

Meeting of the Oxford Health NHS Foundation Trust Board of Directors

BOD 01(i)/2021

(Agenda item: 03)

Minutes of a meeting held on 26 November 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)
Mark Hancock	Medical Director (MHa)
Chris Hurst	Non-Executive Director (CMH)
Mike McEnaney	Director of Finance (MME) – <i>part meeting</i>
Aroop Mozumder	Non-Executive Director (AM)
Debbie Richards	Executive Managing Director for Mental Health & LD&A Services (DR)
Ben Riley	Executive Managing Director for Primary & Community (P&C) Services (BR) – <i>part meeting</i>
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:

Ben Cahill	Strategy & System Partnerships Manager – <i>part meeting</i>
Caroline Griffiths	Freedom to Speak Up Guardian – <i>part meeting</i>
Lorcan O’Neill	Director of Communications & Engagement
Gabrielle Parham	Senior Matron for Community Nursing – <i>part meeting</i>
Penny Rubio	Tissue Viability Clinical Lead – <i>part meeting</i>
Hannah Smith	Assistant Trust Secretary (Minutes)
Susan Wall	Corporate Governance Officer
Surangi Weerawarnakula	Corporate & Claims Officer

Observers:

Sara Bolton	Associate Director of Allied Health Professionals
Lesley Hoare	Clinical Lead Physiotherapist
Mike Hobbs	Governor: Public Oxfordshire (and Deputy Lead Governor)

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

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Allan Johnson	Governor: Public Oxfordshire
Elaine Kirwan	Deputy Chief Nurse for Mental Health Services Forward Thinking Birmingham - Birmingham Women's and Children's NHSFT
Tracy McAteer	Head of Operations, Isis Psychology
Roz O'Neil	Head of Health & Wellbeing
Chris Roberts	Governor: Patients/Service Users/Carers (and Lead Governor)

BOD 83/20	Welcome, #Hellomynameis and Apologies for Absence	
a	The Trust Chair welcomed members of the Board present and staff, governors and observing members of the public. The members of the Board introduced themselves to the meeting (#Hellomynameis).	
b	Apologies for absence were received from Bernard Galton, Non-Executive Director.	
c	The Trust Chair highlighted for particular attention from the agenda: the Community Services Strategic Development and Quality Improvement Plan progress report at paper BOD 66/2020 (see item BOD 89/20(e)-(k) below); and the Performance Report highlighting the impact of COVID-19 at paper BOD 69/2020 (see item BOD 92/20 below).	
BOD 84/20	Declarations of Interest	
a	No interests were declared pertinent to matters on the agenda.	
BOD 85/20	Minutes of the Meeting held on 30 September 2020	
a	The Minutes of the meeting were approved as a true and accurate record.	
	<i>Matters Arising</i>	
	Item BOD 70/20(h) Business Intelligence – App for Non-Executive Directors	
b	The Director of Strategy & CIO reported that the Business Intelligence App was now in the pipeline for development from January 2021, with Lucy Weston as lead Non-Executive Director on the development.	
	Item BOD 71/10(f) Cultural Ambassadors programme – analysis of pilot	
c	Further to the update in the Summary of Actions document, the Director of HR confirmed that the Cultural Ambassadors had been involved in the	

	<p>Black History Month programme, the recruitment of a new Non-Executive Director and in stakeholder groups for COVID-19 risk assessments. The Chief Executive asked if a target date could be set for further update from the Cultural Ambassadors and the Trust Chair suggested January 2021. The Director of HR agreed to aim for January 2021 for a further update from the Head of Inclusion and the Cultural Ambassadors.</p> <p>Item BOD 75/20(e) Staff uniform review The Chief Nurse reported that national plans for nursing uniforms were on hold, potentially due to the impact of COVID-19, and requested that this action item be closed. The Board agreed.</p> <p>Item BOD 76/20(e) Safeguarding Children – training attendance The Chief Nurse reported that attendance levels had improved and were up 81% across the Trust as a whole and in some areas up to 90%. The action could be closed, with ongoing monitoring through the Quality Sub-Committee and escalation to the Quality Committee if necessary.</p> <p>Item BOD 52/20(e) BAME groups to have greater role in decision-making and governance The Director of HR reported that this was being considered through the People, Leadership & Culture (PLC) Committee; Equality Impact Assessments were in place; and the Chief Nurse was sponsoring an Equality Programme which would help to further monitor and raise issues.</p> <p>Items BOD 53/20(i) Out of Area Placements (OAPs) and BOD 07/20(j) data on average or longest waiting times The Director of Strategy & CIO reported that, further to the updates in the Summary of Actions, additional information to cover these topics had been included in the Performance Report at paper BOD 69/2020.</p> <p>Item BOD 141/19(b) Patient Story (two patients who had been treated for pressure ulcers) The Chief Nurse reported that it had not been possible to obtain the actual recording of those patients, however the Patient Story being brought to this Board meeting also related to leg care and pressure damage. The Board agreed that this action item could be closed.</p> <p>The Board noted that the following action had been completed: BOD 08/20(b) agency usage data to be disaggregated into occupational staff groups – completed as per update in the Summary of Actions document.</p>	<p>TB</p>
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j	<p>The Board noted that the following action remained to be progressed BOD 09/20(e) - consistency in the data sets used in reporting in the HR report and the Safer Staffing report. The Director of HR noted that this should be progressed through Matt Edwards, Director of Clinical Workforce Transformation.</p>	
<p>BOD 86/20</p> <p>a</p> <p>b</p> <p>c</p>	<p>Patient Story - Legs Matter</p> <p>Gabrielle Parham and Penny Rubio joined the meeting and gave a presentation on a patient’s experience of chronic oedema. They highlighted the message that ‘legs matter’ and the importance of improving the management of people with lower limb oedema who may be experiencing swollen legs, varicose eczema, cellulitis and lymphoedema.</p> <p>In the case of this particular patient, they noted how their symptoms had developed over a 25-year period during which time they had been seen by numerous health professionals but this had not prevented worsening of their condition and eventual hospital admission. The final episode of care had included one week in acute hospital, three months in community hospital and discharge home with a package of extensive support from carers and community services; overall this had cost £34,585. The patient was nonetheless currently doing well and in compression hosiery, being managed by carers at home. They discussed how the situation could have been improved for the patient and the missed opportunities to predict and prevent worsening of their condition. They also highlighted the relevance for current District Nursing services, noting that recent evidence suggested that 50% of the District Nursing caseload had chronic oedema and this was a progressive condition which could be costly to patients and services if not addressed. A chronic oedema pathway into primary care had been developed but this needed to be updated to include treatment options such as wrap garments which could help to increase patient choice and concordance; this was, however, subject to local commissioning sign-off. They noted that there may be a commissioning gap to fill.</p> <p>The Trust Chair and the Board thanked the presenters and noted the importance of: adequate recognition of this condition; investing in a timely manner; and better liaison within and between NHS services and organisations. The Chief Nurse added that she could discuss further out of session the learning from this case and actions being taken in relation to the pathway and interventions. The Chief Executive added that the Trust was currently reviewing its Community Services Strategy and that cases like this should be highlighted to commissioners as they indicated</p>	

<p>d</p>	<p>a gap in commissioning provision; it was particularly significant that 50% of the District Nursing caseload had chronic oedema. The Executive Managing Director for P&C agreed with the importance of addressing barriers to accessing care and ensuring pathways worked more effectively across services. Whilst it could be difficult to shift funding across sectors to make this happen and to pay up front in order to save later, this needed to be prioritised in the Community Services Strategy. The presenters agreed and noted that investing in proactive, but time-consuming, activity could help with prevention; however, this needed more commissioning support.</p> <p>The Board thanked the patient for their story and the presenters. <i>Gabrielle Parham and Penny Rubio left the meeting.</i></p>	
<p>BOD 87/20 a</p> <p>b</p>	<p>Trust Chair's report</p> <p>The Trust Chair took his report at paper BOD 63/2020 as read and provided an oral update on the meeting of the Council of Governors on 18 November 2020, noting the mutual dedication of the Board and Governors to improving local healthcare. He welcomed Mike Hobbs as Deputy Lead Governor and thanked Chris Roberts for staying as Lead Governor into 2021. He reported that the Council of Governors meeting had approved an extension of the External Audit contract and discussed amendments to the Trust's Constitution which may lead to a change in the balance between public and patient/service user constituencies. He reported that a new Non-Executive Director, Mohinder Sawhney, had been appointed pending the Fit & Proper Persons Test process.</p> <p>The Board noted the report.</p>	
<p>BOD 88/20 a</p>	<p>Chief Executive's Report</p> <p>The Chief Executive presented his report at BOD 64/2020 which included key updates in relation to: COVID-19 and vaccination; the Warneford site redevelopment; the Monica Fooks Memorial Lecture organised by Somerville College at which he had presented (the theme had been student stress and coping during COVID-19); Health and Safety and Fire Safety; the new Executive Management Committee; Black History Month; the Chief Medical Officer post; the move of Trust Headquarters to Littlemore; visible leadership and visits/meetings attended; the Zero Carbon Oxford Partnership; Oxford Academic Health Partners; and the Biomedical Research Centre. Supporting detail was also included in the Reading Room/Appendix at RR/App 22/2020.</p>	

	<p>COVID-19 vaccination programme</p> <p>b The Chief Executive confirmed that the Trust had taken on the role of lead provider organisation for the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) area and would be responsible for the management and coordination of the COVID-19 vaccination programme across the BOB ICS area. This was a significant undertaking and would involve setting up vaccination centres across the three main areas of the BOB ICS and working with partners.</p> <p>Chief Medical Officer</p> <p>c He reported that interviews had taken place for the Chief Medical Officer post; the preferred candidate had accepted the offer which had been made, pending the usual employment checks.</p> <p>Executive Management Committee (EMC)</p> <p>d He drew the Board's attention to the Terms of Reference of the new EMC, in the Reading Room at paper RR/App 22/2020, and explained that the EMC would report to the Board and function as a new Board Committee, to be more agile than the former Extended Executive meeting had been and with a focus on decision-making not just information sharing. The Director of Corporate Affairs & Company Secretary added that the meeting had been reset and given a formal status which would be useful in tracking the significant decisions made by the Executive.</p> <p>e The Board ratified the Terms of Reference of the Executive Management Committee and noted the report.</p>	
<p>BOD 89/20</p>	<p>Executive Managing Directors' updates - Mental Health Services & Learning Disabilities and Primary & Community Care Services</p> <p>Mental Health (MH) & Learning Disabilities & Autism (LD&A)</p> <p>a The Executive Managing Director for MH & LD&A gave an oral update noting the extraordinary and additional work of clinical staff in mental health services during the current/second wave of COVID-19; she highlighted their admirable response in the face of more significant demand, surge and front door pressures than during the first wave. Despite such operational pressures, managers had also bid for transformation funding and to support alternative to crisis care, suicide prevention, winter resilience, maternal mental health services and key</p>	

	<p>workers to support young people. There had also been successful bids for: capital funding from NHS England to support the Child & Adolescent Mental Health Services (CAMHS) Psychiatric Intensive Care Unit (PICU) at the Highfield; and additional winter funding to help with CAMHS Tier 4 bed pressures and to put in place an enhanced 'hospital at home' clinical service across the region. The Buckinghamshire perinatal mental health service had also been announced as a winner in regional parliamentary awards and was now through to the national awards.</p>	
b	<p>She highlighted that key messages were to promote access to: (i) the Trust's mental health helpline; and (ii) the Safe Haven which offered blended face-to-face and remote support, which could be particularly helpful for service users adapting to lockdown conditions. This would link to national and local campaigns promoting self-referrals to services.</p>	
c	<p>The Trust Chair noted the importance of securing sustained funding for new services/activity so as to avoid issues later. He asked about plans to deal with the longer term impact of COVID-19, especially upon demand for Improving Access to Psychological Therapies (IAPT) or other mental health services. The Executive Managing Director for MH & LD&A replied that surge prediction had been undertaken for IAPT in both counties and a bid made to support additional activity; work was also taking place with acute and primary care colleagues on a potential integrated offer which could also involve interfacing with neurology. The Trust Chair also asked about support for the psychological wellbeing of NHS staff and colleagues. The Executive Managing Director for MH & LD&A confirmed that: mental health hubs for staff were being developed; existing resources were being promoted internally and with system partners; and the funding pots were being tracked so that if they expired, they could be identified and considered for future funding potentially through the Mental Health Investment Standard.</p>	
d	<p>The Chief Executive noted that this update highlighted the significant amount of work taking place across mental health services; he reminded the meeting that there would be a major challenge in staffing these new and extended services. He welcomed the appointment of Katrina Anderson who had recently taken over from Donan Kelly as Service Director for Oxfordshire and Bath & North East Somerset, Swindon and Wiltshire (B&SW).</p> <p><i>The Director of Finance left the meeting.</i></p>	

	<p>Primary & Community Care Services - Community Services Strategic Development and Quality Improvement Plan</p> <p>e The Executive Managing Director for P&C presented the report on Community Services Strategic Development and Quality Improvement at paper BOD 66/2020. He explained that this provided a progress report rather than a final strategy and would still be subject to further staff engagement, the inclusion of more local detail and the development of financial delivery plans. He reflected upon the work which had taken place over the past five years and noted that although these reviews had concluded with similar themes and recommendations for community services, they had not transitioned into delivery plans; the Trust needed to learn from this and ensure that the findings in this report did not similarly stall especially in light of COVID-19 pressures. He drew the Board's attention to familiar themes around: helping people to become active; improving wellbeing; preventative care; and increasing effectiveness in response to episodes of acute illness. He referred to the section in the report, on page 3, on information gaps to be filled and in particular highlighted the need to plan how to use community hospitals more effectively. He referred to next steps and timelines, from page 7 of the report, and noted that from the end of the year the direction of travel may be available for discussion with staff and wider stakeholders.</p> <p>f Chris Hurst commended the work and requested that a holistic approach to designing community services be considered as community services sat alongside primary care which could be the first point of contact for people. A holistic approach to comorbidities and physical and mental health was particularly important for older patients, alongside support for independent living to maintain patient mobility and confidence (albeit this also linked to availability of carers).</p> <p>g Aroop Mozumder reflected upon the Patient Story at item BOD 86/20 above and how that patient could have benefitted from being taught to use compression bandages and how this could have shortened their hospital stay if they could have been supported at home with their compression hosiery. Consideration needed to be given as to how to maximise the effectiveness of care at home for chronic conditions. The Executive Managing Director for P&C noted that reducing or removing boundaries between different services would assist this and would be a theme for the future development of community services; community hospitals this winter would be engaging in a pilot for reablement teams to reach into hospitals and get to know patients before discharge so that their care would not feel as if it were being handed over to another team.</p>	
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<p>h</p> <p>i</p> <p>j</p> <p>k</p> <p>l</p>	<p>He emphasised that the Trust, as a provider of mental health as well as community and some primary care services, was in a unique position to knit services together.</p> <p>The Trust Chair emphasised the importance of relationships with colleagues in primary and acute care, noting that implementation of the eventual Community Services Strategy would depend upon their participation. In addition, the County Council and District Council would have a role in developing community plans. The Executive Managing Director for P&C noted that there had been some challenges historically in structuring conversations with councils to progress community services development and which would need to be overcome.</p> <p>The Executive Managing Director for MH & LD&A noted that although the report focused upon Oxfordshire community services, there could be learning for the Trust from the strategic direction of community services in other place-based systems within the BOB region. The Executive Managing Director for P&C agreed and noted that there was a frailty unit in Thame Community Hospital, in Oxfordshire, but which was provided through Buckinghamshire services; it was relevant learning that Buckinghamshire had been managing with a lower number of inpatient beds but greater investment in out-of-hospital care pathways, compared to Oxfordshire. He added that the Trust could also help to support professional networks linking primary care providers and potentially consider opportunities for joint working/joint roles.</p> <p>The Chief Executive added that the Community Services Strategy work needed to move forwards at pace, especially in relation to Wantage Community Hospital, further to commitments made to the Oxfordshire Joint Health Overview and Scrutiny Committee. A further update on the Community Services Strategy should be provided to the Board meeting in January 2021.</p> <p>The Board noted the report.</p>	<p>BR</p>
<p>BOD 90/20</p> <p>a</p>	<p>Provider Collaboratives (formerly New Care Models)</p> <p><i>Thames Valley and Wessex Adult Secure Provider Collaborative; Tier 4 CAMHS; and Eating Disorders</i></p> <p>The Medical Director presented the report BOD 67/2020 which provided an update on progress and timelines. He reminded the Board that the Trust had been successful in its applications to be lead provider for the</p>	

	<p>Provider Collaboratives in the three areas of Adult Secure, Tier 4 CAMHS and Eating Disorders. Go-live plans for April 2020 had been postponed due to COVID-19 and then further delayed beyond 01 October 2020 due to issues with contractual and financial information not having been available from NHS England. Adult Secure and Tier 4 CAMHS business cases were now anticipated to be reviewed by the Finance & Investment Committee and then recommended to the Board in January 2021 (private session) in preparation for revised go-live on 01 April 2021. He emphasised the benefits of Provider Collaboratives especially in relation to: providing care closer to home; repatriating patients and reducing OAPs; and reducing length of stay in Adult Secure services and occupied bed days. However, there were also key risks, as set out in more detail in the report, including in relation to: finance; quality; strategic bed plan requirements; an increase in volume and acuity of referrals; regional closures of Tier 4 CAMHS beds in the South region (outside of the Trust's control but with a relevant impact); and regional shortage of PICU beds.</p> <p><i>South East High Intensity Mental Health Service pathfinder (HIS) for Veterans</i></p>	
b	<p>The Medical Director reminded the Board that the Veterans' HIS was the fourth Provider Collaborative in which the Trust was engaged but this was led by Solent NHS Trust. The Trust had been collaborating with Solent, partner providers and the BOB system to agree an adapted clinical model that would appropriately meet the clinical needs of the veteran population in the BOB ICS. The timeline for go-live had not yet been agreed, pending sight of an amended Partnership Agreement.</p>	
c	<p>The Executive Managing Director for MH & LD&A paid tribute to the clinical leaders of each of the Provider Collaboratives, noting how their clinical leadership had enabled these partnerships to grow and develop with colleagues in other partner organisations so as to deliver more efficient services.</p>	
d	<p>The Chief Executive referred to the update from the Executive Managing Director for MH & LD&A at item BOD 89/20(a) above and the pressures which Tier 4 CAMHS were facing; he noted that the additional winter funding (and an enhanced 'hospital at home' clinical service) would create alternatives to inpatient admissions. The CAMHS situation was challenging at a national level and pressures were particularly felt in the South East region.</p>	

<p>e</p> <p>f</p>	<p>The Trust Chair asked about the position on Dentistry and a potential collaborative. The Medical Director replied that NHS England was proceeding with the current round of contracting. The Chief Executive added that the potential Provider Collaborative procurement process had been delayed until next year but that regional NHS providers remained keen to work closely and collaboratively.</p> <p>The Board noted the report and:</p> <ul style="list-style-type: none"> • progress underway in relation to the Adult Secure and Tier 4 CAMHS Provider Collaboratives; • that the HOPE Adult Eating Disorders Provider Collaborative was on track for go-live in October 2021; and • work had been undertaken to ensure that the Veterans’ High Intensity Mental Health Service clinical model met BOB ICS population needs, although a Provider Collaborative Agreement needed to follow. 	
<p>BOD 91/20</p> <p>a</p> <p>b</p>	<p>Trust Strategy – development update</p> <p>The Strategy & System Partnerships Manager joined the meeting and presented an update on development of the Strategy at paper BOD 68/2020 (with supporting detail at RR/App 23/2020). He noted that the main building blocks of the strategic framework, including the revised Vision and new Strategic Objectives, were presented but Key Focus Areas and metrics would need to be included in the draft Strategy document for future approval. He explained that the new Vision of ‘outstanding care by an outstanding team’ was proposed to capture the collaborative culture which the Trust wanted to focus on and further to great team work which had been evident over recent months. The existing Values remained unchanged and they were embedded in the Trust, with significant support. Four new Strategic Objectives were proposed, down from the previous six, under key themes of Quality, People (workforce), Sustainability and Research & Education:</p> <ol style="list-style-type: none"> 1. deliver the best possible care and outcomes; 2. be a great place to work; 3. make the best use of our resources and protect the environment; and 4. become a leader in healthcare research and education. <p>John Allison supported the Trust Strategy as presented and the way in which it was expressed, noting the significant development work which had taken place. He noted that the Vision was appropriate for the current times and the Strategic Objectives well expressed.</p>	

c	<p>The Trust Chair commended the progress which had been made to develop the Strategy. The Director of Strategy & CIO thanked the Strategy & System Partnerships Manager for his work on this.</p>	
d	<p>The Board supported the ongoing development of the Trust Strategy and APPROVED the strategic framework as currently presented (including the Vision and Values and Strategic Objectives), whilst noting that further detail including on Key Focus Areas and Delivery (programmes and measures) would need to be presented for approval in the future, anticipated at the January 2021 meeting.</p> <p><i>The meeting took a break 11:00-11:10. The Executive Managing Director for P&C and the Strategy & System Partnerships Manager left the meeting. The Director of Finance rejoined the meeting.</i></p>	<p>BC/ MW</p>
<p>BOD 92/20</p> <p>a</p> <p>b</p> <p>c</p>	<p>Performance Report and operational perspective</p> <p>The Director of Strategy & CIO presented the report BOD 69/2020 which summarised COVID-19 cases (patients and staff) and reported on: compliance against statutory and national indicators (NHS Oversight Framework including Long Term Plan metrics); operational patient activity and demand; and contractual Key Performance Indicators (KPIs). He highlighted that the number of staff impacted by COVID-19 and not working had increased from October to November 2020, which reduced the available workforce.</p> <p>In relation to national indicators, the Trust continued to perform well against most targets except for OAPs, as set out in more detail in section 2.1 of the report. This was primarily due to changes in bed capacity as a result of Infection Prevention & Control (IPC) guidance due to COVID-19; if the Trust had not needed to reduce its bed capacity in line with COVID-19 requirements then it would not have needed to use as many OAPs.</p> <p>In relation to directorate performance, the detail was in section 3 of the report. In relation to Oxfordshire, he highlighted: mental health referrals at their highest levels for the past two years; although there had been an increase in emergency mental health referrals, patients had been seen within urgent timescales (although this had then increased times to process routine referrals); inpatient admissions were below previous levels; and work continued to reduce length of stay. Buckinghamshire was in a similar position with increases in urgent and emergency referrals, especially to adult mental health services with inpatient</p>	

	<p>admissions now back to pre-COVID levels. In Specialised Services, referrals and inpatient admissions were at normal levels. Bed pressures were reported for Tier 4 CAMHS and Eating Disorders. Use of digital technology for consultations had increased across directorates and services. He emphasised that staff had worked incredibly hard to deliver services against high volumes of activity.</p>	
d	<p>More detail on waiting times had been provided at section 4.1 in the report. Work continued to develop the Trust Online Business Intelligence (TOBI) system with a view to TOBI being able to publish waiting time data by service line.</p>	
e	<p>In relation to contractual KPIs, as set out in more detail in sections 4.2-4.3 of the report, he reported that the Trust had achieved 163 out of 213 KPIs at or above target; 41 were at less than 10% variance from target; and 19 were at more than 10% variance from target. He highlighted that:</p> <ul style="list-style-type: none"> • In relation to the number of patients seen by the Buckinghamshire perinatal service, the Trust had not achieved the indicator due to reduced demand for the service (not ability to meet demand) due to factors such as COVID-19; • wellbeing services in Oxfordshire had also been impacted by older people not visiting services in person as much during COVID-19; • in relation to physical health checks in Oxfordshire, workforce shortage remained the key reason why this indicator was not met. This was recognised as an area of concern and a recovery plan was underway. However, he noted that he and the Executive Managing Director for MH & LD&A should conduct a deep dive into physical health checks and report back to the Board; and • continuing healthcare services were restarting after a period of COVID-suspension and waiting times for this service were expected to breach for a few months whilst the backlog was addressed. 	<p>MW/ DR</p>
f	<p>He reported that monthly Executive performance reviews had been reintroduced by the Executive Managing Directors and were making a significant difference to performance; these would be expanded to include all Executive colleagues to collectively support delivery of the new Strategic Objectives.</p>	
g	<p>The Executive Managing Director for MH & LD&A added that a red-rated case involving 3 patients in Buckinghamshire who had not received emergency treatment within the required period had been picked up on;</p>	

<p>h</p> <p>i</p> <p>j</p>	<p>she confirmed that all 3 patients were safe and had been seen by crisis services; 2 had been found not to have been a target breach whilst 1 was a technical breach having left Accident & Emergency before having been seen but had now been followed up.</p> <p>Lucy Weston asked whether a task and finish group had been reviewing length of stay. She welcomed the additional waiting times data in the report and requested that this be continued and augmented especially around the Trust's targets (not just the statutory targets) and what was considered to be realistic. It would also be useful to see more detail on outliers, especially in challenging areas such as CAMHS so as to understand maximum waiting times even for challenging care pathways. The Executive Managing Director for MH & LD&A replied that there was not currently a task and finish group but actions were being taken to reduce length of stay in Buckinghamshire and Oxfordshire, with more rigorous and improved system working and with Katrina Anderson, Service Director for Oxfordshire and B&SW, leading on system relations to support discharge. Although there were system challenges around homelessness pathways, there were community support pathways (through MIND provision) which allowed for access to mainstream housing and work was taking place with local authorities to support this. Winter funding into the BOB ICS was also supporting step down from inpatient services and acceleration of the rollout of crisis resolution and home treatment teams in Oxfordshire and Buckinghamshire, which would contribute to reducing admissions and expediting discharge. The Director of Strategy & CIO added that data on waiting times would continue to be provided, including on outlier cases.</p> <p>Aroop Mozumder referred to section 3.2 in the report and the 842% increase in emergency referrals to the District Nursing service in October 2020 compared to October 2019. He asked how the Trust had coped with this level of increase. The Chief Nurse replied, as the Executive Managing Director of P&C had left the meeting, that District Nurses had increased their use of digital consultations; she also noted that District Nurses had not escalated particular concerns about volume of emergency referrals. The Chief Executive noted that some data quality work may be required to ensure that the figure of 842% was accurate, for the next report.</p> <p>The Trust Chair noted that if there was capacity in the national system so that the Trust could send patients on OAPs then this indicated that there was capacity in the system overall but that it was not located in the right places or sectors. The Director of Strategy & CIO added that it would be</p>	<p>MW</p>
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<p>k</p>	<p>useful to work with the BOB ICS to review regional opportunities and more collaborative working as a system.</p> <p>The Board noted the report and that a deep dive would be conducted into achievement of the target for physical health checks.</p>	
<p>BOD 93/20</p> <p>a</p> <p>b</p> <p>c</p>	<p>HR report (workforce performance)</p> <p>The Director of HR took the report at BOD 70/2020 as read and added that the Trust was actively recruiting but the increasing number of staff absent due to COVID-19 was putting pressure on remaining staff and agency staff to bridge the gaps. An additional day of annual leave (to be taken after March 2021) had been announced to thank permanent staff for their efforts and flexibility; given that currently some staff were not able to take their annual leave, the Trust was also considering options for staff to carry forward or buy back leave. The Trust was also considering how to replace (virtually) the usual staff awards ceremony which recognised staff efforts and was more appropriate than ever.</p> <p>He referred to the report and praised the success of the Black History Month campaign and series of events, noting that these set a new high bar for the Trust's equality work.</p> <p>The Board noted the report.</p>	
<p>BOD 94/20</p> <p>a</p> <p>b</p>	<p>Freedom to Speak Up Guardian's report</p> <p>The Freedom to Speak Up Guardian presented the report at BOD 71/2020 and highlighted that no patient safety concerns had been raised with her directly but that concerns had been raised around demand and capacity. She also reported that some staff had reported feeling undermined or not listened to and this had impacted upon their work.</p> <p>In relation to COVID-19, during the first wave nationally Guardians had experienced fewer concerns being raised although some had received concerns around provision of Personal Protective Equipment (PPE). She confirmed that no PPE concerns had been raised with her. However, some staff had reported concerns with how they had been welcomed or inducted into teams and concern with changes which had been made due to COVID-19 being continued without further consultation.</p>	

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c	<p>Chris Hurst reminded the Board that he was the lead Non-Executive Director to support Freedom to Speak Up processes, which was one of the dimensions available to the Trust to nurture staff and management culture especially on an ongoing basis, as opposed to annual exercises such as the Staff Survey. Staff Survey participation and responses, as well as the examples of staff raising concerns with the Freedom to Speak Up Guardian, demonstrated that there was work to do to improve culture. He praised the work of the Freedom to Speak Up Guardian and noted that she worked collaboratively with local management on solutions.</p>	
d	<p>Lucy Weston commented upon staff concerns raised about changes which had been made due to COVID-19 being continued without further consultation; she noted that this linked with a broader question around Board oversight of COVID-19 changes and change control. She also commented upon repeated mention of poor behaviours, noting that this could also be seen in previous Staff Survey findings. She referred to the HR report at BOD 70/2020 and: (i) expressed concern about the increasing traffic to the central inbox monitored by HR Advisors; (ii) commended the Black History Month programme from the Trust; and (iii) added that unconscious bias training could be helpful for non-BAME staff, as well as consideration of a BAME Freedom to Speak Up Guardian. The Trust Chair added that the work of the PLC Committee would address some of this.</p>	
e	<p>The Chief Executive referred to the report and noted that 47 members of staff having raised concerns over November 2019-2020 was quite a low figure and more may need to be done to increase the accessibility to the Guardian across the organisation. He noted that the report had highlighted the need to increase resource and that actioning this may address the point around accessibility and also a BAME Freedom to Speak Up Guardian.</p>	
f	<p>The Executive Managing Director of MH & LD&A referred to management behaviours and support for managers. She noted that the Trust was working hard to support frontline managers, develop managers' networks and ensure appropriate supervision and reflection of the Trust's Values in managerial conversations. She noted that some managers, including modern matrons, experienced bottom-up bullying behaviours in response to their attempts to implement quality standards, improve documentation and hold others to account. Some staff had also reported concerns with the command and control approach being taken, albeit with justifications, in response to COVID-19. She noted that the current situation was challenging, a lot was being asked of staff and</p>	

<p>g</p> <p>h</p> <p>i</p> <p>j</p>	<p>managers, some of whom needed to be supported to be able to deliver services or change in response to a national emergency.</p> <p>The Freedom to Speak Up Guardian added that staff valued needing to know why managers were asking them to take actions or change practice; it was helpful for staff to understand if their managers were also under pressure to achieve certain targets. Some staff had reported that it would have made a difference if the rationale had been explained and then they may not have interpreted a situation as being questioning of their clinical judgement.</p> <p>In relation to a Freedom to Speak Up Guardian from a BAME background, she noted that feedback from other Guardians had been that whilst people from all backgrounds should be encouraged to take up roles like this, forcing it could risk undermining the role; and some Guardians had reported that whilst they may represent a particular background or minority, not all backgrounds would necessarily acknowledge them as their role model or representative.</p> <p>The Trust Chair asked what role the PLC Committee could take in this discussion. The Director of HR replied that the PLC Committee would consider all aspects of diversity, equality and inclusion. He added that unconscious bias training was available but was not mandatory. In relation to increasing traffic to the central inbox monitored by HR Advisors, he noted that main themes for this were: staff not approaching managers for answers; COVID-related queries in response to new guidelines and working practices (such as pay during isolation, shielding queries, risk assessments and testing); and Working From Home arrangements. In relation to management behaviours and support for managers, he agreed with the Executive Managing Director for MH & LD&A that the situation was complicated but there were some engrained behaviours and some need to reset aspects of the organisation's culture. The PLC Committee would develop a strategy around people and organisational development; work had already started on this and been discussed at the Executive this week, it would be further developed by the PLC Committee before presentation to the Board.</p> <p>The Board noted the report and the actions being taken by the Freedom to Speak Up Guardian.</p>	
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<p>BOD 95/20</p> <p>a</p> <p>b</p> <p>c</p>	<p>Inpatient Safer Staffing (Nursing) Report</p> <p>The Chief Nurse took the report BOD 72/2020 as read and noted that going forwards, the report should develop to support understanding of the data behind fill rates and use of agency. She highlighted that the appointment of Matt Edwards as Director of Clinical Workforce Transformation would support this.</p> <p>She referred to the report and recruitment developments, as set out from page 12 in the report. She highlighted that the Trust had submitted bids for funding to support recruitment processes, including bids to take forward an international (nursing) recruitment project and to rapidly recruit health support workers.</p> <p>The Board noted the report.</p>	
<p>BOD 96/20</p> <p>a</p> <p>b</p> <p>c</p>	<p>Flu vaccination report</p> <p>The Chief Nurse presented the report BOD 73/2020 on the staff flu vaccination programme. Currently 68% of frontline staff had been vaccinated; although this was an improvement compared to this time last year when the figure had been 30%, there was still a significant way to go to reach the national target of 100% of frontline staff. The Trust aimed to reach 90% and above and to see rapid improvement over the next 2 weeks.</p> <p>The Chief Executive emphasised the core importance of the staff flu vaccination programme and commended the leadership of the Chief Nurse in having been on wards this morning to vaccinate staff herself.</p> <p>The Board noted the report.</p>	
<p>BOD 97/20</p> <p>a</p>	<p>Safety and Quality Report: Patient Safety</p> <p>The Chief Nurse presented the report BOD 74/2020 and highlighted the significant amount of work taking place in relation to IPC, due to COVID-19, including revising the IPC Board Assurance Framework. She reported that there were currently 3 outbreaks of COVID-19 on wards. She also highlighted: the commencement of the Family Liaison Officer Service for families bereaved by suicide; constructive recent meetings with the Care Quality Commission (which had not raised patient safety concerns); positive feedback and engagement from staff in learning from incidents events ('Swiss Cheese' sessions) which had helped to engage staff in</p>	

<p>b</p>	<p>changing practice; and engagement from staff at a mental health summit on 25 November to review themes from suspected suicides and identify new preventative actions. She noted that the Board would receive more detail in private on recent Serious Incidents and an external review which had been commissioned into a sad patient death earlier in the year.</p> <p>The Board noted the report.</p>	
<p>BOD 98/20</p> <p>a</p> <p>b</p>	<p>Draft Annual Quality Account</p> <p>The Chief Nurse presented the report BOD 75/2020 (with supporting detail at RR/App 34/2020) and explained that, due to COVID-19, regulators had provided for a shorted version of the Quality Account to be produced. This draft Quality Account therefore focused on objectives for the previous year and the new objectives which would be set this year. The Trust Chair commended it as a lively read.</p> <p>The Board noted the report.</p>	
<p>BOD 99/20</p> <p>a</p> <p>b</p> <p>c</p>	<p>Finance Report</p> <p>The Director of Finance presented the report BOD 76/2020 which summarised financial performance during Month 7, October 2020. He reminded the Board that although NHS providers had been reimbursed to a breakeven position during Months 1-6, NHS financial arrangements would change from Month 7 and providers would no longer receive retrospective top-up payments although there would be an allocation for COVID-costs.</p> <p>The year-end plan was for a deficit of £1.9 million; however the year-to-date position included COVID-19 related costs and top-up payments therefore the underlying position was a deficit of £0.2 million which had been offset by additional monies received. If the Trust could recover additional costs for testing and vaccination then it could improve upon the anticipated deficit by year-end.</p> <p>Chris Hurst added that the Finance & Investment Committee had reviewed the Month 6 position and the consequences of the NHS financial regime changes from Month 7. He explained that financial responsibility would sit more directly with the Trust from Month 7, compared to the first half of the financial year. The cash position remained healthy. However, he noted that there would be challenges to continue to operate services alongside additional COVID-provision.</p>	

d	<p>The Trust Chair noted that the Trust had recently recruited significant numbers of new staff; he asked if there was sufficient financial cover to support the increase in the employment base. The Director of Finance replied that the additional staff were a combination of staff to replace leavers or fill existing vacancies, as well as additional staff to respond to the impact of COVID-19. COVID-19 costs could be recovered and he confirmed that currently the Trust was operating within its financial forecast.</p>	
e	<p>The Committee noted the report and the financial position to date.</p>	
<p>BOD 100/20</p> <p>a</p> <p>b</p> <p>c</p>	<p>Emergency planning, resilience and response annual report</p> <p>The Director of Corporate Affairs & Company Secretary presented the report BOD 77/2020 (with supporting detail at RR/App 25 and 35/2020) which provided an overview of emergency planning and business continuity activities and evidence of compliance with NHS England core standards from the NHS emergency preparedness framework. She thanked the Emergency Planning Lead for her work and the detailed report, as well as John Allison for his opinions and comments (as lead Non-Executive Director) as well as the Emergency Planning Group and its contributors from across directorates, HR, Estates and Communications which all contributed to the Trust's overall resilience. She confirmed that the statement of compliance and self-assessment had been examined at a 'confirm and challenge' meeting on 15 October 2020 and accepted by Oxfordshire CCG on behalf of NHS England and NHS Improvement; an improvement plan setting out actions against the four standards where full compliance had not yet been achieved had been presented to the CCG and was included in the Reading Room at RR/App 25/2020 at Appendix B.</p> <p>The Chief Executive asked whether this area had ever been subject to Internal Audit and whether it should be included in a future Internal Audit Plan as national events had demonstrated the importance of being on top of emergency planning. The Director of Corporate Affairs & Company Secretary noted that emergency planning could be included on the rotation for Internal Audit.</p> <p>The Committee noted the report.</p>	<p>KR</p>

<p>BOD 101/20</p> <p>a</p> <p>b</p>	<p>Modern Slavery Act – transparency statement</p> <p>The Director of Corporate Affairs & Company Secretary presented the report BOD 78/2020 (with supporting detail at RR/App 26/2020 which set out the revised statement). She emphasised the importance of ensuring that there was no modern slavery in supply chains and that patients were safeguarded.</p> <p>The Board APPROVED the revised Modern Slavery Act Statement for publication and supported the fostering of a culture in which modern slavery was not tolerated in any form.</p>	
<p>BOD 102/20</p> <p>a</p> <p>b</p> <p>c</p>	<p>Legal, Regulatory & Policy update covering report</p> <p>The Director of Corporate Affairs & Company Secretary took the report at BOD 79/2020 and supporting material at RR/App 27/2020 as read. She noted that the Executive was challenging itself to consider changes made as a result of COVID-19 and whether or not these would be maintained. Lucy Weston noted that it would be useful if the Audit Committee could also be apprised of any changes to policy or procedure as a result of COVID-19.</p> <p>The Trust Chair highlighted section 8 in RR/App 27/2020 on findings from NHS Providers on why members of a trust board should care about research. He emphasised the importance of research activity, noting that this should feature more strongly on Board and Quality Committee agendas, especially in support of the Trust’s new Strategic Objective no. 4 to become a leader in healthcare research and education.</p> <p>The Board noted the report.</p>	<p>KR</p>
<p>BOD 103/20</p> <p>a</p> <p>b</p>	<p>Updates from Committees</p> <p>The Board took as read the minutes at RR/App 28-31/2020 for the Mental Health Act Committee, Quality Committee, Finance & Investment Committee, Charity Committee and Audit Committee.</p> <p>Mental Health Act Committee (MHAC)</p> <p>John Allison provided a further update that the MHAC had met more recently in October 2020 and would meet again in December 2020; the Committee had been considering preservation of patient rights and how to ensure that MHA hearings were as fair as possible. The Committee was also considering whether increases in discharges were consistent</p>	

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c	<p>with national trends and linked to COVID-19, as well as whether there was learning from patient experiences.</p> <p>The Board received the minutes and noted the oral update.</p>	
BOD 104/ 20 a	<p>Any Other Business</p> <p>None.</p>	
BOD 105/ 20 a	<p>Questions from the public</p> <p>None.</p>	
BOD 106/ 20 a	<p>Review of the meeting</p> <p>The Chief Executive noted that the Trust should continue with introductions at the start of the meeting to make it more accessible for attendees and observers. He noted that it was also positive that a number of strategic items had featured on the agenda.</p>	
	<p>The meeting was closed at 12:37.</p> <p>Date of next meeting: 27 January 2021</p>	