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

**BOD 09/2022**  
(Agenda item: 3)

Minutes of a meeting held on

26 January 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**) | | |
| John Allison | | Non-Executive Director (**JA**) | | |
| Nick Broughton | | Chief Executive (**NB**) | | |
| Marie Crofts | | Chief Nurse (**MC**) | | |
| Charmaine De Souza | | Chief People Officer (**CDS**) | | |
| 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 appointee of the University of Oxford (**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)** | | |
| Philip Rutnam | | Non-Executive Director (**PR**) | | |
| Mohinder Sawhney | | Non-Executive Director (**MS**) | | |
| Martyn Ward | | Executive Director for Digital & Transformation (**MW**)**\*** | | |
| Lucy Weston | | Non-Executive Director (**LW**) | | |
| Andrea Young | | Non-Executive Director (**AY**) | | |
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| **In attendance[[3]](#footnote-3):** | | | | |
| Nicola Gill | | Executive Project Officer (Minutes) | | |
| Hannah Smith | | Assistant Trust Secretary (Minutes) | | |
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| **Governor Observers:** | | | | |
| Jonathan Cole | | Governor: Patient/Service Users Oxfordshire | | |
| Anna Gardner | | Governor: Public Buckinghamshire | | |
| Nyarai Humba | | Governor: Patient/Service Users/Carers | | |
| **BOD**  **01/22**  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).  There were no apologies for absence.  The Trust Chair reminded the meeting that the meeting in public would be followed by a private session of the Board, in order to transact confidential items, but he would as usual provide an update on it to the Lead Governor afterwards. | |  |
| **BOD**  **02/22**  a | **Register of Directors’ Interests**  The Trust Chair referred to the updated Register of Directors’ Interests at RR/App 01/2022. No interests were declared pertinent to matters on the agenda. | |  |
| **BOD**  **03/22**  a  b | **Minutes of the Meeting held on 30 November 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:   * BOD 102/21(c) – the Trust Research Conference will take place on 04 May 2022; * BOD 106/21(m) – Minor Injuries Unit (MIU) activity – revised data provided in the Summary of Actions document; and * BOD 71/21 (c) impact of pay award on local government contracts had been evaluated. | |  |
| **BOD 04/22**  a  b  c  d | **Trust Chair’s Report and system update**  The Trust Chair provided an oral update. He drew the Board’s attention to the supporting reports in the Reading Room/Appendix to the Board papers, which provided useful further information although they may not be subject to formal discussion during the meeting; in particular he highlighted: the Mental Health Act Committee annual report; the Legal & Regulatory report; and the progress update on the ongoing collaboration between the Trust, the University of Oxford, the University of Toronto and the Toronto Centre for Addiction and Mental Health.  He reported that Javid Khan had been confirmed as the Independent Chair of the Buckinghamshire, Oxfordshire and Berkshire West (**BOB**) Integrated Care System (**ICS**) and he hoped to be able to introduce himself to local trusts soon. There were also new Chairs of Buckinghamshire Health Care NHS Trust and South Central Ambulance Service NHS FT. These were all important partner organisations for the Trust, together with the Bath and North East Somerset, Swindon and Wiltshire Partnership ICS and local universities.  He reminded the meeting that a joint Board and Council of Governors Strategy/Development session was planned for 16 February 2022 and invited feedback on how best to use the time to explore good working relationships between Non-Executive colleagues and Governors.  **The Board noted the oral update.** | |  |
| **BOD 05/22**  a  b  c  d  e | **Chief Executive’s Report and COVID-19 update**  The Chief Executive took his report as read, at paper BOD 03/2022 (with supporting detail at RR/App 02/2022 on the Toronto - Oxford Psychiatry Collaboration).  He highlighted that although the COVID-19 situation was improving, the pandemic was still very evident and the REACT Community Pro-Virus testing programme had identified that 1 in 23 of the population were likely to be COVID-positive and 99% of positive cases were for the Omicron variant. Infection rates remained high and whilst numbers of patients with serious illness had not significantly increased, many staff and their families were still affected directly or indirectly by COVID-19. It continued to pose significant operational challenges.  Further to his report, and progress against the Trust’s Strategic Objective 2 (be a great place to work), he highlighted that the Trust:   * would be celebrating LGBT+ History Month in February with a programme of live events; and * had appointed its first substantive Consultant Occupational Physician. This appointment reflected the Trust’s commitment to supporting the emotional and physical wellbeing of the workforce.   Further to his report, and progress against the Trust’s Strategic Objective 3 (make the best use of our resources and protect the environment), he reported that:   * electric vehicle charging points were being installed at Trust Headquarters, reflecting the Trust’s commitment to being an environmentally sustainable organisation; and * the Tiny Forest initiative had commenced on the Littlemore site with approximately 600 trees planted in December 2021, as set out in more detail in the report, which was a visible statement of the Trust’s commitment to reduce its carbon footprint.   **The Board noted the report.** | |  |
| **BOD 06/22**  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) and COVID-19 update on performance**  The Executive Director for Digital & Transformation presented the report at paper BOD 04/2022, accompanied by supporting material at RR/App 03/2022, 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 COVID-19, 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 but for the first time had dipped below targeted metrics in Improving Access to Psychological Therapies (**IAPT**) services; as set out in the report, it was working with its partner, Oxfordshire Mind, to resolve issues; 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 referred to the impact of COVID-19 on inpatient wards and the peaks of positive-testing inpatients, which had been 53 in Wave 1, 52 in Wave 2 but a peak of 26 in the latest wave in January. There had been concerns about the impact of COVID-19 upon staffing in late December/early January. During Wave 1 over 400 staff had been affected, including those shielding; in Wave 2 between 200-210 staff had been impacted but during the peak of the latest wave, 196 staff had been impacted. However, the number of staff impacted was expected to rise as COVID-19 restrictions started to be lifted.  In terms of levels of patient activity and demand, the Trust continued to receive a higher number of referrals than in previous years and continued to prioritise emergency and urgent referrals. There had also been significant increases in activity levels in Adult Mental Health Services in both Oxfordshire and Buckinghamshire, directly linked to a combination of improved recording of activity and continued telephone/digital consultations. Admission to Mental Health inpatient wards was below levels seen in previous months and length of stay had also improved in Buckinghamshire and Oxfordshire with work underway to further improve this, particularly in Oxfordshire. There were no inappropriate Out of Area Placements (**OAPs**) at a national level and the Trust was meeting national OAP targets, although there were still some patients appropriately placed in OAPs. The Trust had achieved 68% on contractual Key Performance Indicators although a significant proportion of the activity that would normally be reported had been able to be suspended.  ***Delivery against Strategic Objective 1: Quality – deliver the best possible care and outcomes***  The Chief Nurse referred to the slides in the report and confirmed that work had been undertaken on clinical supervision and rates were increasing. The reporting of uptake of clinical supervision had been negatively impacted by the move to a new Online Training Record (**OTR**) but this was improving. A new Trust Supervision Lead was now in post and overseeing the relaunch.  She referred to the slides in the report and actions being taken in relation to reportable areas of underperformance (set out in more detail in the report with a description and accompanying plans or mitigations):   * Black, Asian and Minority Ethnic (**BAME**) representation across all pay bands – overall the Trust had reached the target of 19.5% but there were issues reaching the target in posts at Band 7 and above; * reduction in prone restraint – the Trust had not reached its target, largely down to a small number of patients, particularly in forensic services and around use of seclusion; this was being monitored regularly by the relevant Clinical Director. Use of restrictive intervention was being reduced on many other wards; * improved completion of the Lester Tool for people with enduring serious mental illness – actions being taken were resulting in steady progress and the Early Intervention in Psychosis teams had achieved their target; * evidence patients had been involved in creating their care plan – the Trust was undertaking several specific Quality Improvement projects to support this work; and * clinical staff in non-learning disability services undertaking autism awareness training – the Trust was part of the national autism training pilot, following which the national training would be rolled out to all staff in 2022/23 and the target would also be moved into next year.   ***Delivery against Strategic Objective 2: People – be a great place to work***  The Chief People Officer referred to the slides in the report and highlighted that staff absence had risen steadily, particularly during December into January due to the Omicron variant. There was also a small number of staff with long COVID-19 symptoms who were being supported.  She referred to the Improving Quality and Reducing Agency Programme confirming this was a multi-workstream programme and that the Trust had achieved significant success in recruiting international nurses who were currently being placed into wards which previously had long lines of agency staff. Action had also been taken in December 2021 to incentivise staff to volunteer to be on call and to reduce reliance upon agency; the success of this approach would be reviewed. There remained work to do to support recruitment, making the staff bank more effective and improve retention.  She added that the Executive had been active in promoting staff wellbeing, prioritise this and ensuring that staff had access to the relevant resources whether through partner organisations, the Good Shape contract or the Employee Assistance Programme. Uptake by staff was being monitored.  The Chief People Officer confirmed that work was underway to ensure the Trust’s mandatory training system was on a robust footing and that training had been offered to staff to help them log their supervisions.  ***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 overall favourable working capital position and financial performance. Although financial performance was not consistent across all areas, and delivery against Cost Improvement Plans would need to improve, the Trust should still be able to deliver a surplus this year.  He referred to 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 goal by 2025 was to achieve 95% at ‘condition B’; no sites had slipped to a ‘condition D’ rating and those which were at ‘condition C’ were acceptable although ideally should do better. It would, however, require significant capital expenditure to raise the condition ratings, which was a challenge with limited capital resource available to the NHS. 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 noted that a research update would be provided to the Board in March 2022 and that recording of clinical research network activity was now taking place which could become a measurement regularly presented to the Board.  ***Highlights from the Executive Managing Directors***  The Interim Executive Managing Director for Mental Health & LD&A Services thanked the Chief Nurse for having provided exceptional support to the teams in managing COVID-19, the impact of which could be seen in reducing numbers of infections. Where outbreaks had happened on wards, they had to be closed to admissions for short periods of time which had compromised capacity, length of stay, Delayed Transfers of Care and OAPs. She was pleased to report that average length of stay was continuing to reduce in acute adult beds in Oxfordshire. She confirmed that the directorates were trialling a daily OPEL (Operational Pressures Escalation Levels) Framework approach as part of the current service pressures escalation processes. Teams were also piloting a new reporting form to enable clear definition of services under pressure and articulation of support required. She reported that the Trust’s 3 Provider Collaboratives continued to work well and were being reviewed against: (i) impact on patients; (ii) impact on services and partnership arrangements; and (iii) what the Trust, as lead provider, may need to do to sustain and maintain them going forwards.  The Executive Managing Director for P&C Services recorded his thanks to staff for their work over the Christmas and New Year period. He also acknowledged their responsiveness system requests, including the opening of extra beds and provision of extra capacity in the urgent community response team; despite this pressure, the Trust had achieved one of its best performances around length of stay in general community rehabilitation beds. There were still workforce challenges especially in services such as district nursing, podiatry, and children’s therapy services. The Trust had also received approval for funding to launch two Urgent Treatment Centres in Oxfordshire (one in Oxford City and one in Banbury) and these would be developed in partnership with Oxford University Hospitals NHS FT and PML GP Federation.  ***Feedback and discussion***  The Board discussed when COVID-19 may cease to have a significant impact upon performance and when the Trust may be able to readjust to normality. The Chief Executive highlighted two key areas impacted by COVID-19 which would need to be resolved before the Trust would be through dealing with the pandemic: (i) staff absences related to COVID-19; and (ii) Infection Prevention Control (**IPC**) measures, which impacted upon inpatient capacity and patient flow through services. The Chief Nurse commented that the approach to outbreaks on wards had changed since the first wave and involved daily outbreak meetings on wards to assess the risks and how to contain and manage so that ward could stay open where previously they would have closed. The Executive Managing Director for P&C Services commented that the major shift during the pandemic had been around management of staff sickness and change management which had fundamentally changed how services were delivered. The legacy of COVID-19 may be health problems in an ageing population which would become more complex and required more complicated care packages, along with a backlog of issues and delayed care which would have resource implications within the NHS.  The Board discussed performance management. Lucy Weston suggested that this was the time to move to a clearer alignment of Strategy with performance and streamline the significant volume of available data to achieve this. The Trust’s approach to performance management could do with further refinement and she asked where the Trust was in its journey towards improving data quality. The Executive Director for Digital & Transformation replied that work was currently underway to update the Electronic Health Care Record to increase automation and reduce the burden upon clinicians. The Trust also needed to do more to understand wider population health management, beyond the patients it already saw, in order to understand unmet patient need and how best to treat it. The Executive Managing Director for P&C Services added that there was also a project taking place to redefine waiting times and ensure that cases were appropriately closed down because currently these required manual checking. The Interim Executive Managing Director for Mental Health & LD&A Services agreed that there was work to do in order to better analyse and understand data, for example so as to understand why average length of stay had decreased recently. Lucy Weston reflected that the Board needed to be clear on what information was required in order to assess performance against Strategy and the Board should take some time to consider what should be measured. Mohinder Sawhney agreed that the Board should be clear on what it wanted and how to receive the relevant information to demonstrate delivery. The Trust Chair noted that a separate session on performance reporting may be useful rather than further discussion at this meeting and would liaise with the Director of Corporate Affairs & Company Secretary about opportunities to do this.  John Allison acknowledged that there was a focus on improving the quality of the Trust’s Estate and suggested that, in the wake of COVID-19, there was an opportunity to optimise the use of buildings and make real economies of scale. The Chief People Officer noted the underlying impact of Estates & Facilities provision upon staff wellbeing, from IPC measures to ease of access to hot food, and the importance of getting this right in order to attract and retain staff. The Executive Director for Digital & Transformation confirmed that a significant amount of work had been taking place to review what was intended with buildings and this could be reported to the Finance & Investment Committee or to the Board.  In relation to the content and structure of the IPR to this meeting, the Chief Executive noted that the report aligned performance metrics with Strategic Objectives and was clear on performance targets. However, the concerns expressed by Non-Executive colleagues indicated there was room for improvement and potential reduction in the suite of metrics reported. He referred to the Quality domain and whilst he was encouraged that the Trust had reported no inappropriate OAPs, even having 22 patients appropriately placed Out of Area was too many when the ambition was to have no OAPs. The Trust was also confident that the continuity of care and care pathways for these patients was not being compromised but lack of facilities and beds needed to be addressed, potentially with colleagues in Berkshire Healthcare NHS FT.  The Chief Executive referred to the number of incidents of prone restraint and asked when this had been last reviewed at the Quality & Clinical Governance Sub-Committee. The Chief Nurse replied that a deep dive into this had taken place via the Positive & Safe Committee chaired by the Deputy Chief Nurse and the report from this could be escalated to the Quality & Clinical Governance Sub-Committee.  Philip Rutnam commented that, as a new reader and member of the Board, the report was comprehensible and useful. However, he supported the suggestion to focus on how to take this kind of reporting to the next level in terms of usefulness in managing the organisation, governance and setting strategic direction. Before getting into such a conversation however, it would be useful to undertake preparatory work to gather Board views and identify a prioritised set of actions.  Mindy Sawhney asked how operationally useful the information provided was. She referred to increased Learning Disability (**LD**) referrals and asked if this would increase pressure on appointments and whether this information would influence the thinking and resourcing for that team; if this information was flagged as an early warning sign in the IPR then she asked what operational action it would prompt. The Interim Executive Managing Director for Mental Health and LD&A Services replied that the LD&A service was less volatile than acute Mental Health services and whilst it was busy, levels were manageable; work was also taking place with Berkshire Healthcare NHS FT on acute LD services and facilities. Wider system working was also particularly relevant for the LD&A service, especially in dealing with patients with co-morbidities.  **The Board noted the report.** | | **KR/ MW/**  **DW**  **MW** |
| **BOD 07/22**  a  b  c  d  e  f  g | **Vaccination update – flu, COVID-19, and Vaccination as a Condition of Deployment (VCOD)**  The Chief Nurse, Chief People Officer and the Chief Medical Officer presented the reports at papers BOD 05(i)-(ii)/2022 on COVID-19 and VCOD. The Chief Nurse also provided an oral update on the staff flu vaccination programme and reported that approximately 56-57% of frontline staff had received the flu vaccination which was below the figure for last year. This was borne out nationally as people were concentrating on receiving the COVID-19, rather than the flu, vaccines.  The Chief People Officer referred to the slides at paper BOD 05(ii)/2022, focused on implementation of the VCOD legislation, and highlighted the final slide setting out Executive actions, adding that:   * the Director of Finance had a programme of work underway to understand how the legislation impacted upon the Trust’s 3rd party providers and contracts; * escalations had been put in place so that the Executive could anticipate hotspots for staff who had not yet received their first dose of the COVID-19 vaccine by the deadline of 03 February; * the Chief People Officer and the Director of Corporate Affairs & Company Secretary were continuing work to understand the vaccination status of volunteers and Governors; * internal and national communications campaigns to staff were continuing. She emphasised that staff were being given every opportunity to have concerns discussed, including at the upcoming CEO webinar to staff which would also involve Occupational Health; * the Trust was following national guidance and building on learning from staff employed in care homes, particularly in terms of redeployment processes and engagement with staff; and * her letters to staff on the impact of VCOD had resulted in an increase in staff declaring their immunisation status to the immunisation team.   The Chief Medical Officer referred to the slides at paper BOD 05(ii)/2022 and explained that the relatively high percentage of medical and dental staff not fully vaccinated was not an accurate figure. He had undertaken a deep dive which had shown that: Forensic Services had 1 medic who was due to receive a vaccine shortly; Buckinghamshire also had 1 medic due to receive a vaccine shortly; and in Dental & Community Services there was 1 person currently awaiting their vaccine. He assured the Board that the actual number of medics not vaccinated was very low.  Mindy Sawhney confirmed that VCOD was also being reviewed by the People, Leadership and Culture Committee. She emphasised the importance of planning for the impact upon services and patients of the Trust potentially losing a volume of staff from patient-facing work due to VCOD requirements. The Trust was already facing staffing challenges therefore she asked how ready the Trust was to respond in an agile way to the loss of staff due to VCOD and to communicate its resourcing decisions clearly to patients. She also cautioned that VCOD may have a disproportionate effect upon BAME staff and the Trust would need to be prepared for the consequences of this.  The Chief Executive replied that the Trust was in a similar situation to the rest of the NHS but had started work on this at the end of last year when VCOD had become an issue for staff working in care homes. The uneven spread of unvaccinated staff could lead to hotspots and operational challenges. However, he was assured that mitigation plans and contingency arrangements were being put in place. A priority was to do everything possible to address concerns staff may have regarding the vaccine and also provide opportunities for them to be vaccinated. The Chief People Officer acknowledged Mindy Sawhney’s comments regarding the data relating to ethnicity and how this was manifesting in the Trust. She confirmed that the Trust had undertaken significant engagement during the past 18 months with BAME staff.  The Chief Medical Officer thanked the staff at the mass vaccination centres for their work through the Christmas period. The Chief Executive acknowledged that 25 January marked the 1st anniversary of the 1st COVID-19 vaccination being administered at the Kassam Stadium and reported that the Trust was fast approaching delivering its millionth vaccine. He thanked the whole team for this achievement.  **The Board noted the oral update and the reports.** | |  |
| **BOD 08/22**  a  b  c  d  e  f  g | **Finance Report**  The Director of Finance presented the report at BOD 06/2022 and reported that the Trust was performing ahead of plan. The original plan for the year had been to break even; this had been revised to a £1 million surplus and potentially looked to be closer to a £2 million surplus (subject to final review). However, he cautioned against complacency as there was underperformance in the Cost Improvement Programme (**CIP**). The Trust was also currently operating within a fairly benign national funding regime, due to receipt of COVID-19 funding, but this was not anticipated to continue into next year. Instead, the Trust could return to an underlying deficit position and be required to support the BOB ICS to a break even position, which would be a significant task for all BOB ICS participants to achieve. Work was currently underway on budgets and plans to achieve this.  Chris Hurst agreed that although this year’s financial position was secure, the Trust must not be complacent. Although it was understandable that the Trust had struggled to achieve CIPs during a COVID-19 period, the CIP challenge would increase significantly next year on top of the small underlying deficit anticipated. He confirmed that the Finance & Investment Committee had reviewed budget setting and although it was more advanced than in previous years, this momentum needed to continue so that the Trust was ready with budgets for the next financial year.  Lucy Weston noted that she had been discussing costings with the Director of Finance and that she supported his vision for a more sophisticated approach to costing so as to be clearer on how much various activities and outcomes were costing the Trust. There was a somewhat inconsistent approach in the organisation to dealing with service pressures; improved data and performance reporting may help to resolve this bout this would require resourcing.  Lucy Weston asked whether the anticipated surplus this year could be invested against CIPs, transformation or to address increasing numbers of referrals and waiting times. The Director of Finance replied that £2.5 million was already scheduled to be used in this quarter to invest in those areas mentioned. In relation to costings, he noted that population health management would become a focus of the BOB ICS and it would be key: (i) to be able to allocate resource to best meet patient needs; and (ii) for each provider in the ICS to be efficient. Efficiency needed to be demonstrated through costs benchmarking. The Trust already had complex costing systems in place but needed to improve on its activity data so as to be able to convert overall costs into unit costs in order to analyse relative efficiency and demonstrate to Bob ICS partners that the Trust was using money as effectively as possible.  The Board discussed investment into Community services and out of hospital care. The Chief Executive noted that the key to medium to long term resilience was for the Trust to be able to provide a more comprehensive community offer which effectively prevented people from becoming so unwell that they needed inpatient treatment. The Trust Chair commented upon the challenges of a spend to save mentality being accepted, and investing in Community services whilst still providing extensive inpatient services. Philip Rutnam suggested that a preferred approach may be to develop discretionary propositions for good investment in health care that would have the effective, over time, to shift resources appropriately. Unit costs would be useful evidence to support this approach.  The Director of Finance acknowledged that getting demand and capacity right was the key to getting costings right, as that determined the draw on resource. This would allow the Trust to look to assess need and apply resources appropriately.  **The Board noted the report.** | |  |
| **BOD**  **09/22**  a  b  c  d  e | **Legal, Regulatory & Policy update report, with overview of Board Assurance Framework and Trust Risk Register**  The Director of Corporate Affairs & Company Secretary presented the report at paper BOD 07/2022 (with supporting detail at RR/App 04(i)-(ii)/2022) and drew the meeting’s attention to the ‘True for Us’ Addendum and the learning to be gained from reviewing the Care Quality Commission’s recent reviews, especial that into East London NHS FT which had been rated as ‘outstanding’ for a third time. She noted the relevance as part of the Trust’s preparation for a Well Led review.  Andrea Young referred to the appended Board Assurance Framework (**BAF**) and noted that the number of risks that were rated high suggested that the organisation was carrying, or prepared to tolerate and live with, a relatively high level of risk. Given the challenges which the Trust faced and as discussed earlier in the meeting, this may well be reasonable but she suggested that this appetite may be worthy of wider discussion when the Board considered its strategic choices.  The Chief Executive welcomed her suggestion and made a comparison with East London NHS FT and its appetite for Quality Improvement (**QI**) initiatives which ran through every part of their organisation and had strongly contributed to their ‘outstanding’ rating three times in a row. The Trust was also engaging with QI but for the Trust to achieve its objectives, it needed to ensure that QI was a more essential part of how it operated, delivered services and supported staff. The Board discussed embedding QI, applying it as a tool of cultural organisational change and increasing staff awareness with at least a basic understanding of QI. The Director of Finance noted that when he and the Executive Director for Digital & Transformation had previously visited East London NHS FT, quality as a key goal and their strong focus upon embedding a QI continuous improvement ethos in the organisation had been very clear; this could be difficult to do and require effort and persistence to achieve, as well as strong staff engagement. The Chief Nurse reported that, starting this year, QI awareness would be part of the induction for new staff. She agreed to arrange a QI taster/training session for the Non-Executive Directors.  The Trust Chair supported learning from other organisations’ experiences and considering unit costs and resources carefully but he reminded the meeting that historic underfunding of mental health services in the local area was also a key part of the Trust’s history and of relevance in understanding the relationship between demand pressures and resources. He acknowledged that there was also more work to do on embedding QI and discussing this at the level of the Board.  **The Board noted the report.** | | **MC** |
| **BOD**  **10/22**  a  b | **Modern Slavery Act transparency statement**  The Director of Corporate Affairs & Company Secretary presented the report at paper BOD 08/2022, and thanked the Chief Nurse, the Director of Finance and the Chief People Officer and their teams for their input into the statement to ensure it reflected the position and actions taken. She confirmed there were only minor changes required as highlighted in the cover sheet emphasising the importance of Freedom to Speak up and recognising the work with Bedfordshire University. The updated statement would be published on the website once approved.  **The Board APPROVED the Modern Slavery Act statement for publication and supported fostering a culture in which modern slavery was not tolerated in any form.** | |  |
| **BOD**  **11/22**  a  b  c  d  e  f | **Updates from Committees**  The Board took as read the minutes and reports at RR/App 05-09/2022 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.  ***Audit Committee***  Lucy Weston provided an oral update and reported that the Audit Committee had received in the December 2021 meeting:   * a high risk rated report around payroll and the ability to manipulate data within the payroll system and control over leavers’ data. This was being addressed by the Chief People Officer; and * an Information Commissioner’s Office Data Protection Audit, an externally performed audit which gave reasonable assurance around governance, accountability and data sharing but had some recommendations to progress, which would be monitored by the Finance & Investment Committee.   ***Mental Health Act Committee (MHAC)***  The Chief Medical Officer thanked John Allison for the work he had undertaken with him and the Director of Corporate Affairs & Company Secretary in reviewing the Terms of Reference for the MHAC.  John Allison provided an oral update on the MHAC annual report 2020-2021 acknowledging that it reflected the first year of operation of the new committee. He commented that the MHAC had been effective and fulfilled its overall aim. The Trust Chair supported this and reminded the meeting of the importance of review and oversight of the mechanisms by which people may be deprived of their liberty.  **The Board received the minutes and noted the further oral updates.** | |  |
| **BOD**  **12/22**  a | **Any Other Business**  None. | |  |
| **BOD**  **13/22**  a  b | **Questions/comments from the public and governors**  Anna Gardner, Governor, expressed interest in finding about more about the QI framework, noting that it sounded like an important tool against which to assess the performance of the Trust, and asked if there would be training for Governors as well as Non-Executive Directors on QI. The Chief Nurse explained it was not a tool to measure performance against but an approach used to move forward service improvements and it was already in use in the Trust with a variety of QI projects already taking place. She agreed to discuss potential training with the Lead Governor.  Nyarai Humba, Governor, asked if the MHAC could look at how the concept of choice was being used with psychotic patients. The Chief Medical Officer replied that there was not a simple answer to her question but next month the MHAC would be considering the concept of ethics. | | **MC** |
| **BOD**  **14/22**  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. The private session of the Board would follow in order to transact confidential items, but he would as usual provide an update on it to the Lead Governor afterwards. | |  |
|  | The meeting was closed at: 11:05  **Date of next meeting: 30 March 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)