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

**BOD 41/2022**
(Agenda item: 04)

Minutes of a meeting held on

25 May at 09:00

virtual meeting via Microsoft Teams

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| **Present:[[1]](#footnote-2)** |  |
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| David Walker | Trust Chair (the Chair)(**DW**) |
| Amélie Bages | Executive Director of Strategy & Partnerships (**AB**)**\*** |
| Nick Broughton | Chief Executive (**NB**) |
| Marie Crofts | Chief Nurse (**MC**) |
| Geraldine Cumberbatch | Non-Executive Director (**CG**) |
| Charmaine De Souza | Chief People Officer (**CDS**) |
| Chris Hurst | Non-Executive Director (**CMH**) and meeting Chair from item BOD 41/22 onwards |
| Grant Macdonald | Executive Managing Director for Mental Health, Learning Disabilities and Autism (**GM**) |
| Mike McEnaney | Director of Finance (**MMcE**) |
| Anna Christina (Kia) Nobre | Non-Executive Director appointee of the University of Oxford (**KN**) |
| Kerry Rogers | Director of Corporate Affairs & Company Secretary (**KR**)**\*[[2]](#footnote-3)** |
| Philip Rutnam | Non-Executive Director (**PR**) |
| Mohinder Sawhney | Non-Executive Director (**MS**) |
| Rick Trainor | Non-Executive Director (**RT**) |
| 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-4):** |
| *External attendees* |
| Cllr Liz Leffman | Leader of Oxfordshire County Council – *part meeting* |

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| *Attendees from Oxford Health NHS FT* |
| Elaine Jones | Executive Officer to CEO & Chair  |
| Kezia Lange | Consultant and Deputy Chief Medical Officer for Professional Standards (in attendance for the Chief Medical Officer) |
| Susan Marriott | Executive Assistant |
| Rachel Miller | Patient Experience Lead for Learning Disability Services |
| Rosalind Mitchell | Clinical Director (Dental) & Deputy Chief Medical Officer for Quality and Safety (in attendance for Executive Managing Director for Primary & Community Services) |
| Sara Taylor | Associate Director of Communications & Engagement |
| John Upham | Sustainability Lead |
| Vicky Waring | Modern Matron |
| Nicola Gill | Executive Project Officer (Minutes) |

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| **Governor Observers** |  |
| Evin Abrishami |  |
| Mike HobbsNyarai HumbaVicki Power | Lead Governor |

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| **BOD****34/22**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). Apologies for absence were received from: (i) Karl Marlowe, Chief Medical Officer; (ii) Ben Riley, Executive Managing Director for Primary & Community Services; and (iii) Hannah Smith, Assistant Trust Secretary.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****35/22**abcdef | **Patient Story**The Patient Experience Lead for Learning Disability Services presented the Patient Story at Paper BOD 21/2022 explaining that the patient story recorded the work undertaken in the Evenlode Voices Involvement group. The group meets once a week and undertakes work to improve the experience of being a patient on Evenlode or to add their voice to wider consultations such as the Tiny Forest and the NHS Learning Disability, patient survey. The group was open to all the patients and staff and their work was based on taking a co-productive approach to all projects. The service users staying on Evenlode ward were adult men aged between 18 and 65 who had been diagnosed with a learning disability, may also have mental health problems or Autism. They had all engaged in offending or serious risk behaviours. The presentation was co-produced by the group, a recording of which was shared with the Board.Andrea Young questioned the issues the ward was still having with Wi-Fi. The Modern Matron confirmed that it had been installed but due to the cables being a ligature risk they were waiting for them to be installed via the loft. The Executive Director for Digital & Transformation confirmed he would accelerate this work to be completed.The Chief Nurse thanked and congratulated all those involved in the presentation.The Chief Executive felt it was important that the Board heard the voices of those who used our services. Having recently visited Evenlode he commented how impressed he had been with how involved the service users were with the running and designing of the ward. He was pleased the presentation focussed on the natural world, The Tiny Forest initiative, and the garden development. He would like the Trust to be at the forefront as an organisation of using gardens, horticulture, and the natural world to improve the emotional wellbeing of our service users and our staff. **The Board noted the presentation.** *Rachel Miller left the meeting at 9.20* |  |
| **BOD****36/22**a | **Register of Directors’ Interests**The Trust Chair referred to the updated Register of Directors’ Interests at RR/App 22/2022. No interests were declared pertinent to matters on the agenda.  |  |
| **BOD****37/22**abc | **Minutes of the Meeting held on 24 March 2022**The Minutes of the meeting were approved as a true and accurate record with the following amendments:* Page 10, Professor Jonathan Montgomery left the meeting; and
* Item 23/22 (k) the comment about increasing HR resource related specifically to medical recruitment.

***Matters Arising***The Board noted that the following action had been completed:* BOD 20/22 (e) – Research & Development – lay person’s guide – information on local research infrastructure along with R&D terminology and abbreviations circulated over email on 01 April 2022.

The Board noted that the following actions were being progressed but were not yet completed:* BOD 20/22 (g) – Research & Development report to include more about the role of the Joint Research Office and consideration of how to capture/benefit from commercial opportunities from Research work – would be included in the R&D report in July 2022;
* BOD 23/22 (f) – Integrated Performance Report to include demand for Tier 4 CAMHS and the surge in demand in the South East Region – on the agenda;
* BOD 25/22 (a) – Terms of Reference of the Mental Health & Law Committee – on the agenda to be approved;
* BOD 06/22 (q) – Use of the Estate – optimising use of buildings – MW confirmed the strategy was in development for consideration by the Executive Team; and
* BOD 9/22 & 13/22 (c)&(a) – QI Training for Non-Executive Directors and Governors – the Chief Nurse was liaising with the Head of Quality Improvement regarding this.
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| **BOD 38/22**abc | **Trust Chair’s Report and system update** The Trust Chair took his report as read, at paper BOD 23/2022. He highlighted the recent elections for Governors of the Trust and in due course there would be the opportunity to welcome the new Governors. He confirmed that Mike Hobbs had volunteered to continue as Lead Governor and felt this provided much needed continuity and thanked him for his work to date.He spoke about a recent meeting he attended with the Care Quality Commission (**CQC**) where they stressed their wish for CQC work was for it to be proportionate, to use existing data and to be less intrusive than in the past. **The Board noted the report.**  |  |
| **BOD 39/22**abcdefghi | **Chief Executive’s Report**The Chief Executive took his report as read, at paper BOD 24/2022. He welcomed Amélie Bages, Executive Director for Strategy & Partnerships. He spoke about COVID-19 stating that it was 850 days since NHS England had declared a national incident and that the previous week the National Incident Level had been decreased to Level 3 (being dealt with on a regional basis) and this was a reflection on the sustained decline in the number of community cases and hospital in patients suffering with COVID-19. The focus was now on recovery and re-building. Further to his report, and progress against the Trust’s Strategic Objective 1 (deliver the best possible care and outcomes), he:* commented upon the focus on Integrated Care Systems (**ICSs**) and the fact that they become legal entities from 1 July. He confirmed they were a key next step in the reform of how we deliver care with a real focus on integration; collaboration and addressing health inequalities; and
* he confirmed that the Non-Executives for the ICS had been appointed. He confirmed that the Trust’s Executive team had been involved in the interview and recruitment process for key roles including Chief Finance Officer, Chief Medical Officer and Chief Nursing Officer.

Further to his report, and progress against the Trust’s Strategic Objective 4 (become a leader in healthcare research and education), he reported that confirmation of the Trust’s BRC renewal application had been delayed and would not now be known until next month. **Q&A**Rick Trainor questioned whether there were any collaborations scheduled in relation to the forthcoming signing of the Memorandum of Understanding with Oxford University Hospitals NHS Foundation Trust. The Chief Executive confirmed there were several areas of work which were being progressed including end of life care and urgent care and was hopeful the programme would expand to include community neuro rehabilitation services. The goal was to look at the interface between the two organisations and how to work more effectively. Andrea Young asked if there was a place-based structure in place in Buckinghamshire, Oxfordshire, and Berkshire West (**BOB**) and would it push up to the ICS or was that part of the gap as well. The Chief Executive confirmed there was an evolving place-based structure and a place-based board currently being chaired by James Kent. There were also place-based boards in Buckinghamshire y and Berkshire West. These would feed up into the overarching ICS Board.Philip Rutnam spoke about his interest in the Task & Finish group for ICS around Mental Health and Primary Care and questioned whether there were any emerging themes relevant to the future development of the Trust’s links into Primary Care. The Chief Executive confirmed that this was in relation to the Fuller Stocktake report which was due to be published the following day and which he would circulate to the Board. He felt it would provide greater guidance regarding what was expected in terms of the Primary Care Offer and what was expected of Secondary services such as those the Trust provided in support of colleagues in Primary Care.Geraldine Cumberbatch asked whether in relation to the Goldacre Review the Trust had a timeline to look at its own data and act upon it to help improve its services. The Chief Executive confirmed that work was being undertaken with key partner organisations and the Trust was still in the process of taking stock of the Goldacre recommendations. The Executive Director for Digital & Transformation confirmed that from a data perspective this was being looked at and would be progressing.Mohinder Sawhney raised the following questions regarding the Chief Executive’s update on the forthcoming Mental Health Plan:* did he feel the priorities were the right areas for Mental Health to be focused on; and
* did we need to start thinking about our own strategic planning when the report was published as this would need to be reflected in our own priorities.

The Chief Executive responded confirming that the priority areas were the right ones and that he felt it was encouraging that it would be a cross-Government exercise and as such would need approaching from a systemic perspective i.e., a whole life cycle. **The Board noted the report.**  | **NB** |
| **BOD****40/22**abcdefghijk | **Introduction and Q&A with the Leader of Oxfordshire County Council, Councillor Liz Leffman**Councillor Leffman introduced herself and thanked everyone in the Trust for the partnership they had had over the COVID-19 pandemic and for rolling out the vaccination programme so successfully in Oxfordshire. She felt it had demonstrated how well we could work together which was particularly important with the initiation of the ICS. She noted that the Council shared recruitment and retention pressures with the Trust, which she hoped could be worked on together to bring more resources into the County. She also spoke about the challenge of providing preventative services up front and supporting each other to put less pressure on acute services. She commented upon shared priorities in terms of tackling inequalities, managing climate change and providing the local population with the place-based resources needed to lead healthier lifestyles. **Questions**Mohinder Sawhney asked about the shared priorities, which areas might be more difficult to navigate together and Cllr Leffman’s view of how the ICS was developing around adult social care. Cllr Leffman emphasised prevention and having a very clear picture about what we want to do to prevent people from having to go into social care, providing support in the early rather than later stages. They would be looking for support from the NHS on the prevention strategy and ensuring people could live in their own home as long as possible with the support they needed in place.Philip Rutnam asked what Oxfordshire County Council would most like to see from the development of the ICS and how would they tell whether it was being delivered, what was the timescale and the measures. Cllr Leffman responded saying that it was about better integration, better communication and an understanding that we were all supporting the same people but there was a need to do this together. She felt it would be quite complex to judge how it was working and that it could take time to settle down.The Executive Director for Digital & Transformation referred to the Trust’s strategic objective on sustainability and asked whether she was able to comment on her and the council’s ambitions for sustainability over the next 5 to 10 years as this was an area the Trust would like to work closely with the council on. Cllr Leffman confirmed the council were very ambitious and wanted to ensure they got to Net 0 as quickly as possible, with 2030 as their target. Andrea Young asked Cllr Leffman what her view was on young people’s physical and mental health and what she would like to see us work together on in that area. She responded that they were conscious that young people had suffered during the pandemic and acknowledged that the school nursing programme was extremely important in this, together with early identification of when people need help. She confirmed that a priority for her was looking at how they could support young people to support themselves, through peer contact for example, to help them before they need acute support and would like to work with the Trust on this.The Chief People Officer asked where their challenges were coming out of COVID-19 in terms of recruitment and retention. Cllr Leffman replied that it was uneven and depended on which part of the council you were looking at. She confirmed one of the biggest challenges was the cost of living in Oxfordshire and the provision of affordable housing and felt that as a partnership this could be looked at together.The Chair asked for detail around their political party manifesto commitments. Cllr Leffman commented on how close all parties’ manifestos were and that had been the basis of them putting together their 9 priorities. One of the areas that was clear was how committed they were to tackling climate change and supporting healthy living by tackling health inequalities, education, and inequalities in housing etc. She felt there was opportunity generally for some of the parties to come together who shared priorities and to foster cooperation within Oxfordshire. The Chief Executive asked if she envisioned whether that spirit of cooperation could extend beyond the boundaries of Oxfordshire. Cllr Leffman commented that she could see no reason why collaborative working could not take place, especially on public health with the onset of the ICS.It was agreed that the Chief Executive and Stephen Chandler would arrange a meeting for the 2 Executive Teams to meet and discuss how they could work together in the future.The Chair thanked Cllr Leffman on behalf of the Board.*Due to technical difficulties experienced by the Trust Chair, Chris Hurst took over Chairing the meeting* | **NB** |
| **BOD 41/22**abcdefghijklmnop | **Integrated Performance Report (IPR)**The Executive Director for Digital & Transformation presented the report at Paper BOD 25/2022, accompanied by supporting material at RR/App 24/2022, 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:* at a national level, inappropriate Out of Area Placements (**OAPs**) remained below the target of 0 and was an area of scrutiny;
* the total number of patients on caseload was considerably below our peers and one of the primary reasons for this was the criteria being used by the NHS benchmarking team;
* 4% of inappropriate OAPs across the South East Region were related to the Trust;
* referrals in April were in line with normal variations;
* the Trust continued to provide increased activities above normal levels, maintaining the 20-30% higher than pre-pandemic figure;
* length of stay had reduced significantly, and we had seen improvements both in community and mental health; and
* the Trust had achieved 81% of contracted Key Performance Indicators (**KPIs**) in April.

***Highlights from the Executive Managing Directors***The Executive Managing Director for Mental Health, Learning Disabilities and Autism drew the Board’s attention to the Trust taking part in a southeast region collaboration to benchmark waiting times and share learning on management strategies. The first draft of information was being used to improve and clarify definition of outputs. Alongside this the Trust was engaging clinical colleagues in developing measures where no national measures existed to aid understanding of the issues and support decision making on resource allocation to address.He spoke about updates made to the Mental Health Long Term Plan ensuring staff were aware of investments made and outcomes because of those investments.The Clinical Director (Dental) & Deputy Chief Medical Officer for Quality and Safety highlighted the following:* the international recruitment in Community had been particularly successful and they now had 15 international nurses covering the District Nursing Team; and
* the waits for children were a hot spot especially podiatry, children’s therapies, and some of the rollover visits from District Nursing but there was a piece of work being undertaken with the Quality Improvement (**QI**) Team around District Nursing.

***Delivery against Strategic Objective 1: Quality – deliver the best possible care and outcomes***The Chief Nurse referred to the slides and highlighted the following areas of non-compliance:* the clinical supervision target had not been met and as such we were having a supervision week to highlight the importance of supervision;
* the race equality target had been met across the whole of the Trust, although across each of the bands the 18% target was not being met. The Chief People Officer was re-setting the whole of the Equality, Diversity & Inclusion (**EDI**) agenda going forward;
* the Race Equality ‘Framework for Change' strategy was being reviewed by the Chief Nurse and the Chief People Officer; and
* although the target of 25% reduction of prone restraint was not met there was still a significant reduction in prone restraint achieved.

***Delivery against Strategic Objective 2: People – be a great place to work***The Chief People Officer noted that there were now dedicated programmes of work set up to tackle the underperforming OKRs and highlighted:* reduction in turnover was based on how we focus on retention, there was work in place to look at how we collect exit data and there would be a focus on the EDI aspects given that BAME staff were more likely to leave in the first 12 months compared to other staff;
* there would be additional senior capacity in the HR team in Q2 to look at our overall Reward package and how we articulate this to staff to both attract and retain staff;
* Improving Quality Reducing Agency (**IQRA**) programme work in place to look at increasing the number of shifts covered by our own in-house bank provision with changes being implemented in the Summer following review;
* the Learning and Development programme along with the team had now been transferred to the Chief People Officer with the task and finish group meeting next week;
* improve our low rate of compliance in relation to annual appraisals, need to reset as part of an annual cycle of performance management; and
* the IQRA programme had reported to the PLC and was gaining momentum; key pieces of work for the next period involved agency volume contracts and review of e-rostering with inpatient units; together with recruitment to the vacancies that had now been established because of the workforce planning review.

***Delivery against Strategic Objective 3: Sustainability – make the best use of resources and protect the environment***The Director of Finance highlighted that the overall position for Month 1 was £0.2m adverse to plan driven by under delivery of the Cost Improvement Programme (**CIP**) £0.4m, contribution of high level of agency and contracted OAPs (c.£1.6m) both reported as COVID spend in FY22 partially mitigated by release of COVID funding c.£0.6m in expectation of the tapering down of these expenditure items and release of reserves and deferred income, c.£1.2m. The CIP plan for the year was £7.9m with delivery profiled evenly over 12 months; £0.3m had been delivered at month 1, this was £0.4m adverse to plan due to delay in CIP engagement because of COVID-19. ***Delivery against Strategic Objective 4: Research & Education – become a leader in healthcare research and education***Kezia Lange, Deputy Chief Medical Officer for Professional Standards, highlighted that the announcement on the BRC renewal application was still awaited and there was an Inspire Network on 9 June focused on Research & Development and trying to integrate this into everyday working for all staff. **Feedback and discussion**Chris Hurst spoke about the clinical supervision challenges and asked the Chief Nurse if she felt there was more scope for the Trust to support busy staff better with the use of technology. The Chief Nurse replied that anything that could help the lives of the staff she would support, and this was an area that should be looked into.Andrea Young welcomed the workforce establishment review and asked whether the increase in our vacancy rate had been factored in and whether the targets set were still realistic. The Chief Nurse highlighted that in community hospitals, owing largely to international recruitment, they would be fully established including their additional staff in the next few months which was an achievement. She confirmed a workforce plan had been introduced for nursing on inpatient units which covered the next 7 years. The Chief People Officer confirmed that targets needed to be set to test what was feasible and these would be reviewed closely. Kezia Lange spoke about the shortage of senior medical staff and the significant agency spend and that she would welcome the help of the Director of Clinical Workforce Transformation in reviewing the medical staffing to help reduce agency spend in that area as well.The Chief Executive referred to slide 11 on benchmarking and noted that the latest data available should be drilled down further and clarify what the metric was telling us as this was concerning and could also refer to unmet need in the community. To be provided for the July Board meeting.Lucy Weston requested additional information received to put the data and facts into context:1. a focus on how we were using this data to drive change;
2. clarity on how we resolved issues and timescale; and
3. what the work around was where we were finding intractable issues.

Philip Rutnam encouraged the team to think hard about setting a clear trajectory and plan for shifting the hardest things as this can help concentrate minds. He spoke about the reduction in length of stay and impact on flow, the number of people treated therefore the number of people whose lives were improved. He felt this was a good metric and would like some numbers around this. The Chief Executive confirmed that the approach he was advocating was one that had been adopted in relation to the mandatory training challenge and the agency reduction challenge and was being looked at closely as an Executive Team.***Updates from Sub Committee Chairs***Lucy Weston provided the following update from the Audit Committee:* a deep dive had taken place into demand and capacity risk;
* Internal Audit reviews on safeguarding and the OBSW Directorate had been considered;
* outstanding Audit actions: 3 high risk and 3 medium risk all around data records and payroll records, it was important we had plans to address these; and
* Clinical Audit, the committee had certainly been assured via verbal updates about the future direction of Clinical Audit but was yet to receive assurance on the performance for the past year which was now posing a problem on the committee’s ability to give assurance to the Board around internal control for the Annual Report and Accounts submission as Clinical Audit was a crucial part of that assurance process.

**The Board noted the report and oral updates.**  | **MW** |
| **BOD****42/22**abcdefgh | **Staff Survey results**The Chair took the report as read, at paper BOD 26/2022 and invited any questions or comments. The Chief People Officer highlighted that there were some improvements and that the response rate had increased which was a good thing. She confirmed that work would be undertaken specifically around medical engagement. There were some positives with medical engagement and certainly junior doctors were more engaged with the scoring as opposed to consultants, so work was needed to understand why consultants were not so engaged. The Chief Executive highlighted the importance of the staff survey and commented that the best performing NHS organisations, in terms of CQC ratings, had some of the best staff survey results so quality and staff engagement were linked. He was encouraged by the slight improvement but disappointed there was not a larger improvement and more consultant engagement which would be monitored closely. Lucy Weston spoke about the need to be clear on targets and timescales and whether the Board should choose one single item to see improvement in next year. For example, managing the gap between demand and capacity and moving the burden of risk from clinicians rather than asking staff to carry the burden of a goal that may be unobtainable. The Chief Executive added that a key priority for him was a higher response rate and for everyone to value the opportunity to feedback about their experience. Demand and capacity should be looked at on a service-by-service line basis, but we also need to be clear in our communication to the wider organisation and acknowledge the challenge clinicians are facing, highlight the support we will provide both in terms of practical and cultural support. The Director of Strategy & Partnerships highlighted that, as part of the strategy development work, the organisation must be transparent about the challenges to be addressed and our understanding of the gap, before considering how to address the gap, which would include working with partners and staff to achieve this.Mohinder Sawhney commented that she did not feel that organisationally we were setting clear targets for each of our services so that we were clear with staff about what the organisation was trying to achieve and where we were not achieving it. The Chief Executive responded saying that he felt we were clear about our expectations in relation to caseload, length of stay, waiting lists but the NHS was facing unprecedented challenges, greater than many had experienced in their careers to date, this was a difficult time for services therefore there was a need to be realistic about the challenges people were facing.**The Board noted the report.**  |  |
| **BOD****43/22**abc | **Journey to Outstanding update**The Chief Nurse provided an oral update highlighting:* process of self-assessment against the key lines of enquiry, all teams had undertaken this;
* all teams had been involved in workshops around peer review training; and
* peer reviews which had completed.

She confirmed she was due to recruit a senior post to oversee this programme of work, ensuring that this was not just about CQC but about our Journey to Outstanding and improving clinical standards. **The Board noted the oral update.**  |  |
| **BOD****44/22**abcdefghi | **Ockenden report and any ‘true for us’ actions for the Trust**Roz Mitchell, Clinical Director (Dental) & Deputy Chief Medical Officer for Quality and Safety, presented the report at paper, BOD 27/2022 and explained that although the recommendations focussed on maternity services and providers across the country there was relevance for all trusts. The reported illustrated:* the importance of creating a culture where all staff felt safe and supported to speak up;
* identified lack of ongoing training;
* lack of effective investigation and governance in that organisation; and
* not having enough staff.

The report also highlighted the importance of listening to women and their families and to ensure patients had the necessary information and support to make informed, personalised, and safe decisions about their care. There were four pillars of key concerns under:* safe staffing levels;
* well trained workforce;
* learning from incidents; and
* listening to families.

From the Ockenden Report one of the keys to developing better outcomes was shifting from a culture of blame to one of learning and listening, this would help the NHS as a whole move from reactive to proactive approaches to safety. The range of staffing gaps and resultant pressures on staff had a detrimental impact on progressing all cultural changes and the staff survey had shown this. It was important that the Executive and Board continued to be aware of the areas with risks, and triangulating all data from safer staffing, workforce returns, complaints and incidents etc.She confirmed that the Trust, in line with national requirements, was moving to a Patient Safety Incident Framework, which was a new way of looking at serious incidents. A new national NHS Learn from patient safety events service (previously called the Patient Safety Incident Management System (PSIMS)) was in the final stages of development as a central service for the recording and analysis of patient safety events that occur in healthcare. The new reporting system would help the Trust to benchmark incidents. She closed by highlighting the importance of reflection and learning.The Chief Nurse confirmed that a ‘true for us’ exercise would be undertaken to ensure learning from this report. Lucy Weston commented that it would be helpful to know how the Trust had been successful, for example, she was not clear how she as a Non-Executive would know how we were measuring success in developing a Restorative Just Culture. The Chief Nurse commented that implementing Restorative Just Culture was a long process, and it was about acknowledging that was what we wanted to achieve and having indicators to change culture over several years.Mohinder Sawhney spoke about the number of cultural frameworks operating within the Trust and the need to make this collection of ideas coherent for staff. She commented that it was not clear at Board level what actions were needed further to the safe staffing information received.The Chief Nurse replied that reporting on safe staffing fill rates to the Board had been a mandatory requirement since the Francis enquiry. She also gave assurance that this was reviewed daily at an operational level. **The Board noted the report.** |  |
| **BOD 45/22**abc | **Patient Safety Incidents (PSI) report**The Chief Nurse presented the report at paper BOD 28/2022 and highlighted:* in March/April there were 20 patient safety incidents, which included 4 COVID-19 outbreaks;
* 8 suspected suicides for patients in treatment in the community; and
* a Suicide Prevention Strategy was being developed.

She highlighted the following ongoing themes: communication involvement with families; and appropriate risk assessment and formulation. She spoke about the Family Liaison Service which had been developed and established which provided a designated Family Liaison officer to support families of mental health patients who had died.**The Board noted the report.**  |  |
| **BOD****46/22**abcdefg | **Recommendations from the Quality Committee**1. Complaints annual report (paper – BOD 29/2022)
2. Director of Infection Prevention & Control (**IPC**) annual report (paper – BOD 30/2022)

The Chief Nurse presented the annual reports at papers BOD 29/2022 and BOD 30/2022 requesting Board approval and highlighted the following from the Complaints report:* 233 complaints recorded which was slightly higher than the previous year;
* 100% of complaints were acknowledged within 3 days; and
* 27 complaints were reopened, and learning will be taken from these.

She spoke about a new set of standards which were coming out around complaints and complaint management. The team had undertaken a lot of work around areas of improvement and change.Lucy Weston felt the report spoke about data and processes but not necessarily about effectiveness and asked the following questions:1. how do we measure effectiveness of the complaints process; and
2. do we ever go back and undertake learning?

The Chief Nurse responded confirming that the Complaints Report was a statutory requirement, and a lot of the measurement was about process hence the data provided. She confirmed learning was undertaken and themes were reviewed at the Quality Improvement and Learning meeting, which provided focus for Quality Improvement programmes.The Chief Nurse thanked Helen Bosley and the IPC team.Andrea Young confirmed that the Quality Committee (**QC**) endorsed the refresh of the Learning Disability Strategy. She also referred to an excellent presentation received at QC by Kennet Ward, part of the Forensic service, on a QI project they had set themselves to reduce the use of restraint, and which had had a remarkable result. **The Board APPROVED the annual reports.**  |  |
| **BOD 47/22**abcdefgh | **Trust Green Plan**The Executive Director for Digital & Transformation introduced the plan at paper BOD 31/2022, confirming approval was being sought for the Green Plan to be published in the public domain and introduced John Upham, the Sustainability Lead for the Trust.John Upham highlighted the 2 clear targets in the aim to reach Net 0 carbon:1. by 2040 reduce all the emissions we control in the NHS to Net 0; and
2. by 2045 to reduce the emissions we can influence from our suppliers and partners.

To coordinate all the efforts within the NHS in reaching Net 0 carbon, all NHS Trusts were now required to develop and publish a Board approved Green Plan. This plan sets out the 3-year approach 2022-2025 on reducing carbon emissions by 2040 and 2045. The key focus areas were set out in more detail in the report but included sustainable travel options, air quality, energy saving and efficiency, waste reduction and collaboration with suppliers and partners. The Trust had already made steps in reducing carbon emissions by 38% since 2014.Philip Rutnam asked whether the carbon emissions against which we had set targets included the travel carbon emissions of patients. John Upham responded confirming that they were covered in Scope 3 and currently we were looking at Scope 1 which were our direct emissions. Lucy Weston asked the following questions:1. was there a simple representation of how our current carbon footprint was made up?
2. costings – the investment required was phenomenal and would the availability of resources dictate how we made some of our decisions?

John Upham confirmed that we measured our current carbon footprint based on the carbon from all our energy i.e., utility consumption both gas and electric within all our buildings. This information was also benchmarked against the wider NHS allowing us to see where our organisation sits within the wider NHS. Regarding costings he confirmed we were looking to seek external grant funding and were focussing on reducing energy demand currently. The Chief Executive asked why it was just a 3-year strategy. John Upham explained that the 3 years gave NHS trusts the opportunity to develop a positive programme on how they would get to the end of the decade to reach the 80% reduction. **The Board APPROVED the Green Plan.** |  |
| **BOD 48/22**abcde | **Data Security & Protection Toolkit**The Executive Director for Digital & Transformation presented the report at paper BOD 32/2022 highlighting that there was a significant national security environment that we operated in and to be able to take part in not just the NHS’ secure network but the broader network that joins all the organisations together in a secure way, we had to meet a comprehensive security assessment. The report sets out in detail some of the broad areas and identified the one area where we had consistently struggled and that was around Information Governance (**IG**) training for staff. There was an issue in meeting the target for staff uptake of IG training despite numerous attempts. It was the only area where we were currently deficient. Our priority was to get the message out to staff about the importance of IG training.Geraldine Cumberbatch asked whether other avenues of delivering the IG training had been explored i.e., a recorded session as a way around this problem. The Executive Director for Digital & Transformation confirmed that recordings had been made, as well as providing it as part of the induction session and separately in webinars; numerous avenues of support were offered to staff to enable them to undertake this training. The issue may arise because staff had undertaken IG training before and therefore felt they were still covered but due to the continually changing threats this training needed to be undertaken regularly. The Executive Director for Digital & Transformation thanked the Head of IG and his team for all their considerable work.**The Board noted the report and its submission at the end of June.** |  |
| **BOD 49/22**abcdefghi | **Finance report including FY23 Financial Plan and Budgets** The Director of Finance presented the report at paper BOD 33/2022, emphasising that the Plan had been developed over the last 4 months and had been to the Finance & Investment Committee (**FIC**) where it was approved last week. It had been submitted to NHS England (**NHSE**) as part of the ICS submission. The purpose of today was to raise with the Board for ratification purposes. He highlighted the current complicated financial landscape compared to previous years. The ICS had agreed to a flat cash settlement for this year. He also highlighted that the aggregate ICS position currently was a £90m deficit. There had also been an additional £1.5billion released from NHSE for the purpose of covering higher inflation and demand. Allocated to BOB was £40m and if this was not spent it reduced the deficit to £50m but this was the overall picture. The basic requirement for all trusts was to effectively get back to pre-COVID efficiencies to free up funds for growth and high demand. He highlighted that the Trust had:* an underlying deficit of £2m;
* a reduction in COVID spend of £11.8m; and
* CIP of £7.9m.

These were the key focusses for the year, we had to reduce our COVID spend and reliance upon it, we had to develop CIP to deliver £7.9m and the underlying deficit was driven by OAPs and agency which needed to be resolved. The financial plan for the year, despite the challenges, was in reasonable shape and if we could support the services, we could achieve a good result for the year.He confirmed that the 5 Year Plan was feasible if we could resolve the £9.2m adjustment to get to break even this year, we could then have a break-even plan going forward that required us to achieve a reasonable cost improvement level and would enable us to support and drive development to the services. Lucy Weston asked the following questions:1. in terms of COVID reduction plans, could he confirm they were built into individual budgets, so each team was clear on what they were expected to deliver in terms of saving?
2. CIPs, had that CIP plan been built up to a point where we were clear how we were going to deliver it, and had that been built into individual budgets?
3. how was agency budgeted, how do we budget for those expectations?
4. £1.4m overspend on vaccination centres, was that fully funded? If not, what were the controls around this?
5. In the IPR there was reference to the Community Directorate being £1m overspent, what were his reflections on the driver for this?

The Director of Finance responded:1. the COVID reduction plan was developed as part of the budget process and was in individual budgets;
2. he confirmed the CIP had been removed from the budgets for each of the Directorates and detailed plans were being developed;
3. regarding the Community Directorate overspend, he noted that there was some deferred income which needed to be allocated. The key for community services budget was to control costs which were running high currently in order to release funding.

Lucy Weston asked how we budgeted for agency. The Director of Finance confirmed that the contingency was in the finance pot centrally so it could be controlled centrally and to avoid it being accepted as the norm.Philip Rutnam asked about the inflation risk. The Director of Finance confirmed that an extra £1m had already been included for utilities. The Executive Director for Digital & Transformation confirmed that Estates was factoring in between 5-8% in terms of the building projects that were on the capital plan for the yearr.**The Board noted the report and APPROVED the Plan.** |  |
| **BOD 50/22**abc | **NHS England/Improvement self-certification of compliance with provider licence**The Director of Finance presented the report at paper BOD 34/2022 highlighting the requirement for the Board to support the self-certification of compliance with the provider licence. This was not submitted but was published and could be reviewed by the CQC. Any opinions or concerns on the self-certification were sought. Chris Hurst clarified that the self-certification was being made on proposition 3A. The Director of Finance confirmed this. Lucy Weston commented that it should be on proposition 3B. She highlighted that not knowing what risks might come out of Clinical Audit, whether any high risks may emerge and what we would do about them may limit self-certification and was unsure of where the assurance was coming from for Declarations 1 and 2 or who had oversight of 4 and 5. **The Board noted the report but delayed self-certification at this time.** |  |
| **BOD 51/22**abcde | **Communications Strategy 2022-27**The Associate Director of Communications & Engagement presented the paper at BOD 35/2022 highlighting that this strategy gave the opportunity to set out what the communications function at the Trust did. This strategy would be regularly reviewed to keep pace with demands and the changing landscape in which we work. There would be a final version which would complement the Trust strategy.She thanked those who had inputted into the strategy so far. She spoke about reputation management and believed this was implicit in our external communications in ensuring the Trust protects and enhances its reputation and responds to criticism. More feedback would be reflected in the final version of the strategy and she asked for the Board to delegate final approval to the Executive Team.The Chair commended the strategy as an excellent piece of work.Rick Trainor mentioned reputation management and commented that in all complex organisations there had to be a balance between positive communication strategy and being reactive or defensive. He asked what the balance of resource between those two functions was. Sara Taylor responded saying it was difficult to quantify the balance. Rick Trainor asked whether the Trust had enough resource to enable a proactive approach. She responded that the majority of the team’s work was proactive rather than reactive; resources were needed in other areas i.e., digital to enable the strategy to be fulfilled.**The Board RECOMMENDED the Communications Strategy to the Executive for final approval.**  |  |
| **BOD 52/22**ab | **Legal, Regulatory, Policy & Risk update report**The report at paper BOD 36/2022 was taken as read.**The Board noted the report.**  |  |
| **BOD****53/22**a | **Any Other Business**None |  |
| **BOD****54/22**a | **Questions from the public**Mike Hobbs, Lead Governor, had left the meeting early but posed the following questions in the chat function:1. relevant for the Ockenden report, what actions were underway to address Multi-Disciplinary Team dynamics, training, and team building; and
2. would IPC relaxations allow swift resumption of whole-team meetings?

The Chief Executive asked the Chief Nurse to consider these outside of the meeting.  |  |
| **BOD****55/22**a | **Review of the meeting**The Chair commented upon the wide-ranging discussion. |  |
|  | The meeting was closed at: 13:00 **Date of next meeting: 15 June 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 17 (from April 2022), quorum of 2/3 with a vote is 11 [↑](#footnote-ref-2)
2. \* = non-voting [↑](#footnote-ref-3)
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-4)