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

**BOD 22/2022**
(Agenda item: 04)

Minutes of a meeting held on

30 March at 09:00

virtual meeting via Microsoft Teams

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| **Present:[[1]](#footnote-1)** |  |
| David Walker | Trust Chair (the Chair)(**DW**) |
| John Allison | Non-Executive Director (**JA**) |
| Nick Broughton | Chief Executive (**NB**) |
| Marie Crofts | Chief Nurse (**MC**) |
| Charmaine De Souza | Chief People Officer (**CDS**) |
| Chris Hurst | Non-Executive Director (**CMH**) – *part meeting* |
| Grant Macdonald | Executive Managing Director for Mental Health, Learning Disabilities and Autism (**GM**) |
| 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):** |
| *External attendees* |
| Dr James Kent | Accountable Officer for NHS Buckinghamshire CCG, NHS Oxfordshire CCG, NHS Berkshire West CCG and the BOB ICS[[4]](#footnote-4) Lead – *part meeting* |
| Professor Sir Jonathan Montgomery | Trust Chair, Oxford University Hospitals NHS Foundation Trust – *part meeting* |
| *Attendees from Oxford Health NHS FT* |
| Harun Butt | ST6 Doctor, Buckinghamshire Early Intervention Service, Buckinghamshire Mental Health Directorate |
| Antoinette Broad | Advanced Clinical Practitioner, District Nursing, Community Services Directorate – *part meeting* |
| Ben Cahill | Strategy & System Partnerships Manager |
| Natalie Cleveland | Head of Nursing, Oxfordshire Mental Health Directorate |
| Colin Davenport | Advanced Clinical Practitioner, Community Services Directorate |
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| Elaine Jones | Executive Officer to CEO & Chair  |
| Emma Leaver | Service Director, Community Services Directorate – *part meeting* |
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| Vicky Poyser | Medical Education, Human Resources |
| Vanessa Raymont | Director of Research & Development (**R&D**) and Honorary Consultant Psychiatrist – *part meeting* |
| Sara Taylor | Associate Director of Communications & Engagement |
| Nicola Gill | Executive Project Officer (Minutes) |
| Hannah Smith | Assistant Trust Secretary (Minutes) |
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| **Governor Observers** |  |
| Mike Hobbs | Lead Governor |

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| **BOD****15/22**abc | **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 noted 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 to the Lead Governor afterwards.  |  |
| **BOD****16/22**a | **Register of Directors’ Interests**The Trust Chair referred to the updated Register of Directors’ Interests at RR/App 10/2022. No interests were declared pertinent to matters on the agenda.  |  |
| **BOD****17/22**abc | **Minutes of the Meeting held on 26 January 2022**The Minutes of the meeting were approved as a true and accurate record.***Matters Arising***The Board noted that the following action had been completed:* BOD 06/22 (p)&(t) – Board consideration of information/data required to assess performance against strategy – to be considered at the Board Seminar in May.

The Board noted that the following actions were being progressed but were not yet completed:* BOD 06/22 (q) – Estates Strategy in development for consideration by the Executive Team first;
* BOD 09/22 (c) – Quality Improvement (**QI**) taster/training - the Chief Nurse has discussed with the Head of QI regarding a taster session for Non-Executive Directors (**NEDs**); and
* BOD 13/22 (a) – Governor QI Training – the Chief Nurse to liaise with the Lead Governor regarding this.
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| **BOD 18/22**abc | **Trust Chair’s Report and system update** The Trust Chair took his report as read, at paper BOD 10/2022. He highlighted the wider need for mental health care, the challenges for the Trust especially in terms of resourcing to be able to provide this and the possibility of positive change with the advent of the Integrated Care System (**ICS**). He invited the Lead Governor to provide an update on the Governor elections. Mike Hobbs reported that there were 15 vacant governor positions up for election across most of the constituencies. He confirmed that he was one of the Governors who was coming to the end of their term of office and would be re-standing for election. The closing date for nominations was 31 March 2022. **The Board noted the report.**  |  |
| **BOD 19/22**ab cdef | **Chief Executive’s Report**The Chief Executive took his report as read, at paper BOD 11/2022. He highlighted that the organisation was continuing to experience operational pressures due to COVID-19, with approximately 150 staff currently off work for COVID-19 related reasons and 30 patients were COVID-19 positive (including 3 outbreaks). In relation to Executive Director development, he congratulated Marie Crofts, Chief Nurse, on being awarded a Florence Nightingale Foundation travel scholarship and being one of only four travel scholars recognised by the foundation in 2022. He also welcomed Grant Macdonald as Managing Director for Mental Health, Learning Disability & Autism services and thanked Tehmeena Ajmal, on behalf of the Board, for the work she had undertaken in the interim role over the previous 5 months. Further to his report, and progress against the Trust’s Strategic Objective 2 (be a great place to work), he:* commented upon the impact of the current conflict in the Ukraine and the possible arrival of refugees. He confirmed the Trust was working closely with its partner organisations on preparatory arrangements to provide mental and physical health support; and
* he confirmed that the Trust would maintain free parking for staff for the foreseeable future.

Further to his report, and progress against the Trust’s Strategic Objective 4 (become a leader in healthcare research and education), he reported that:* as part of the interview process in relation to the Biomedical Research Centre (**BRC**) Renewal the following themes would be scrutinised: Sleep; Dementia; Flourishing and Wellbeing; and Preventing Multiple Morbidities; and
* confirmation had been received in February that the Clinical Research Facility (**CRF**) renewal application had been successful. The Trust was currently the only mental health trust nationally with a dedicated mental health research facility funded by the National Institute for Health Research (**NIHR**).

The Trust Chair recommended to the Board the Legal, Regulatory, Policy & Risk update report at paper BOD 36/2022, from the Director of Corporate Affairs & Company Secretary, noting that this provided useful horizon-scanning and benchmarking against other trusts to help the Trust to stay abreast of any potentially relevant lessons to be learned from other organisations. The Chief Executive added that the Chief Nurse and the Chief Medical Officer were also well linked into their clinical networks and he regularly met with other mental health chief executives; the Trust was therefore participating appropriately in platforms to share learning. The Chief Medical Officer and the Chief Nurse added that they were both reviewing the Ockenden maternity review report with a view to capturing relevant learning. **The Board noted the report.**  |  |
| **BOD****20/22**abcdefghi | **Research & Development (R&D) Report**The Director of R&D presented the report at paper BOD 14/2022, accompanied by a presentation. She provided a summary of the report, noting that the new leadership was set out in the executive summary. She also confirmed: (i) the successful renewal of the CRF with just over £4m being awarded (this reflected the work done by the CRF team over the last 10 years and the CRF continued to be a key element of research infrastructure at the Trust in partnership with the University of Oxford); and (ii) the Trust had been invited to Stage 2 interviews in the BRC application. This was an exciting time for the Trust and, if successful, it would bring more infrastructure into the Trust to develop research.Other key initiatives she highlighted were:* the Oxford Applied Research Collaboration for Oxford and Thames Valley (**OxTV**) (**ARC**). The ARC portfolio continued to expand bringing in more partners and funding opportunities;
* *‘Count me in’,* an ‘opt-out’ initiative for informing patients about research relevant to their care had been launched within the Adult and Older Adult Mental Health services in August 2021;
* the Oxford Joint Research Office (**JRO**), in December 2021 the JRO was expanded with the Trust and Oxford Brookes University formally joining with the University of Oxford and Oxford University Hospitals; and
* the NIHR Infrastructure Managers Group - the Research Management Group had recently been revamped as an NIRH Infrastructure Managers Group. This provided an opportunity for managers of the four Trust NIHR awards, the Chief Operating Officer of the Oxford Academic Health Partnership, and the Director of R&D to meet on a regular basis.

She shared her presentation on the Oxford Brain Health Clinic which was a pilot she was leading with Clare MacKay and Lola Martos. She explained that there was a growing understanding in the dementia field that the bulk of disease that progressed into dementia happened in mid-life. Changes in the brain could be seen in the pre-clinical phase when people appeared cognitively normal and without memory disorders; this was a key area where treatment could be utilised and it was where research was focussing on disease-modifying treatments for dementia. This was an exciting initiative for the Trust.The Trust Chair asked about the Trust’s relationship with pharmaceutical companies which may initiate approaches regarding their participation in development of therapies. The Director of R&D confirmed that the Trust did receive such approaches and it was clear that industry was very aware that, in order to deliver their drugs, they would need to work in partnership with existing infrastructure in the NHS and work very sensitively on how data was shared. She saw this as an opportunity to work with partners to develop services for patients.*Professor Sir Jonathan Montgomery joined the meeting*. Philip Rutnam requested a lay person’s guide to some of the fundamental trends in research and the potential for their triangulation into improved treatment, not just in relation to dementia but more widely in terms of driving change in research and medicine in the future. It would be useful to understand the potential opportunities for the Trust from these changes and the wider competitive/collaborative landscape within which the Trust operated, as this could be pertinent, not only for the case for investment in the Warneford site but also to inform NEDs. The Director of R&D to action this.The Chief Nurse asked whether any data had been collected on ethnicity. The Director of R&D confirmed that they had but this had not been highlighted in the presentation as the South Oxford Memory Clinic was fairly homogeneous but this was an area of reporting to expand on.Mohinder Sawhney added that she would like to: understand more about the JRO and institutional landscape; and see the R&D report consider how to capture/benefit from commercial opportunities from Research work, as well as how well equipped the Trust was in terms of the commercial negotiation skills necessary to maximise opportunities from Research. The Chief Executive referred to the ‘Count Me In’ initiative and asked how the figure of 14,000 patients who had been willing to participate in research compared to other comparable organisations. The Director of R&D replied that it was comparable to other organisations with similar opt out systems and the 14,000 figure had been a useful sample. **The Board noted the report and thanked the Director of R&D for the presentation.**  | **VR/KM****VR/KM** |
| **BOD 21/22**abcdefgh | **Patient Pathway Case Study from Community Services**The Executive Managing Director for Primary & Community Services introduced Colin Davenport and Antoinette Broad, Advanced Clinical Practitioners in the Urgent Community Response Pathway, and Emma Leaver, Service Director. He noted the link between the Case Study to be presented and the item below at BOD 22/22 on the Memorandum of Understanding for the NHS Provider Collaborative for Integrated Care in Oxfordshire.Antoinette Broad provided the following overview of Oxfordshire’s Urgent Community Response service:* the Urgent Community Response (**UCR**) was a community-based service providing rapid assessment, diagnostics, and treatment in a person’s home. It was suitable for people experiencing a health crisis who needed intervention within two hours, to prevent an unnecessary trip to hospital;
* the UCR was delivered by a multi-professional team including nursing, therapy and specialist medical support. Specialist and Advanced Care Practitioners undertook first visits for clinical assessment and liaised with a Gerontologist where necessary to agree a management plan with the patient and carers;
* interventions ranging from short term care packages and equipment provision to the administration of intravenous fluids or antibiotics were carried out in the patient’s home; and
* for individuals at risk of same day admission, UCR could provide intensive input which replicated care delivered in a hospital setting.

She explained the ‘Call before you Convey’ Day held on 1 February 2022 in partnership with South-Central Ambulance Service NHS FT (**SCAS**) and Oxford University Hospitals NHS FT (**OUH**) to prevent unnecessary hospital conveyance for people who had called 999 but could be managed safely in their homes. The aims of this day had been to: maximise the number of patients being assessed and treated in their own home; identify patients who had called 999 but after discussion could be managed at home; and reduce the number of those conveyed unnecessarily to hospital settings. During the ‘Call before you Convey’ Day, the case of an 84-year-old man with Parkinson’s Disease, who had been found slumped and unresponsive at the kitchen table by his family, had been dealt with. The family called 999 and a paramedic was deployed to the scene. The results showed a prime example of how the Trust, SCAS and OUH could work effectively together to safety treat the patient in their home and prevent admission. Without the coordination and multi-disciplinary team discussion, the patient would have been conveyed to the acute hospital Emergency Department by ambulance. Clear communications and contact with the patient’s GP would ensure continuity of care and follow up. Benefits to the patient included: coordinated care following holistic assessment; they stayed at home in familiar surroundings; referrals were made swiftly to other community services; and robust follow up using the expertise of the patient’s own GP. The overall achievement of the day was the patient being at the heart of it.Emma Leaver explained that the UCR had been implemented at the same time as the pandemic started; whilst there had been good, positive collaboration a more solid infrastructure now needed to be developed. Clinical leadership between the organisations needed to be developed so there was more of a ‘one team’ ethos sharing patients, space and workforce. A good start had been made with focus on the patients but there was still plenty to develop.The Chief Nurse asked whether it would be worthwhile having someone with mental health expertise in the team especially given the plethora of mental health expertise within the Trust. Antoinette Broad agreed this would be a welcome gain for the team and noted that the duty desk mental health support was already very helpful.Mohinder Sawhney asked about the impact on the SCAS team and whether they had spent more time than they normally would on a home visit. Emma Leaver reported that she met with SCAS every morning on a system call and they were a trusted and fundamental partner with whom the Trust had a good operational connection. Antoinette Broad confirmed that the time spent by SCAS in the patient’s home on this case was less than they would have spent conveying the patient to hospital; therefore it had meant they could move onto the next patient more quickly. **The Board noted the presentation and thanked the team.**  |  |
| **BOD 22/22**abcd | **Memorandum of Understanding (MoU) for the NHS Provider Collaborative for Integrated Care in Oxfordshire**The Chief Executive introduced the report at paper BOD 12/2022 highlighting that the essence of the MoU was a commitment from both organisations in: (i) setting a direction of travel for effective collaboration in the various areas where services interfaced; and (ii) trying to remove some of the obstacles that had prevented clinicians from working as effectively together as they might have. Further to the presentation from the UCR service, he also emphasised the importance of focusing upon the needs of patients and patients being at the heart of service delivery. He confirmed that the Board was invited to approve entry into the MoU. The Executive Managing Director for Primary & Community Services supported entry into the MoU and the benefits this could bring to patients. He confirmed that the only section of the MoU which was legally binding was that related to confidentiality and data protection. Professor Sir Jonathan Montgomery, Trust Chair at OUH, thanked those involved for moving the MoU forwards. He explained that he had joined the meeting today to confirm the support of OUH’s board. He observed the importance of identifying particular programmes to work on together, highlighting Urgent Care, End of Life Care and Share Pathways (starting with Podiatry). The MoU should be seen as a mechanism to learn by actually doing something that helped patients. He noted that there remained a question around the description in paragraph 18 of the programme oversight group. He was keen that there should be a joint sub-committee which would provide for receipt of the same papers to take to their respective board meetings. The Chief Executive agreed that there should be a group with oversight and which shared updates and papers with both organisations’ boards. **The Board APPROVED the Memorandum of Understanding and signing thereof, subject to final clarification being reached out-of-session on the description of the programme oversight group** *Professor Sir Jonathan Montgomery, Antoinette Broad and Emma Leaver left the meeting*.  |  |
| **BOD 23/22**abcdefghijklmnopqrstuvwxy | **Integrated Performance Report (IPR) and Board Committee Updates**The Executive Director for Digital & Transformation presented the report at paper BOD 13/2022, accompanied by supporting material at RR/App 12/2022, 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 working with Oxfordshire Mind was now achieving the targets at Step 2 of the Improving Access to Psychological Therapies (**IAPT**) services; and
4. delivery against the Strategic Objectives using the Objective Key Results (**OKRs**)and with narrative from Lead Executive Directors and highlights from the Executive Managing Directors.

The Executive Director for Digital & Transformation referred to the following key headlines on activity:* waiting times continued to be an issue as highlighted in the report;
* despite workforce shortages the Trust continued to deliver activity above the average levels recorded prior to COVID-19;
* length of stay had improved overall in mental health in Buckinghamshire and Oxfordshire; and
* the Trust had achieved 77% of contracted Key Performance Indicators (**KPIs**)in February which was an improvement on January.

***Highlights from the Executive Managing Directors***The Executive Managing Director for Mental Health, Learning Disabilities and Autism thanked Tehmeena Ajmal for having provided this report. He highlighted the issues on: workforce challenges; female inpatient capacity; the Cost Improvement Programme; and Child & Adolescent Mental Health Services (**CAMHS**).The Executive Managing Director for Primary & Community Services highlighted the health visitor issues which had been exacerbated by the pandemic and subsequent workforce pressures in that service. He reported positive discussions had been held with commissioners around more innovative and creative ways with which to offer these services. He referred to the new Chat Health Text Service which had recently been launched and was working well; this allowed parents and young children to access advice in a new way. Other positive highlights included End of Life Care beds in Wallingford in partnership with Sue Ryder and changes to the ‘I Want Great Care’ tool in relation to how patient feedback was collected.The Trust Chair asked if Chat Health was an ‘add on’ or part of delivery of care. The Executive Managing Director for Primary & Community Services explained that there was no additional funding and it was not an extra commissioned service. It was a tool to try to support parents in a new way, and it appeared to be proving popular as a means of communicating with health visitors.The Chief Executive highlighted the demand for Tier 4 CAMHS and the surge in demand in the South East region, especially compared to any other region nationally. As at the end of March 2022, approximately 70 young people were waiting for beds across the South East region. He requested that in future the Board needed to be sighted on this not only from the perspective of the Trust’s own beds but from the perspective of the Trust as Lead Provider in the Provider Collaborative.***Delivery against Strategic Objective 1: Quality – deliver the best possible care and outcomes***The Chief Nurse referred to the slides and highlighted good progress towards the completion of the Lester Tool for people with enduring serious mental illness and a large piece of work was being undertaken on this. She confirmed that the following data had been added to the report:* pressure ulcers developed in service;
* 48 hour and 72 hour follow up for those discharged from mental health wards;
* inpatient length of stay (Mental Health Acute, EMU, Stroke, Rehabilitation); and
* Delayed Transfers of Care.

The Chief Nurse also drew attention to the following:* the clinical supervision rate was poor, work still to be done on the data and to be monitored weekly with updates from directorates;
* prone restraint data had been skewed further to the impact of one patient. She noted the excellent work undertaken by services to reduce prone restraint and acknowledged that whilst the target would not be achieved it was important to acknowledge the excellent work being done by directorates;
* involving people in their care plan, this had been audited and was currently up to 92%; and
* the Oliver McGowan Autism training pilot was temporarily on hold and would be rolled out to all staff in 2022/23.

***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 the Trust’s compassionate approach to staff (during the period when national mandatory vaccination had been discussed) had held the Trust in good stead when the national policy had been withdrawn. The Omicron variant was at its height during this time and staff absences were being tracked carefully. She confirmed that an additional day’s annual leave had been granted to substantive staff, which had been well received, and that there were a number of other rewards being given to substantive as well as some bank staff.She referred to the Improving Quality and Reducing Agency Programme which would be a focus going forwards and underpinning this would be a better understanding of workforce planning. Colleagues were building a detailed model which would be shared in due course. She confirmed that the reducing agency targets would need to be set for the next financial year as well as targets for retention and for recruitment to enable monitoring of progress. A programme of work would also be developed around medical recruitment to give better support to medical colleagues and increase engagement, which she would lead on with the Chief Medical Officer. ***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 condition rating survey that had been undertaken on the Estate/buildings against a rating scale from ‘A’ (excellent) to ‘D’. The Trust’s buildings were anticipated to fall within ‘B’ and ‘C’ and the aim was to work towards ‘B’ as a minimum. The surveys would help to focus attention and prioritise investment. In relation to environmental sustainability and Co2 reductions, Estates and Pharmacy were amongst the major contributors although work was being undertaken to offset this e.g. tree planting and installing electric charging points around sites to encourage more environmental travel.***Delivery against Strategic Objective 4: Research & Education – become a leader in healthcare research and education***The Chief Medical Officer reported on the OKRs relating to the clinical research network and the number of participants and studies. He referred to the True Colours initiative which was a patient reported outcome that had been part of research projects for a number of years; it would be utilised as a patient reported outcome for CAMHS services and this supported Strategic Objective 1 on quality, as well as sustainability in terms of making good use of digital innovation and translating research into routine practice. ***Updates from Sub Committee Chairs***Mohinder Sawhney congratulated the Executive Director for Digital & Transformation on the IPR report. She asked the following:* slide 14, mental health caseload – the Trust appeared to have a third of the national average of caseloads. There was a list of reasons given and she asked whether these accounted for the discrepancy;
* more information on Out Of Area Placements (**OAPs**) as in one section the report indicated that the Trust was performing well and then in another appeared to show the opposite; and
* performance at 77% of contractual KPIs was an improvement on the last reporting period but she asked the Chief Executive how long commissioners would tolerate the Trust being 25% adrift of its commitments.

Mohinder Sawhney provided the following updates on the People, Leadership and Culture (**PLC**) Committee:* she confirmed that the PLC would be looking at a programme of work for the first set of priorities identified for improvement; and
* staff training and development – the metrics around clinical supervision, Personal Development Reviews (**PDRs**) and mandatory training were off target and indicated that there needed to be a better understanding of the support available to management and staff in order to better achieve these.

The Executive Managing Director for Mental Health, Learning Disabilities and Autism responded, in relation to mental health caseload, and noted that the Trust was not far off the national benchmarking for mental health caseloads, but he would investigate this further. Regarding OAPs, the explanation may be related to the distinction between appropriate and inappropriate OAPs. Whilst the Trust was performing reasonably well in avoiding inappropriate OAPs, the number of appropriate OAPs was higher and this could be causing the confusion.The Chief Executive responded to the question relating to contractual KPIs and confirmed that performance, although improved, was not where it needed to be. However, there were currently no major commissioning concerns regarding performance and there had been understanding that it had been a challenging time due to the pandemic. The Executive Director for Digital & Transformation added that once the move to the ICS was formally established and new contracts received, this would be an opportunity to re-set indicators. Philip Rutnam acknowledged the quality of the report and the overview of performance it provided. He referred to the low level of PDRs/performance assessments and emphasised the importance of a focussed, resourced and driven agenda for addressing the highest priority issues around people and leadership of people. He acknowledged the work being done to reduce spend on agency staff. He asked whether there should be concerns about those areas of activity listed in the report which were lower than pre pandemic levels, for example Street Triage services. The Executive Managing Director for Mental Health, Learning Disabilities and Autism noted that he was not yet familiar with these services but would consider the point.Andrea Young cautioned against jumping to conclusions on data regarding compliance with mandatory training, supervision, and PDRs especially if there could be a data quality issue. She noted that Quality Improvement work was going to be undertaken to fully understand these issues and she emphasised the importance of staff receiving training on the new system. The Chief Nurse agreed and confirmed that over 1,000 staff had yet to access the system; she would be meeting with the service directors to plan how to encourage staff to use the system.Lucy Weston provided the following update from the Audit Committee:* a recurring theme was data, both in terms of data quality and control over data as most recently seen in the Internal Audit review of Payroll;
* mandatory training was also a recurring theme, most recently highlighted in the Internal Audit review into the Patient Safety Incident process but as also raised in previous Internal Audit directorate reviews;
* other themes identified in Internal Audit reviews related to project management and ability to work cross organisationally; and
* work was taking place to develop the Internal Audit Plan, which she encouraged NEDs to provide feedback to her on, and she would be attending the Executive meeting as part of this.

Lucy Weston referred to Infection, Prevention & Control (**IPC**) plans and asked, after COVID-19 funding ended, what those IPC rules would look like going forwards and about the Trust’s ability to meet need within constrained funding envelopes. The Chief Nurse responded that she had met with the senior matrons recently to review and they were expecting changes to IPC advice. The Chief Medical Officer briefed the Board about the current pressures being faced by services and the wider system, with pressure on ambulance and acute services.*Chris Hurst joined the meeting*. Lucy Weston referred to instances of prone restraint and the one patient who had 177 occasions of prone restraint in a 3-month period, which was exceptionally high; she asked about the Trust’s ability to foresee that type of acute incident and to work collaboratively with partners on managing those exceptional cases. The Chief Nurse provided assurance that in that particular case, oversight had been robust through both external scrutiny and internal clinical assessment. Mohinder Sawhney referenced staff vaccinations being above 90% on 1st and 2nd doses but only at 70% on 3rd doses for eligible staff, noting that this could impact upon patient and staff safety. The Chief People Officer responded that the Trust was continuing to encourage staff to take up the offer of vaccination and it was also expecting further guidance on testing requirements and availability of free testing for patient facing staff; once this was received it would be worked through with the Chief Nurse and Chief Medical Officer.The Trust Chair acknowledged that the Chair of the Mental Health Act Committee had not yet been able to provide an update and that this would take place later in the meeting.**The Board noted the report and oral updates.** *The meeting took a break at 11:27 and resumed at 11:33 with Dr James Kent in attendance.*  | **MW** |
| **BOD****24/22**abcdefghij | **Integrated Care System (ICS) development from Dr James Kent**The Chief Executive introduced Dr James Kent, Senior Responsible Officer (designate) for the Integrated Care System (**ICS**). Dr James Kent confirmed that the Integrated Care Board (**ICB**) would become a statutory organisation from 01 July subject to parliamentary approval and at that point the CCGs’ subset and staff would move across. Work being undertaken to prepare for this included:* structures, governance, recruitment, staff transfers;
* developmental work around vision and strategy; and
* enablers around digital, analytics, clinical leadership, and assurance.

He focussed upon 4 questions:1. Why are we doing this?
* legislation;
* a desire to move from a world of competition to one of collaboration;
* a desire to raise accountability and to join up services; both primary and secondary care; mental and physical health as well as health and end of life care; and
* the need to have a single person in each place accountable for health and care outcomes.
1. What value would it bring?
* more focus on preventative activities;
* outcomes that matter to patients;
* focus resource in areas of deprivation and tackle inequality; and
* collaborative working.
1. How would it be governed?
* each place would have a place-based partnership which would be responsible for creating the strategy around service delivery;
* at system level the ICB would have assurance committees and executive committees;
* statutory duties would remain; and
* new functions would need to be built around analytics, clinical risk, resource allocation and public engagement.
1. How would it affect trusts?
* Foundation Trusts would continue;
* there may be less contracting;
* there would be a single financial pot;
* there would be a duty to collaborate; and
* opportunities to take more risk-based approaches.

***Feedback and discussion***The Trust Chair noted that there may be tensions between the levels of the ICB and place-based partnerships, if both were to be dynamic; arrangements could also be complicated within the local system between healthcare providers and with local authorities. He invited other questions and comments from colleagues. Chris Hurst referenced three challenges that he could foresee:1. it was important to understand the difference between the experience of patients versus the care of patients which would require organisations to do better and link information and data across providers in order to get to the heart of opportunities which so far had not been able to be accessed;
2. boundaries in healthcare could be for management convenience therefore patients only partly respected those boundaries. ICBs would therefore need to consider how they could work together especially as local care arrangements could stretch beyond the BOB area; and
3. the way in which interactions were set up with the ICB and how the ICB assessed its priorities and the progress of the system.

Mohinder Sawhney asked:1. how to achieve a whole system view (including 3rd sector and private sector providers of social care) and avoid being an NHS ‘talking shop’; and
2. what the role would be for boards at individual organisation level as the balance of governance shifted from organisations to place-based partnerships.

Lucy Weston asked what was needed to be able to make the case to resolve some health inequalities. The Chief People Officer emphasised the importance of communicating the benefits of the ICS to staff and noted that there was therefore a challenge in articulating these and demonstrating that the ICS would not be a ‘talking shop’. Dr James Kent responded to the questions/comments raised:* in reply to the Chief People Officer, he acknowledged the need to respond to concerns and clearly articulate benefits. The vaccination programme was a good example of system success;
* a way of avoiding being a ‘talking shop’ was to focus on what outcomes mattered to patients. The starting point should be patients;
* regarding outcomes and analytics there was a need to look at how data was generated and the metrics used. It was important to be able to benchmark and access robust data;
* financial risk needed to be better balanced across the system and more needs-based for patients, which would require good clinical leadership; and
* organisations’ boards would continue to be important as they already had governance and assurance architecture in place, which could support the wider system.

The Chief Executive thanked Dr Kent and asked about Non-Executive appointments and mental health representation on the ICB. Dr James Kent replied that the Non-Executive appointments would be known in the coming weeks and mental health representation was a more recent amendment, subject to parliamentary approval and then interpretation.**The Board noted the oral update and thanked Dr James Kent***Dr James Kent left the meeting*.  |  |
| **BOD 25/22**abcdef | **Update from Sub Committee Chair**John Allison confirmed that the Mental Health Act Committee had been in operation for 2 years and had recently been renamed the Mental Health & Law Committee. He highlighted the revised Terms of Reference, at paper RR-App 16(iv), in response to a perceived need to widen the purview beyond the Mental Health Act to include human rights, ethics, and social and legal matters more widely. The revised Terms of Reference of the Mental Health & Law Committee to be circulated to the Board for out-of-session approval or comments.He referred to the Committee’s annual report, at paper RR-App 16(i), which reflected how it had been set up and the early areas of focus. He highlighted the following topics which had been covered by the Committee, including most recently in the past year:* the change from Deprivation of Liberty standards to Liberty Protection Standards and the resourcing implications for the Trust;
* the implication of the Devon ruling on remote detentions which led to a number of discharges;
* mental health benchmarking generally and in particular on outlier areas such as the low rate of admission and high length of stay, which were linked to some extent;
* the surge in discharges in April 2020, during the first COVID-19 wave;
* the often-misunderstood role of the Independent Mental Health Advisors (IMHAs), their availability and appropriate expectations of them;
* areas of interest for the Care Quality Commission including human rights, equality, and the fair application of the Mental Health Act;
* training shortfall further to COVID-19 and how to recover from this in a prioritised way; and
* suicide rates and trends.

John Allison finished by thanking those who had supported the Committee and concluded that chairing the Committee had been an enjoyable, rewarding and worthwhile experience during his tenure as a NED from which he was about to retire. In particular he acknowledged: Kerry Rogers, Karl Marlowe, Britta Klinck, Mary Buckman, Mark Underwood and Nicola Gill. The Chief Medical Officer acknowledged John Allison’s contribution to Mental Health Act Managers’ reviews and he strongly encouraged the NEDs to discuss this with him and John Allison.The Trust Chair confirmed that he would chair the Committee for the foreseeable future.**The Board noted the report and the update.** | **HS/KR/KM** |
| **BOD 26/22**abcdefgh | **Finance Report**Chris Hurst highlighted the following from the Finance & Investment Committee:* overall, the current position was much improved but although there was a healthy surplus, this was a non-recurrent outlook and there had been several areas where there had been budget overspend;
* few Cost Improvement Programme (**CIP**) targets had been met over the last few years due to COVID-19; and
* there had been a significant increase in the day-to-day workforce largely due to temporary staffing to support provision of services during COVID-19.

Budget setting for next year was well advanced and savings targets had been built into the budget setting process. It was important for budget holders to understand what resource they could utilise to run their department/service. A CIP target was also being considered and on top of this the Trust needed to wean itself off the short-term resources provided as a result of COVID-19 as this funding was not recurrent. The Director of Finance presented the report at paper BOD 16/2022 and emphasised the importance of being clear that despite the surplus this year, it was very necessary to save money next year. Following on from Dr Kent’s ICS introduction he reflected that in any event the Trust should be aiming to be as productive and efficient as possible as this would help in providing more healthcare. He confirmed that the cash position was healthy and somewhat inflated due to some deferred income which would be spent next year. The healthy cash position would help to pay for capital investment if this use was permitted, although it was currently constrained by central NHS requirements. The Trust Chair asked what the Board should note about the financial year ahead and CIPs and savings. Philip Rutnam observed that he would have expected the budget for next year to have been set and that this would be an opportunity to anchor discussion about the budgetary challenge for next year from a more detailed budget. The Director of Finance confirmed that the budget and plan would be discussed during the Board’s private session in the afternoon.Lucy Weston asked whether this level of surplus in excess to plan was a failure of effective resource management. When considering the financial plan for next year, she recommended using Board time to take a more prospective and proactive review of some of those challenges looming ahead and the action being taken. The Director of Finance noted that the last couple of years had seen a complicated and unchartered financial framework within the NHS and additional funding had been available for COVID-19, the Mental Health Investment Standard and as negotiated with Oxfordshire CCG. **The Board noted the report.**  |  |
| **BOD****27/22**ab | **Journey to Outstanding update**The Chief Nurse provided a brief oral update and highlighted that 95 staff had been trained in the peer review workshops and work was continuing. **The Board noted the update and agreed to defer the paper to the May Board meeting.**  |  |
| **BOD 28/22**a | **Legal, Regulatory, Policy & Risk update report**The report at Paper BOD 17/2022 was taken as read. |  |
| **BOD 29/22**a | **Communications Strategy**This item was deferred to the May Board Meeting. |  |
| **BOD 30/22**ab | **Corporate Registers** 1. application of the Trust’s seal
2. gifts, hospitality, and sponsorship

**The reports at papers BOD 19 & 20/2022 were taken as read.** |  |
| **BOD****31/22**a | **Any Other Business**The Trust Chair thanked Sir John Allison for his service and highlighted that he had made a difference to the way that the Trust conducted itself and to the care extended to patients and carers. Whilst many boards might lack character, he had been a character and at times a dissenting and critical presence but it was also the function of NEDs to at times be critical in securing the collective purpose of the organisation. The Mental Health Committee would go forwards with momentum due to his involvement; his contributions to the Finance & Investment Committee and also to the Warneford development had been useful and necessary for the good health and hygiene of the Board. The Trust Chair recorded his and the Board’s appreciation of Sir John Allison’s service to the positive outcomes that the Trust strove to achieve in the care that it offered.  |  |
| **BOD****32/22**ab | **Questions from the public**Mike Hobbs, Lead Governor, commented that this had been an invigorating meeting and he expressed his dismay at the lack of other governors present. If their new way of working as a Council of Governors was going to be effective, it would require a higher level of attendance of governors and he would continue to try and achieve this. He highlighted the following comments:* the continuing issue of disproportionate black and deprived people amongst the numbers of detentions;
* he would welcome a discussion with the Chief Medical Officer and Chief People Officer regarding funding for medical staffing and their objectives;
* concerns about the Oxfordshire IAPT service, despite the improvement of performance; and
* patients with severe personality disorders were contributing to a high level of demand on both beds and a place of safety at the same time as there was a reduction in referrals to the Complex Needs Service. He also commented upon the untimely death of Steve Pearce, consultant and Head of the Complex Needs Service, and noted that his loss would be keenly felt.

The Trust Chair thanked the Lead Governor for his comments and agreed to discuss these with him separately. |  |
| **BOD****33/22**a | **Review of the meeting**The Trust Chair apologised for the meeting running late.  |  |
|  | The meeting was closed at: 12:44 **Date of next meeting: 25 May 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)
4. Buckinghamshire, Oxfordshire & Berkshire West Integrated Care System [↑](#footnote-ref-4)