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

**BOD 68/2022**  
(Agenda item: 04)

Minutes of a meeting held on

28 September 2022 at 09:00

virtual meeting via Microsoft Teams

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| **Present:[[1]](#footnote-2)** |  | |
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| David Walker  Nick Broughton  Amélie Bages | | Trust Chair (the Chair)(**DW**)  Chief Executive Officer (**NB**)  Executive Director of Strategy & Partnerships (**AB**)**\*** |
| Marie Crofts  Geraldine Cumberbatch | | Chief Nurse (**MC**)  Non-Executive Director (**GC**) |
| Charmaine De Souza | | Chief People Officer (**CDS**) |
| Chris Hurst | | Non-Executive Director (**CMH**) |
| Grant Macdonald | | Executive Managing Director for Mental Health, Learning Disabilities and Autism (**GM**) |
| Karl Marlowe | | Chief Medical Officer (**KM**) |
| Ben Riley | | Executive Managing Director for Primary, Community and Dental Care (**BR**) |
| Kerry Rogers | | Director of Corporate Affairs & Company Secretary (**KR**)**\*[[2]](#footnote-3)** |
| 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**) |
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| **In attendance[[3]](#footnote-4):** | | |
| *Attendees from Oxford Health NHS FT* | | |
| Jo Faulkner  Claire Macgregor | | Head of Forensic Service  Forensic Recovery College Coordinator |
| Susan Marriott | | Executive Assistant |
| Petr Neckar | | Head of Forensic Recovery College |
| Nicola Gill | | Executive Project Officer (Minutes) |
| Hannah Smith | | Assistant Trust Secretary (Minutes) |
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| **Good Governance Institute Observers**  Peter Allanson  Joanna Watson | | |

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| **BOD**  **76/22**  a  b  c | **Welcome, #Hellomynameis and Apologies for Absence**  The Trust Chair welcomed members of the Board present and staff, governors and observing members of the public. The Board and those in attendance at the start of the meeting introduced themselves (#Hellomynameis).  Apologies for absence were received from: (i) Kia Nobre, Non-Executive Director; (ii) Rick Trainor, Non-Executive Director; (iii) Andrea Young, Non-Executive Director; and (iv) Dr Jude Deacon, Director of Forensic Mental Health.  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**  **77/22**  a  b  c  d  e  f  g  h | **Patient Story**  The Chief Nurse introduced the Patient Story at Paper BOD 56/2022 which recorded the work undertaken by the Forensic Recovery College (**FRC**) who had recently been shortlisted for the Health Service Journal (**HSJ**) Patient Safety Awards in the Co-Production category. She welcomed Petr Neckar, Head of the Forensic Recovery College, and Jo Faulkner, Head of Forensic Services.  Petr Neckar took the report as read and introduced the presentation on the work of the Forensic Recovery College explaining that this project had been founded by the Trust to provide adult education and promote well-being within the Thames Valley Secure Services. The College employed co-production throughout all its activities offering 3 types of courses and was a free self-referred service.  Claire Macgregor, Forensic Recovery College Co-ordinator described the impact of the service on their students. Students were not referred to as service users or staff; this helped build therapeutic relationships between groups and promoted a sense of belonging and ownership having made an investment in their recovery. This all contributed towards a positive outcome.  The Chief Nurse thanked the team and congratulated them on their nomination.  The Chief Executive thanked the team for their presentation and noted it was important as a Board to hear from this group of patients and wished them good luck with the HSJ award.  The Chief People Officer congratulated them on the model where staff attend the Recovery College and were classed as students too.  The Chair asked if there were any objective measures of the effectiveness of Recovery College participation for Forensic Services patients. Petr Neckar responded and explained they used wellbeing measures and self-reporting; he confirmed there were new recall measures specifically designed for colleges which would be incorporated.  **The Board noted the presentation.** |  |
| **BOD**  **78/22**  a | **Register of Directors’ Interests**  The Trust Chair referred to the updated Register of Directors’ Interests at RR/App 46/2022. No interests were declared pertinent to matters on the agenda. |  |
| **BOD**  **79/22**  a  b  c | **Minutes of the Meeting held on 20 July 2022**  The Minutes of the meeting held on 20 July were approved as a true and accurate record.  ***Matters Arising***  The Board noted that the following actions had been completed:   * BOD 40/22(j) – Nick Broughton and Stephen Chandler to set a date for the 2 Executive Teams to meet – the initial meeting had taken place with an agreed one hour catch up the following month and a face-to-face meeting in November.   The Board noted that the following actions were being progressed but were not yet complete:   * BOD 06/22(q) – Use of the Estate – optimising use of buildings – scheduled for the Board’s private workshop/session in October 2022. |  |
| **BOD 80/22**  a  b | **Trust Chair’s Report and system update**  The Trust Chair took his report as read, at Paper BOD 58/2022. He confirmed that the opportunity for face-to-face meetings was being kept under review. He highlighted that:   * he had received correspondence from OFSTED (the Office of Standards in Education) who confirmed that the Trust’s management of apprenticeships had been rated Good in a recent inspection; * whilst the Trust was a significant presence in   the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (**BOB ICS**), and the agenda for the meeting referenced BOB ICS matters, the Trust was also a member of the Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (**BSW ICB**) and should keep abreast of events and relationships there, potentially through a Board event in that area subject to availability of a suitable location.   **The Board noted the report.** |  |
| **BOD 81/22**  a  b  c  d  e  f  g  h  i | **Chief Executive’s Report**  The Chief Executive took his report as read, at Paper BOD 59/2022 and formally welcomed Heather Smith, Chief Finance Officer, to the Trust. He highlighted that the organisation continued to face some significant challenges.  Further to his report, and progress against the Trust’s Strategic Objective 1 (deliver the best possible care and outcomes), he:   * reported that the impact of the cyber incident on one of the Trust’s third party suppliers was ongoing and continued to affect the Trust’s access to key electronic records systems, which may be the case for weeks to come; * commented on Winter Preparedness and confirmed that the NHS was concerned about the risk of a further wave of COVID-19 infections and the possibility of a significant flu season; * reported that steady progress was being made with the Warneford redevelopment project and an Interim Programme Director, Simon Cook, had been appointed for the project; and * reported that he and the Trust Chair had formally opened the new outdoor gymnasium situation on the Littlemore Meadow.   Further to his report, and progress against the Trust’s Strategic Objective 2 (be a great place to work), he spoke about the impact of the cost-of-living crisis on the Trust’s workforce. The Trust was committed to supporting staff and was working on a range of interventions – some short term, and others which needed further planning. He commented on the importance of supporting colleagues’ emotional and physical wellbeing during such difficult times.  Further to his report, and progress against the Trust’s Strategic Objective 3 (make the best use of our resources and protect the environment), he reported that James Kent was leaving his role as Chief Executive of the BOB Integrated Care Board (**ICB**); the acting Chief Executive of the BOB ICB would be Rachael De Caux, the BOB ICB Chief Medical Officer, pending an interim appointment to be announced. He confirmed that the BOB ICB had met the previous day for the second time with discussions being around the development of governance and various board sub committees; a link to the BOB ICB papers was included in his report. The Chief Executive put on record his thanks to James Kent for his work during his tenure as Chief Executive of the BOB ICB and acknowledged the challenging system which he had inherited.  Finally, he spoke about the death of Her Majesty Queen Elizabeth II and confirmed that the Trust had opened books of condolence across the organisation to allow all to pay their respects to the late Queen and mourn her passing. She had been a constant figure in the lives of many, providing psychological security and safety for many who may be upset and destabilised by her passing; the Trust was very aware of this and the impact it could have upon service users and staff.  **Q&A**  The Chair asked what proportion of Trust staff may need access to a food bank. The Chief People Officer replied that the Trust did not hold this information and it could be a sensitive topic for some but she proposed finding discrete ways to offer support, potentially through the Chaplaincy or Occupational Health services.  Mohinder Sawhney referred to the BOB ICB membership and commented upon the lack of social care representation, beyond the local authority membership. She asked what the trajectory was for a truly integrated health and social care approach in the BOB ICS. The Chief Executive replied that there was a commitment to work in an integrated manner with social care, although it was not ideal that currently the sole Local Authority Partner member had to represent social care in its entirety across the three different areas which formed the BOB ICS. However, the Local Authority Partner member was reaching out, engaging and creating a forum to develop a united social care voice. The BOB project was still in its early days but working closely with social care would be key to addressing challenges in the provision of healthcare.  Lucy Weston referred to the volume of work being undertaken at ICS level and asked what could be done to align governance structures or what developments needed to be put in motion to meet expected future needs regarding provision of data or cross organisation working. The Chief Executive replied that this had been a reason for the creation of the role of Executive Director of Strategy & Partnerships, to pre-empt this and better equip the Trust to work in partnership and support the ICB and place-based partnerships.  **The Board noted the report.** |  |
| **BOD 82/22**  a  b  c  d  e  f  g  h  i  j  k  l  m  n  o  p | **Integrated Performance Report (IPR)**  The Executive Director for Digital & Transformation presented the report at Paper BOD 60/2022, accompanied by supporting material at RR/App 49/2022, with:   * a summary of performance against the Strategic Objectives; * 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; * delivery against national targets in the NHS Oversight Framework. The Trust, in partnership with Oxfordshire Mind, was now achieving the targets at Step 2 of the Improving Access to Psychological Therapies (**IAPT**) service; and * 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:   * inappropriate Out of Area Placements (**OAPs**) had increased against the previous month further to operational pressures and reduction in contracted appropriate OAPs; * a slight decrease in the Minor Injuries Unit performance, indicative of a system under pressure; * IAPT performance was slightly below target but not considered a significant risk at this point; * referrals overall to the Trust were consistent with the numbers reported in previous months; * the Trust continued to provide normal/expected levels of activity; * the admissions and length of stay across wards within the Trust were within normal ranges; and * the Trust had achieved 78% of contracted Key Performance Indicators (**KPIs**) in July.   ***Highlights from the Executive Managing Directors***  The Executive Managing Director for Primary, Community and Dental Care reported that the ongoing lack of access to key electronic records systems remained the main issue occupying attention. Community Services had nonetheless risen admirably to the challenge and been able to cope by running on business continuity plans. However, continuing these measures for a prolonged period had particularly impacted the out-of-hours GP service but the deployment of a version of the EMIS system had proved successful in mitigating risks. Whilst the focus had been on addressing access to key electronic records, some longer-term strategic development work had needed to be paused but would be restarted now that the situation was stabilising.  Philip Rutnam referred to tissue viability and the increase in emergency referrals which were linked to pressures on the District Nursing Service. He asked what level of confidence there was in the issue being resolved. The Executive Managing Director for Primary, Community and Dental Care replied that the situation was difficult with increasing demand at the same time as an ongoing workforce challenge and a financial challenge. The team had therefore needed to focus its effort on triaging the most urgent referrals and had less time to deal with routine referrals. The Chief Nurse added that a detailed report on pressure ulcer management had been reviewed recently by the Quality & Clinical Governance Sub Committee and she was confident that wound management due to pressure ulcers was being managed well; she confirmed that numbers of Category 3 and 4 pressure ulcers were falling.  The Executive Managing Director for Mental Health, Learning Disabilities and Autism provided a more detailed update on inappropriate OAPs and confirmed there had been no older adults in that position since July. Compared to relatively high numbers of 20 in April, the figure was now down to 2 people being cared for out of area but in appropriate placements. Remarkable progress had been made against a volatile backdrop.  ***Delivery against Strategic Objective 1: Quality – deliver the best possible care and outcomes***  The Chief Nurse referred to the slides in the report and highlighted:   * COVID-19 numbers were rising with 2 outbreaks at Community Hospitals; * work was taking place to protect both staff and patients from flu; * the clinical systems outage had been an added challenge for staff in keeping patients safe; * the clinical supervision percentage was still low but there was a recovery plan in place; * use of prone restraint was progressing well; and * more work needed to be undertaken on the Lester tool.   The Chair provided an update from Andrea Young, Chair of the Quality Committee, highlighting:   * Ruby and Sapphire wards bore most of the staffing challenge but other staffing hotspots included Child & Adolescent Mental Health Services (**CAMHS**), Eating Disorder Services, Community Services including Podiatry and Out Of Hours services; * unparalleled demand was particularly presenting in CAMHS, Community Services and Eating Disorders; * the operational costs of managing the clinical systems outage were enduring and the corrosive aspect of this should not be underestimated, especially at a time when capacity could be otherwise spent in addressing strategic priorities; and * an excellent annual safeguarding report had been received.   The Chair asked whether consultants were concerned that they may be on the brink of not being able to run safe services. The Chief Medical Officer replied that there were regular conversations with teams when such problems arose to help to address issues. For example, recently the Older Adults service had developed a plan to manage demand based on their current staffing. Discussions also took place with commissioners, for example recently in BSW which had resulted in BSW commissioners coming up with solutions to manage demand.  ***Delivery against Strategic Objective 2: People – be a great place to work***  The Chief People Officer highlighted the following:   * the 3 priorities which the HR directorate were focusing on were upskilling line managers, focussing on new joiners and systems to ensure provision of accurate data; * a steady improvement had been seen on statutory & mandatory training which was now at 84% although the aim was 90% by the end of the calendar year and 95% by the end of the financial year; * in relation to PDRs/appraisals, a Quality Improvement project had been undertaken to understand the low compliance rates. Now this had been completed, action could be taken and an increase in compliance was anticipated over the financial year; * the work on the People Plan should help improve and reduce labour turnover; * finally there had been a reduction in staff sickness but there now needed to be focus on non-COVID reasons for absence; and * work continued to reduce agency spend.   The Chair asked the Chief People Officer about number of new joiners who then left within 6 months. The Chief People Officer noted that one of the People Plan priorities was a focus on the first 12 months after recruitment and included: a new redesigned corporate induction; focus on the importance of mandatory training; a touchpoint review after 6 months; and ensuring that new joiners received a PDR/appraisal in their first year.  Mohinder Sawhney noted that the People, Leadership and Culture Committee (**PLC**) would be focussing on the Improving Quality and Reducing Agency Programme (**IQRA**) and trying to understand whether plans were sufficient, and sufficiently resourced, for the challenge being faced.  Lucy Weston commented that the IPR was an impressive document for capturing performance but it was missing focus upon the strategy-breaking key priorities for the Trust as a whole and assessment of how the Trust was performing against these. Although it had been agreed on many occasions that reducing agency was a core priority, it would be helpful to synthesise 5 of those key priorities and ensure there was a section on each showing progress. She also noted that data quality issues had been identified in the context of recording of supervisions and she queried whether the impact of data quality upon true underlying performance was being addressed. The Chief Executive replied that whilst the Executive Director for Digital & Transformation and the IM&T team were reviewing systems for data quality, it was also necessary to ensure that colleagues entered the necessary data onto those systems. Data quality nationally had hindered the transformation of Mental Heath services and the development of a Mental Health dashboard for the South East region would help to improve this. In relation to identifying 4-5 key priorities, he agreed and commented that some of these had been covered, for example by the Chief People Officer in relation to mandatory training and IQRA. He commented that the IPR should not become an even more detailed report than it already was or it would be difficult to work through such a large volume of data.  The Executive Director for Digital & Transformation added that data quality issues were a consequence of the systems and processes being used. If both of those factors could be improved then the data being collected would be of a higher quality. The Information Strategy Data Group was working towards this by bringing together various different system owners and helping the organisation to create a better information infrastructure which could be used for internal reporting as well as contributions to regional and national data sets.  ***Delivery against Strategic Objective 3: Sustainability – make the best use of resources and protect the environment***  The Chief Finance Officer commented that although the environmental side of the report presented a holding position, there was energy and enthusiasm for this throughout the organisation and she hoped in future IPRs to be able to provide more environmental reporting. The detail of the financial sustainability reporting was set out in the separate accompanying Finance Report.  ***Delivery against Strategic Objective 4: Research & Education – become a leader in healthcare research and education***  The Chief Medical Officer highlighted that the clinical systems outage had impacted recruitment of patients to clinical studies and ability to review patient records. He noted that he would also be attending an interview panel the following day for the appointment of a new Professor and Head of Department for the Nuffield Department of Primary Care and Health Care.  **The Board noted the report and oral updates.** |  |
| **BOD**  **83/22**  a  b  c  d  e  f  g  h | **Finance report**  The Chief Finance Officer presented the report at Paper BOD 61/2022 and confirmed that the Trust was operating to a deficit budget due to two outstanding contractual issues: with NHS England specialist commissioning (£3.5m); and shortfall against the BOB Mental Health Investment Standard (£5.7m). The deficit had been established at the beginning of the year and had been recognised by the ICS but there was a possibility that the Trust may be asked to contribute more to the ICS’s overall financial position.  She commented upon the disparity between what budgets had been set and what might be realistically deliverable; therefore there would be an opportunity to consider whether to reset budgets and Cost Improvement Plan (**CIP**) targets to ensure understanding, ownership and leadership by CIP and budget holders.  Chris Hurst added that the Finance & Investment Committee (**FIC**) met two weeks ago and had a long discussion about financial performance and confirmed that broadly they had a degree of confidence about managing the overall budget through the current year. His key message was the Trust’s planning and mobilisation of financial plans for next year, including CIPs, was rapidly becoming a priority for consideration during this year so as to put the Trust in the best possible position for FY24.  He commented that the Trust’s high usage of agency staff had in part been in response to increasing service demand whereas the staffing establishment levels had remained relatively fixed. In order to address this, the Trust would need to: consider what justifiable and sustainable staffing levels meant; ask staff what else other than agency support would help to make their lives easier; and draw together the threads of this kind of analysis.  The Chair asked the Chief Finance Officer about the unallocated CIP for BOB and asked whether she was concerned that the ICS may expect further savings from the Trust. The Chief Finance Officer confirmed that it was likely that request would be made, and this would need to be taken into account as part of financial planning.  Philip Rutnam thanked the Chief Finance Officer for the report and drew attention to two points that he felt were quite challenging:   * despite the enormous effort going into the challenge around agency spend, the report showed a significant upward trend around spend on agency and bank staff and there was a substantial lag between the improvement project underway to address this and changes in performance; and * the substantial challenge around the capital investment programme which this year had been £15m but by the end of August only just over £2m had been spent against plan. Achievement against the capital investment programme was therefore significantly loaded into the second half of the financial year.   The Chief Finance Officer responded that he was right to flag the low capital run rate for this year and she would be considering this, also in the context of the wider ICS and pressures which other organisations were finding themselves in with difficulty in spending capital because of supply chain and recruitment issues making it hard to progress their plans; she was hoping to get more insight into this at a meeting the following day with the other trusts.  **The Board noted the report.** |  |
| **BOD**  **84/22**  a  b  c | **Buckinghamshire, Oxfordshire & Berkshire West (BOB) Integrated Care System (ICS) FY23 operational plan**  The Executive Director of Strategy & Partnerships presented the report at paper BOD 62/2022 and highlighted the following key points:   * the ICS had worked with providers to create a central plan; * the plan was created before the ICS became a statutory body therefore this reflected a transition period and future processes would be more robust; and * both Community and Mental Health Services were identified as priorities.   She went on to highlight what this meant for the Trust:   * governance would be the key driver for how the community and mental health programme at ICS and place level were developed in the future; * next year the Trust would need an operational plan aligned with the ICS, with that in mind she was working with the Finance team to create an integrated annual planning process; and * the work which the Board was doing to develop the Trust’s strategy would help the organisation to be more prepared to assist the ICS to identify appropriate priorities.   **The Board noted the plan.** |  |
| **BOD**  **85/22**  a  b  c  d | **Local Clinical Excellence Awards (LCEAs) report**  The Chief Medical Officer presented the report at Paper BOD 63/2022 and confirmed this report required Board approval and proposed that awards for 2022/23 were distributed equally, whilst further work would be undertaken in partnership with the Local Negotiating Committee and also the PLC to design the local approach for future years.  The report recommended that the Trust complied with the provisions of article 30 and implemented equally distributed LCEAs for 22/23 whilst designing a longer-term approach for future years. This would include the development of a policy relating to LCEAs.  The Chief Executive confirmed that whilst not entirely comfortable with this approach there was a need to follow national direction. However, early thought could be given to what the alternative could look like as the aim of these awards was to reward those consultants and other medical staff who went above and beyond their job descriptions. The Trust needed to ensure people were rewarded for taking on additional responsibilities, making additional contributions and helping the Trust to become an outstanding organisation; a blanket approach was not necessarily helpful in this regard.  **The Board APPROVED the report.** |  |
| **BOD**  **86/22**  a  b  c  d  e | **Journey to Outstanding update**  The Chief Nurse gave an oral update and presented the principals and themes around outstanding trusts and their journey to excellence. She highlighted the following key lines of enquiry from CQC Inspections for newer members of the Board:   * Safe * Effective * Responsive * Caring * Well Led   As part of her presentation, she spoke about the following areas and highlighted the Trust’s progress in relation to:   * CQC – Characteristics of Outstanding services; * Key Elements of Outstanding Trusts; * Effective and Supportive Governance Systems; * Right skills, knowledge, and resources to do the job; * Continually Learning through a QI approach; * Psychologically Safe Culture; * Co-production through engagement and involvement; and * What Next?   She spoke about the regular engagement meetings happening every quarter with the CQC and local and regional leads. No quality issues had been raised through these meetings to prompt CQC visits. A key focus was around safety and ensuring safe staffing, even during COVID times, so as to maintain safety on the wards or in community services. Next steps also involved:   * using intelligence from other trusts to drive change; * using self-assessment to guide peer reviews; * driving improvement through clear standards and accreditation i.e. developing a pathway to excellence through having clear standards in wards or in community teams linked to accreditation programmes; * recruiting a senior lead to support this approach; and * Executive Committee oversight to ensure that this remained everyone’s business to drive the agenda to become an outstanding organisation.   The Chief Executive spoke about the work being undertaken to increase the number of peer support workers and commented that he would like the Board to hear from one or more of them and similarly from the newly appointed Lived Experience engagement workers. The Chief Nurse noted this request.  **The Board noted the presentation.** | **HaS/ MC** |
| **BOD 87/22**  a  b  c  d  e  f  g  h  i | **Patient Safety Incidents (PSI) report**  The Chief Nurse presented the report at paper BOD 64/2022 and confirmed there had been five Patient Safety Incidents during July and August that met national criteria to be reported as serious incidents.  There were also 16 Patient Safety Incident investigations completed during this time with the key themes for learning being:   * quality and completeness of initial assessments, risk assessments, safety plans and care plans; * communication between teams, external organisations/ services and with partnership providers; * timeliness of raising safeguarding concerns; * lack of physical health care plan; * estates/building issues, enabling AWOL from ward; and * observations not completed or documented as expected   She confirmed there had been a decrease in Patient Safety Incidents in June, July and August compared to previous years; this had been explored and no difference found in harm or cause. All decision making for moderate harm and above incidents had been reviewed and no concerns found. We had seen a reduction in the number of reported suspected suicides in May and August 2022 and therefore had strengthened our processes to ensure we did not miss any incident of suspected suicide.  She spoke about the Patient Safety Incident Response Framework (PSIRF), which was published in August and represented a significant shift in the way investigations were conducted.  Lucy Weston asked the following questions:   1. there were a lot of recurring themes in the learning and whilst she acknowledged the new initiative to triangulate these pieces of learning she asked what the solution was for tracking these were, what mechanism was in place to ensure some of these were closed; and 2. in February we had the Internal Audit review of the PSI process (overall medium risk rating) but the most significant risk was about the training of staff i.e. staff being adequately trained to undertake reviews in an appropriate level and way. She asked what was in place regarding timeliness of actions and closing them down.   The Chief Nurse responded in relation to monitoring and confirmed that a Regular Action Monitoring Group had been set up which reviewed actions from across Incidents, Inquests and Complaints. With regards to themes, the larger ones were taken into the Quality Improvement & Learning Group. In terms of the trained staff, she confirmed we had fundamentally changed the oversight process and increased the amount of people undertaking these reports.  The Chief Executive added that the Internal Audit programme this year had been extended to include a review of how the Trust embedded learning in relation to the Prevention of Future Death notices received from Coroners; the terms of reference for this were currently being finalised.  The Chair observed that the PSIs he had been involved with often involved other agents outside the Trust’s direct employ, for example those operating in primary care. A methodological flaw was that if the investigation focused on issues to do only with the Trust’s performance then it could fail to acknowledge the impact of the interactions between the Trust and other bodies.  **The Board noted the report.** |  |
| **BOD 88/22**  a  b  c  d | **Joint Children & Adults’ Safeguarding annual report**  The Chief Nurse presented the report at paper BOD 65/2022 confirming this had been presented at Quality Committee and that the Chair had no concerns regarding the report. She acknowledged the excellent job done by Lisa Lord, Interim Head of Safeguarding, who had undertaken a review of the service and presented a detailed business case to Executives benchmarking the Trust against other organisations. She highlighted the importance of the self-assessment, Section 11, undertaken for each Local Authority and that each of those areas had been rated green. She confirmed that all safeguarding team had well established links with colleagues across BOB and BSW. The one area requiring focussed attention was the safeguarding training levels which need to be improved.  Philip Rutnam commented that he saw the Trust’s role in Buckinghamshire being different to that in Oxfordshire as a different range of services was being provided. However, his impression was that it may be the Buckinghamshire system overall which may need more improvement.  The Chief Nurse noted that in Oxfordshire, where the Trust also provided community services, the Trust’s links with the local authority and safeguarding leads were more stable and there were potentially stronger connections than in Buckinghamshire where the Trust did not provide community services. In addition, Buckinghamshire had experienced more change in the leadership of the local authority. In Oxfordshire, the Trust was also part of the Safeguarding Children & Adults Board, together with other health partners, whereas in Buckinghamshire although the Chief Nurse sat on the Adults’ Board, the Trust did not sit on the Children’s Board.  **The Board noted the report.** |  |
| **BOD 89/22**  a  b  c  d | **Corporate Affairs update report**  The Director of Corporate Affairs & Company Secretary presented the report at paper BOD 89/22 and highlighted the supporting papers available in the Reading Room. She referred to the strategic risks on the Board Assurance Framework and confirmed the inclusion of a major capital project risk post the FIC on 20 September. There had been a request that this risk be extreme/red-rated for now, although this could be short-lived at this level if sufficient learning could be evidenced.  She explained this was a routine report that allowed early consideration of risks and opportunities, and could be used as a constructive stimulus for Committee Chairs to inform the development of their agendas. She highlighted from the Legal update that there were several publications which acknowledged the impact of the pandemic, workforce crisis across the NHS, and the importance of system working.  The Executive Director of Strategy & Partnerships referred to Point 11 of the Legal report, from RR/App 56(i)/2022, and the guidance on ‘Working in Partnership with People and Communities’ to improve services and meet public involvement legal duties. She emphasised that all teams and services in the Trust had responsibilities in relation to this guidance as it was much broader than partnerships with ICS members.  **The Board noted the report.** |  |
| **BOD**  **90/22**  a | **Any Other Business**  None |  |
| **BOD**  **91/22**  a | **Questions from the public or governors**  None |  |
|  | The meeting was closed at: 12:10  **Date of next meeting: 30 November 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)