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

**BOD 13/2023**  
(Agenda item: 5)

Minutes of a meeting held on

25 January 2023 at 09:00

virtual meeting via Microsoft Teams

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| **Present:[[1]](#footnote-2)** |  |
| David Walker  Nick Broughton  Amélie Bages  Marie Crofts | Trust Chair (the Chair)(**DW**)  Chief Executive Officer (**NB**)  Executive Director of Strategy & Partnerships (**AB**)**\***  Chief Nurse (**MC**) |
| Charmaine De Souza | Chief People Officer (**CDS**) |
| Grant Macdonald | Executive Managing Director for Mental Health, Learning Disabilities and Autism (**GM**) |
| Karl Marlowe | Chief Medical Officer (**KM**) |
| Anna Christina (Kia) Nobre | Non-Executive Director appointee of the University of Oxford (**KN**) |
| Ben Riley | Executive Managing Director for Primary, Community & Dental Care Services (**BR**) |
| Kerry Rogers | Director of Corporate Affairs & Company Secretary (**KR**)**\*[[2]](#footnote-3)** |
| Philip Rutnam  Mohinder Sawhney | Non-Executive Director (**PR**)  Non-Executive Director (**MS**) |
| Heather Smith  Rick Trainor | Chief Finance Officer (**HeS**)  Non-Executive Director (**RT**) |
| Lucy Weston | Non-Executive Director (**LW**) |
| Andrea Young | Non-Executive Director (**AY**) |
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| **In attendance[[3]](#footnote-4):** | |
| *Attendees from Oxford Health NHS FT* | |
| Brian Aveyard | Risk, Assurance and Compliance Manager |
| Dawn Goudge  Sybelle Gronifillo  Piri Jackson  Amanda Jones  Elaine Jones | AHP Lead and Professional Lead for Dietetics  Student Nurse  Community Psychiatric Nurse  Operations Manager Central ILT Locality  Executive Officer to CEO & Chair |
| Susan Marriott | Executive Assistant |
| Nicole Robinson | Patient Engagement and Involvement Lead |
| Roberta Silva  David Wickman | Experience and Involvement Facilitator  Community Dietician |
| Nicola Gill | Executive Project Officer (Minutes) |
| Hannah Smith  *External attendees*  Robert Bowen  Anne Millman  Paul Millman | Assistant Trust Secretary (Minutes)  BOB ICB Deputy Director of Strategy  Guest  Guest |
| **Governor Observers** |  |
| John Collins  Kate England  Christiana Kolade  Petr Neckar  Vicki Power  Graham Shelton | Patient: Carers  Patient: Carers  Public: Buckinghamshire  Staff: Specialised Services  Staff: Community Health Services Oxfordshire  Appointed Governor, representing Oxford University Hospitals NHS FT |

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| **BOD**  **01/23**  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) Chris Hurst, Non-Executive Director; and (ii) Martyn Ward, Executive Director for Digital & Transformation.  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**  **02/23**  a  b  c  d  e  f | **Patient Story - Community Nutrition and Dietetics Service**  The Chief Nurse introduced the Patient Story at paper BOD 01/2023 and the attending members of the Community Nutrition and Dietetics Service who explained that they provided a specialist nutrition and dietetics service to patients across primary care. They introduced the story of a patient who had been diagnosed with a stroke, large bowel perforation, ileostomy, tracheostomy, and oesophageal narrowing. The patient had received a combination of home visits, digital and telephone consultations with the Community Dietician over three years from 2019-2022.  The Team shared a video made with the patient’s wife who spoke about her experience and involvement with the Team. She commented that the support received from the Dietician had been exceptional and her husband had looked forward to the regular contact. However, she had also found the experience to be akin to a full-time project management job and she had needed to use a spreadsheet to help her decipher all the different people involved with her husband’s care; it would have been helpful if someone had been able to explain the different component parts of the system, provide a map of who they would be likely to encounter during her husband’s care and generally explain how this would work. She found the inability to be able to plan challenging, especially as there was not a place where they could discuss whether the treatment was too much and whether it could be stopped and the consequences of that. She spoke about her personal need to learn as much as possible about the medical side of her husband’s care and to say thank you.  The Chief Nurse thanked her for taking the time to make the video and for her positive comments about the Service and the Dietician assigned to her husband. She noted that the Trust did not currently have ‘Care Navigators’, whose role could be to help patients and their families to navigate care, and that she would welcome thoughts on such a role.  The Chief Executive acknowledged the powerful nature of the story and, further to the description of her struggle to navigate the health and care system, what it said about the need to look at how care was delivered at a system level, especially to those with complex needs. He asked if she would be interested in speaking to the Integrated Care System (**ICS**) about her experience. She noted that whilst she would be happy to do so this conversation had resulted from a wish to say thank you.  Lucy Weston asked whether she felt a Care Navigator would have helped her or would she have appreciated a greater level of inclusion, education and involvement in the way the care was delivered. She commented that she felt she had to push quite often to be in the room; one of her memories of moving from a London hospital to Oxford Intensive Care was of being asked to step out of the room when the clinical team entered. She had to push to be more involved and she emphasised that being central to her husband’s care was key.  **The Board noted the presentation and thanked the patient, their wife and the Team.** |  |
| **BOD**  **03/23**  a  b | **Register of Directors’ Interests**  The Trust Chair referred to the updated Register of Directors’ Interests at RR/App 01/2023. No interests were declared pertinent to matters on the agenda.  The Chief Executive referred to the update included in the revised Register of Directors’ Interests, relating to his membership of the Unloc Advisory Board, and added that although the Trust was currently working with Unloc on how it engaged with young people, he would not have influence on financial decisions made by Unloc. |  |
| **BOD**  **04/23**  a  b | **Minutes of the Meeting held on 30 November 2022**  The Minutes of the meeting held on 30 November were approved as a true and accurate record.  ***Matters Arising***  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 – anticipated for the Board in March 2023 or Q1 FY24. Update on a particular opportunity to expand the Trust’s Estate included in the private Board meeting later on 25 January 2023. |  |
| **BOD 05/23**  a  b  c | **Trust Chair’s Report and system update**  The Trust Chair took his report as read, at paper BOD 03/2023. He observed that many NHS issues lay within primary care and that the Trust’s position as a secondary, and to some extent tertiary, provider with GPs would become increasingly critical.  Rick Trainor commented upon confusion amongst his University colleagues who did not distinguish the Trust from its neighbours at Oxford University Hospitals NHS FT. He noted that it may be useful to work with the new Vice Chancellor and the Academic Health Sciences Centre to raise awareness of the various structures which served the region. The Chair and the Chief Executive endorsed this point.  **The Board noted the report** **and the importance of explaining the Trust’s role in the local system.** |  |
| **BOD 06/23**  a  b  c  d  e  f  g  h  i  j  k  l | **Chief Executive’s Report**  ***Strategic Objective 1: Quality – deliver the best possible care and outcomes***  Further to his report at paper BOD 04/2023, the Chief Executive reported that operational pressures had settled down following a busy festive period for the wider NHS. South Central Ambulance Service (**SCAS**) had the previous day announced that they were reducing their Resource Escalation Action Plan (**REAP**) level for the first time since May 2022 on account of a decrease in 999/111 activity and ambulance handover delays; this was good news at both at a system and national level. He put on record his thanks to colleagues who had worked extraordinarily hard over the Christmas and New Year period to maintain services.  He confirmed that Industrial Action remained ongoing and planning continued to mitigate the impact on patients. The Chief People Officer added that the strike action announced for 06-07 February would be challenging as it would take place over consecutive days.  The Chief Executive noted that the Trust would need to prepare its responses at an individual and system level to the NHS Operational Planning Guidance and the Joint Forward Plan Guidance from NHS England. He explained that the Joint Forward Plan would require Integrated Care Boards to develop a 5-year plan with their partner trusts reflecting the plans and strategies of their Health & Wellbeing Boards.  ***Strategic Objective 2: People - be a great place to work***  He referred to his report on: (i) the detail of changes to the Communications team and the introduction of the Interim Associate Director of Communications prior to the permanent Associate Director of Communications joining from March 2023; and (ii) the Executive Open-Door initiative which had commenced with his first session on 09 December 2022.  ***Strategic Objective 3: Sustainability – make the best use of resources and protect the environment***  He highlighted ICS recruitment activity and hoped that Trust colleagues would be involved in the recruitment processes to the roles on the Buckinghamshire, Oxfordshire and Berkshire West (**BOB**) Integrated Care Board (**ICB**).  ***Strategic Objective 4:*** ***Research & Education – become a leader in healthcare research and education***  He highlighted the event to formally launch the Trust’s new Biomedical Research Centre (**BRC**) on 14 March 2023, noting the successful outcome of the BRC renewal application and the potential for the BRC to support a wider national Mental Health research network.  He confirmed the name change of the Improving Access to Psychological Therapies service, which had now become the NHS Talking Therapies for Anxiety and Depression service, as referred to in the Trust Chair’s report at paper BOD 03/2023.  ***System update and Questions & Answers***  He reported that the Trust had contributed to the ICS’s response to the Hewitt Review, into how the oversight and governance of ICSs could best enable them to succeed, and hoped to contribute to the 5 workstreams in the next stage of the review on:   * prevention and population health management; * integration and place; * autonomy, accountability and regulation; * productivity and finance; and * digital and data.   The Chair asked how, given the increasing volume of ICS activity, the Chief Executive was managing to deal with his role on the ICB, the time-demanding apparatus of the ICS and the running of the Trust. The Chief Executive thanked his Executive team but acknowledged the proliferation of meetings and that it was a challenge to determine where he needed to deploy his time or where it may be more appropriate for Executive colleagues or Service or Clinical Directors to represent the Trust. It was also important to challenge the rationale for meetings, consider whether they had added value where they were most needed and strive for opportunities for the Trust to provide system leadership and not be a passive recipient of others’ decision-making. He felt there had been a change in how providers’ executive teams had needed to work over the last six to seven years with increased focus on integration and system working; he also noted the helpful arrival of the Executive Director of Strategy & Partnerships.  Andrea Young asked:   * for a flavour of the matters which staff brought to the Executive Open-Door sessions; * whether the student mental health workshop proposed with Oxford University students should also be offered to Oxford Brookes; and * whether there were any details on the national enquiry into inpatient mental health care recently launched by Maria Caulfield.   The Chief Executive responded as follows:   * Executive Open-Door sessions – there were no common themes or trends to report as yet from his meetings with teams and individuals. Matters raised so far had related to the particular circumstances of those teams and individuals, although there may be some actions to take around supporting career development of administrators; * In relation to student mental health, he confirmed he was keen to work more closely with Oxford Brookes and he had yesterday contacted its Vice-Chancellor to suggest a meeting to review the interface between the two organisations; * he did not have details on the national enquiry at present but was aware that it would be led by Dr Geraldine Strathdee and he would keep the Board updated.   **The Board noted the report.** |  |
| **BOD**  **07/23**  a  b  c  d  e  f | **Draft BOB Integrated Care Partnership Strategic Priorities**  The Trust Chair and the Chief Executive welcomed Rob Bowen, BOB ICB Deputy Director of Strategy, to the meeting to present his paper at BOD 05/2023. The BOB ICB Deputy Director of Strategy explained that although he was employed by the ICB, when he referred to the Strategy and the Strategic Priorities he was referring to the work of the Integrated Care Partnership (**ICP**). The aim of the Strategy was to set a direction of travel for the whole system and a clear set of priorities to be delivered collaboratively by those organisations involved in planning and delivering health and care services across the BOB region. It would also identify where joint working would be possible at system, place or local level and aim to build upon and complement existing long term plans and strategies, rather than replace them. The ambition was to agree priorities focused upon improving public health and wellbeing, addressing health inequalities and identifying preventative activity and opportunities to share learning across the BOB region.  He explained that the draft Strategy document was currently being publicly consulted upon (the consultation link was also provided in the agenda to this meeting) for the ICP to understand the views of the public and its partner organisations. The final version of the Strategy would be considered by the ICP during March.  The Executive Director of Strategy & Partnerships commented that the consultation process had been well structured and that the Trust had been involved in two of the working groups with the Chief Medical Officer involved in the Start Well Group, whilst she had been involved in the Live Well Group. She also confirmed that the Trust had been involved in the joint planning around how the Strategic Priorities would be delivered.  The BOB ICB Deputy Director of Strategy considered the following questions from Executives and the Trust Chair:   * how involved in the consultation Chief Nurses within the BOB had been, as this had not been raised in regional meetings of Chief Nurses but Chief Nurses would be key to delivery of the Strategy; * how the Strategy would influence financial planning for the BOB ICS; * the level of engagement with the workforce and services - it could become a challenge to implementation if they were not engaged and felt that this Strategy had arrived out of the blue. The Executive Managing Director for Primary, Community & Dental Care Services noted that the Trust provided vaccinations across the BOB area and in schools but may not have been involved yet in the development of that Strategic Priority; and * how district councils would be involved in population health management and how the ICS would reconcile distribution of resources between place and system.   The BOB ICB Deputy Director of Strategy responded and acknowledged that the engagement process had not been perfect but it was still ongoing and would strive to understand different opinions from across the geographical area; he welcomed further opinions on how to shape the content of the Strategy. Eventual delivery would be complex as: (i) the Strategy had been developed on behalf of the ICP which had not yet formally met (the group of organisations which formed the ICP would be meeting together for the first time at the end of this week and would then meet monthly to oversee this Strategy); and (ii) there was no central delivery arm of the ICP which would instead be reliant upon each of its constituent parts responding to the Strategy once it had been agreed. Crucial future work would therefore need to be undertaken as a group of BOB NHS organisations to understand how decisions should be made and to set a long-term implementation plan for the Strategy.  **The Trust Chair thanked the BOB ICB Deputy Director of Strategy. The Board noted the draft Strategy and the importance of acting coherently as a system, focusing on the right areas and simplifying where possible so that limited operational and Executive resources could be targeted and utilised efficiently and effectively.**  *The BOB ICB Deputy Director of Strategy left the meeting.* |  |
| **BOD 08/23**  a  b  c  d  e  f  g  h  i  j  k  l | **Integrated Performance Report (IPR) and Finance report**  The Trust Chair and the Chief Executive explained that the IPR at BOD 06/2023 had been amended following feedback received from the Good Governance Institute (**GGI**) and was work in progress. The Executive presented the reports at papers BOD 06-07/2023, accompanied by supporting material at RR/App 03/2023, which provided:   1. a summary of performance against the NHS National Oversight Framework and South East regional performance including Provider Collaborative performance; 2. Directorate highlights and escalations from the Executive Managing Directors; 3. delivery of the Trust’s Strategic Objectives using the Objective Key Results (**OKRs**) and with narrative from Lead Executive Directors; 4. the Finance report at BOD 07/2023; and 5. the Quality & Safety Dashboard, showing quality and workforce indicators, at RR/App 03/2023.   ***Directorate highlights and escalations from the Executive Managing Directors***  The Executive Managing Director for Mental Health, Learning Disabilities and Autism highlighted that directorates had been focused on reducing the use of Out of Area Placements (**OAPs**) to improve the quality of patient care and cost control. There had been minimal use of inappropriate OAPs from April through to November 2022 with levels being relatively high in December 2022 and January 2023 following a significant spike in demand, especially for female acute and intensive care beds. This was also in part due to the reduction in commissioned beds (appropriate OAPs) from 21 to 4 or a monthly bed day reduction of approximately 500 days. It remained a challenge to continue to try to care for people locally, especially with volatile levels of demand, but the Trust would continue to invest in crisis services to help support people closer to home.  The Executive Managing Director for Primary, Community and Dental Care referred to the report and the successful roll out of EMIS Web in Community services as part of the response to the clinical IT outage; teams had adapted well to the new system. He highlighted the surge in cases seen by Out of Hours GPs and Minor Injuries Units which at its peak saw 60% above average activity partly driven by surges in Group A Streptococcus, influenza, COVID-19 and other respiratory conditions and a large increase in children presenting to the service. In response to the Group A Streptococcus outbreaks, point-of-care testing had been deployed with good effect. Due to ongoing system pressures, there continued to be capacity issues in preventative and planned care, children's services and first contact care pathways. The system had been running at OPEL 4 status (the highest level of pressure in the local health and social care system, under NHS England’s Operational Pressures Escalation Level framework) although it had recently reduced. He highlighted that some good examples of system working had been seen during this time, for example the development of a Transfer of Care team to facilitate more effective and timely hospital discharges; peaks of pressure sometimes accelerated good system working which unfortunately may not then be sustained during less pressured times.  Further to questions from Mohinder Sawhney, the Executive Managing Director for Primary, Community and Dental Care explained that at times of peak pressure there were frequent system escalation calls, sometimes three times a day, which established how to balance risks across the different organisations (including ambulance and acute providers) and how to free up space to provide for discharge of patients or flow through the system. Finance colleagues were also involved in these discussions and there were sometimes difficult debates around how to balance competing demands from workforce, finances and longer term strategic goals. Agency usage was high and had been impacted by auto-rostering issues in community hospitals, COVID-19 outbreaks which had taken out whole wards of staff which had then required cover and also regular annual leave.  ***Strategic Objective 1: Quality – deliver the best possible care and outcomes***  The Chief Nurse referred to the slides in the report and highlighted:   * the clinical IT outage had had a profound affect on services coupled with high demand but teams had performed remarkably well in difficult circumstances; * completion rates for use of the Lester Tool (for people with enduring serious mental illness) could not be definitively reported due to the impact of the clinical IT outage but soft data from directorates indicated some improvement, as set out in the report; * a Supervision Steering Group was leading on the work to improve clinical supervision completion; * a large-scale Quality Improvement (**QI**) programme was underway to reduce the use of restrictive interventions, including a project on reducing prone restraint. The Positive and Safe Committee was driving this work; and * a number of QI projects were underway focused on person centred care and care planning to improve performance against the OKR on evidence that patients had been involved in their care.   ***Strategic Objective 2: People – be a great place to work***  The Chief People Officer highlighted the following:   * industrial action continued to impact the Trust and resources had been deployed to manage the strike phases safely and provide clear communication; * significant progress had been made on fixing the systems that supported the data on supervision, mandatory training and Personal Development Reviews (**PDRs**); * supervision was currently at 60% and should increase further during Q4 FY23 but improvement in mandatory training compliance had stalled; * PDR compliance had increased over the last 3 months and from April a PDR season would be introduced (April-July) when managers would be asked to complete PDRs; * retention and recruitment – the vacancy rate had reduced marginally and a deep dive into recruitment/time to hire rate was being undertaken; and * sickness absence had increased which had impacted on operational areas with some of those shifts being filled through agency. Promotion of wellbeing offers continued to help staff return to work after periods of absence.   The Chief Nurse provided an update on the Improving Quality and Reducing Agency (**IQRA**) Programme and highlighted that the amount of work which would be required to transition from the internal staff bank/Staffing Solutions to NHS Professionals could not be underestimated. A significant amount of work had already taken place in preparation for this and the transfer date had already been required to be moved due to capacity issues. The Trust had saved in the region of £3.3 million to date in agency spend and she confirmed it was on course to meet the NHS target allocated for agency use.  ***Strategic Objective 3: Sustainability – make the best use of resources and protect the environment***  The Chief Finance Officer provided an update on environmental sustainability and highlighted work underway to: (i) carry out a six-facet survey to understand the current building condition ratings; (ii) consider what other cost-effective interventions could be made in environmental sustainability; and (iii) set up a task force to support the Green Plan.  She presented the Finance report at BOD 07/2023, thanking Chris Hurst for his input into the new format, and highlighted:   * an increase in the personal injury provision; * an additional spend for OAPs due to an increase in placements in December and January, highlighted as a risk the previous month; * completion of the reflection on backlog spend into the forecast which had been agreed to tackle waiting lists and maintenance; * there was a stable underlying position with a moderate worsening from the previous month of approximately £500,000. Community Services continued to be an area where spending was above budget with a forecast outturn of £8.3m worse than plan. Draft agreements had been developed with all Executives over their budgets; * capital pressures which had been flagged to the ICB. If additional funding was not available then capital spend would need to be reduced; and * an improvement against a year-end deficit position was still targeted.   ***Strategic Objective 4: Research & Education – become a leader in healthcare research and education***  The Chief Medical Officer reported that a retendering process was underway for the Clinical Research Network. He also cautioned that the clinical IT outage had delayed recruitment of patients to clinical studies which could have reputational and financial consequences if there was failure to recruit to funded studies with treatment costs based on recruitment.  Philip Rutnam referred to the scale of the Workforce challenges, potentially exacerbated by industrial action, and asked if additional capacity could be available to tackle more of the People Strategic Objective. The Chief People Officer replied that there had been additional investment into the medical workforce team and noted that the Executive and the People, Leadership & Culture (**PLC**) Committee regularly considered whether more resources should be injected into particular areas. The Chief Nurse supported investing more in corporate resources to underpin the People agenda and highlighted the good work of Professional Nurse Advocates, Practice Nurse Educators in Mental Health and Legacy Mentors (who helped recently retired staff to return to work). Mohinder Sawhney added that the Trust may need to move on from identifying Workforce as a risk and recognise that it had become a more pressing strategic challenge which would require fundamental re-thinking of how the Trust could deliver services with fewer staff and prioritise its resources. The Chief Executive highlighted that the resource (in the form of medical leadership, the medical workforce team and the recruitment team) which had the potential to have the greatest impact upon resourcing in the organisation had been increased significantly. However, although the Trust was recruiting, there was also a high turnover of staff leaving in the first 12 months of joining and an ongoing need to improve organisational culture especially for colleagues from BME (Black and Minority Ethnic) backgrounds.  **The Board noted the reports and the pressing Workforce challenges.** |  |
| **BOD 09/23**  a | **Board Committees’ update reports**  No meetings had taken place since last reporting to the Board in November 2022.  *The meeting took a break for 10 minutes and resumed at 11:24*. |  |
| **BOD**  **10/23**  a  b  c | **Biomedical Research Centre (BRC) impact report**  The Chief Medical Officer presented the paper at BOD 08/2023 and explained that the report to the National Institute of Health Research (**NIHR**) for the initial BRC funding period required identification of impacts of BRC funding. The five leading impacts of BRC funding which had been identified were set out in more detail in the report and demonstrated how BRC work could be developed for patient benefit; Added Value Examples of research of high promise were also included. He highlighted the impacts of: (i) the True Colours remote mood monitoring system; (ii) the “Count Me In” study to boost numbers of patients consenting to be contacted for mental health research; (iii) immersive virtual reality research; (iv) the Oxford Brain Health Clinic; and (v) remote delivery of Cognitive Behavioural Therapy.  Further to a question from the Trust Chair, the Chief Medical Officer noted that the next stage to improve patient benefit from research would involve linking in with Community services and he reported that a third Community health research meeting had taken place.  **The Board noted the report and the impressive positive patient impact of the BRC.** |  |
| **BOD**  **11/23**  a  b  c  d | **Nursing Strategy**  The Chief Nurse presented the report at paper BOD 09/2023 providing an update on the progress towards the development of the new Nursing Strategy for Oxford Health. The final version should be presented to the next Board meeting in public in March.  The draft Nursing Strategy had been widely consulted on and developed with the registered nursing workforce, patients and families over the last 12 months. Each focus area had a senior nurse(s) leading the consultation. The themes and areas for focus were:   * the Value of Nursing: pride, professionalism, and a safety critical profession; * co-production at the heart of nursing: working in partnership with individuals, families, and carers; * valuing and supporting the nursing workforce: supporting flexibility, diversity, and inclusion; * creating a sustainable and adaptable workforce: maintaining a high quality sustainable and adaptable workforce; and * using research and data to underpin evidence-based care: promote informed decision-making; foster best practice and develop career opportunities.   The Chief Executive added that this strategy could also provide a framework for reaching across to other disciplines and professional groups as although nurses may be the single largest constituent of the workforce, it was also important that other staff did not feel overlooked or under-developed.  **The Board noted the Nursing Strategy and that the final version should be available at the next meeting.** | **MC** |
| **BOD 12/23**  a  b  c | **Patient Safety Incidents (PSI) report**  The Chief Nurse presented the report at paper BOD 10/2023 and reported that there had been 11 PSIs recorded during November and December 2022, as set out in more detail in the report. She highlighted: (i) an increase in PSIs over the last few years of the pandemic related to COVID-19 outbreaks; (ii) a separate workstream conducted by John Campbell, Head of Nursing in the Community Directorate, looking at pressure ulcer damage and potential learning in relation to the District Nursing Service; and (iii) that there were several weekly and monthly forums and different methods used to share learning across the Trust to focus on key areas for improvement.  The Chief Executive reassured colleagues that the Trust had reviewed any incidents which could have appeared to be related to the clinical IT outage of the electronic patient record system. The incidents referred to in the report were not linked to this.  **The Board noted the report.** |  |
| **BOD 13/23**  a  b  c  d | **Journey to Outstanding and Quality Governance (Well Led) review update**  The Chief Nurse confirmed that the GGI report, provided at RR/App 05/2023, had been reviewed by the Extended Executive and the Board. She referenced several key aspects which would contribute to the Trust’s journey to become outstanding: culture; embedding Quality Improvement and continual learning; psychological safety; ability to speak up; high quality delivery of clinical services; and a strategic vision owned by the workforce. She reported that an interim Head of Clinical Standards and Journey to Excellence Lead (who would also act as CQC Engagement Lead) had been appointed.  The self-assessment would be re-visited and discussions with directorates would be undertaken to see how they could assist with this. Work would also be undertaken with any potential hot spots (as indicated by the Quality & Safety Dashboard or the Peer Review System). The Peer Review programme would also be strengthened to ensure strong service user and carer input. The Patient Experience and Involvement Strategy was currently being finalised for review by the Quality Committee.  The Director of Corporate Affairs & Company Secretary noted that the GGI report and the development plan coming out of it would be a key area of focus which would align well with the Board Development programme and the work of the Quality and PLC Committees.  **The Board noted the update and the Trust Chair reminded the meeting that maintaining services and their quality should be at the heart of governance.** |  |
| **BOD 14/23**  a  b  c  d  e | **Corporate Affairs update report**  The Director of Corporate Affairs & Company Secretary presented the report at paper BOD 11/2023, with supporting material at RR/App 06/2023, and commented upon key themes across the NHS Operational Planning Guidance and the Joint Forward Plan Guidance from NHS England (as referred to in the Chief Executive’s report at item BOD 06/23 above) and the draft BOB ICP Strategic Priorities (at item BOD 07/23 above) as follows:   * national strategies for workforce planning; * flexible staff deployment through digital solutions; * focus on improving staff recruitment and retention; and * importance of national deployment of electronic patient records and the benefits for population health and data to support improvement.   She emphasised the importance of culture and behaviours and highlighted a common thread around racial inequalities running through the reports and the need for the Trust to have a Patient & Carer Race Equality Framework in due course.  She gave an overview of activities (detail at RR/App 11/023) including:   * Charity and Involvement, highlighting the impact of the team in coordinating voluntary services across the entire Trust. She recommended the Oxford Health Arts Partnership annual report and the impact made by art intervention; * Communications and Engagement noting that the report showed the significant amount of activity and provided a forward view; and * work undertaken on the Board Assurance Framework (**BAF**) to ensure it provided a holistic view of the risk environment across the organisation.   Andrea Young highlighted changes made by the Quality Committee to the BAF (further to the update she had delivered at the previous Board meeting on its work in November 2022):   * closure of BAF risk 1.3 (delivery of transformation and effective management of change internally and with partners) * increase to the risk rating of BAF 1.5 (unavailability of beds/demand and capacity in Mental Health inpatient and Learning Disabilities) from an orange to a red rating; and * approved revision to the risk description of BAF 3.1 to encompass: (i) shared planning and decision-making at system and place level (i.e. the Trust’s ability to influence the system); and (ii) collaborative work with partners to deliver and transform services.   **The Board noted the report.** |  |
| **BOD**  **15/23**  a | **Any Other Business, Questions and Review**  None. |  |
|  | The meeting was closed at: 12:10  **Date of next meeting: 29 March 2023** |  |

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)