

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

BOD 14/2021
(Agenda item: 04)

**Minutes of a meeting held on
27 January 2021 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) – <i>part meeting</i>
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	Executive Managing Director for Mental Health & LD&A Services (DR)
Ben Riley	Executive Managing Director for Primary & Community (P&C) Services (BR)
Kerry Rogers	Director of Corporate Affairs & Company Secretary (KR)*
Mohinder Sawhney	Non-Executive Director (MS)
Martyn Ward	Director of Strategy & Chief Information Officer (CIO) (MW)*
Lucy Weston	Non-Executive Director (LW)

In attendance:

Tehmeena Ajmal	COVID-19 Operations Director
Hannah Smith	Assistant Trust Secretary (Minutes)
Susan Wall	Corporate Governance Officer

Observers:

Mike Hobbs	Governor: Public Oxfordshire (and Deputy Lead Governor)
Chris Roberts	Governor: Patients/Service Users/Carers (and 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

<p>BOD 01/21</p> <p>a</p> <p>b</p>	<p>Welcome, #Hellomynameis and Apologies for Absence</p> <p>The Trust Chair welcomed members of the Board present and staff, governors and observing members of the public. The Board and those in attendance at the meeting introduced themselves (#Hellomynameis).</p> <p>There were no apologies for absence.</p>	
<p>BOD 02/21</p> <p>a</p>	<p>Declarations of Interest</p> <p>The Trust Chair referred to the updated Register of Directors' Interests at RR/App 01/2021. No interests were declared pertinent to matters on the agenda.</p>	
<p>BOD 03/21</p> <p>a</p> <p>b</p> <p>c</p>	<p>Minutes of the Meeting held on 26 November 2020</p> <p>The Minutes of the meeting were approved as a true and accurate record, subject to amending item BOD 103/20(b) to refer to the Mental Health Act Committee considering "preservation" rather than "presentation" of patient rights.</p> <p>Matters Arising</p> <p>Item BOD 92/20(e) Physical health checks in Oxfordshire – performance against KPIs</p> <p>The Executive Managing Director for Mental Health & LD&A Services reported that a deep dive into physical health checks and performance had not yet been undertaken, due to operational pressures and the impact of COVID-19. In the interim, a regional summit on physical health checks had taken place, chaired by the Chief Executive, and ongoing work was taking place with community patients; the Executive lead was the Chief Nurse. The Chief Executive asked when the outcome of the deep dive into physical health checks and performance would be reported to the Board. The Executive Managing Director for Mental Health & LD&A Services replied that this would be reported to April.</p> <p>Item BOD 92/20(i) District Nursing service – increase in emergency referrals</p> <p>The Director of Strategy & CIO confirmed that the 842% reported increase in emergency referrals to the District Nursing service in October 2020, compared to October 2019, was indeed accurate. Why this had been the case was separately being considered.</p>	<p>HS</p> <p>MC/ DR</p>

<p>d</p> <p>e</p> <p>f</p> <p>g</p>	<p>Item BOD 71/20(f) and 85/20(c) Cultural Ambassador Programme The Trust Chair noted that a report back from the Cultural Ambassadors had been deferred until April 2021 but that this did not diminish the importance of the programme. The Director of HR reported that he and the Head of Inclusion had been pleased with progress; the Cultural Ambassadors had been helpful across a wide range of areas from interview panels to COVID-19 risk assessments and he looked forward to bringing them back to the Board to discuss their experiences.</p> <p>Item 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 he was working through the details on this with the Chief Nurse and this would also be discussed at the People, Leadership & Culture Committee meeting on 18 February 2021. The Director of Strategy & CIO added that work had started to review the various data sets being used and to consider how to achieve consistency.</p> <p>The Board noted that the following actions had been completed, were on the way to completion as set out in the Summary of Actions document, or were on the agenda for either the Board meeting in public or in private:</p> <ul style="list-style-type: none"> • BOD 89/20(k) Community Services Strategy – on the agenda for the Board meeting in private; • BOD 100/20(b) Emergency Planning to be included on the rotation for Internal Audit – Business Continuity Planning already included; and • BOD 102/20(a) changes to policy or procedure as a result of COVID-19 to be reported to the Audit Committee – on the agenda for the Audit Committee meeting on 24 February 2021 <p>The Board noted that the following action was on hold/to be progressed, as set out in the Summary of Actions document: BOD 91/20(d) Trust Strategy for approval.</p>	
<p>BOD 04/21</p> <p>a</p>	<p>Trust Chair’s Report</p> <p>Further to his report at paper BOD 02/2021, the Trust Chair:</p> <ul style="list-style-type: none"> • thanked staff involved in the rollout of COVID-19 vaccinations, in particular Tehmeena Ajmal, COVID-19 Operations Director, and the Communications team. He noted that the Trust had acquitted itself well in the vaccinations and that there had been wide press coverage of the Chief Executive being vaccinated; 	

<p>b</p>	<ul style="list-style-type: none"> • noted that, further to central guidance on slimming down governance requirements during COVID-19, the Board meeting today reflected an attempt to balance continuing with core business as usual whilst also allowing Executives to focus more on dealing with COVID-19 operational matters; • highlighted from his report the issue of how and whether party-political councillors could be incorporated into the running of Integrated Care Systems (ICSs). He noted the challenges which the Trust and other providers faced in already needing to regularly deal with county councils in the course of providing local services and how this could be further complicated if they also became a part of statutory ICSs; and • noted the importance of considering accessibility for Learning Disability service users and also members of the public who may be attending any of the Trust’s meetings in public, whether Council of Governors or Board meetings. He recommended being aware of the language being used and avoiding use of acronyms without explanation or uncommon terms which were not defined. <p>The Board noted the report.</p>	
<p>BOD 05/21</p> <p>a</p> <p>b</p>	<p>Chief Executive’s Report</p> <p>The Chief Executive noted that his report at BOD 03/2021 should be taken as read. The report included key updates in relation to: COVID-19; Quality Improvement; the Reverse/Reciprocal Mentoring Programme in partnership with the Race Equality Staff Network; the incoming Chief Medical Officer; Provider Collaboratives; EU exit; ICS development; Oxfordshire MIND; and meetings with local Members of Parliament. Supporting detail on EU exit and ICS development was also included in the Reading Room/Appendix at RR/App 02/2021.</p> <p>COVID-19 response</p> <p>He reiterated the thanks of the Trust Chair to staff involved in the rollout of COVID-19 vaccinations and added his thanks to staff who were working extraordinarily hard to maintain services in challenging times. He noted that staff, including the Executive, were under significant pressure at present due to the impact of COVID-19, as would be discussed further under the next item on the agenda.</p>	

<p>c</p>	<p>Quality Improvement (QI)</p> <p>As set out in his report, he recommended that a Board Seminar focussing on QI take place in the Spring in order to reflect on the outcome of the formal evaluation of the impact of the QI programme, which was now being undertaken, and to consider how to build on the QI foundation which had been created. He emphasised that he wanted to accelerate the Trust’s approach to QI and embed QI as a golden thread throughout the organisation, building on what was already in place and learning from organisations such as Cumbria, Northumberland, Tyne & Wear NHSFT with whom he and the Chief Nurse had met.</p>	<p>MC</p>
<p>d</p>	<p>ICS development</p> <p>He referred to his report and recommended that the Board reflect upon the proposals set out in NHS England/Improvement’s (NHSE/I) paper on ‘Integrating Care: Next Steps to Building Strong and Effective Integrated Care Systems Across England’ and consider how these could impact upon the Trust’s Strategy. He set out that the Trust should play a full and active role in the development of local ICSs (in particular Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICS) and should consider this more fully in a Board Seminar.</p> <p>Strategic Objective 3 – Sustainability – Make best use of our resources and protect the environment</p>	<p>MW</p>
<p>e</p>	<p>He reported that he and the Trust Chair would be attending the Oxford Zero Carbon Summit which would be taking place virtually on 04 February 2021. All participating organisations had been asked to sign the Zero Carbon Oxford Charter, the contents of which were in keeping with the Trust’s own strategic direction in terms of reducing its carbon footprint; he expected other major organisations in Oxford, including healthcare providers and academic institutions, to be signing up to it. He noted that he would be requesting the Board’s support for this soon, or potentially following the summit next week. The Trust Chair added his support to signing up to the Zero Carbon Oxford Charter and the aspiration of achieving net zero carbon emissions as a city by 2040.</p> <p>Reforming the Mental Health Act (MHA)</p>	
<p>f</p>	<p>The Chief Executive reported that the government white paper on reforming the MHA had been published earlier in the month and that it had accepted the majority of the recommendations from Professor Sir</p>	

<p>g</p>	<p>Simon Wessely's independent review of the MHA. Whilst the detailed review of these reforms should be undertaken by the Trust's MHA Committee, as chaired by John Allison, he wanted to raise awareness to the Board as a whole. The Trust Chair suggested convening a session of MHA managers to which Non-Executive Directors could be invited to review the proposed legislative reforms and consider the impact of changes for the Trust. John Allison replied that it could be a good idea to build this bridge with the Non-Executive Directors but noted that the quarterly meetings of the MHA managers were separate to the formal meetings of the MHA Committee but the way forward could be considered separately out-of-session or through the MHA Committee.</p> <p>The Board noted the report. <i>Sue Dopson joined the meeting.</i></p>	
<p>BOD 06/21 a</p>	<p>COVID-19 update</p> <p>The Executive Directors provided an oral update and highlighted:</p> <ul style="list-style-type: none"> i. there were 36 COVID-positive patients across various Mental Health and Community Hospital wards and there had been 5 inpatient deaths during COVID-19 wave 3. Outbreaks on wards were closely monitored; ii. staffing had been impacted with a peak of 65 staff absent due to COVID-19. Staff had been working exceptionally hard across the Trust in order to maintain services and where it had not been possible for staff to take all of their annual leave by financial year end, they had been enabled to carry some leave forward. Despite challenging conditions at work and at home during this period, staff had been demonstrating extraordinary acts of compassion, kindness and commitment; iii. staff had been collaborating with colleagues in: the acute sector and social care to manage discharge into the community; and third sector partners whose support with initiatives such as Safe Havens had been invaluable; and iv. system colleagues had demonstrated resilience and commitment to system working. At times, acute colleagues had been under unbelievable pressure and staff had worked weekends to ensure that patient flow was maintained. The Trust's community hospitals had created extra capacity equivalent to an entire community hospital and undertaken 30-40% more discharges than would normally be the case during winter. This pace was not sustainable however and pressure was anticipated to ease as the impact of the vaccination programme became apparent. 	

<p>b</p> <p>c</p> <p>d</p>	<p>The Trust Chair asked whether the Trust had been fortunate to avoid serious outbreaks on wards, although these could be difficult environments to work within. The Executive Managing Director for Mental Health & LD&A Services replied that staff had worked hard to control outbreaks and maintaining Infection Prevention & Control (IPC) had been challenging when dealing with patients with mental illness who were mobile. This had been exacerbated by the age of some of the Estate, especially when patients were detained or asked to self-isolate in rooms without en suite facilities. The Chief Nurse agreed that the state of the older part of the Trust’s Estate and lack of en suite facilities had been a hindrance.</p> <p>The Chief Executive noted that the Board needed to consider the next COVID-19 recovery phase and planning for post-COVID demands and a potential next COVID episode. He emphasised the importance of embedding learning from the pandemic and noted that COVID-19 recovery should feature on the agenda for the next Board meeting. The Director of Strategy & CIO agreed and noted that a COVID-19 recovery group would restart and review lessons learned and new ways of working.</p> <p>Aroop Mozumder asked about providing vaccinations to inpatients who may be sectioned or not registered with GPs. Tehmeena Ajmal, COVID-19 Operations Director, replied that this would be difficult until the vaccination hub had supplies of the Oxford AstraZeneca vaccine which could more easily be transported; however, once these supplies came through then inpatient vaccination could be provided, as may be appropriate under the terms of the vaccination licence conditions.</p> <p>The Board noted the oral update and that COVID-19 recovery would be considered at the next Board meeting in April 2021.</p>	<p>MW/ Execs</p>
<p>BOD 07/21</p> <p>a</p>	<p>Performance Report and operational perspective</p> <p>The Director of Strategy & CIO presented the report BOD 04/2021 which summarised COVID-19 cases (patients and staff), vaccination headlines 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 noted that the highest number of inpatient deaths from COVID-19 had been during wave 1 (28 deaths), there had been none in wave 2 and to date 5 in wave 3.</p>	

b	<p>In relation to national indicators, the Trust continued to perform well against most targets except for Out of Area Placements (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 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>	
c	<p>In relation to directorate performance, the detail was in section 3 of the report. Despite COVID-19 and workforce pressures, the Trust was undertaking more appointments than in previous years, significantly through providing more digital appointments. Inpatient admissions had increased since December 2020 and were now comparable to previous years. Length of stay had been reducing throughout the pandemic. Notable exceptions however were:</p> <ul style="list-style-type: none"> • emergency referrals to the Community Services Directorate continued to be higher than average; • increasing referrals to the Heart Failure Service, as a direct consequence of patients delaying presentation and being referred at a more acute stage; and • increasing referrals to Child & Adolescent Mental Health Services' (CAMHS) Eating Disorders across Buckinghamshire and Oxfordshire. 	
d	<p>The Executive Managing Director for P&C Services added that the Heart Failure Service had been under pressure since before COVID-19 due to changes in how the service operated and a shift towards caring for more patients outside of hospital. Discussions were taking place with commissioners around revising the contract and developing new proposals to meet increasing demand.</p>	
e	<p>The Executive Managing Director for Mental Health & LD&A Services added that pressures in Eating Disorders services had also been identified over a year ago (in both Adult Services and CAMHS) and there was growing recognition beyond the Trust that COVID-19 had not only impacted upon the number of presentations at an acute stage but also upon the acuity of those presentations, which was now manifesting in referral pressure. Work was taking place externally with NHSE/I to facilitate a regional summit and internally on recruitment activity (with recruitment incentives). The Trust was also working with commissioners to tighten up referral criteria to enable staff to prioritise cases with urgent or emergency needs. She noted that there were no quick wins but the situation was being approached across a number of different fronts.</p>	

f	<p>The Director of Strategy & CIO added that surge planning was taking place in preparation for dealing with repressed demand which may materialise as COVID-19 eased. Demand and capacity management work had been running for approximately 18 months to support operational services, especially in Mental Health, to better predict and manage their demand and capacity. Discussions had also commenced with NHSE/I around available demand and capacity support.</p>	
g	<p>Aroop Mozumder referred to changes in patient acuity and severity and increasing use of digital consultations, he noted that a complex picture was unfolding with a number of variables; he asked how good the Trust was at treating acute mental health cases. The Medical Director replied that a lot of treatment of the most severe mental health cases still happened face to face whereas more of the follow-up work was being done digitally. Patient experience and outcomes were being reviewed, especially to assess the impact of increasing use of digital technology. The Trust had initiated a proposal for funding to the BOB ICS for mental health response vehicles, further to a model being used in Hampshire, and improve working with ambulance services on meeting people's needs in a mental health crisis. The Chief Nurse added that the Quality sub-committee had also been requiring directorates to undertake quality impact assessments of any service change decisions made.</p>	
h	<p>The Board discussed the complicated picture around OAPs. The Director of Strategy & CIO noted that IPC requirements had significantly reduced bed capacity. The Executive Managing Director for Mental Health & LD&A Services added that if there was a COVID-19 outbreak on a ward then the ward would be closed to further admissions, thereby reducing bed capacity further. Although it was unwelcome to have to use OAPs, the Trust had still attempted to try and keep OAPs as local as possible, in particular sending cases to Berkshire.</p>	
i	<p>The Board noted the report.</p>	
<p>BOD 08/21</p> <p>a</p>	<p>Vaccination report</p> <p>Tehmeena Ajmal, COVID-19 Operations Director, gave a presentation on the Trust's dual role in delivering the local vaccination programme for the BOB area as both: lead provider setting up mass vaccination sites in the BOB area; and NHS provider ensuring access for staff, patients and local residents to vaccination and providing an education programme to maximise access. The team had been working for 8 weeks to set up and deliver the programme which was now running sustainably 7 days/week</p>	

	<p>and 12 hours/day. Monitoring of vaccine uptake was taking place across staff cohorts.</p> <p>b Bernard Galton asked whether there was information available about vaccine uptake amongst Black, Asian & Minority Ethnic (BAME) staff and any concerns about myths circulating around vaccination. Tehmeena Ajmal replied that at present approximately 25% of staff from BAME backgrounds had been vaccinated. She noted that myths around vaccination were not confined to any particular staff group but were circulated across society; in Oxfordshire, a county-wide approach was being taken to link together local discussions and she noted that the Executive Managing Director for P&C Services had also been providing helpful webinars to provide clinical responses to questions. The Chief Executive added that the Executive Managing Director for P&C Services and other clinical colleagues had also helpfully joined his Chief Executive webinars to the Trust and similarly fielded questions. He added that steps were being taken to address vaccine hesitancy across the BOB ICS.</p> <p>c Mohinder Sawhney added that she had had a helpful discussion with Tehmeena Ajmal previously and had been assured that segmentation of data by ethnicity and professional group was taking place. She noted that it could be useful to attempt an intersectional view, especially for groups amongst which there may be more vaccine hesitancy, and layer the data in order to provide more precise and tailored targets for any information campaign.</p> <p>d Lucy Weston referred to anecdotal concerns around changes in people's behaviour after they had received the first dose vaccination and asked whether work was taking place to educate people on how long immunity took to develop. Tehmeena Ajmal replied that people were provided with information leaflets once they had been vaccinated and the message around continuing to maintain social distancing was consistently publicised across the organisation. The Executive Managing Director for P&C Services added that in webinars he also emphasised the importance of maintaining safe behaviours and recognising that vaccination was just another preventative measure available, not a magic shield.</p> <p>e The Board noted the presentation and oral update.</p>	
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<p>BOD 09/21</p> <p>a</p> <p>b</p>	<p>IPC Board Assurance Framework (IPC BAF)</p> <p>The Chief Nurse presented the report at paper BOD 05/2021 and explained that NHSE/I had updated its requirements in October 2020. The Trust had therefore updated its IPC BAF accordingly. She confirmed that IPC measures continued to be monitored through the IPC sub-committee. Although she was assured that there were no significant gaps or risks, there remained challenges in mental health and secure settings and with cohorting of patients given the age of some of the Estate and lack of en suite bathrooms.</p> <p>The Board noted the report. <i>The meeting took a break from 10:58-11:50 before resuming.</i></p>	
<p>BOD 10/21</p> <p>a</p> <p>b</p>	<p>Results of the 2020 National Community Mental Health Patient Survey</p> <p>The Chief Nurse presented the report BOD 06/2021 which set out a summary of the national survey results; the Care Quality Commission (CQC) had not yet undertaken its comparison between all trusts of the results. The Trust had scored relatively highly and on a par with other trusts but the Trust aspired to do better and to be outstanding in all areas. There were a number of areas which could be improved upon especially in relation to: patient involvement in care; knowing who to contact in a crisis; offering help with finding/keeping work; supporting with physical healthcare needs; and increasing how often patients were asked for their feedback on care. The Chief Nurse reported that she had met with Patient Experience Leads to review their work over the past year and she particular commended the Lead in the Learning Disability service for supporting Learning Disability service users to be engaged and connected.</p> <p>John Allison agreed that the average scores were disappointing and the Trust should aspire to do better. He commented that the report was useful, especially in highlighting that there was a need to improve in relation to ensuring that patients knew who to contact in a crisis, which should be a simple but fundamental requirement. He added that from his experience in participating in Serious Incident (SI) panels, he had noted that patients sometimes reported that when they contacted staff in a crisis, staff reactions were not always as helpful as they could be. This should also be an area for improvement. The Chief Nurse agreed and stated that patients should know their safety plan and who to contact in a crisis. Previously there had been challenges when the Trust had not been funded to provide crisis teams but now that new crisis</p>	

<p>c</p> <p>d</p> <p>e</p> <p>f</p>	<p>teams were being rolled out, it should be clearer for patients to know who to contact in a crisis.</p> <p>Mohinder Sawhney asked whether the Trust's response rate of 28% was a good response rate and how it compared to that of other trusts. The Chief Nurse replied that there was work which could be done to improve this and encourage patients/service users to feedback; she noted that in her previous trust, the response had fluctuated from 33-40%. Bernard Galton added that 28% was not a statistically reliable level and the Trust should aim to improve response rates for the next survey. Aroop Mozumder added that if over 50% of mental health trusts were using the same contractor to run the survey, the monopoly on the process may not be particularly useful. The Chief Nurse agreed and noted that she could consider what other contractors were being used.</p> <p>The Chief Executive noted that those trusts which had the best survey results also tended to achieve the best CQC ratings; he asked what national benchmarking data may become available. The Chief Nurse replied that the CQC tended to analyse the data at a national level but this was not yet available.</p> <p>The Trust Chair concluded that average scoring was not where the Trust aspired to be.</p> <p>The Board noted the report.</p>	
<p>BOD 11/21</p> <p>a</p> <p>b</p>	<p>HR Report (workforce performance)</p> <p>The Director of HR took the report at BOD 07/2021 as read and highlighted the successful bid for additional BOB ICS funding for an Enhanced Occupational Health & Wellbeing project and that the Executive had approved additional spend to provide enhanced Musculoskeletal (MSK) support for staff. He noted that the national staff survey results were still embargoed from publication but would be reviewed at the Board meeting in private later today. He added that HR casework remained active and busy and that staff across the Trust were working very hard; cases of tension and frustration were also a reflection of how tired some staff were becoming. Agency spend however had remained stable during winter and increasing use of the inhouse staff bank was better than excessive external agency spend.</p> <p>Lucy Weston asked about rest rooms for staff. The Director of HR reported that community hospitals had been provided with portable rest</p>	

	<p>spaces in compliance with Health & Safety Executive and IPC requirements. The Director of Finance confirmed that the rest rooms were all now in place and operational.</p> <p>c The Executive Managing Director for Mental Health & LD&A Services thanked the HR team for the extra work which had been taking place to onboard new starters. She reported that significant additional efforts had been made to recruit into the Improving Access to Psychological Therapies service which took 3 cohorts a year as trainees.</p> <p>d Bernard Galton asked about progress with international recruitment. The Director of HR replied that 11 offers had been made to international recruits and some central funding had been made available to develop this function. The Chief Nurse added that more detail on international recruitment had been included in the Inpatient Safer Staffing report at paper BOD 08/2021 and the next item on the agenda. She reported that the Trust had received funding from NHSE/I to support with recruiting 40 international nurses between 01 November 2020 and 31 October 2021, with the first international cohort to be recruited by the end of March 2021.</p> <p>e Bernard Galton asked about progress with the Employee Assistance Programme. The Director of HR replied that he was pleased with the launch of this last April and that it provided another source of support for staff, alongside HR and Occupational Health resources and trade unions.</p> <p>f The Board noted the report.</p>	
<p>BOD 12/21</p> <p>a</p> <p>b</p>	<p>Inpatient Safer Staffing (Nursing) Report</p> <p>The Chief Nurse took the report BOD 08/2020 as read and noted that the format would be revised further to discussion with the Director of HR and the Director of Clinical Workforce Transformation. She confirmed that safer staffing figures continued to be regularly reviewed at the Weekly Review Meeting (Clinical Standards) as well as on a daily shift basis and regularly within community teams.</p> <p>The Board noted the report.</p>	

BOD 13/21	Finance Report	
a	The Director of Finance presented the report BOD 09/2021 which summarised financial performance during Month 9, December 2020. He highlighted that Income & Expenditure was in a reasonable position with a £0.5 million surplus, which was £0.3 million better than plan. The year-to-date position included £16.5 million in costs relating to COVID-19 and retrospective top-up payments/COVID-19 allocation from NHSE/I of £17.2 million (including COVID-19 vaccination costs). The Trust therefore had a breakeven underlying position.	
b	He added that the Executive had been considering key priority areas for additional investment in revenue expenditure, including IT (wifi improvements) and the MSK support for staff referred to under the HR report at item BOD 11/21(a) above.	
c	He reminded the Board that, due to COVID-19, there had been no national requirements to achieve Cost Improvement Programme (CIP) savings. However, he noted that there had been a good internal attitude towards maintaining discipline around financial management and the underlying position was robust. His greater concerns were the impact when financial measures which had been put in place nationally in response to COVID-19 were released and the Trust's management of agency spend.	
d	Chris Hurst added that the NHS had been relatively well supported centrally during COVID-19 which had enabled an underlying stability and provide for more focus on the core delivery of care. However, he cautioned that this would end and the Trust would be left dealing with tired staff in the aftermath of COVID-19 whom it could be difficult to invigorate to achieve CIPs. Therefore, he recommended that as the Trust was considering capturing the learning from COVID-19 and new ways of working that it also consider whether these could offer ways to start to support new CIPs.	
e	The Executive Managing Director for Mental Health & LD&A Services added that she and her teams were working closely with Finance on the Mental Health Investment Standard and to anticipate transformation funds which were likely to materialise from April 2021. A challenge was national pressure to recruit now for posts which were only anticipated to be funded from April.	

<p>f</p> <p>g</p>	<p>The Chief Executive cautioned that the Trust should not be lulled into a false sense of security by the current financial stability and should be actively considering how to operate more efficiently and effectively, including rolling out more digital solutions to support the workforce.</p> <p>The Committee noted the report and the financial position to date.</p>	
<p>BOD 14/21</p> <p>a</p> <p>b</p> <p>c</p>	<p>Constitution & Engagement Policy</p> <p>The Director of Corporate Affairs & Company Secretary presented the paper at BOD 10/2021, with supporting detail in the Reading Room/Appendix at RR/App 04/2021, and confirmed that the Trust's Constitution and the Engagement Policy had been reviewed by the Governance Working Group and the proposed changes approved by the Council of Governors in November 2020. She highlighted that changes were proposed to membership constituencies, which would also impact upon the size and composition of the Council of Governors by increasing the number of service user Governors and reducing the number of public Governors; the proposals had been approved by a majority of Governors voting. The Board was invited to further approve the proposed changes, as set out in the report, including the adoption of changes to the Engagement Policy to incorporate the proposed definition of 'Significant Transactions'.</p> <p>The Trust Chair invited the observing Lead Governor and Deputy Lead Governor for their comments. The Lead Governor noted that the proposals had been subject to thorough, and at times difficult and slightly divisive, debate in the Council of Governors but the changes to membership constituencies had been approved by the majority of Governors. The Deputy Lead Governor noted the valuable contribution which service users made to the Council of Governors and he also recognised that some may require active support at times when illnesses could be exacerbated, which should be considered if the proportion of service user representation was to increase.</p> <p>The Board APPROVED the Constitution & Engagement Policy.</p>	
<p>BOD 15/21</p> <p>a</p>	<p>Corporate Registers: (i) application of the Trust's seal; and (ii) gifts, hospitality and sponsorship</p> <p>The Board took the registers of: (i) application of the Trust's seal (paper – BOD 11/2021); and (ii) gifts, hospitality and sponsorship (paper – BOD 12//2021) as read.</p>	

Public

b	The Board noted the reports.	
BOD 16/21	Updates from Committees	
a	The Board took as read the minutes and annual reports at RR/App 05-10/2021 for the Audit Committee, Charity Committee, Finance & Investment Committee, Mental Health Act Committee and People, Leadership & Culture Committee.	
b	The Board received the minutes.	
BOD 17/21	Any Other Business	
a	None.	
BOD 18/21	Questions/comments from the public	
a	The Lead Governor commented that staff had been doing an amazing job and it was also reassuring to see governance continuing to take place despite the pandemic.	
b	The Deputy Lead Governor echoed comments during the meeting commending the work of staff across the Trust during the pandemic, including those isolating at home, and especially the work of staff involved in the vaccination programme. He noted that the contribution of Executive and Non-Executive Directors was also apparent at this meeting.	
c	The Deputy Lead Governor asked whether staff further afield, such as in Wiltshire and Somerset, were also receiving and taking up offers of vaccination. The Chief Executive confirmed that they were and that the Trust was being supported to provide this through neighbouring NHS trusts in Bath and North East Somerset, Swindon and Wiltshire.	
BOD 19/21	Review of the meeting	
a	The Trust Chair noted that although it would have been possible to spend longer discussing some items, staff still needed to focus upon COVID-19 and operational work.	
	The meeting was closed at 11:54.	
	Date of next meeting: 14 April 2021	

Public