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

**BOD 58/2021**
(Agenda item: 4)

Minutes of a meeting held on

28 July 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**) |
| Karl Marlowe | Chief Medical Officer (**KM**) |
| Anna Christina (Kia) Nobre | Non-Executive Director (**KN**) |
| Debbie Richards | Executive Managing Director for Mental Health & Learning Disability & Autism (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**)**\*** |
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| **In attendance[[3]](#footnote-3):** |
| Nicola Gill | Executive Project Officer |
| Lisa Manser | Perinatal Mental Health Practitioner – *part meeting* |
| Peter Milliken | Deputy Director of Finance  |
| Beth Morphy | Patient Experience & Involvement Lead – *part meeting* |
| Hannah Smith | Assistant Trust Secretary (Minutes) |
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| **BOD****61/21** ab | **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). Apologies for absence were received from: (i) Bernard Galton, Non-Executive Director; (ii) Chris Hurst, Non-Executive Director; (iii) Mike McEnaney (Director of Finance) – being deputised by Peter Milliken, Deputy Director of Finance; (iv) Aroop Mozumder, Non-Executive Director; and (v) Lucy Weston, Non-Executive Director.   |  |
| **BOD 62/21** abcdefg | **Patient/Carer Story from the Buckinghamshire Perinatal team**The Chief Nurse introduced the Patient Story from the Perinatal service, further to the covering report at BOD 44/2021. The Perinatal Mental Health Practitioner and the patient delivering her story introduced themselves; the patient explained her background with Post-Traumatic Stress Disorder and involvement with Adult Mental Health services prior to being transferred into the Perinatal service. She praised the Perinatal service from the beginning of her involvement, noting that she had felt completely embraced and understood and that it had been helpful to work with the psychologist; whilst post-birth had been a challenging time for her, she had been able to use the service even more. She noted that at the best of times having a baby was hard work and if there were mental health issues to deal with as well then that made it even harder. The Perinatal Mental Health Practitioner commented upon the patient’s anxiety and her participation in video interactive guidance and micro-analysis to help her to highlight the bond and real attachment which she had with her baby; the patient commented upon the profound positive impact this had had in helping her to realise that her bond with her baby was real. The Chief Nurse thanked the patient and the Perinatal Mental Health Practitioner, noting that Perinatal services were relatively new in Mental Health services but provided essential relatable and nurturing support for those patients in need of it. The Chief Executive thanked the patient for her uplifting story and asked: (i) whether there were aspects which the Trust could have done better; and (ii) about the patient’s future plans as she was about to be discharged. The patient replied that she could not think of improvements to suggest in the Trust’s services and there had not been any points when the support of the service had not been helpful. She reported that in preparation for her discharge, her psychiatrist had been in contact with her GP, there would be a review of her medication and then she would be transferred to a different service (Healthy Minds) so she knew what she would be going into next. The Executive Managing Director for Mental Health & LD&A Services thanked the patient and welcomed her baby into the meeting. She asked whether the patient had felt that the Perinatal service had worked closely and well with community midwives and maternity services. The patient replied that the service had definitely worked closely with the Health Visitor and that the communication there had gone well with monthly contact whether over the phone or video conferencing. She commented that the support had not been as good from maternity services whom she felt had just disappeared during her pregnancy and she had not been able to contact them, although this could have been the impact of COVID-19 at the time; she emphasised that these issues were not the fault/responsibility of Perinatal services with whom she had been able to maintain consistent and constant contact. The Perinatal Mental Health Practitioner commented that it had been difficult to track down some community midwives and COVID-19 had had an impact upon consistency of care, especially with midwives needing to self-isolate. The Trust Chair asked who provided maternity services and whether there was anything which the Trust could do to liaise with that provider. The Executive Managing Director for Mental Health & LD&A Services replied that the local acute provider provided the maternity services, including children’s nurses and Health Visitors; she confirmed that joint liaison meetings were in place and that, as part of the next wave of investment in services, additional investment was anticipated into maternity services as well as Perinatal which could help to improve pathways. She commented that COVID-19 had hampered the work of many services. The Chief Nurse referred to the Ockenden Report into maternity services at Shrewsbury & Telford Hospital NHS Trust and noted that an Assessment and Assurance Tool had been developed from it and all providers of maternity services had been encouraged by NHS England/Improvement to use the tool to assess their position against the 7 Immediate and Essential Actions from the Ockenden Report. The Chief Executive referred to the service challenges set out in the covering report and supported the placement of trainees/staff grade doctors within the Buckinghamshire Perinatal service to support the existing consultant and as a positive training opportunity; he asked the Chief Medical Officer to progress the possibility of psychiatry trainees being placed with the Buckinghamshire Perinatal service. **The Board thanked the patient and the Buckinghamshire Perinatal team.**  | **KM** |
| **BOD****63/21**a | **Register of Directors’ Interests**The Trust Chair referred to the updated Register of Directors’ Interests at RR/App 40/2021. No interests were declared pertinent to matters on the agenda.  |  |
| **BOD****64/21**abc | **Minutes of the Meeting held on 09 June 2021**The Minutes of the meeting were approved as a true and accurate record.***Matters Arising***The Board noted that the following actions had been completed or progressed as set out in the Summary of Actions document: * BOD 49/21(l) Digital Strategy – completed and on the agenda for approval; and
* BOD 51/21(d)-(e) Safety & Quality Dashboard – reported into the July Quality Committee meeting.

**Item BOD 54/21 – independent scrutiny of Trust Disciplinary policy and procedures** The Interim Director of HR replied that he had discussed this with the Head of HR Operations and they would look into independent review of the Trust Disciplinary policy and procedures; he had not yet had the opportunity to explore whether it could be included in the plan for this or a future year’s Internal Audit programme.  |  |
| **BOD 65/21**abc | **Trust Chair’s Report and system update** In addition to his report at BOD 46/2021, the Trust Chair reported that yesterday the first meeting of the Inspire Network had taken place, to bring together colleagues to gain valuable insights, be inspired, be listened to and to help shape the future. He had taken away from this inaugural event the sense of staff being under pressure due to demand upon services and insufficient workforce resources; he commented that this may now be becoming a characteristic of what the Trust was trying to work through. In relation to the Buckinghamshire, Oxfordshire and Berkshire West (**BOB**) Integrated Care System (**ICS**), he reported that the Chairs of local NHS providers in the BOB region were working towards convening a meeting of the directors of public health in local authorities to discuss population health management. He commented that the initiative had moved forwards, even though at a time when the structure of the ICS was still in question and the independent Chair had not yet been appointed. The Trust was also simultaneously working with another ICS in the Bath, Swindon and Wiltshire region to establish dialogue with the emergent system in that area. **The Board noted the report.**  |  |
| **BOD 66/21**abcdefgh | **Chief Executive’s Report**The Chief Executive presented his report at paper – BOD 47/2021 which included key updates in relation to: the COVID-19 vaccination programme; the win of three Health Service Journal awards; participation in the Care Quality Commission (**CQC**) planned provider collaboration review of children and young people’s mental health services across the BOB ICS; building an anti-racist Trust environment; appointment of a new Chief People Officer; departure of the Executive Managing Director for Mental Health & LD&A Services; Health & Safety; establishment of the Oxfordshire Integrated Care Partnership; and visit of the Chief Operating Officer of NHS England. ***Inspire Network***The Chief Executive supported the Trust Chair’s comments on the launch of the Inspire Network and explained that this had replaced Linking Leaders events and would be an opportunity for the Trust’s senior leaders and managers to come together. He commented positively upon engagement with the event and the stimulating and thought-provoking breakout sessions which had provided opportunities to hear from colleagues about their concerns. The event had also focused on the future and the Trust’s strategy, as well as plans for the Warneford and plans to support colleagues. The next event was planned for November 2021 and he noted that Non-Executive Directors should be invited as they had an important leadership role to play. ***Demand and capacity pressures***He reported that Trust services continued to experience significant pressures, as did the wider NHS, which were comparable to the pressures faced in January 2021 at the height of the COVID-19 pandemic. However, now the drivers were different as it was the midst of the holiday season and staff were trying to take well-earned annual leave; at the same time COVID-19 was having an ongoing impact on the acute sector in particular where activity levels remained high. He cautioned that the Trust needed to be mindful in the run-up to winter which could be a demanding season for all health services. ***COVID-19 vaccination programme***He referred to his report and noted that the Trust’s vaccination programme remained a key part of the system response to COVID-19. He reported how pleased he was with the work which the team had been doing, noting that in addition to the vaccination centres and ‘pop-up’ clinics referred to in the report, the Trust was also supporting two ‘Health on the Move’ vans to target areas with marked health inequality and/or vaccine hesitancy across the BOB ICS. Work was also starting to prepare for an autumn COVID-19 booster vaccination programme alongside the flu immunisation programme. ***BOB ICS***He reported that an update had been received on the national review of various ICS boundaries and that it had been confirmed that there would be no change to the BOB ICS boundaries. ***Executive Managing Director for Mental Health & LD&A Services***The Chief Executive congratulated the Executive Managing Director for Mental Health & LD&A Services on her appointment as Chief Executive of Cornwall Partnership NHS Foundation Trust and expressed sadness that she would be leaving this Trust. The role of Executive Managing Director for Mental Health & LD&A Services was a crucial one, especially given the transformation programme for Mental Health services and challenges across the organisation; the process to find a successor had commenced. The Executive Managing Director for Mental Health & LD&A Services thanked colleagues for the congratulations and good wishes, noting that she was grateful for the support of colleagues and the opportunities which had been afforded to her within the Trust and the NHS. The Executive Managing Director for Mental Health & LD&A Services reported that staff had been working under pressure during the recent heatwave and reminded the meeting of the additional impact upon them when wearing Personal Protective Equipment (**PPE**) as part of the response to COVID-19. Some environments were not currently designed for safe clinical working in such high temperatures. For example, the dental service had worked over and above requirements to continue to provide services in these conditions. She thanked all staff working in PPE during the heatwave period for having worked above and beyond usual requirements. **The Board noted the report.**  |  |
| **BOD 67/21**abcdefgh | **Digital Health & Care Strategy 2021-26** The Director of Strategy & CIO presented the final proposed Digital Health & Care Strategy 2021-26, at BOD 48/2021, for approval. He confirmed that this had been further developed after presentation and discussion at the last Board meeting on 09 June 2021 and at the joint Board and Council of Governors’ strategy/development session on 15 July 2021. He noted that some markers in the roadmap had been modified further to feedback received, as they were aims and ambitions rather than guarantees. Kia Nobre commended the Digital Health & Care Strategy but asked how flexible it could be to align with new developments in this area; she highlighted a significant amount of recent activity from the publication of the government’s Life Sciences Vision to other strategies around central data access and conversion of data.[[4]](#footnote-4) The Director of Strategy & CIO replied that work was taking place within the Trust and with other collaborating organisations such as the University of Toronto to align the deliverables of the strategy; data was at the centre of this and work was separately taking place to develop a Data Strategy. He agreed that the ability for the strategy to adapt as it was being used was important. John Allison asked about the target audience and purpose of the Digital Health & Care Strategy. The Director of Strategy & CIO replied that the main audience was the Trust itself and the aim was to be clear within the organisation about the desire and objectives to transform the organisation using digital working. Digital working would be a key enabler of the Trust’s overall Strategy 2021-26 and support the Trust in achieving its four strategic objectives under the themes of Quality, People, Sustainability and Research & Education. The Digital Health & Care Strategy itself also had four digital ambitions to guide the delivery of its workstreams; the main audience for the strategy was internal and the first digital ambition was ‘digitally-empowered people’, as in both staff and patients. Although the main audience was internal to the organisation, there was another wider system-based audience as digital working would also be key to system collaboration and working with partners across the Trust’s geographies and ICSs. Therefore, the strategy would also be shared with the Trust’s partners to support consistent working towards ambitions. He emphasised that interoperability and improving patient care needed engagement with others and appropriate sharing of data. John Allison thanked him for the response and supported the strategy, noting that he had consistently supported this direction of travel even if not the layout of the document and the constraints of the NHS system upon it; he also noted that the warning that the roadmap was indicative only was appropriate. Mohinder Sawhney supported the Digital Health & Care Strategy and noted that even if caveats needed to be applied, it was still important for the Trust to state what its digital ambitions were and how these could be meaningfully manifested. These digital ambitions needed to be taken into workforce and wider development and the Trust needed to become more skilful in understanding relevant data and applying it to the problems it was trying to solve, from the level of individual patients as well as organisationally and systemically. The Chief Medical Officer added that the Digital Health & Care Strategy was there to empower clinicians and patients to deliver 21st century care and to enable and support staff to become digital clinicians as much as possible. Research and innovation developments were a significant component of this, as were appropriate practices in the anonymisation and use of data for the benefit of the local population and to earn the trust and confidence of the local population. The Chief Executive thanked the Director of Strategy & CIO for his leadership in the development of the Digital Health & Care Strategy and noted that the next challenge was its implementation and sufficient resourcing for this; he commented that if its implementation were not resourced then this would impact upon the ability of the Trust to transform into an exceptional organisation. He asked about the governance to oversee the implementation so that the strategy could lead to real change, rather than just be an aspirational document. The Director of Strategy & CIO replied that the Digital Strategy Board, which had previously overseen the delivery of the Global Digital Exemplar programme, would be used and this already provided a strong foundation of a group of stakeholders. Monitoring would move to reporting up through the Finance & Investment Committee but with continued oversight through the Executive. As the Digital Health & Care Strategy did not stand alone and was an enabler for the overall Trust Strategy, the Objective Key Results underpinning the Digital Health & Care Strategy would be developed and then these could link to reporting through the new Integrated Performance Report to the Board. The Trust Chair commented that how far the Trust’s strategy aligned with that of colleague organisations was going to become more important. The Director of Strategy & CIO agreed and noted that substantial investment would be required to enable delivery of all elements of the strategy. The Trust would need to compete with other organisations for access to wider funding, such as digital aspirant and technological funding. **The Board APPROVED the Digital Health & Care Strategy 2021-26 and supported the establishment of a governance and programme structure to implement the Trust's digital ambitions.** |  |
| **BOD 68/21**abcdefghijKlm | **Board Assurance Framework and Trust Risk Register (BAF & TRR) report** The Director of Corporate Affairs & Company Secretary presented the report at BOD 49/2021 (with supporting detail at RR/App 41/2021) and highlighted how, further to focus upon risk management work over the past 12-18 months, it was encouraging to see more detailed consideration of risks at Board Committee meetings. The discussion of risks at Board Committees was also maturing from focus upon process to effectiveness of controls and target/appetite for specific risks; she highlighted recent discussion at the Finance & Investment Committee on control environments and the deep dives being undertaken by the Mental Health Act Committee. She reminded the Board of its role to take a universal view of the Trust’s risk profile at a strategic level, as set out in the BAF, and noting that the more operational level was set out in the TRR. The Trust Chair noted that at both BAF and TRR level, demand and capacity risks were extreme/red-rated and above their target ratings and this was a difficult theme for the Trust to address and could also be seen impacting throughout the Integrated Performance Report. Demand and capacity risks and challenges had been recognised but the issue was what action the Trust could take, especially in the wake of the impact of COVID-19 and recognising that ‘capacity’ risks were not only financial but also human/workforce-related as the resources available were finite. The Chief Executive agreed and added that the follow-on question from considering demand and capacity risks was whether the ratings for the workforce risks needed to be revised (on BAF and TRR the workforce, recruitment and work-related stress risks were also all extreme/red-rated and above their target ratings); action for the Interim Director of HR to consider. He commented that further to review at the Mental Health Programme Board meeting yesterday of transformation plans for the system as a whole, workforce was the greatest challenge for the Trust and system partners. Although funding was anticipated, this needed to translate into recruiting new staff without having an adverse impact upon core services. He also referred to the recent letter sent by NHS Providers to the Prime Minister, other government ministers and the Chief Executive of NHS England setting out a combination of pressures on the NHS which were anticipated to intensify in coming months and calling for action and funding. These pressures included: backlog recovery work; demand; growing admissions for COVID-19 alongside increasing mental health and long-COVID pressures; continuing additional infection control measures restricting capacity; large numbers of staff nationally self-isolating, suffering from stress or mental health issues or taking summer leave including time-off that had previously been postponed earlier in the pandemic. The Interim Director of HR added that the People, Leadership & Culture (**PLC**) Committee had recently reviewed the workforce risks and would continue to do so to ensure that the risk ratings accurately reflected the situation. The PLC Committee had also discussed recognising the need to ensure that workforce capacity was taken into account when the Trust was bidding for, or being asked to take on, new work. There could be a natural tendency to submit expressions of interest for work/funding but the risk and other reporting was highlighting the need to understand whether there was an available workforce to deliver the new work; the reality was that in many cases there was not an available workforce and this needed to be made more clear. The Director of Corporate Affairs & Company Secretary reminded the Board of site visits which had taken place before COVID-19 and the feedback then from staff that the Trust consider the impact of increasing demand and at what point to close the door to new admissions or service delivery. The Executive Managing Director for Mental Health & LD&A Services welcomed further discussion at the PLC Committee and added that workforce risks encompassed not just recruitment but also retention. A number of services had needed to focus upon business continuity and immediate support for the response to COVID-19, resulting in some roles becoming less stimulating and satisfying than they could have been. At the same time, whilst it had been possible to attract more unqualified workforce into the Trust and onto apprenticeships, there were sometimes insufficient staff with additional capacity able to supervise such placements safely. The picture was complex and part of the challenge was ensuring that the Trust could grow its own workforce and simultaneously manage the workload. The Chief Nurse agreed and noted that whilst there were opportunities through the Mental Health Investment Standard, careful thought needed to be given to the implications for the Trust’s workforce and upon patient service and experience of the Trust’s various ambitions; this included perhaps more timely reviews of services, including where newer services such as crisis teams were introduced. If staff were unavailable to deliver and if appropriate agency staff could not be sourced then there could be issues meeting the expectations of commissioners. The Executive Managing Director for Primary & Community Services cautioned against taking too narrow a view of the risk base, noting that the Trust was increasingly working towards a more population-based approach to the delivery of services and being encouraged to consider responsibility for the wider population. If the Trust started to restrict access to some of its services due to capacity issues then patient need would not evaporate but the pressure would be shifted elsewhere in the system or local population. In relation to workforce planning, he acknowledged the pressures which could arise from expansion and taking on new business but noted that more could be done to manage retirements and turnover and to map ongoing recruitment needs in order to maintain current capacity. Mohinder Sawhney supported taking a system view in terms of allocating risk across the wider system and recognising how this could impact back upon individual patients. She asked whether more could be done at system level, albeit a degree of maturity may be required for that conversation to be able to take place within the system. She also commented that, in relation to digital health provision, she had an ongoing concern that as the Trust discussed and promoted the acceptability of digital services, there was an implied comparison to a counterfactual service which did not exist, whereas in fact without digital services some people may go untreated. The Chief Executive replied that there was potential to work more effectively at system level on recruitment and retention and that a useful dialogue had taken place at yesterday’s Mental Health Programme Board around organisations looking to recruit into the system rather than just into individual organisations. Competition between organisations for staff was not in the system’s best interests and the BOB ICS system could set itself apart from others in terms of being able to leverage the draw of the universities within its patch to make this an attractive area in which to work. However, this would require a different mindset from the leadership community. The Interim Director of HR agreed and noted that work was taking place, as part of the BOB ICS ‘people’ stream, to consider how to move towards joint recruitment. Kia Nobre added that she valued the honest risk assessment and discussion of the challenges. She suggested that the reporting could more clearly articulate the systemic challenges, next steps and plans to resolve the issues and work towards solutions, or at least a better understanding of the factors impacting upon this. The Chief Medical Officer added that in coming months he expected the clinical leaders on the Executive to be engaging differently with operational clinical leaders to provide support on delivering for the demand being encountered, using resources differently (such as digital resources and also non-clinical staff) and mitigating risks. He noted that this would take more than just operational clinical leaders deciding how they would be transforming care. The Trust Chair concluded that the central theme of demand and supply/capacity would not dissipate and, if anything, public demand for, and expectations of, mental health services could be raised by news of new standards around mental health service provision. Managing such expectations would be a difficult message to deliver. The Trust also could not operate as a lone hero in the system; if the system was to be put first then the responsibility needed to be shared with system partners. He asked the Executive to consider the demand and capacity challenge and how the Board could be provided with assurance and a greater line of sight on the mitigations being put in place to respond to it, along with what could actually be done in order to come up with a set of realisable actions (in the short, medium and long term). **The Board noted the report and the focus upon the theme of demand and capacity.**  | **MWr****Execs** |
| **BOD 69/21**abcdefghijklmnopq | **Integrated Performance Report (IPR)**The Director of Strategy & CIO presented the report BOD 50/2021, accompanied by supporting material at RR/App 42/2021, with:1. an introduction to the Trust Strategy and strategic objectives;
2. key headlines, to set context on delivery during the reporting period, in relation to referrals received, activity/attended contacts delivered, patients seen, caseload, admissions, average length of stay, Quality (Serious Incidents, Complaints and Patient Experience), Workforce, Finance and Learning & Development;
3. delivery against national targets in the NHS Oversight Framework. The Trust continued to perform well against most targets except for Out of Area Placements (**OAPs**). Although there had been some improvement in Buckinghamshire OAPs, further work was needed in Oxfordshire;
4. delivery against the Trust’s own strategic objectives using the Objective Key Results (**OKRs**)and with narrative from Lead Executive Directors; and
5. highlights from the Executive Managing Directors.

***Delivery against strategic objective 1: Quality – deliver the best possible care and outcomes***The Chief Nurse referred to the slides in the report and the actions being taken in relation to the areas of underperformance (set out in more detail in the report with a description and accompanying plans or mitigations): * clinical supervision (especially with the implementation of a new Online Training Record to improve recording);
* reduction in use of prone restraint (with the launch of a large-scale Quality Improvement project to reduce the use of restrictive practice);
* improved completion of the Lester Tool for enduring serious mental illness; and
* evidence of patient-involvement in creating their care plan.

***Delivery against strategic objective 2: People – be a great place to work***The Interim Director of HR highlighted that there had been some shift from spend on agency staff towards spend on bank staff instead, which was positive. However, total flexible working usage remained unchanged. He confirmed that the PLC had reviewed the metrics in detail. He referred to the slides in the report and the following areas of underperformance (set out in more detail in the report with a description and accompanying plans or mitigations): * reducing staff sickness to 3.5%. The staff sickness rate had increased marginally from 4.08%;
* reduction in percentage of labour turnover. Turnover had remained unchanged from last month of 12% albeit the most common reason for leaving was retirement. The exit interview process had been refined and further analysis would take place to understand areas which may require particular focus;
* reduction in percentage of vacancies. He reported that international recruitment was on track to deliver 72 nurses by the end of year. Although recruitment volume was high, a large proportion was internal recruitment therefore challenges remained to maintain services; and
* appraisal/Personal Development Review compliance.

The Chief Executive asked the Interim Director of HR to check: (i) the agency spend data and the discrepancy between the covering report and the main report; and (ii) objective 2(j) and the data on number of apprenticeships as a % of substantive employees (on the scorecard slide), as there should be apprenticeships data for more directorates than just Corporate services, for example there should be some nursing apprenticeships to report upon. The Interim Director of HR and the Chief Nurse confirmed that there were indeed nursing apprentices in the Trust and an Allied Health Professionals apprenticeship was about to be launched. The Executive Managing Director for Mental Health & LD&A Services added that the Trust had also long had apprentices in the Improving Access to Psychological Therapies services. The Chief Executive asked whether proactive conversations took place within the Trust with staff about to retire, in order to discuss ways of returning to work. The Chief Nurse added that she would be happy to contact nurses about to retire to ask if they would be interested in staying with the Trust. The Interim Director of HR noted that an issue was the absence of fixed dates when people were due to retire; however, he confirmed that HR recommended that line managers have proactive conversations with staff who were considering their retirement. ***Delivery against strategic objective 3: Sustainability – make the best use of resources and protect the environment***The Deputy Director of Finance referred to the slides in the report and noted that the key issues around agency spend and workforce challenges had already been discussed. ***Delivery against strategic objective 4: Research & Education – become a leader in healthcare research and education***The Chief Medical Officer explained that once OKRs had been more developed, pending Executive approval of the Research & Development Strategy, they would be included in this reporting. He noted that the Council of Governors had received a presentation on some of the outcomes of the Research department and that work had commenced on Research OKRs. Kia Nobre referred to the strategic objective on Research & Education and noted that the pillars of research and innovation may be quite different from those of education and training; she queried their amalgamation as priorities but noted that she could discuss further outside of the meeting with the Chief Medical Officer. The Chief Medical Officer to discuss the Research & Education strategic objective in more detail with Kia Nobre. ***Highlights from the Executive Managing Directors***The Executive Managing Director for Mental Health & LD&A Services referred to the slides on Directorate highlights and drew the meeting’s attention to those services under the greatest pressure through a combination of demand, acuity and workforce pressures, where there were also high levels of vacancies and challenges around recruitment: the City team in Oxfordshire; South Buckinghamshire Older Adults; and Community Eating Disorders services across Buckinghamshire and Oxfordshire. All of these had specific action plans to try and address some of these challenges. There were pressures on Adult Eating Disorders beds and continued pressures on Child & Adolescent Mental Health Services beds; unfortunately, at any time there could be 1-2 patients awaiting a bed. Services were working hard to provide community support where possible to keep people well in the community before admission would be required. She reported that Provider Collaboratives were working well and there was some capacity to open beds in Maidenhead, with support being provided through one of the Trust’s clinical directors to assist that service with its CQC action plan. On the HOPE Eating Disorders Provider Collaborative, work was taking place to finalise the business case for review by the Finance & Investment Committee and then the Board, in private session, in September. She reported that the Trust had also been collaborating with acute colleagues in Oxfordshire and Buckinghamshire on an acute Paediatric Eating Disorders pathway and considering ways of doing things differently and learning which could be applied from other NHS colleagues. She reported that the Adult Mental Health team had also presented to the Buckinghamshire Health & Wellbeing Board, which had been well received in public session, whilst Bath, Swindon & Wiltshire services had presented to the Bath, Swindon & Wiltshire ICS partnership board. Whilst there was recognition that services were under significant pressure, there was also recognition that the Trust’s teams were doing whatever they could to address those challenges. The Executive Managing Director for Primary & Community Services reported a resurgence of activity which had been suspended during the response to COVID-19. He confirmed that plans were in place in services to manage this. He reported on risk assessment discussions around podiatry services which had been struggling with a high vacancy rate for some time and where a significant amount of routine care had been stopped during COVID-19 but which now needed to restart; discussions had been taking place with Oxford University Hospitals NHS FT colleagues in the diabetes service to manage the risk to the highest risk patients in particular, review waiting lists and reallocate staff and patients. Whilst the outcome of these discussion and actions taken had had a negative impact upon the Trust’s own performance, this had been the right thing to do for the highest risk patients and the system as a whole. He referred to the slides and the update on the Community Services Strategy, adding that a Health Overview & Scrutiny Committee meeting had taken place, setting out timelines and the engagement approach. The Oxfordshire Integrated Care Partnership board had now been established, as referred to in the Chief Executive’s report, and the Community Services Strategy had been discussed there and received support. Public engagement was due to commence in September 2021. He referred to the slides and the update on the Urgent Community Response programme. He explained that this needed to be in place by October 2021 and there was a national requirement to deliver a 2-hour community response. He noted that some of the performance indicators in the report which were triggering red-ratings provided an overly generalised perception of services as different services could have different definitions as to what amounted to ‘urgent’; however, if they were all averaged out to a 1-week definition of ‘urgent’ then more red-rated services would be indicated than perhaps was the real case. He noted that if a requirement to deliver a 2-hour community response was mandated then this would also impact upon performance. ***Feedback and discussion***The Board discussed the presentation of data in the report. John Allison commented that the way it was presented was potentially an inappropriate level of detail for the Board. Mohinder Sawhney added that she already had a conversation scheduled with the Director of Strategy & CIO to discuss data further. The Trust Chair commented that this reporting was a work in progress and an improvement on what had previously been available; the amount of time provided to it on the agenda and in discussion in the meeting demonstrated its importance. The Chief Executive agreed and noted that the Board may previously have lacked detail on some performance challenges and this reporting had developed in response to ensure that the Board was better sighted on key operational challenges. It still remained a work in progress which would evolve. **The Board noted the report.** *The meeting took a break for 10 minutes and resumed at 11:02.* | **MWr****KM** |
| **BOD 70/21**abcde | **Friends, Family & Carers Strategy** The Chief Nurse presented the I Care You Care – Friends, Family & Carers Strategy at BOD 51/2021. This set out the Trust’s vision for engaging, involving and supporting carers with the aim to work in partnership with family, friends and carers. She confirmed that it had been co-produced with carers, staff and governors and had been recommended by the Quality Committee for the Board’s final approval. She explained that post-launch, next steps would involve monitoring of the strategy’s progress through the Friends, Family & Carers Group. John Allison commented upon the driver diagram at page 3 and the aims, such as “85% of carers and families will report feeling involved” and “75% of carers and families will report feeling listened to”. He noted that it appeared to be target-setting but without setting out the rationale behind the targets/aims. The Chief Nurse replied that these had been derived from the previous baseline and feedback obtained through “iwantgreatcare”. Mohinder Sawhney commented that this was an important strategy to develop and it was reassuring that it had been co-produced with carers. However, she noted that the data sourced from a survey which had only received 45 responses was a small sample. The Chief Nurse agreed and noted that she had raised a similar challenge with the team and the team had built upon this small sample size but conducting additional work through co-production workshops which included other organisations, including a carer organisation which sourced views from the carers in its network. The Chief Executive asked if the Triangle of Care had been fully embedded in mental health services. The Chief Nurse replied that a significant amount of work on this had been done in mental health services but the challenge was to embed it into community services and work was taking place with Carers’ Champions to align with the Triangle of Care. The Chief Executive replied that the Trust could not be complacent about embedding the Triangle of Care whilst incidents still raised an issue around engagement with families. **The Board APPROVED the I Care You Care – Friends, Family & Carers Strategy 2021-24.**  |  |
| **BOD 71/21**abcd | **Finance Report**The Deputy Director of Finance presented the report at BOD 53/2021 and highlighted that the year-to-date Income & Expenditure position was a £0.3 million surplus, which was £1.2 million adverse to plan. The adverse position was driven by overspends in the Oxfordshire Mental Health Directorate and work was taking place with the Executive Managing Director for Mental Health & LD&A Services to understand this, although agency spend was anticipated to be a significant factor. Overall he expected that the Trust would meet its targets this financial year but financial pressure would impact upon its ability to fully invest the historic funding agreement back into frontline services. The Trust Chair asked about the NHS financial settlement for the second half of the financial year. The Deputy Director of Finance replied that this was not yet clear but the closer it got to the second half of the financial year, the less likely it was to change significantly although there were unknowns around COVID-19-related funding. The Trust Chair asked about pay award issues and how many staff/what percentage would be effected by pay award issues if they were on local government contracts. The Executive Managing Director for Mental Health & LD&A Services noted that this could impact staff managed under Section 75 agreements with local authorities as local authorities had not hitherto funded any Agenda For Change pay awards; this position would need to be managed through Joint Management Groups. **The Board noted the report.**  | **PM/** **MMcE** |
| **BOD 72/21**abcde | **Legal, Regulatory & Policy update report**The Director of Corporate Affairs & Company Secretary presented the report at BOD 54/2021, with supporting detail in the private Reading Room at RR/App-pvt 43/2021, and highlighted: * the passage of the Health & Care Bill and its focus on development of system working with ICSs to be put on a statutory footing. She reminded the meeting of the impact of the system upon management of the Trust’s risks and that greater system collaboration would be critical for local delivery and improving services. Performance reporting would also need to evolve to provide systemic review;
* the government’s response to the Reforming the Mental Health Act White Paper consultation. This was being monitored through the Mental Health Act Committee;
* new Mental Health Access Standards (new waiting time standards). Changes may have a disproportionate impact upon an already exhausted workforce and new rapid response targets for community services were also expected in April 2022. Board reporting would therefore need to evolve to track their impact;
* the statutory public inquiry into the government’s response to the COVID-19 pandemic would commence in Spring 2022. The Director of Corporate Affairs and Company Secretary was the Trust’s appointed inquiry lead and had commissioned the Head of Emergency Planning to collate comprehensive records for the process; and
* learning for the Trust from recent CQC inspections into other organisations. She highlighted the importance of championing governance and holding up an appropriate mirror to behaviours.

The Trust Chair asked whether regulators upon inspection would be aware that the organisation’s capacity to deliver may be impacted through absence of staff and shortage of resources to meet elevated expectations. The Director of Corporate Affairs & Company Secretary replied that although this may be taken into account, there would be no leniency for any failure to follow due processes or governance processes. The Chief Executive added that regulators would expect the Board to be well-sighted on the challenges facing the Trust, where services were stretched, where demand was at its highest and capacity at its lowest; he commented that the detail in the Integrated Performance Report was therefore relevant for the Board. The Trust Chair commented upon the development of the ICS and the Trust’s role within this and the extent to which the Board may need to adapt its conversations on ICS-related matters or invite more ICS participation. He asked to what extent there would be a voice for mental health and community services at the top tier of ICS governance arrangements. The Chief Executive replied that there would be mental health representation and he would push for this to be at top tier. Mohinder Sawhney commented that rather than ICS participation in Trust Board meetings, the Board needed to ensure adequate representation in the ICS’s governance structure, especially given the authority which the system may wield. John Allison agreed and noted that the Board may also still require private discussions. In relation to reform of the Mental Health Act, John Allison confirmed the Mental Health Act Committee’s (**MHAC**)oversight and discussions. He noted that the MHAC had also been reviewing the increasing liberalisation of treatment regimes and use of Community Treatment Orders and extended leave, noting that benchmarking had demonstrated that the Trust was somewhat of an outlier with extensive use of these processes, a conservative approach to discharge and therefore lack of capacity to admit new patients due to relatively long lengths of stay. The Chief Medical Officer added that the impact of changes to Mental Health legislation had been discussed and it had been acknowledged that the proposed changes would lead to greater liberalisation, which could impact upon delivery of services which would be relevant for the Quality Committee as well as the MHAC. **The Board noted the report.**  |  |
| **BOD 73/21**ab | **Corporate Registers: (i) application of the Trust’s seal; and (ii) gifts, hospitality and sponsorship** The Director of Corporate Affairs & Company Secretary presented the reports at BOD 55-56/2021 and highlighted that there had been an increase in instances of attempts at offering cash gifts which staff could not accept. Alternatives were offered to redirect such gifts into the Charity.**The Board received the reports.**  |  |
| **BOD****74/21**abcde | **Updates from Committees**The Board took as read the minutes at RR/App 44-48/2021 for the Audit Committee, Charity Committee, Executive Management Committee, Finance & Investment Committee, Mental Health Act Committee, People, Leadership & Culture Committee, and Quality Committee. The Trust Chair invited Committee Chairs to escalate matters from their Committees. ***Mental Health Act Committee (MHAC)***John Allison highlighted the change from Deprivation of Liberty Safeguards to Liberty Protection Safeguards, which would transfer funding responsibilities from local councils to treating organisations and potentially result in additional resourcing implications and costs for the Trust. Changes to the Mental Health Act generally would incur additional expenses and increased reliance on tribunals over the role of Mental Health Act Managers. ***People, Leadership & Culture (PLC) Committee***Mohinder Sawhney, in Bernard Galton’s absence, highlighted the working taking place on understanding the position on establishments. The situation on overall staff vacancies was also noted as improving. The Interim Director of HR added that the PLC Committee had also had a lengthy discussion on Gender Pay Gap results but there were some inconsistencies in the data which required further investigation. **The Board received the minutes and noted the further oral updates.** |  |
| **BOD****75/21**a | **Any Other Business**None. |  |
| **BOD****76/21**a | **Questions/comments from the public and governors**None.  |  |
| **BOD****77/21**ab | **Review of the meeting**The Trust Chair noted that the content and style of the Integrated Performance Report would continue to evolve. The Chief Executive noted that the lighter agenda had provided for more detailed and discursive discussion at the meeting and in relation to risk.  |  |
|  | The meeting was closed at: 11:44. **Date of next meeting: 29 September 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)
3. An officer in attendance for an Executive but without formal acting up status may not count towards the quorum – Standing Orders 3.12.2 [↑](#footnote-ref-3)
4. The Life Sciences Vision publication was provided as an Appendix to a paper to the Board meeting in private later on 28 July 2021. [↑](#footnote-ref-4)