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

**BOD 01/2022**  
(Agenda item: 3)

Minutes of a meeting held on

30 November at 09:00

virtual meeting via Microsoft Teams

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| **Present:[[1]](#footnote-1)** |  |
| David Walker | Trust Chair (the Chair)(**DW**) |
| Tehmeena Ajmal | Interim Executive Managing Director for Mental Health, Learning Disabilities & Autism (MH, LD&A) (**TA**) |
| Nick Broughton | Chief Executive (**NB**) |
| Charmaine De Souza | Chief People Officer (**CDS**) |
| Bernard Galton | Non-Executive Director (**BG**) |
| Chris Hurst | Non-Executive Director (**CMH**) |
| Karl Marlowe | Chief Medical Officer (**KM**) |
| Mike McEnaney | Director of Finance (**MMcE**) |
| Anna Christina (Kia) Nobre | Non-Executive Director (**KN**) |
| 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 | Executive Director for Digital & Transformation (**MW**)**\*** |
| Lucy Weston | Non-Executive Director (**LW**) |
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| **In attendance[[3]](#footnote-3):** | |
| Rita Bundhoo-Swift | Freedom to Speak Up Guardian – *part meeting* |
| Nadine Fidler | Specialist Practitioner – District Nursing – *part meeting* |
| Caroline Griffiths | Freedom to Speak Up Guardian – *part meeting* |
| Britta Klinck | Deputy Chief Nurse |
| Julie Pink | Head of Charity & Involvement – *part meeting* |
| Nicole Robinson | Patient and Carer Experience Coordinator – *part meeting* |
| Hannah Smith | Assistant Trust Secretary (Minutes) |
| Gerti Stegen | Consultant Psychiatrist and Director of Medical Education – *part meeting* |
| Lucia Winrow | Associate Director for Intensive Community Care – *part meeting* |
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| **Governor and incoming Board Observers:** | |
| Davina Logan | Governor: Age UK, Oxfordshire |
| Karen Squibb-Williams | Governor: Patient/Services Users, Oxfordshire |
| Andrea Young | Non-Executive Director (elect) |
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| **BOD**  **99/21**  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).  Apologies for absence were received from: (i) John Allison, Non-Executive Director; and (ii) Marie Crofts, Chief Nurse (being deputised by Britta Klinck, Deputy Chief Nurse).  The Trust Chair noted that this was the last Board meeting for Bernard Galton, Non-Executive Director and Chair of the People, Leadership & Culture Committee and thanked him for his work for the Trust. |  |
| **BOD 100/ 21**  a  b  c  d  e  f  g | **Patient/Carer Story from the Urgent Community Response (UCR) service**  The Executive Managing Director for Primary & Community (**P&C**) Services introduced the Patient Story from the UCR service. Nicole Robinson, Patient and Carer Experience Coordinator, presented:   1. the report at paper BOD 71/2021 on the background to the UCR service in the context of the National Ageing Well programme to support older people with frailties at home in their communities; 2. a supporting presentation on the UCR service requirements for a two-hour response from the team and the services and treatments which could be provided; and 3. a video of the experiences of a patient and his wife who had been supported by the service after the patient had had a fall. The service had advised on pain management, assessed the patient’s mobility and his environment, provided equipment to support him at home and referred him into community therapy services for further review. The patient’s wife had expressed her frustration at the difficulties in initially finding out about, and being put through to, the UCR service but was grateful for the support, assistance and equipment provided and now felt that they were just a telephone call away from further help when it would be required. Their worst day, when the fall had happened, had been the turning point for the patient and his wife as it had led to them being put into contact with the UCR service.     *Lucia Winrow, Associate Director for Intensive Community Care, joined the meeting*.  The Chief Executive asked what challenges the UCR service was facing. The Associate Director for Intensive Community Care replied that the UCR service was in the midst of a significant transformational programme of work which had been challenging to deliver at times due to the complexity of working across the wider system (Buckinghamshire, Oxfordshire & Berkshire West (**BOB**)Integrated Care System (**ICS**)), dealing with partners and during the pandemic when staff were also tired and finding it more difficult to adapt to change. Predicted patient demand for the service was also unknown and it was difficult to access patient activity data from other areas, estimates had therefore been based upon known activity in Berkshire.  The Executive Managing Director for P&C Services added that patients valued the opportunity to be cared from at home which the UCR service offered, whereas in the past they would have been collected by ambulance, assessed at an Emergency Department/Accident & Emergency and then processed through other care pathways which may not have been as helpful in the longer term. The UCR service represented real investment in community services and care outside of hospital and into homes. It had also presented an opportunity to work with other partners at a BOB ICS level and locally across NHS providers. Oxford University Hospitals NHS FT (**OUH NHS FT**) had also provided strong support for the expansion of the UCR service and had recognised the benefits of avoiding unnecessary hospital admissions.  The Chief Executive noted that the National Ageing Well programme was very important and the Trust should be engaged in this type of work to provide more joined up and responsive care. He commented upon the difficulty which the patient and his wife had found in navigating available services and emphasised that services needed to be provided in a more customer-focused way as it should be more straight-forward for patients to access the care which this team provided. The Trust Chair added that the challenge may be in providing services alongside other partners such as adult social services and primary care, as there could be multiple participants with both statutory and non-statutory responsibilities. However, a single point of access for services would be helpful for navigation.  Chris Hurst added that it was also challenging as: (i) services tended to be shaped over time in order to balance meeting patient needs with limited available resources; and (ii) accessibility was a widespread issue within the NHS which constantly needed to be improved. The NHS and the various services available were also large and complex. The Associate Director for Intensive Community Care agreed and noted that ambulance services could also find it difficult to understand all the various pathway options, therefore if in doubt it could be safer and easier to convey into Emergency Department services.  Lucy Weston asked about the issue of complexities in dealing with partners. The Associate Director for Intensive Community Care replied that particularly during the COVID-19 pandemic, partner organisations had been very focused upon dealing with the urgent pandemic situation; it had been challenging and complex starting the UCR pathway in the middle of that period, getting partner engagement and understanding to include it amongst their other priorities at a particularly challenging time when organisations could have competing agendas.  **The Board thanked the UCR service and the patient and his wife for having shared their experiences.**  *Nicole Robinson, Nadine Fidler and Lucia Winrow left the meeting.* |  |
| **BOD**  **101/ 21**  a | **Register of Directors’ Interests**  The Trust Chair referred to the updated Register of Directors’ Interests at RR/App 61/2021. No changes were requested and no interests were declared pertinent to matters on the agenda. |  |
| **BOD**  **102/ 21**  a  b  c  d | **Minutes of the Meeting held on 29 September 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 83/21(j) – BOB ICS priorities and development discussed at Board Seminar on 10 November 2021; * BOD 84/21(l) and BOD 68/21(l) – Demand and Capacity findings discussed at Board Seminar on 20 October 2021; and * BOD 69/21(h) – Research & Education strategic objective discussed by the Chief Medical Officer with Kia Nobre.   **Item BOD 85/21(c)-(f) – Research Conference**  The Chief Executive requested that a date for the Research Conference be set and confirmed ahead of the next Board meeting.  **Item BOD 71/21(c) – Staff impacted by pay award issues on local government contracts**  The Director of Finance confirmed that generally staff contacts were covered for the pay award but most funding for the pay award was coming from NHS England rather than from local councils and some smaller contracts were not covered. | **KM** |
| **BOD 103/ 21**  a  b  c | **Trust Chair’s Report and system update**  In addition to his report at paper BOD 73/2021, the Trust Chair reflected upon the Patient Story at BOD item 100/21(b) above and noted that being a part of the BOB ICS had been useful in providing for patient activity data from Berkshire to be shared. However, at a governance level, the BOB ICS remained a Work In Progress and there was work to be done in creating an Integrated Care Board. There was also work to do in developing relations with the ICS covering Bath and North East Somerset (**BaNES**), Swindon and Wiltshire.  The Trust Chair referred to his report and his own reappointment and that of Lucy Weston, as well as the appointment of the new Non-Executive Directors, set out therein and approved by the Council of Governors’ meeting on 25 November 2021.  **The Board noted the report.** |  |
| **BOD 104/ 21**  a  b  c  d  e  f  g  h  i  j  k  l | **Chief Executive’s Report and Community Strategy update**  The Chief Executive presented his report at paper BOD 74/2021 (with supporting detail at RR/App 62/2021) with key updates in relation to:   * the COVID-19 vaccination programme; * a staff side partnership workshop in October 2021; * Executive Director developments (with the new Chief People Officer having joined in October, substantive appointment to the post of Executive Managing Director for Mental Health, Learning Disabilities & Autism (**MH, LD&A**), the portfolio for the Executive Director for Digital & Transformation and recruitment to the new role of Executive Director for Strategy & Partnerships); * Black History Month in October; * the new Community Mental Health Hub at Saffron House, Buckinghamshire - officially opened by Sir Steve Redgrave CBE; * BOB ICS developments; and * Research & Development (**R&D**) including appointment to the role of Director of R&D.   ***COVID-19 vaccination programme***  The Chief Executive referred to recent government announcements which highlighted the importance of this vaccination programme. He confirmed that the Trust would increase capacity to deliver the booster vaccination across the local system; this would be challenging but achievable. Last weekend the Trust had increased vaccination programme capacity by 30% by extending opening hours and staffing. However, this highlighted that the COVID-19 vaccination programme may need to be moved to a more permanent footing, which would require funding and discussion with the BOB ICS leadership.  ***Executive Director developments***  The Chief Executive welcomed the Chief People Officer and the Interim Executive Managing Director for MH, LD&A Services to their first Board meeting. He confirmed that: (i) the incoming Executive Managing Director for MH, LD&A Services would join the Trust in March 2022; and (ii) that an offer had been made for the role of Executive Director for Strategy & Partnerships, which had been accepted subject to standard employment checks (the interview panel for this new role had included the Trust Chair and Mohinder Sawhney as well as the Chief Operating Officer of the Francis Crick Institute).  ***BOB ICS developments***  He noted that formal confirmation of appointments to the roles of Chief Executive of the BOB ICS and Chief Executive of the ICS covering BaNES, Swindon and Wiltshire was still awaited.  ***R&D, medical leadership and wider leadership developments***  He referred to his report and the appointment of Dr Vanessa Raymont to the role of Director of R&D. He added that: Dr Alastair Reid would succeed Dr Gerti Stegen as Director of Medical Education; Dr Kezia Lange would take the role of Deputy Chief Medical Officer for Medical & Dental Professional Standards; and Ros Mitchell would take the role of Deputy Chief Medical Officer for Quality and Safety.  He reported that the second Inspire Network event had taken place last week, as the successor to the Linking Leaders events; 200 leaders had focused upon staff wellbeing and the feedback had been universally positive and had generated ideas on what could be done further to support staff.  He also referred to the open letter from General Sir Gordon Messenger and Dame Linda Pollard, on 23 November 2021, to all those working in health and social care and setting out the approach which would be adopted to their review of health and social care leadership. He emphasised the importance of contributing to this review especially as the last 18 months had highlighted the importance of leadership at every level in an organisation such as the Trust; he noted that the Board had had conversations on strengthening leadership across the organisation.  ***Community Strategy (Oxfordshire) final principles***  The Executive Managing Director for P&C Services referred to the supporting material at paper RR/App 62/2021 which set out recommendations on the final principles of the Community Strategy, for the Oxfordshire Health and Wellbeing Board. He confirmed that the first phase of public engagement had been completed (further to three public meetings, a Council of Governors’ meeting and various staff events) and the proposed final principles had been based on feedback from the engagement exercise. There had been broad support for the direction of travel set out in the principles, especially for providing more joined-up services, more care at home and more consistency and equity of services across Oxfordshire. There was still work to do to progress data analysis work with community hospital inpatients, develop Estates and IT and a workforce plan which would be critical to deliver aspirations. The next phase would involve further public engagement.  The Trust Chair added that the Board was also hoping to meet with the board of OUH NHS FT in coming weeks and noted that relations with OUH, as the local acute provider, would be critical in delivery of the Oxfordshire Community Strategy; this strategy would also benefit OUH in managing its inpatients.  ***Disability History Month – 18 November to 18 December***  The Trust Chair noted that it was also Disability History Month and that he would be participating in activities arranged by the Equality, Diversity & Inclusion team. He thanked Mo Patel, Head of Inclusion, for his work in this area and for having got the Staff Disability Network up and running. As the Trust also provided services to people with disabilities, it was good that more widely staff could participate in such activities.  ***Board reappointments and appointments***  The Chief Executive congratulated the Trust Chair on his reappointment, approved at the Council of Governors’ meeting on 25 November 2021, along with the approval of the appointments of the new Non-Executive Directors. The Trust Chair thanked the Chief Executive and also the Director of Corporate Affairs & Company Secretary for her work in securing the propriety and fitness of postholders, noting the importance of the Fit & Proper Persons Test for all Board members.  **The Board noted the report.** |  |
| **BOD 105/ 21**  a  b  c  d  e  f | **Board Assurance Framework and Trust Risk Register (BAF & TRR) report**  The Director of Corporate Affairs & Company Secretary presented the report at paper BOD 75/2021 (with supporting detail at RR/App 63/2021) and highlighted that risk was taken seriously by the Trust and the report helped to demonstrate how the Trust was managing risk to protect and safeguard the delivery of its four Strategic Objectives. In particular she noted that Section 3 (on Risk Management, risk reviews and risk discussions at meetings) reflected some of the work taking place to make Risk Management dynamic and current, including Board Committees’ deep dives into areas of risk. The report again highlighted that the Demand and Capacity challenge was a theme impacting across BAF and TRR risks, including those relating to workforce, recruitment and waiting times; as referred to under Matters Arising at item BOD 102/21(b) above, work was taking place on Demand & Capacity.  The Trust Chair noted that there were several red-rated risks in the report and if the Board was not assured by how those were being addressed then it would need to pay further attention to the work of the Board Committees with allocated responsibility for specific risks. Lucy Weston confirmed that the Audit Committee had oversight of the operation and effectiveness of the Risk Management framework and there had been significant advances in this area recently. The Audit Committee would focus on two particular areas going forwards: (i) ensuring that risk was knitted into delivery of the strategic plan; and (ii) monitoring the effectiveness of risk mitigation measures through Board Committees.  Chris Hurst added that the national NHS funding regime brought in due to COVID-19 had reduced short term risks around financial stability because this had brought significant financial support for the NHS. As part of the response to COVID-19, the Trust had also extended its use of agency staff, by necessity. However, to address the long-term strategic challenge of staffing the services which the Trust provided, the Trust needed to be able to operate services with an affordable level of staffing under a more regular national funding regime. He confirmed that the Finance & Investment Committee was maintaining oversight on this.  Bernard Galton added that the workforce risks were linked closely to use of agency which would be considered in more detail by the Board in private session later in an item on ‘Improving Quality, Reducing Agency’. He welcomed that a project team was up and running to look at how the Trust could reduce spend on agency staff, which would help to mitigate financial and workforce risks.  The Trust Chair added that managing demand for services was also critical, especially in order to give staff some respite. He noted that the next item on Performance would also provide more detail on demand and activity.  **The Board noted the report and the focus upon the theme of Demand and Capacity.** |  |
| **BOD 106/ 21**  a  b  c  d  e  f  g  h  i  j  k  l  m  n  o  p  q  r  s  t  u  v | **Integrated Performance Report (IPR)**  The Executive Director for Digital & Transformation presented the report at paper BOD 76/2021, accompanied by supporting material at RR/App 64/2021, with:   1. a summary of performance against the Strategic Objectives; 2. key headlines, to set context on delivery during the reporting period, in relation to referrals received, patient activity/demand, admissions, average length of stay, waiting times, Quality (Patient Safety 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**). Admission capacity across both Buckinghamshire and Oxfordshire had been impacted by COVID-19 and there had been a particular increase in OAPs in Oxfordshire; 4. delivery against the Strategic Objectives using the Objective Key Results (**OKRs**)and with narrative from Lead Executive Directors; and 5. highlights from the Executive Managing Directors.   The Executive Director for Digital & Transformation highlighted that there were 11 confirmed COVID-19 positive patients on inpatient wards and approximately 45 staff reported as off sick for a reason related to COVID-19; by comparison at the peaks of COVID-19 waves 1-2, up to 250 staff were at times reported as off sick. The Trust Chair asked whether staff were required to wear full Personal Protective Equipment (**PPE**) on wards. The Deputy Chief Nurse confirmed that they were wearing full PPE and that nothing had changed in terms of following main Infection, Prevention & Control (**IPC**) guidance but some new guidance had recently been received from NHS England in the form of some measures which organisations may wish to take, depending upon local conditions, thereby handing back some responsibilities to local trusts to make their own decisions on IPC. The Trust was holding regular outbreak meetings, evaluating all IPC measures and considering the impact on visiting.  The Executive Director for Digital & Transformation highlighted that referrals were up by 7% compared to pre-pandemic levels, with particular increases in emergency and urgent referrals which were therefore impacting upon routine waiting times. There had also been significant increases in activity levels in Adult Mental Health services in Buckinghamshire and Oxfordshire, with approximately 30% directly linked to adopting new ways of working (telephone/digital consultations) and Quality Improvement activity to improve delivery of services. Admissions to wards were below levels in previous months. Length of stay had also reduced, except in Older Adult Mental Health wards primarily linked to four particular patients with very long lengths of stay.  ***Delivery against Strategic Objective 1: Quality – deliver the best possible care and outcomes***  The Deputy Chief Nurse referred to the slides in the report and explained that clinical supervision completion could not be reported at present due to the move to the new Online Training Record (**OTR**) which had impacted upon staff ability to record supervisions; the new OTR was being relaunched in December and a new Trust Supervision Lead had started in post in the last two months and would be supporting the relaunch.  She referred to the slides in the report and the actions being taken in relation to the reportable areas of underperformance (set out in more detail in the report with a description and accompanying plans or mitigations):   * improved completion of the Lester Tool for people with enduring serious mental illness – historically an area of underperformance but steady improvement had been made more recently to get closer to the target for Community teams and to exceed the target for Early Intervention teams; * ethnically diverse representation across all pay bands – the Trust was getting closer to the target of 19% (currently at 18.8%); and * clinical staff in non-learning disability services having completed internal eLearning on autism – progress which had been made had been overtaken by the national decision to rollout the Oliver McGowan Autism training pilot which had then resulted in internal training being put on temporary hold. However, as the Trust was part of the national pilot it would be amongst the earliest pilot sites in deploying it.   ***Delivery against Strategic Objective 2: People – be a great place to work***  The Chief People Officer explained that although the indicator at 2(b) in the report, on reducing agency usage to NHS England/Improvement target level, was green-rated and on target, this excluded COVID-19 spend and overall Trust agency spend was still running high. The impact of high agency costs upon workforce and finance had already been referred to in this meeting and were also apparent in this report. In addition to the comments made by Bernard Galton at item BOD 105/21(d) above, she confirmed that the programme of work to reduce agency was well underway and she and the Chief Nurse had chaired two programme meetings to progress this since the summer; supporting programmes had also been set up to improve use of e-rostering, position the Trust as an employer of choice and increase use of permanent staff on the internal staff bank so as to reduce use of external agency staff.  She 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% over 2021/22 – although sickness absence had reduced slightly to 5.8%, this was still higher than the 3.5% target. However, it may be necessary to review how and when the target was set as 3.5% may have been set a long time ago and may need review. The Trust had sickness policies and processes, its Occupational Health Department and the GoodShape service (formerly First Care) was now working well and offering services to help staff to return to work and to support managers to undertake quality return to work interviews; and * reduction in % labour turnover – although early turnover (staff leaving within the first year of employment) had reduced, staff turnover remained unchanged. A new exit interview questionnaire had been launched earlier in the year and managers were prompted to use this as they prepared staff for their departures.   ***Delivery against Strategic Objective 3: Sustainability – make the best use of resources and protect the environment***  The Director of Finance referred to the slides in the report and highlighted the favourable working capital position and performance against the financial plan, noting that the overall financial position was good and that cash levels were higher than pre-pandemic. Although the Buckinghamshire directorate was financially performing well and forensic services were managing adequately, other areas were however slightly behind plan: Oxfordshire, BaNES and Learning Disabilities which had experienced cost consequences of some particularly complex patients. He referred back to the introduction to Performance at item BOD 106/21(a) above and explained that high use of OAPs was not ideal not only for patients and their families but also for finances as there was a significant cost implication to paying for beds outside of the Trust. There were also significant cost consequences to using external agency staff who could be 25% more expensive than internal staff. Work was taking place to reduce both OAPs and external agency spend.  He referred to the slides in the report and the on-target performance of the Estates OKRs. He explained that although the Trust was on target as having achieved 75% of the estate at a ‘condition B’ rating, the long term goal was to achieve 100% at ‘condition B’ (he explained that ‘condition A’ was generally only applicable to brand new facilities); no sites had slipped to a ‘condition D’ rating and those which were at ‘condition C’ were acceptable although ideally should do better. He confirmed that the Trust was also on track in delivering estates-related Co2 reduction by 2025, towards an ultimate goal of net zero by 2030.  ***Delivery against Strategic Objective 4: Research & Education – become a leader in healthcare research and education***  The Chief Medical Officer updated the Board that: (i) further to the update under Matters Arising at item BOD 102/21(b) above, he had discussed this Strategic Objective with Kia Nobre; and (ii) the Quality Committee had recently discussed the potential OKRs which could be reported against for this Strategic Objective, including recruiting participants into portfolio studies, numbers of portfolio studies running and involving more people in Research and Education activity. The work on developing the OKRs was not yet ready for the Board and would be reported next into the Quality Committee.  ***Highlights from the Executive Managing Directors***  The Executive Managing Director for P&C Services referred to the slides in the report and highlighted pressure around some community-based services such as District Nursing which were seeing unprecedented levels of demand driven by increasing complexity and ageing of the population (unrelated to COVID-19 but driven by factors coming together in the wake of the pandemic). Immediate actions had been put in place for areas under most pressure, such as increasing monitoring and meetings with clinical directors to review short-term staffing issues, with longer term Quality Improvement approaches to turn around services. He had also met with the Chief People Officer to develop recruitment drives/campaigns for these services. There was extraordinary demand compared to capacity and some historic issues to deal with.  The Interim Executive Managing Director for Mental Health & LD&A Services reported that she had been extremely impressed by the positive team energy, despite a weary workforce in the wake of the pandemic. She agreed that a number of areas were feeling the pressure of patient acuity and after 18 months of such pressure she and the Clinical Director were spending more time with ward and community teams. There also continued to be pressure to achieve waiting times and she reported that contact was being made with the BOB ICS lead to discuss how this could be improved. Work was also taking place to challenge the ambitions of the Children’s strategy in Oxfordshire and consider how all services could work well together.  The Chief Executive referred to the report and the apparent decrease in activity in relation to Minor Injuries Unit (**MIU**) and Out Of Hours (**OOH**) performance, noting that the challenge may be what more could be done to use that resource more effectively. The Executive Managing Director for P&C Services replied that he would review that data as it did not necessarily align with his understanding as activity was peaking in the evenings and there were space and capacity issues and staffing challenges further reducing capacity; the aim was also to maximise use of MIU and OOH services.  ***Feedback and discussion***  The Board discussed the data in the report. Mohinder Sawhney acknowledged the improvements in the reporting and asked when work would take place to establish an accurate budgeted staffing establishment, so as to be clearer on the staffing shortfall. The Chief People Officer replied that there was a workstream looking at budgeted staffing establishment, particularly for nursing as part of the ‘Improving Quality, Reducing Agency’ work, which would be set out in more detail in the Board’s private session later this afternoon. The Director of Finance added that staffing establishments were being clarified, especially in relation to inpatient wards, and would be included in the budget for next financial year.  Mohinder Sawhney asked what the Chief Executive’s response was to 75% of the Trust’s contractual Key Performance Indicators (**KPIs**) being met. The Chief Executive replied that although his expectation was that the Trust should meet 100% of its contractual KPIs, 75% performance reflected the challenges being experienced and which was not unusual. Against comparable organisations the Trust was performing well and current performance was reasonable given the unprecedented challenges the Trust had faced over the last 18 months and was continuing to face. The Executive Director for Digital & Transformation added that the Trust had been discussing contractual KPIs with commissioners and highlighting that they reflected previous contractual arrangements and the post-pandemic world was now very different and requiring of resource being directed into areas which the Trust had not been formally contracted to provide. Therefore, a complete review of the Trust’s contracted KPIs should be required as there were far too many and not necessarily focused in the right areas. However, the current suite of contracted KPIs still needed to be included in the Integrated Performance Reporting as a commitment had been made to present them to the Board meeting in public.  Mohinder Sawhney referred to OAPs and noted that they were driven by 2 factors: physical limitations upon the estate to provide for safe social distancing during the pandemic (which could not be fixed in the short term); and staffing challenges (which were more in the Trust’s control). She asked what quantum related to staffing challenges where some different choices could be made which could reduce OAPs. The Interim Executive Managing Director for Mental Health & LD&A Services replied that although space and staffing challenges had an impact upon OAPs, they were not the whole story as there could also be patterns of over-use across pathways and a need to carefully review who was admitted and how they were supported at discharge. Some particularly complex patients with complex needs were also likely to need an OAP if they required services which the Trust did not provide.  Mohinder Sawhney referred to Estates maintenance and asked what underlying financial commitment was in place or what trade-offs were expected so as to ensure that this maintenance did not fall further behind. The Director of Finance replied that, in relation to funding for Estates maintenance, the Trust had a limited amount of capital which it was allowed to spend as spending was constrained across the BOB ICS and would continue to be constrained next financial year as well. However, the Trust’s Estate was in a better condition than that of some other BOB ICS organisations which had more significant backlog maintenance. The Trust was on-track, having achieved 75% of the estate at a ‘condition B’ rating, and although the aim was to achieve 100%, this had to be managed within the constraints of capital programmes.  The Executive Director for Digital & Transformation added that he had now taken over Executive responsibility for Estates as part of his new portfolio and would be conducted site visits, reviewing ratings and considering where investment in change could be prioritised; a new Estates Strategy, aligning with the broader Trust Strategy, was also being considered for development. The Chief Executive noted that historically the NHS had not focused as much attention or resource on the quality of estates and had only recently started to appreciate the importance of a decent working environment for its workforce. The Trust needed to be more proactive in its approach and it needed to be a priority to ensure that it had the best possible environment from which to deliver care. Mohinder Sawhney noted that there may be an opportunity for the Trust to be more searching in its management of its Estate and if plans being developed were not effective mitigation then it may need to face making a trade-off at some point.  Lucy Weston noted that it was useful to see the benchmarking data in the report, at page 18, but asked: (i) whether this was a final data set or constantly evolving; and (ii) for analysis of the data on Adult Community Health Teams and the total number of patients on the caseload at month end (the Trust’s figures were lower than the national average). The Executive Director for Digital & Transformation replied that the Trust had improved its relationship with NHS benchmarking and was working on ensuring that it compared more like-for-like data; it did not necessarily want to compare directly with what others were doing but as this work progressed and more applicable national or regional metrics became available they would be included in this reporting.  Bernard Galton agreed that the reporting had improved and noted that it was reassuring to see the work the Chief People Officer was undertaking. However, he noted that compliance with appraisals, supervisions and training courses seemed to have decreased which may be a concerning trend. He acknowledged that review of these areas was being picked up through the People, Leadership & Culture Committee but noted that not much progress appeared to be being made and there may need to be plans to address this. The Deputy Chief Nurse replied that compliance and recording of compliance had been impacted by a number of factors including: the ‘all hands to the pumps’ approach which had been required in order to respond to COVID-19; and the new OTR system, which had required very quick implementation in order to address the issue of the previous OTR system having been subject to a viral attack and in order to protect its information. There had therefore been a recording issue with the OTR system but mitigations had been put in place for core training (such as resuscitation and clinical risk management assessment) and the new OTR was expected to reach full functionality by mid-December. Bernard Galton asked if there was a date by which improvement could be expected. The Deputy Chief Nurse replied that this was not yet known. The Chief Medical Officer confirmed that mitigations had been put in place around core quality matters and that appraisals and support for staff were also an essential part of the response to COVID-19 which had, therefore, been taking place. The issue may be with the recording and reporting of these.  Bernard Galton explained that the People, Leadership & Culture Committee was reviewing these aspects of Learning & Development but he wanted to ensure that the issues were given Board-level exposure. The Chief Executive agreed that these were appropriate matters for the Board’s scrutiny. He referred to his report at item BOD 104/21(e) above and the appointment of Dr Kezia Lange as Deputy Chief Medical Officer for Medical & Dental Professional Standards, noting that this would help to ensure effective professional standards and processes in place for medical and dental staff. He supported: (i) attention to recording of these practices, as a key indicator and proxy measure of quality which should also be scrutinised through directorate performance meetings; and (ii) a rigorous approach to improving performance.  **The Board noted the report.** | **BR/ MW** |
| **BOD 107/ 21**  a  b | **Vaccination reports (flu and COVID-19)**  The Deputy Chief Nurse and the Chief Medical Officer presented the reports at papers BOD 77(i)-(ii)/2021 on: (i) the staff flu vaccination programme; and (ii) the COVID-19 vaccination programme including management of the mass vaccination centres. The Deputy Chief Nurse reported that the Trust was performing better than last year on flu vaccination of frontline staff (currently 49% compared to 42% this time last year) and the Community Services Directorate was performing particularly well at 68%. The Chief Medical Officer added that governance of the COVID-19 mass vaccination centres was being robustly monitored. Although the side effects profile from COVID-19 vaccinations was minimal, a number of incidents had been reported of staff in the vaccination centres being verbally abused and certain lobbying groups attending the centres. He reported that staff were being robust in response. The Trust Chair commented that this was concerning and should be noted and monitored.  **The Board noted the reports and the concerning incidents of staff being subject to verbal abuse at COVID-19 mass vaccination centres.**  *The meeting took a break for 10 minutes and resumed at 11:00*. *The Director of Medical Education joined the meeting*. |  |
| **BOD 108/ 21**  a  b  c  d  e  f  g | **Draft Clinical Strategy 2021-2024 – clinical priorities and ways of working**  The Chief Medical Officer presented the report at paper BOD 78/2021 and noted that the draft Clinical Strategy was being developed through various governance and leadership forums. He referred to the report and explained that the aim was to align the Clinical Strategy with a range of internal and external factors, including the NHS Long Term Plan and the Trust Strategy, and seek to address goals around integrated care and health inequalities. Four clinical priorities were proposed in relation to: children and young people’s services - integration; ageing well – flourishing; offender pathway; and responsiveness to crisis. He noted that children and young people’s services were a priority for prevention, piloting new approaches, addressing gambling and gaming and removing barriers to access earlier treatment. These also linked with the work taking place on the Community Strategy and a single point of access. More important than setting a strategic direction however was developing an effective culture and new ways of working, as set out in the report and linking with the Trust’s People Plan.  The Trust Chair asked whether the evidence and research-based work of the Trust should be more explicitly referenced, especially as this was part of the Trust’s distinctive offering. The Chief Medical Officer replied that he would cover this separately through the R&D Strategy, with a focus upon the work of the Biomedical Research Centre.  Lucy Weston supported the approach and commended the report. She suggested:   * a more holistic approach to the priority in relation to children and young people’s services, with links to broader public services and the social care system, noting that the child/young person should be at the centre with services wrapping around them; * a life chances pathway as the offender pathway could be a part of that; * considering the burden on patients to access services, especially in times of limited resources or when navigating a complex system, as illustrated by the Patient Story at item BOD 100/21; and * whilst acknowledging that workforce transformation may require the Trust to stop trying to recruit to roles it recognised were not available and instead consider more adaptation from teams across organisational boundaries, the Trust may also need to recognise that some roles also did not exist even across organisational boundaries. Instead, the Trust may need to be even more transformative and consider how to use different disciplines.   Mohinder Sawhney congratulated the Chief Medical Officer on an enjoyable read and agreed with the direction of travel, in particular sharing the burden differently with patients and considering how much the Trust would take on navigation of the wider system for patients and how much patients should be asked to understand processes and the wider system. She noted that the development of the Clinical Strategy would also be relevant for the work of the People, Leadership & Culture Committee to ensure that organisational development, leadership and cultural development would support the implementation of the strategy.  Chris Hurst referred to the final new way of working in the report, on the Trust being a system influencer and integrator. To make progress with this the Trust would need to be able to influence and coordinate efforts with other organisations and it would be worth spending regular time to ensure that there were joined-up messages whenever the Trust interacted with partners, as repetition and consistency were impactful.  The Director of Medical Education added that education needs should also be considered alongside research and Quality Improvement as these could all positively influence the provision of best patient care.  **The Board noted and supported the development of the Draft Clinical Strategy and looked forward to a future iteration.** |  |
| **BOD 109/ 21**  a | **Reflections from Bernard Galton, Non-Executive Director**  The Trust Chair invited Bernard Galton to make any final reflections upon People/HR matters and his time at the Trust. Bernard Galton thanked the Trust Chair and for his kind words at the Council of Governors’ meeting. He noted that it had been a privilege to be part of the Trust’s journey and that chairing the People, Leadership & Culture Committee had been a highlight; he also emphasised the importance of joint membership with the Quality Committee, noting its strong links with the work of the People, Leadership & Culture Committee. He thanked his colleagues on the Board and the wider supporting teams and acknowledged the talented and dedicated staff of the Trust. The Trust Chair thanked Bernard Galton. |  |
| **BOD 110/ 21**  a  b  c  d  e | **Medical Education update**  The Director of Medical Education tabled a report to the meeting and provided an oral update. She noted that achievements in Medical Education during her tenure had been a team effort and she highlighted: undergraduate and postgraduate training delivered with an increased number of placements available; a separate budget line now established for the Oxford Medical School; restructuring of Medical Education to improve clarity of remits and communication with services; and managing the educational needs of an increased number of SAS doctors (staff grade, associate specialist and specialty doctors). However, there were still next steps to achieve in the delivery of undergraduate and postgraduate training which she would discuss with her successor as part of her two-month handover period.  In conclusion and for future focus, she emphasised the importance of: protecting the time of trainers and trainees; establishing an Education Centre to facilitate development of Toronto-style multidisciplinary education; and being accountable for funding received.  The Chief Medical Officer thanked the Director of Medical Education and commended her impact upon training not only for medics but also for other clinical professionals.  Lucy Weston thanked the Director of Medical Education and asked the Chief People Officer for confirmation that medical/clinical education was firmly embedded in the wider People Plan. The Chief People Officer confirmed that it was and that she and the Chief Medical Officer were discussing how to put Medical HR on a stronger footing. The Director of Medical Education added that resourcing a sustainable administration function within Medical HR would also have a key positive impact upon the onboarding process for trainees, noting that although the Trust was the largest local provider of mental health care training, it lacked a Medical Education Manager. The Chief Executive thanked the Director of Medical Education for having provided solid foundations upon which to build and agreed that resourcing was key in order for the Trust to become an exemplar in this area and an attractive option to retain trainees.  **The Board noted the update and thanked the Director of Medical Education for her efforts and tenacity**  *The Director of Medical Education left the meeting.* |  |
| **BOD 110/ 21**  a  b  c  d  e  f  g  h  i  j  k | **Freedom to Speak Up Guardian(s) report**  The Chief Executive introduced the Freedom to Speak Up Guardians, Rita Bundhoo-Swift and Caroline Griffiths, to the meeting and explained that he was the Executive lead for Whistleblowing whilst Christ Hurst was the Non-Executive Director lead. He emphasised the importance of Freedom to Speak Up processes as part of becoming an outstanding organisation, with an open and learning culture, able to identify issues quickly, analyse them effectively and then resolve them. The advent of two Guardians in the role also helped to improve accessibility for staff, improve intelligence for the organisation and feed into leadership development.  Caroline Griffiths and Rita Bundhoo-Swift presented the report at paper BOD 79/2021 (with supporting material at RR/App 65/2021) and presented a video on the aims and work of the Freedom to Speak Up Guardians. Caroline Griffiths summarised that over the course of the year, more concerns had been raised than previously but the themes were not new around behaviours, lack of leadership, staff shortage and staff wellbeing (in the face of increased workload and patient demand, leading to staff feeling unable to provide the care that they wanted to provide). There were however more concerns around worker safety compared to patient safety. Rita Bundhoo-Swift added that, in relation to leadership and management concerns, staff tended to approach the Guardians when they had already raised their concerns with their line manager but felt that they had not received feedback or that no action had been taken. Caroline Griffiths noted that the Guardians had, however, received good support from colleagues and directors when investigating and had often found that concerns which had been raised were being addressed but that staff were not necessarily aware or on some occasions it had not been possible to share this information as it was HR-related and confidential.  The Chief People Officer welcomed the report and acknowledged that more could potentially be done to triangulate and feedback on the data without breaching staff confidentiality. She noted that she had two Heads of HR services who would be keen to cement working relationships further with the Guardians.  The Chief Medical Officer asked how the strong the links were between the Guardians and student groups, especially in training environments where trainees could feel beholden to their trainer. Rita Bundhoo-Swift replied that raising awareness training took place at induction and the Guardians also connected with the universities to support students in raising concerns; although there was still work to do here, progress was being made to encourage learners to be able to raise concerns.  Lucy Weston noted that the report made for difficult but important reading as none of the issues were new but they demonstrated that there was more work to do in order to develop into an listening organisation which could make improvements from listening. She commented that there could be dangers in listening if the organisation did not then respond and deliver and she asked how the organisation could improve and who responsibility sat with.  The Chief Executive replied that responsibility sat with him and that this would require organisational change and cultural improvement (which was the number one priority for him) for the Trust to become an organisation that valued, engaged and empowered people. The Trust needed to become more agile and dynamic, and demonstrate that it responded to feedback in a timely way.  Caroline Griffiths added that there was also an element of needing to be clear and consistent with staff and respect the sometimes emotional responses which staff had to having their teams or directorates restructured and feeling like their jobs did not mean anything. She noted that directorate and service leads could perhaps be reminded of the importance of reiterating to staff why changes were happening, what these meant and reassuring that these did not necessarily mean that jobs were at risk.  The Interim Executive Managing Director for MH, LD&A Services added that management should not necessarily be dismayed that some staff used Freedom to Speak Up as an approach, especially as some junior staffing levels could be quite hierarchical and these mechanisms could help individuals to raise or flag issues above the level of their immediate teams. Caroline Griffiths added that some concerns were also being raised by staff at senior levels.  The meeting discussed what proactive approaches could be taken to address issues before relationships deteriorated. The Deputy Chief Nurse noted the importance of doing this as this would impact upon the quality of patient care. Rita Bundhoo-Swift replied that the Guardians had also seen evidence of supportive conversations taking place, timely challenge of inappropriate behaviours and regular supervision and debrief meetings in some teams (whereas other teams became so busy that supervision rates decreased). Bernard Galton added that appraisals and regular performance management could also be key to provide staff with opportunities to talk and to give and receive feedback.  The Trust Chair thanked the Guardians for their work and emphasised the importance of their work and findings for the Trust.  **The Board noted the work undertaken across the year by the Freedom to Speak Up Guardians and confirmed that it was assured that the present structures of the role supported the Trust’s Strategic Objectives on the themes of Quality and People, in relation to speaking up about the safety of patients and colleagues.**  *Rita Bundhoo-Swift and Caroline Griffiths left the meeting.* |  |
| **BOD 111/ 21**  a  b  c  d | **Finance Report**  The Director of Finance presented the report at BOD 80/2021 and highlighted that Income & Expenditure performance was £0.9 million more favourable than planned, despite a reduction in the amount of funding provided for the COVID-19 response in the second half of the financial year. He was fairly confident that the positive financial position could be maintained and the overall forecast had therefore been amended for the full year from a break even position to a £1 million surplus. However, he emphasised that when the current national financial regime supporting the NHS during the pandemic was unwound then there would be an underlying deficit which the Trust would need to address. There would therefore be constraints upon the Trust’s finances in future financial years.    Chris Hurst commented upon the high level of agency spend and the cost of OAPs. Although the in-year financial position was better than expected, there were underlying operational pressures which were a reflection of matters discussed during this meeting and which the Trust could not afford to be complacent about.  Mohinder Sawhney cautioned that if the Trust were to act to change leadership capability and culture, this would require investment. Without investment, improvements could not be realised. Some savings may have to be frontloaded in order to change the underlying cultural position.  **The Board noted the report.** |  |
| **BOD 112/ 21**  a  b  c | **Charity and Involvement Team impact report**  The Head of Charity & Involvement joined the meeting and presented the report at paper BOD 81/2021 (with supporting material at RR/App 66/2021). She highlighted the additional capacity and funding which the Charity & Involvement Team contributed to the Trust as well as the work which had taken place to aid recovery, improve environments, increase engagement and improve staff morale. Next steps would involve the development of the Charity Strategy, support more volunteer projects develop more youth boards together with partners.  The Trust Chair confirmed that the Board would support development of the Charity Strategy and reminded the Board of its role as Corporate Trustee of the Charity, with statutory and moral duties to get involved. Lucy Weston endorsed the extraordinary work of the small team over a challenging 18 months, which had seen the profile of the Charity and volunteering activities raised to previously unseen levels. She noted that there was enormous potential that could be realised through this work. The Director of Corporate Affairs & Company Secretary added that when she had joined the Trust there had been no one leading on the Charity and volunteering and it was remarkable what had been able to be achieved and the positive impact upon staff morale and patient experience.  **The Board noted the report and confirmed its support for the future Charity Strategy development.**  *The Head of Charity & Involvement left the meeting.* |  |
| **BOD 113/ 21**  a  b | **Legal, Regulatory & Policy update report**  The Director of Corporate Affairs & Company Secretary presented the report at paper BOD 83/2021 (with supporting detail at RR/App 67/2021) and reminded the Board of:   * risks around large scale procurement exercises, especially around fines and penalties; and * the importance of listening to staff and acting upon concerns, as already discussed at this meeting but also in relation to the Duty of Candour and risks around failing to make improvements after a Care Quality Commission inspection.   **The Board noted the report.** |  |
| **BOD 114/ 21**  a  b  c  d | **Emergency Planning, Resilience and Response (EPRR) annual report**  The Trust Chair reminded the Board that colleagues put significant work into assuring the safety of the Trust by providing and supporting the Emergency Planning function; the brevity of conversation at this meeting should in no way reflect negatively upon the importance of this function. The Director of Corporate Affairs & Company Secretary presented the report at paper BOD 82/2021 and highlighted the emergency preparedness work which had taken place in response to COVID-19, Brexit, extreme weather and fuel shortages. She thanked the Emergency Planning Lead and also thanked John Allison, as Non-Executive Director lead for EPRR, for his significant contribution to the annual review and this report. The Board could therefore be assured that the self-assessment which had been prepared was substantially compliant with requirements.  Mohinder Sawhney acknowledged the amount of work which had taken place and asked about the opportunities for learning from the experience of COVID-19 and the way in which the Trust could plan for emergencies. The Director of Corporate Affairs & Company Secretary confirmed that much learning had taken place across the Trust from its COVID-19 experiences, from new ways of working digitally to emergency preparedness which had tested the Trust’s command and control structures and the way in which it operated as part of a wider system. The Trust could be proud of teams’ resilience and its local response but there was wider learning which needed to be felt regionally and nationally, especially as the wider system was still evolving.  The Chief Executive added that it was not sustainable for staff to be regularly working to extremes as when more challenging times came or a crisis occurred this strained them even further; adequate emergency planning and response was core to ensuring the viability of Trust services and its ability to meet future challenges.  **The Board APPROVED the EPRR core standards self-assessment as described in the report.** |  |
| **BOD 115/ 21**  a  b | **Corporate Registers: (i) application of the Trust’s seal; and (ii) gifts, hospitality and sponsorship**  The Trust Chair noted that the reports at papers BOD 84-85/2021 were taken as read.  **The Board received the reports.** |  |
| **BOD**  **116/ 21**  a  b  c  d  e  f | **Updates from Committees**  The Chief Medical Officer noted that the work of the Guardian of Safe Working Hours had been reviewed through the People, Leadership & Culture Committee at its meeting on 21 October 2021 and there were no escalations for the Board.  The Board took as read the minutes at RR/App 68-72/2021 for the Charity 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)***  The Chief Medical Officer noted that the MHAC was in the process of reviewing and amending its Terms of Reference.  ***Audit Committee – 15 September 2021***  Lucy Weston provided an oral update and reported that the Audit Committee had received:   * a high-risk rated report around Health & Safety (the rating was not due to a single highly rated risk but the number of medium rated risks). Remedial actions were being monitored; and * a medium-risk rated directorate risk review into forensic services, which had highlighted common themes from the other directorate risk reviews over the past three years in relation to mandatory training and the safer staffing system. The Audit Committee would discuss in more detail what actions could be taken to address the cross-cutting themes.   **The Board received the minutes and noted the further oral updates.** |  |
| **BOD**  **117/ 21**  a | **Any Other Business**  None. |  |
| **BOD**  **118/ 21**  a  b | **Questions/comments from the public and governors**  Davina Logan commented positively upon the amount of concern and time which had been spent on staffing issues and patient care. She noted that the use of electronic virtual appointments to see patients had significantly increased and asked how much rigour there was around assessing the benefits of virtual appointments, as opposed to face to face appointments, for patients. The Executive Director for Digital & Transformation replied that the Trust was participating in studies currently taking place to assess this. The initial feedback from clinicians had been that there was a role for digital consultations but it may not be a primary role; however, healthcare organisations needed to use these because of the circumstances they were in due to COVID-19. The Chief Medical Officer added that feedback from memory clinics and in relation to patients with dementia had been more positive from those patients and carers, although there were nuances and some who still preferred to be seen face to face.  Karen Squibb-Williams referred to the Draft Clinical Strategy and noted that there may be more of a connection between the priority for children and young people and the priority for the offender pathway. She noted that instances of school exclusion could be predictive of future requirements for support. |  |
| **BOD**  **119/ 21**  a | **Review of the meeting**  The Trust Chair reminded the meeting that he welcomed comments on the meeting and agenda, including contact out-of-session. He informed the meeting that the usual separate private session of the Board would follow so as to consider commercially confidential or personally identifiable matters. He reassured Governors observing that he gave a verbal update to the Lead Governor on the private session. |  |
|  | The meeting was closed at: 12:31  **Date of next meeting: 26 January 2022** |  |

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)