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

**BOD 30/2021**  
(Agenda item: 04)

Minutes of a meeting held on

14 April 2021 at 09:00

virtual meeting via Microsoft Teams

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| **Present:[[1]](#footnote-1)** |  |
| David Walker | Trust Chair (the Chair)(**DW**) |
| John Allison | Non-Executive Director (**JA**) |
| Nick Broughton | Chief Executive (**NB**) |
| Marie Crofts | Chief Nurse (**MC**) |
| Sue Dopson | Non-Executive Director (**SD**) |
| Bernard Galton | Non-Executive Director (**BG**) |
| Mark Hancock | Medical Director (**MHa**) |
| Chris Hurst | Non-Executive Director (**CMH**) |
| Mike McEnaney | Director of Finance (**MME**) |
| Aroop Mozumder | Non-Executive Director (**AM**) |
| Debbie Richards | 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**)**\*[[2]](#footnote-2)** |
| Mohinder Sawhney | Non-Executive Director (**MS**) |
| Martyn Ward | Director of Strategy & Chief Information Officer (CIO) (**MW**)**\*** |
| Mark Warner | Interim Director of Human Resources (HR) (**MWr**)**\*** |
| Lucy Weston | Non-Executive Director (**LW**) |
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| **In attendance:** | |
| Claire Greville-Heygate Allied Health Professionals Clinical Lead, Adult SaLT Service | |
| Jane Kershaw | Head of Quality Governance |
| Lizzie King | Clinical Lead, Adult SaLT Service |
| Nicola Larkam | Executive Project Officer |
| Donna Mackenzie–Brown Experience & Involvement Team Manager | |
| Nicole Robinson | Patient & Carer Experience Facilitator |
| Hannah Smith | Assistant Trust Secretary (Minutes) |
| Susan Wall | Corporate Governance Officer |
| Bill Wells | Head of Research & Development |
| Hannah Wright | Risk Manager |
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| **Governor Observers:** | |
| Mike Hobbs | Governor: Public Oxfordshire (and Deputy Lead Governor) |
| Myrddin Roberts | Governor: Staff, Community Services |
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| **BOD**  **20/21**  a  b  c | **Welcome, #Hellomynameis and Apologies for Absence**  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 start of the meeting introduced themselves (#Hellomynameis).  The Trust Chair noted that this would be the final Board meeting for Mark Hancock as Medical Director but he would remain with the Trust as a consultant psychiatrist and the Chief Clinical Information Officer.  There were no apologies for absence. |  |
| **BOD 21/21**  a  b  c  d  e  f  g | **Patient Story from the Adult Speech and Language Therapy (SaLT) Service**  Nicole Robinson, Lizzie King and Claire Greville-Heygate presented a recording of a patient story from the Adult SaLT Service, as also summarised in the covering report at paper BOD 13/2021. The patient had been diagnosed with Parkinson’s Disease and received various interventions from the team in relation to Dysarthria, Dysphagia, Hypersalivation, Psychosocial support, writing and signposting. The patient had said that they had found the speech therapy and other interventions offered to have been very worthwhile as without them, they would not be able to interact with people.  Lizzie King explained that the Adult SaLT Service was split into three locality teams across Oxfordshire and was commissioned to support patients with swallowing, talking, voice production and voice difficulties, progressive neurological conditions and people with long term conditions such as Parkinson’s Disease. Parkinson’s Disease could impact upon speech production as well as swallowing, which could have significant medical consequences as the patient who had provided the story had experienced, and the Service could provide support for this.  The Board commended the positive outcomes for the patient in the story and asked, in relation to support for the SaLT Service and digital developments:   * whether there was more which the Trust could have done to support the SaLT Service during COVID-19 and going forwards; * whilst it was encouraging that the team was using digital consultations, what a hybrid model of care could look like and what other actions could be taken to help patients with using more digital technology; and * whether information was available about the acceptability of the Trust’s digital offer to different patient groups and whether there was a risk of perpetuating inequalities by using digital technology.   Lizzie King replied that as Personal Protective Equipment (**PPE**) could be a communication barrier, being able to offer digital consultations had been a helpful alternative approach for many patients during COVID-19. Even post-COVID-19, a hybrid model of care with a blended approach offering some face to face sessions and some digital consultations would be preferred by the team; and whilst the more elderly and frail may prefer face to face sessions, younger patients found it easier to fit digital consultations into their lives. She thanked the IT Team and the Digital Champions for their support.  The Board also asked in relation to the SaLT Service and its future development:   * about the number of therapists and whether there had been a decrease in referrals during 2020 due to COVID-19; * whether the SaLT Service provided in-reach into the Trust’s mental health services; and * whether there were proposals for a SaLT Service to be provided across the wider Trust rather than being focused in Community Services in Oxfordshire.   Lizzie King referred to the report at paper BOD 13/2021 and replied that there were 13 therapists and referrals had reduced during COVID-19. Currently the number of referrals had increased back to pre-pandemic levels. There were service gaps relating to providing communication support for people with dementia and people with mental health disorders, as well as no specific SaLT professional leadership. Claire Greville-Heygate agreed and added that a business case was being developed to address this. The Chief Executive acknowledged the importance of the service especially in light of the risks to patients from gulping food down, noting that this should be relevant for inpatient services and forensic services. The Chief Nurse confirmed that she had asked the Associate Director of Allied Health Professionals (**AHPs**) and the AHP Lead for Forensic Services to review this.  **The Board thanked the patient for having provided their story and the Adult SaLT Service.** |  |
| **BOD**  **22/21**  a | **Declarations of Interest**  The Trust Chair referred to the updated Register of Directors’ Interests at RR/App 11/2021. No interests were declared pertinent to matters on the agenda but John Allison highlighted the inclusion of a family member’s interest and Bernard Galton added that, as at 01 April 2021, he had a new interest to declare as a partner with Ekim Consulting Limited, for inclusion in the next version of the Register. |  |
| **BOD**  **23/21**  a  b  c  d | **Minutes of the Meeting held on 27 January 2021**  The Minutes of the meeting were approved as a true and accurate record.  ***Matters Arising***  **Item BOD 05/21(d) Integrated Care System (ICS) development**  Further to the action being progressed for the Board to reflect upon ICS development, the Trust Chair added that it may be useful for the ICS to be regularly discussed at Board Meetings.  The Board noted that the following actions had been completed or were being progressed as set out in the Summary of Actions document, or were on the agenda for either the Board meeting in public or in private:   * BOD 03/21(a) amendments to Minutes; * BOD 05/21(c) Board Seminar to focus on Quality Improvement being scheduled; * BOD 06/21(c) COVID-19 recovery on the agenda; * BOD 91/20(d) Trust Strategy on the agenda; * BOD 92/20(e) and 03/21(b) physical health checks in Oxfordshire on the agenda; and * BOD 09/20(e) consistency in data sets used in HR and Safer Staffing reporting, delegated to the People, Leadership & Culture Committee (**PLC**) for review.   The Board noted that the following action was on hold/to be progressed, as set out in the Summary of Actions document: BOD 71/20(f) and 85/20(c) to report back on Cultural Ambassadors. The Interim Director of HR reported that the Cultural Ambassadors Programme was continuing and was part of a number of different initiatives to be reviewed, including using restorative just culture as part of managing disciplinary processes, and which would be considered as a whole by the PLC. Bernard Galton agreed that it was useful to consider related projects together rather than having parallel processes running. |  |
| **BOD 24/21**  a  b  c | **Trust Chair’s Report**  In addition to his report at paper BOD 15/2021, the Trust Chair referred to the Council of Governors’ meeting on 25 March 2021 and: (i) thanked Chris Roberts and Mike Hobbs for their handling of the transition of the role of Lead Governor, with Mike Hobbs to become Lead Governor in June 2021; and (ii) wished those governors well who would be standing down after the governor elections. He also paid tribute to Lorcan O’Neill, Director of Communications & Engagement, who would be leaving the Trust, noting that he had served the Trust extremely well and thanks and best wishes went with him.  The Trust Chair commented upon the future for NHS Providers and the NHS Confederation, further to his article in the HSJ from 01 March 2021 on avoiding duplication between NHS Providers and the NHS Confederation. He noted that cementing the status quo and locking in the differences between the two bodies may be regrettable, especially in a crowded organisational landscape where the implications of ICS development may require the integration of representative bodies.  **The Board noted the report.** |  |
| **BOD 25/21**  a  b  c  d  e  f  g  h  i  j | **Chief Executive’s Report**  The Chief Executive presented his report at BOD 16/2021 which included key updates in relation to: Provider Collaboratives; planning guidance for finance and contracting arrangements; the Executive Management Committee; staffing changes and new leadership appointments; the launch of the Gender Equality Network; the Zero Carbon Oxford Summit; the renewal application for the Biomedical Research Centre; and the Oxford Academic Health Sciences Network. Further to his report, he thanked Lorcan O’Neill and noted that Sara Taylor, Head of Media and Staff Communications, had assumed responsibility for the management of the Communications team. He also thanked Mark Hancock for his work as Medical Director and prior to that as Deputy Medical Director. He welcomed Mark Warner as Interim Director of HR and noted that the process to recruit a new Chief People Officer was progressing, with interviews planned for May 2021.  ***Provider Collaboratives***  He referred to his reportand noted that whilst the Child & Adolescent Mental Health Service (**CAMHS**) Tier 4 Provider Collaborative had gone live on 01 April 2021, the Thames Valley Adult Secure Provider Collaborative had been delayed due to unresolved financial matters but the Director of Finance and the Executive Managing Director for Mental Health & LD&A Services were addressing the situation.  ***NHS planning guidance for finance and contracting arrangements***  He referred to his report and highlighted that a welcome feature of the recently published planning guidance was the focus on reducing health inequalities, in light of learning from COVID-19, and through developing population health management approaches. He noted that these would need to be delivered at a system level and through effective partnership working and strengthening place-based structures at local authority level. He also welcomed the focus upon supporting health and wellbeing of staff and noted that individual health and wellbeing conversations should be a regular part of supporting staff. The development of e-rostering would support better oversight of staff working patterns at an organisational and system level. The COVID-19 vaccination programme had also featured in the planning guidance and it was anticipated that this would be an ongoing programme of work and preparations would need to be made to support a re-vaccination programme from the autumn; the Trust was already reasonably well prepared through the work of the COVID Operations Director.  The planning guidance had also highlighted the need to build on learning from COVID-19 to transform the delivery of services, accelerate the restoration of elective care and manage increasing demand on mental health services. He noted that whilst waiting list challenges applied more to the acute sector, there were also significant waiting list challenges in community and mental health services. Waiting lists needed to be shortened and the safety ensured of patients whilst they were waiting. As a result of the transformative work done during COVID-19, there was now a clear expectation that digital consultations would be embedded as a matter of routine work. This would also help with improving access for young people to services. He referred back to the Patient Story from the Adult SaLT Service, at item BOD 21/21 above, and noted that this had also highlighted the importance of considering the risk of physical health problems and the need to be able to provide support for these for service users in Mental Health and Learning Disability & Autism Services.  Organisations would be expected to work collaboratively across systems to deliver on the priorities set out in the planning guidance and all provider organisations would be expected to be a part of at least one Provider Collaborative. However, place-based partnerships would need to be developed with local government and each ICS would need to set out the detail for the delivery and governance arrangements. The planning guidance had reiterated the expectation that ICSs would move to a statutory footing from next year and (further to the previous action at BOD 05/21(d), as referred to at BOD 23/21(b) above) he noted that the Board would need to find time to take stock of ICSs and place-based arrangements in order to consider the long-term implications for the delivery of services. He added that the Care Quality Commission (**CQC**) was also expected to be undertaking a review of provider organisations involved in the delivery of CAMHS in the Buckinghamshire, Oxfordshire and Berkshire West (**BOB**) ICS, as part of a new approach to inspections focusing on delivery at system level.  The Executive Managing Director for Mental Health & LD&A Services added that additional funding to support mental health recovery had come out of the recent national spending review; this would amount to an additional and non-recurrent £3 million for Oxfordshire and £2 million for Buckinghamshire. The additional funding had only recently been confirmed but would enable acceleration of previous plans and support new roles which could be partly funded by primary care and partly funded by the Trust, subject to availability of an appropriately qualified workforce to recruit from.  Aroop Mozumder asked whether the Trust could influence more research being undertaken into reducing health inequalities and whether the Board should take a particular interest in this. The Chief Executive replied that the Board should take an interest as service users could be in the category of being at risk of reduced life expectancy as a consequence of comorbidities and the illnesses which they suffered from. Addressing health inequalities was part of core business for the Trust but the Trust would need to become more sophisticated in its use of data in order to identify inequalities and assess health outcomes across local populations. The need for SaLT services to reach more into mental health services was an example as although the need may be recognised, there was not the commissioning to support this and it would need to be resolved at a place and system level.    ***Gender Equality Network***  The Executive Managing Director for Mental Health & LD&A Services commented positively upon the support which she had received for the launch of the network on International Women’s Day on 08 March 2021. She added that an extraordinary network session had been held on 22 March 2021 in response to the sad death of Sarah Everard and she had been struck by the number of staff who had made themselves available to attend and pay their respects; this session had also provided staff with a safe space to discuss their experiences of gender and safety in the workplace and the impact of the incident upon them. Mohinder Sawhney asked whether the discussions had revealed anything new about staff experiences of gender and safety at work. The Chief Executive replied that he had been struck by concerns articulated about the safety of some sites at night and the need for more suitable lighting, which had helped to allow for focus on that issue. This also linked to a new approach being taken on Health & Safety which would become a regular agenda item for the Executive Management Committee.  ***COVID-19 vaccination programme***  The Chief Executive added that he had yesterday been informed that the Trust had achieved the milestone of having delivered its millionth vaccine as part of the programme in the BOB ICS, which was a significant collaborative achievement in the ICS.  **The Board noted the report.** |  |
| **BOD 26/21**  a  b  c  d  e | **Trust Strategy**  The Director of Strategy & CIO presented the paper BOD 17/2021 (with supporting detail at RR/App 12/2021) and highlighted the changes to the Trust Strategy since the previous version, as summarised in the covering report. New ways of working as a consequence of COVID-19 had been incorporated and the Trust had updated its vision to ‘delivering outstanding care by an outstanding team’. Each of the four strategic objectives now had a supporting set of Objective Key Results (**OKRs**) which would enable the Board to track performance; the OKRs would be regularly reported using a new Integrated Performance Report which should be available for the next Board meeting.  The Board reviewed the revised Trust Strategy and suggested further amendments to refer to: (i) the roles of various Board Committees, such as the PLC and the Quality Committee; and (ii) the Trust’s partners in the BOB ICS including Oxford University Hospital NHS FT, Buckinghamshire Healthcare NHS Trust and Berkshire Healthcare NHS FT. The Director of Strategy & CIO agreed to the amendments.  Mohinder Sawhney referred to the digital target in the planning guidance and asked whether this was appropriate and what the Trust’s strategic view of this was; she added that the Trust may also need to articulate its influencing strategy towards the ICS; and she asked whether the Trust also needed a data strategy. The Director of Strategy & CIO replied that the Trust was developing its own Digital Strategy and currently testing the appropriateness of digital consultations as part of COVID-care options. He noted that the benefit of the proposed Trust Strategy 2021-26 was that it could evolve and the OKRs could develop accordingly over time and incorporate more digital aims. The ICS was continuing to change and evolve and the Trust Strategy would similarly be able to adapt to this; he noted that an annual review of the Trust Strategy was planned which would enable it to become more of a living document.  The Director of Corporate Affairs & Company Secretary noted that around the time when COVID-19 first started, the Trust had been asked to participate in joint work with BOB partners on the BOB ICS Strategy; she asked whether the BOB ICS Strategy had been finalised or circulated. The Director of Strategy & CIO replied that whilst initial discussions have taken place with the Accountable Officer for the BOB ICS and the Directors of Strategy, work had to be paused during COVID.    An overall strategy for BOB is required and is likely to be developed within the next 12 months.  The Trust has also been asked to prepare some initial work on the development of an ICS Strategy specifically for Mental Health.  **Subject to the comments above, the Board APPROVED the Trust Strategy 2021-26 for publication and promotion across the organisation. The Board also noted that the Trust Strategy would be a living document which would be subject to periodic revision.** | **MW**  **MW** |
| **BOD 27/21**  a  b  c  d  e  f  g  h  i | **Board Assurance Framework and Trust Risk Register (BAF & TRR) report**  The Director of Corporate Affairs & Company Secretary presented the report at BOD 18/2021 (with supporting detail at RR/App 13/2021) and highlighted the updates to the structure of the BAF and the content to be in line with the Trust’s new Strategic Objectives. She noted that there was heightened focus upon risk management, and the Board’s role in managing risk, not only within the Trust but also externally given the changes in regulatory approaches with recent consultations on the CQC’s approach to quality assessments and ratings, which could result in an even greater focus on being ‘well led’, as referred to in more detail in the Legal, Regulatory & Policy update at paper RR/App 16/2021. Internally, she noted that, as summarised in the report, Committees and Executive leads were regularly reviewing risks and this report had been scheduled earlier on the agenda for this meeting so as to provide an opportunity to link risk discussion with the Trust Strategy.  The Risk Manager added that the report summarised the key developments over recent months and next steps; significant work was taking place to migrate directorate level risks to the Ulysses platform which should support improved movement of risks between various levels of risk registers.  The Trust Chair noted that the utility of risk data depended upon it being  used in Board discussions. Given the evolving approach of the CQC, he asked how potential risks to the Trust from the changing emphasis of the CQC may be being captured, for example in relation to increased emphasis on human rights and the impact of restraint practices. The Risk Manager replied that the aim was for risk data to become more useful through increased visibility of risks through more regular discussion at meetings; and, as more regular discussion was happening, this was improving the capture and tracking of risks and actions thereby improving the utility of the data. The Director of Corporate Affairs & Company Secretary added that the CQC could use the ‘well led’ domain to assess how well the BAF & TRR were being utilised in alignment with the Trust’s strategic direction. In relation to changes in more specific focus, such as upon human rights, this was already relevant for the remit of various Board Committees (such as the Mental Health Act Committee and the Quality Committee) which reviewed their relevant risks.  The Director of Finance added that as more of the detail to support the Trust Strategy and operating plan was developed then risks could be crystallised more specifically around the Strategy. He noted the beginnings of discussion around Risk Appetite, as referred to in the report, but cautioned that the strategic direction needed to be more established before the steps the organisation was prepared to take in order to achieve its goals and its appetite for risk in doing so could be determined. He cited the Eating Disorders Service as an example, noting that this had been significantly underfunded across the local area but for the Trust to deliver a more substantial service despite lack of funding may require an appetite to take a financial risk and operate at a deficit in order to achieve a quality outcome. The Chief Nurse and the Executive Managing Director for Mental Health & LD&A Services agreed and commented that the increased risk discussions and reminders about providing risk updates were helping to make the risk documentation more dynamic and were supportive for busy clinical staff.  Lucy Weston welcomed the focus upon risk and its inclusion earlier on the agenda, noting that whilst the report provided useful analysis of change and development there may be a missed opportunity to establish a forum for the Board to discuss the detail of risks, especially new and escalating risks and the de-escalation of risks. She referred to the new TRR risk on fit testing of FFP3 masks and the de-escalation of the BAF risks around estates and data quality, commenting that Non-Executive Directors may not be sufficiently sighted on the discussions around these. The Risk Manager replied that changes had been made further to discussion with the relevant Executives and in some cases risks had been re-described and de-escalated from the BAF to the TRR in order to avoid duplication. The Director of Corporate Affairs & Company Secretary added that she and various managers including the Director of Estates & Facilities, the Chief Nurse and the Executive Managing Director for Mental Health & LD&A Services had discussed the suitability of the estates risk and how best to reflect it on the TRR. She also reminded the meeting that individual risks were assigned to various Board Committees for more detailed review and for manageability as Board meetings would not provide sufficient time to review them all in detail, whereas Committee meetings may provide more opportunity for deep dives. She noted that where Committee Chairs and participating Executives could provide assurance or escalation of concerns to the Board then this could increase the utility of the risk data being presented. The Chief Executive added that the next stages should involve making the detail more streamlined, simple and succinct for ease of recall and discussion.  The Trust Chair commented upon the role of the Audit Committee in taking oversight of risks. Lucy Weston replied that the Audit Committee’s role was more focused on ensuring that appropriate process and structure existed around risk management and that it was being delivered.  Chris Hurst supported Lucy Weston and noted that it may be helpful to develop reporting along the lines of a balanced scorecard; the Board needed to be able to review the aggregate level of risk and take stock of progress being made towards longer term objectives. Mohinder Sawhney agreed and noted that the accumulation of risk across the organisation and the interconnectedness of risks were areas which should be reserved for the Board; the Board should focus upon the material impact being made in risk areas, rather than upon specific risks, and to use risk as a way of leading rather than form-checking. She supported moves towards turning the detail into more streamlined, simple and succinct statements for ease of use and recall.  The Chief Executive commented positively upon the progress made but noted that there was still more to do and that it was not ideal to see 3 red-rated BAF risks awaiting detailed review further to operational pressures on Executive owners, as set out on page 8 of the report, as it should be clearer when reviews were to take place, with deep dives into detail scheduled as a routine matter of business for Committees along with consideration of escalation of risks to the Board. The Trust Chair agreed and noted that whilst much positive progress had been achieved, there was more work to be done.  **The Board noted the report.** |  |
| **BOD 28/21**  a  b  c  d  e | **COVID-19 update: learning and recovery; and staff COVID-19 vaccination programme**  The Board reviewed the reports at BOD 19/2021 on COVID-19 learning and recovery and at BOD 20/2021 on the staff COVID-19 vaccination programme.  The Director of Strategy & CIO presented the report at BOD 19/2021 on the Trust’s Recovery and Surge Response workstreams, noting that whilst the numbers of COVID-19 patients had reduced locally and regionally, the Trust was developing its Surge Response plans at directorate level and meeting weekly to coordinate and align activity. This included developing the messaging for staff on returning to the workplace as well as preparing for potential further waves of COVID-19. The Chief Nurse emphasised the importance of clear messaging for staff noting that whilst the government roadmap out of lockdown was for society at large, this had not so far included restrictions being lifted on Infection Prevention & Control (**IPC**) measures or use of PPE.  Mohinder Sawhney referred to the report on the staff vaccination programme at BOD 20/2021, noting that uptake amongst Black, Asian and Minority Ethnic (**BAME**) staff was a strategic, not an operational, issue for the Board which should be having conversations about how the Trust was engaging with staff in BAME communities in order to increase vaccine uptake. This was a particularly pertinent strategic conversation to have given the Trust’s challenges with recruitment and retention and the need to engage a diverse workforce. In relation to the learning and recovery report at BOD 19/2021, she welcomed the priorities identified for Recovery and Surge Response activities but expressed concern that 3 of the priorities (new ways of working and operational models, learning from COVID-19 and preparing for further waves) were sat with individual Directorate Leads as this could risk fragmentation. The Director of Strategy & CIO replied that this was what the weekly meeting to coordinate and align activity was designed to mitigate against.  Bernard Galton added that the PLC had recently discussed BAME vaccination uptake and this would continue to be monitored in more detail through the PLC. The Chief Executive noted that it was right to highlight vaccination uptake as an issue of concern as the Trust had needed to work hard to get uptake of over 80% and whilst this was comparative to other organisations, considering the national demand for vaccination it was also surprisingly low and would need more attention. However, the PLC was the appropriate forum to provide that attention and ultimately to provide assurance to the Board.  **The Board noted the reports and supported the actions being taken.**    *The meeting took a break at 10:40 and resumed at 10:49.* |  |
| **BOD 29/21**  a  b  c  d  e  f  g | **Performance Report including COVID-19 headlines**  The Director of Strategy & CIO presented the report BOD 21/2021 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 at the time of writing the report, there had not been any COVID-19 positive patients on inpatient wards; however, as at today two COVID-19 inpatients had been reported. There were also still COVID-19 cases in the community but numbers had reduced, in line with regional and national figures. IPC measures remained in place and COVID-19 vaccination continued to be a priority with first vaccination doses having been received by: nearly 83% of all frontline staff; 73% of BAME front line staff; and 64% of staff overall.  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 remained primarily due to changes in bed capacity as a result of IPCguidance 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. The situation may be unlikely to improve for the next 6 months and lack of beds was causing considerable operational pressures. In relation to operational patient activity and demand, as set out in more detail in section 3 of the report, overall length of stay remained below average (which had been the case for most of the past 12 months) and there had been particular improvement in reducing length of stay on Buckinghamshire inpatient wards.  In relation to directorate performance, the detail was in section 3 of the report. He highlighted work to continue to develop business development systems and the rollout of a new demand and capacity tool, as well as work on a surge model to show the impact of easing lockdown restrictions. There remained areas of concern around increasing referrals to CAMHS and Adult Eating Disorders across Buckinghamshire and Oxfordshire.  The Chief Nurse added that IPC guidance had not changed and the Trust continued to follow the recommended IPC measures, including isolating patients where necessary although she had been discussing this with other Chief Nurse colleagues nationally in relation to taking a more risk-based approach given the pressure on wards to manage 14-day isolation periods. The Executive Managing Director for Mental Health & LD&A Services agreed that this was a live issue especially given the legacy of the older estate with the Warneford in Oxfordshire, compared to the facilities at the Whiteleaf in Buckinghamshire where patients could benefit from en suite facilities.  The Executive Managing Director for P&C Services referred to improvements in reducing length of stay in community hospitals, noting that these were a reflection of system working in Oxfordshire being more effective than previously and investment in the right places. He commented upon the pressure that Primary Care was under and the increase in activity into the Trust’s Minor Injuries Units as lockdown eased, people started to participate in more activities and more accidents then happened.  Lucy Weston commented upon the absence of reference to waiting times in the report and requested analysis on the triangulation of decreased COVID-19 activity against the modelled impact on waiting times and progress to improve waiting times. The Chief Executive agreed that the Board should be better sighted on: waiting list challenges; and, as integrated performance reporting for the ICS developed, on areas where the Trust may not be performing as well as other BOB ICS organisations. The Executive Managing Director for Mental Health & LD&A Services noted that clinical directorates were using the Trust Online Business Intelligence (TOBI) tool to monitor waits in their services. The Director of Strategy & CIO agreed to provide reporting on waiting times to the next meeting. Mohinder Sawhney noted that a better understanding of waiting lists may also help to inform risk appetite considerations. Lucy Weston asked about any opportunities for benchmarking mental health waiting times against physical health waiting times, noting that some waiting time periods would not be acceptable in physical health services. The Chief Executive agreed and noted that this was a reason why it was important to develop the mental health data set for the BOB ICS.  **The Board noted the report and that future reporting would involve Integrated Performance reporting and reporting on waiting times.** | **MW** |
| **BOD 30/21**  a  b  c  d  e | **Physical Healthcare report**  The Chief Nurse presented the report BOD 22/2021 further to previous Board concern about lack of progress in relation to physical health assessments for people with Serious Mental Illness (**SMI**). Although the Trust was not yet where she would want it to be, the report set out the progress being made and summarised data which demonstrated steady improvement. She noted that she had successfully led improvements in this area in previous trusts but noted that the organisation currently potentially over-complicated the situation. However, there was now monthly monitoring in place through the Quality and Governance Sub-Committee to ensure progress, especially as COVID-19 restrictions eased which should enable more in-person physical health assessments to resume. The Quality and Governance Sub-Committee would also oversee the development of a Physical Health Strategy for people with SMI. She also reported the positive news that the Trust had exceeded its target of 67% for annual health checks for people with Learning Disabilities (**LD**) and that commissioners had congratulated the system and Trust clinicians for leading on this. The Executive Managing Director for Mental Health & LD&A Services noted that the difference in payment mechanisms for physical health checks for people with LD compared to SMI may also account for some improved performance.  The Trust Chair asked how constant attention to the physical health of inpatients on mental health wards could be assured. The Chief Nurse replied that the issue was not with mental health inpatients who could more easily be provided with physical health checks, including routinely upon admission; the issue was more in the community especially where there had been less consistent reporting. Progress was being made in the community through a task and finish group holding directorates and services to account.  Aroop Mozumder emphasised the importance of reviewing the situation regularly and working towards consistent improvement, as the data was not yet reassuring. He asked what resources were being made available to address this and noted that the situation should also be tracked through the Quality Committee. The Chief Nurse replied that reporting would next be escalated to the Quality Committee from the Quality and Governance Sub-Committee and could remain as a regular agenda item for the Quality Committee. She commented that there was now more resource available than she had experienced in a previous trust and physical health leads for inpatient and community services had been recruited; the issue was not with lack of resource but more with previous lack of robust and consistent leadership.  The Executive Managing Director for P&C Services commented upon the importance of improving data sharing, if a patient came into contact with multiple services, and accurately recording relevant data which could be provided. Some physical health checks could be conducted remotely or in other settings, such as blood pressure and asthma checks, but this data needed to be shared effectively. The Chief Executive added that Primary Care could have a key role to play in this if GPs could be incentivised to conduct and share these checks, which could help to improve performance at a system level.  **The Board noted the report and the importance of continuing to make further progress to improve physical health assessments for people with SMI.** |  |
| **BOD 31/21**  a  b  c  d | **Safety & Quality dashboard (including staff fill rates)**  The Chief Nurse presented the report at paper BOD 23/2021 and explained that the quality dashboard was a work in progress which would build upon the report provided and assist with identifying emerging concerns across all services. She reminded the Board that since 2014, it had been a Department of Health requirement for trust boards to receive updates on ward staffing levels as part of ensuring sufficient staffing levels were in place to deliver safe, effective and high quality care.  She presented slides which provided an overview of fill rates and temporary staffing usage across mental health wards and community wards. She also provided an update on international nurse and healthcare support worker recruitment, noting that clinicians in services had been driving these processes and interviewing applicants. The Director of Clinical Workforce Transformation had been leading on this work and on workforce requirements for the COVID-19 vaccination centres; now that the vaccination centres were up and running, he would be able to return to focus on agency spend and temporary staffing usage. The first cohort of international nurses had arrived and been allocated to their wards. The cost savings from this recruitment, compared to using agencies, could amount to £1.5 million.  Bernard Galton commented that it was positive that the Director of Clinical Workforce Transformation would be able to focus back onto reducing agency spend; he asked whether the Trust was also linked into system level work on agency and temporary staffing spend so as to establish the true capitation rate of the posts in question. The Chief Nurse and the Interim Director of HR confirmed that the Trust had had a recent discussion at a Senior Leaders Team meeting on the extent to which to progress agency reduction work at system level.  **The Board noted the report and the progress being made.** |  |
| **BOD 32/21**  a  b | **Managing Directors’ updates: Provider Collaboratives**  The Executive Managing Director for Mental Health & LD&A Services provided an oral update and noted that the deep dive presentation on Provider Collaboratives to the Council of Governors’ meeting on 25 March 2021 had been well received. She also reported that construction work had commenced on the CAMHS Psychiatric Intensive Care Unit at the Warneford.  **The Board noted the oral update.** |  |
| **BOD 33/21**  a  b  c  d  e  f  g | **Research & Development (R&D) report**  The Medical Director and the Head of R&D presented the report at BOD 24/2021 on R&D activity taking place or being hosted within the Trust. The Head of R&D highlighted the following upcoming funding competitions for:   * the Biomedical Research Centre renewal application. The submission deadline for Stage 1 applications would be on 26 May 2021. Once key themes had been identified for Stage 2 of the competition, a further application would be made in October 2021 in anticipation of interviews in April 2022; and * the Clinical Research Facility (**CRF**) with its funding competition to launch in June 2021 with applications due in September 2021.   The Head of R&D noted that the CRF had supported COVID-19 vaccine trials for Oxford-Astra Zeneca and Novavax, as well as having been used as a vaccination hub by the Trust. As set out in more detail in the report, he also noted changes in the R&D governance structure and the development of a Community Research Strategy for the Trust by the Community Directorate, especially as COVID-19 had demonstrated the need for community research to be developed to support patients and clinical staff. He noted that it was positive that R&D activity would be expanding beyond mental health research and that it could become possible to support research activity across more of the organisation; R&D was also continuing to look at developing research opportunities for non-medical staff such as Allied Health Professionals and nurses and to engage staff in research at all levels. He also summarised that R&D finance was also performing favourably against budget.  The Medical Director added that although R&D was currently classified as a corporate service, this had created issues during COVID-19, for example with access to cleaners. Therefore, it may be necessary to reclassify R&D as a clinical service especially as during COVID-19 its role involved seeing patients.  The Executive Managing Director for Mental Health & LD&A Services emphasised that R&D made a positive difference to: (i) patients and carers if they could feel that they were receiving and participating in evidence-based treatments; and (ii) attracting staff, noting that she and the Medical Director had recently participated in a consultant interview where participation in Quality Improvement work and research had been a positive factor. However, she noted that there was still more work to do in order to promote and give greater visibility to research in the Trust.  The Chief Executive agreed that there was still some way to go in order to develop a strong culture of research across the organisation, which would be necessary for the Trust to achieve its fourth Strategic Objective to become a leader in healthcare research and education. Having reviewed performance over the last few years and the level of people’s awareness of the Trust’s research activities, he noted that there was a challenge to increase awareness of research work and to ensure that R&D featured on agenda items of governance meetings, including at directorate level. He noted that it was in the Board’s gift to ensure that the organisation became truly research-active with research as a golden thread running throughout the organisation.  Lucy Weston commended the report and the case studies which brought the examples to life. However, she asked whether more guidance could be provided on the way in which different institutions and components related to each other. The Head of R&D agreed to provide a guide.  **The Board noted the report and the need to embed a strong culture of research throughout the organisation.** | **BW** |
| **BOD 34/21**  a  b  c  d | **HR Report (workforce performance)**  The Interim Director of HR presented the report at BOD 25/2021 (with supporting detail at RR/App 14/2021) and took the Board through:   * the implementation of the First Care absence-reporting system; * the commencement of directorate discussions on Staff Survey results and the development of local action plans (Trust-wide considerations from the results would be considered by the PLC); * continued good uptake of the Employee Assistance Programme; * the need to clarify and implement Wellbeing Champions across the Trust; * BOB ICS funding to support a Health & Wellbeing Project Lead within the Trust for a year; and * funding secured for managers to be trained in Mental Health First Aid, which he noted that he had implemented at his previous trust where this had been well received.   Bernard Galton noted that although the Employee Assistance Programme had not been in operation for long, in due course its benefit to the Trust should be evaluated especially before any decision to extend the contract. He commented that he had used similar programmes in other organisations and found them beneficial for staff and the organisation, and he would discuss further with the Interim Director of HR. He also particularly supported emphasis upon Health & Wellbeing Champions.  The Executive Managing Director for Mental Health & LD&A Services noted that there was a perception amongst staff that the composition of senior management meetings did not represent the gender balance of the wider staff group, with women being seen as under-represented in the top tiers of decision-makers. The Trust Chair acknowledged the concern and reiterated his commitment at the launch of the Gender Equality Network to achieve gender parity. The Interim Director of HR added that parity should be considered in the context of wider diversity.  **The Board noted the report.** |  |
| **BOD 35/21**  a  b  c  d | **Finance Report**  The Director of Finance presented the report BOD 26/2021 which summarised financial performance during Month 11, February 2021. He highlighted that Income & Expenditure was in a reasonable position with a £0.9 million surplus, which was £0.7 million better than plan. However, the Trust’s year-end plan was for a deficit of £1.9 million, which included £2.1 million of contingency reserves profiled in Month 12, resulting in a year-to-date plan of a £0.2 million surplus. The year-to-date position included £19.9 million in costs relating to COVID-19 and retrospective top-up payments/COVID-19 allocation from NHSE/I of £20.8 million (including COVID-19 vaccination costs of £2.1 million). The Trust therefore had a breakeven underlying position. He summarised that the impact upon cash had been positive and the cash balance was higher than in previous years due to payments in advance under the current finance regime.  In relation to the Cost Improvement Programme (**CIP**), since COVID-19 there had been no national requirement to make CIP savings but for internal purposes, CIP savings continued to be monitored against the original plan of £6.8 million and year-to-date £2.4 million of CIP savings had been made, which had further helped the financial position. He noted that the meeting in private session would consider financial planning for the future.  Lucy Weston asked about expectations to get CIP planning running again. The Director of Finance replied that although they had been on hold nationally, they would need to get up and running again; the Trust expected to start delivering on CIPs more formally from September 2021. Chris Hurst added that this had also be considered by the Finance & Investment Committee, which had been assured by the proposals to formally restart processes later this year, noting that currently it was difficult to change the immediate priorities of clinical staff who had been focused on COVID-19.  **The Board noted the report and the financial position to date.** |  |
| **BOD**  **36/21**  a  b | **Standing Financial Instructions (SFIs)**  The Director of Finance presented the report at BOD 27/2021 (with the full text of the revised SFIs at RR/App 15/2021) noting that the updated SFIs had been recommended for approval by the Audit Committee.  **The Board APPROVED the updated SFIs.** |  |
| **BOD**  **37/21**  a  b  c | **Legal, Regulatory & Policy update report**  The Director of Corporate Affairs & Company Secretary presented the report at BOD 28/2021 (with supporting detail at RR/App 16/2021) and noted the shift away from focus on COVID-19 and towards wider system matters including the new NHS planning guidance 2021-22, the White Paper on Working Together to Improve Health and Social Care, the CQC’s new Five Year Strategy and the CQC’s consultation on its approach to quality assessments and ratings. In light of the recently published COVID-19 mental health and wellbeing recovery action plan, it was timely that the Trust was already operating Recovery and Surge Response workstreams. She also highlighted increasing focus on digital developments and the guide to ‘building a digital strategy’ recently published as part of the Digital Boards Programme, noting that the Trust was currently in the process of refreshing its own Digital Strategy.  The Chief Executive thanked the Director of Corporate Affairs & Company Secretary for the report. He highlighted the publication of the National Suicide Prevention Strategy Progress Report and commented upon the suicide prevention work of Professor Keith Hawton, noting that this needed to be kept on a sustainable footing pending his retirement and that the Trust should be at the forefront of this kind of research.  **The Board noted the report.** |  |
| **BOD**  **38/21**  a  b  c | **Updates from Committees**  The Board took as read the minutes at RR/App 17-20/2021 for the Audit Committee, Charity Committee, Finance & Investment Committee, Mental Health Act Committee and People, Leadership & Culture Committee. The Trust Chair invited Committee Chairs to escalate matters from their Committees. Lucy Weston noted that this portion of the meeting could be used to flag up issues and describe the recent business of Committees so as to provide assurance to the wider Board.  Lucy Weston noted that the Audit Committee’s work had been delayed through the impact of COVID-19 upon Internal Audit although recent assurance had been provided on financial controls. Significant reviews were still pending into the COVID-19 response and a directorate deep dive. However, the Audit Committee had been progressing dealing with outstanding Internal Audit actions.  **The Board received the minutes and noted the update.** |  |
| **BOD**  **39/21**  a | **Any Other Business**  None. |  |
| **BOD**  **40/21**  a  b | **Questions/comments from the public and governors**  None from the public or governors.  The Director of Corporate Affairs & Company Secretary provided an update on the governor elections and reported that at yesterday’s deadline for nominations, all seats had been confirmed as subject to contested elections which was a good position and a useful barometer of interest in the organisation. She thanked the Lead Governor, the Deputy Lead Governor and other governors who had participated in Aspirant Governor Events organised by the Communications team. |  |
| **BOD**  **41/21**  a | **Review of the meeting**  The Trust Chair noted that he would welcome feedback, if necessary outside of the meeting, including in relation to suggestions to change the format. |  |
|  | The meeting was closed at 12:28.  **Date of next meeting: 09 June 2021** |  |

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 14 (from January 2021), quorum of 2/3 with a vote is 9 [↑](#footnote-ref-1)
2. \* = non-voting [↑](#footnote-ref-2)