Trust’s Charity to support more of the kind of activities which could give both patients and staff a respite. He also requested that an extra 5 minutes be allotted in weekly ward meetings (with the patient and their medical team) to also help patients’ families and to prepare them for what it would be like to support a patient when they returned home. He added that it could also be helpful if patients were able to have some trial nights at home pending discharge. The Board thanked the carer for sharing his and his son’s experiences and for wanting to help and make a donation. The Chief Nurse acknowledged that the carer had made a good point around talking to and involving families. The Medical Director added that whilst maintaining patient confidentiality meant that sometimes information about a patient could not be released to families without patient consent, staff could always listen to families and receive information. The Director of Strategy & CIO asked the carer how his son’s friends had reacted to the situation. The carer replied that, similarly to family members, his friends had not all fully appreciated the complexity of mental illness but a few them with more insight had taken the time to visit his son whilst on the ward. He emphasised that educating young people early about mental health might help to prevent issues in the first place. The Trust Chair thanked the carer for his energy, enthusiasm and support. **The Board noted the patient/carer story.**  |  |
| **BOD 17/20** | **Any Other Business and Updates to Strategic Risks**None. |  |
| **BOD 18/20** | In accordance with Schedule 7 of the NHS Act 2006, the Board resolved to exclude members of the public from Part 2 of the board meeting having regard to commercial sensitivity and/or confidentiality; personal information; and legal professional privilege in relation to the business to be discussed. |  |
|  | The meeting was closed at 11:30. **Date of next meeting held in public: tbc 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 March 2019), quorum of 2/3 with a vote is 9 [↑](#footnote-ref-1)
2. \* = non-voting [↑](#footnote-ref-2)