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

**BOD 26(i)/2022**  
(Agenda item: 05)

Minutes of a meeting held on

29 March 2023 at 09:00

virtual meeting via Microsoft Teams

|  |  |  |  |
| --- | --- | --- | --- |
| **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**) |
| Geraldine Cumberbatch | | | 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**) |
| 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**) |
| 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**) |
|  |  | | |
| **In attendance[[2]](#footnote-3):** | | | |
| *Attendees from Oxford Health NHS FT* | | | |
| Jane Appleton  Ben Cahill  Benjamin Condon  Angie Fletcher  Zoe Jackson  Elaine Jones  Jo Faulkner  Sue Marriott  Vicky Poyser  Priya Thompson | | | Associate Director of Communications and Engagement  Deputy Director of Corporate Affairs  Healthcare Assistant  Associate Director of Quality Improvement & Clinical Effectiveness  Ward Manager, Kennet  Executive Officer to CEO & Chair  Head of Forensic Services  Executive Assistant  Medical Education Lead  Head of Strategy |
| Nicola Gill  Hannah Smith | | | Executive Project Officer (Minutes)  Assistant Trust Secretary (Minutes) |
| **Governor Observers** | |  | |
| Evin Abrishami  Kate England  Mike Hobbs  Nyarai Humba  Emma Short  Jodie Summers | | | Staff: Mental Health Services, Oxfordshire, BaNES, Swindon & Wilts  Carer Governor  Lead Governor (Public/Oxfordshire)  Carer Governor ,  Staff: Specialised Services  Staff: Community Health Services Oxfordshire |

|  |  |  |
| --- | --- | --- |
| **BOD**  **16/23**  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 Kerry Rogers, Director of Corporate Affairs & Company Secretary.  The Trust Chair noted that the meeting in public would be followed by a private session of the Board, to transact confidential items, but he would as usual provide an update to the Lead Governor afterwards. |  |
| **BOD**  **17/23**  a | **Confirmation of questions relating to agenda items or for discussion at the end of the meeting**  The Trust Chair confirmed that there would be an opportunity at the end of the meeting for questions to be raised. |  |
| **BOD**  **18/23**  a  b  c  d  e  f  g | **Patient Story from Specialised Services, Forensic Mental Health**  The Chief Nurse introduced the Patient Story at paper 12/2023 and the attending staff member from Specialised Services, Forensic Mental Health, explained that the Thames Valley Forensic Mental Health service consisted of ten inpatient wards which included medium and low secure wards for men, women and people with learning disabilities. There was also a Forensic Community Mental Health Team which covered Oxfordshire, Buckinghamshire and parts of Berkshire. Patients entered the service when there were concerns about both mental health needs and levels of risk to self and others. It was common for admissions to be over long periods of time and as an alternative to prison. He introduced the service user whose story he had found inspiring.  The service user outlined his past involvement in anti-social behaviour and crimes such as stealing cars and robbery. This continued for many years until he eventually went to prison. Concerns were raised about his mental health so he was transferred to Marlborough House, part of the Trust’s Forensic Mental Health service. Whilst there he had not engaged well with the service and had demonstrated violent and disruptive behaviour. This eventually resulted in him transferring to Broadmoor Hospital, a high security mental health hospital.  In Broadmoor he was formally diagnosed with schizophrenia and was started on Clozapine, an antipsychotic medication. This had a dramatically positive effect on him and for the first time ever he began to properly engage with therapy and psychology. After making good progress he was transferred back to medium secure services and two years ago was discharged into the community where he was supported by the Forensic Community Mental Health Team. He was volunteering as a support worker for vulnerable adults at his local Winter Night Shelter, working with the Care Quality Commission and was just starting to train as a Samaritan.  The Chief Nurse thanked him for taking the time to present his story which she found both heart-breaking and heart-warming. She noted his expertise having used the Trust’s services and helping others and would welcome the opportunity to discuss with him how this could be used to support the Trust’s experience and involvement agenda.  The Chief Finance Officer asked him who had made the most significant positive difference to him out of those involved in his care. The service user thanked: the responsible clinician who had helped him be re-assessed and re-diagnosed at Broadmoor; psychology services; and two consultants at Marlborough House who had worked with him for sixteen years. He also praised the team, his social worker and his Community Psychiatric Nurse. He commented upon the importance to him of psychology services and regaining his physical fitness. He had noticed that when he had been unwell his opinion and perspective on staff had been negative whereas now he could see how hard they worked to provide help.  The Chief Executive congratulated him on his achievements. He noticed that Clozapine treatment had appeared to play an important part in his success and recovery and commented that it was a medication that was not straightforward and required commitment with blood tests etc and asked how he had found it. The service user commented that despite the regular blood tests he had had no issues with the medication and had continued to exercise and maintain a healthy lifestyle.  **The Board noted the presentation and thanked the service user and the team.** |  |
| **BOD**  **19/23**  a | **Register of Directors’ Interests**  The Trust Chair referred to the updated Register of Directors’ Interests at RR/App 07/2023. No interests were declared pertinent to matters on the agenda. |  |
| **BOD**  **20/23**  a  b  c | **Minutes of the Meeting held on 25 January 2023**  The Minutes of the meeting held on 25 January were approved as a true and accurate record.  ***Matters Arising***  The action at BOD 11/23(d) was complete and the final version of the Nursing Strategy was on the agenda for approval.  The Board noted that the following action was being progressed but was not yet complete: BOD 06/22(q) – Use of the Estate – optimising use of buildings – for Q1 FY24. |  |
| **BOD 21/23**  a  b | **Trust Chair’s Report**  The Trust Chair took his report as read, at paper BOD 14/2023.  **The Board noted the report.** |  |
| **BOD 22/23**  a  b  c  d  e  f  g  h | **Chief Executive’s Report**  ***Strategic Objective 1 – (Quality – deliver the best possible care and outcomes)***  Further to his report at paper BOD 15/2023, the Chief Executive reported that industrial action was ongoing involving both the Royal College of Nursing and the British Medical Association (**BMA**). Significant preparation and planning had been put in place to mitigate any risks to patients which involved covering junior doctor shifts particularly out of hours. The Chief People Officer reported that the Government had made an offer in relation to staff on the Agenda for Change framework which Unions were putting to their members but the BMA had called for further industrial action.  ***Strategic Objective 2 – (People – be a great place to work)***  The Chief Executive highlighted that the Director of Digital & Transformation, Martyn Ward, had left the organisation earlier in the month and he thanked him for his contribution during his 6 ½ years. Interim arrangements were in place to cover his portfolio of responsibilities with the Chief Finance Officer assuming responsibility for Estates & Facilities and Information Management & Technology; the Executive Director of Strategy & Partnerships for the Strategic Change & Delivery (**SCAD**), Performance and Business Intelligence teams; the Chief Medical Officer for Information Governance; and the Director of Corporate Affairs & Company Secretary had taken on Senior Information Risk Owner (**SIRO**) responsibilities.  He welcomed to the Trust the new Associate Director for Communications and the newly appointed consultants, as set out in the report. Consultant recruitment remained a challenging marketplace and he commended the Chief Medical Officer’s leadership of the medical resourcing team.  He confirmed that the contract for outsourcing the Trust’s staff bank to NHS Professionals had gone live on 13 February 2023 but there had been issues with the transfer which could have resulted in serious staffing issues. The Chief Nurse commented upon the critical incident, which had been called by NHS Professionals, and which had lasted for four weeks. This had been downgraded on 13 March to move to business-as-usual. Ongoing issues were being dealt with on a day-to-day basis.  The Chief Executive commented upon this year’s Staff Survey’s results and the overall response (further to paper BOD 20/2023 and as would be discussed at item BOD 27/23 below). The Trust needed to strive for the highest response rate possible and the highest levels of staff engagement. He highlighted the importance of reflecting on the findings and emphasising the meaningful difference that the Staff Survey made to the Trust.  ***Strategic Objective 3 – (Sustainability – make the best use of resources and protect the environment)***  He referred to his report and the pause in the recruitment processes to the Integrated Care Board (**ICB**). He reported that he had been pleased to contribute to the recruitment process for Oxfordshire MIND’s new Chief Executive and was very much looking forward to working with her as well as with the new Chief Executive of Oxfordshire County Council.  He referred to the Patient Story which the Board had received at its meeting on 25 January 2023, from the Community Nutrition and Dietetics Service, and noted that he had followed up separately with the patient’s wife who had commented upon the complexity of the care package which her husband had received. This had highlighted for him the importance of striving to deliver truly integrated care to patients, breaking down barriers, becoming more customer focused and moving away from being overly speciality focused at the expense of taking a holistic view of the whole person being treated.  **The Board noted the report.** |  |
| **BOD 23/23**  a  b  c  d | **Corporate Affairs update report**  The Deputy Director of Corporate Affairs presented the report at paper BOD 16/2023, with supporting material at RR/App 09/2023, and highlighted:   * the importance of boards being able to learn from recent corporate failures in the wider healthcare sector and how the Corporate Affairs function, in conjunction with the Chief Nurse and her team, would develop the ‘true for us’ process to support learning, enhance the effectiveness of risk and controls management and assess how effective we are at being alert to early warning signs; and * updates to the Board Assurance Framework (**BAF**) relating to the reduction in the risk ratings of BAF 1.1 (triangulating data and learning to drive Quality Improvement) and BAF 3.12 (business continuity and emergency planning); and the closure of BAF 3.11 (business solutions in a single data centre). The red-rated risks continued to relate to capacity, workforce, recruitment, financial sustainability and major capital projects, consistent with health sector risks as benchmarked by the Trust’s Internal Auditors.   He highlighted the following from the Legal and Regulatory update at RR/App 09/2023:   * from April 2023, the Care Quality Commission (**CQC**) would have the powers to assess Integrated Care Systems (**ICSs**) and their capacity to develop competencies around system working; * ongoing reform of the Mental Health Act, overseen by the Mental Health & Law Committee (**MH&LC**); * update on the Workforce Race Equality Standards (**WRES**); * Net Zero Building Standards published by NHS England (**NHSE**), with the guidance being reviewed by the Estates team for its impact on the Estates Strategy; * statutory guidance from NHSE on capital expenditure limits which NHSE can impose upon NHS Foundation Trusts; and * recent CQC inspections and review findings (summarised in the addendum), which also demonstrated that instances of poor care did not just happen but were often linked to the leadership being unaware or unresponsive to underlying risks and being unable to react to early warning signs. This linked to the importance of the ‘true for us’ work referred to above.   The Trust Chair referred to recent instances where risks had been imported into the Trust by failures in other organisations and commented that the Trust’s risk methodology in future perhaps needed to encompass the risk profile of supplier organisations or the risks that supplier organisations would not adequately provide goods or services to the Trust. The Chief Finance Officer commented on the potential for third party risk and noted that this was being considered for the BAF and risk registers, had been discussed at the Finance & Investment Committee and, as a result, potential Supply Chain risk would be considered by the new Head of Procurement.  **The Board noted the report.** |  |
| **BOD 24/23**  a  b  c  d  e  f  g  h  i  j  k  l  m  n | **Integrated Performance Report (IPR) and Finance Report**  The Executive Director of Strategy & Partnerships introduced the report at Paper BOD 17/2023, accompanied by supporting material at RR/App 10/2023, which provided:   1. a summary of performance against the NHS National Oversight Framework and Southeast 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 17(iii)/2023); and 5. the Quality & Safety Dashboard, showing quality and workforce indicators, at RR/App 10/2023.   She highlighted the following key headlines on activity:   * the Trust was performing quite well overall on the National Oversight Framework and whilst performance on inappropriate Out of Area Placements (**OAPs**) was still flagged as red, this was an improvement on the previous position; * the Trust was achieving 29% against its OKRs. The report provided an overview of those which were not achieving their target. As part of finalising the 2023/24 Annual Plan these would be looked at and a refresh considered; and * as a result of the clinical systems outage, activity and demand data was still not available in the usual formats. A third party supplier had been contracted to help with the recovery work to reinstate this operational reporting. In response to a question from Andrea Young, an update was awaited on the recovery timeframe.   ***Directorate highlights and escalations from the Executive Managing Directors***  The Executive Managing Director for Mental Health, Learning Disabilities and Autism highlighted that the demand for acute beds remained significant and noted this was a volatile situation. He commented that the ongoing impact of the clinical systems outage was frustrating for staff and service users. Data on waits for service remained manual and as July drew closer, it was approaching nearly a year since operational services had had to manage with manual data which was, therefore, difficult to aggregate or use to facilitate like for like comparisons. Although staff were enthusiastic about the new RiO system which had been implemented, it would take time to embed.  The Executive Managing Director for Primary, Community and Dental Care referred to the report and highlighted:   * the successful roll out of EMIS with good feedback received from teams; * a positive meeting with GP colleagues to discuss making the most of being on the same system to improve care and remove ineffective workflow processes; * a delay to implementing the Cerner system as there were IT development complexities. An external and independent consultancy had been commissioned to support decision-making and consider options; * pressures remain high in the urgent care pathway; and * transfer of care work being undertaken with system partners was working well, joint work was progressing and there had been a reduction in delays and discharges as a result over the last few months.   ***Strategic Objective 1: Quality – deliver the best possible care and outcomes***  The Chief Nurse referred to the slides in the report and highlighted:   * CAMHS Tier 4 Provider Collaborative – a quarterly strategic quality forum had recently been held and it had been reported for the first time that there were no young people deemed inappropriate OAPs. There were currently a low number of young people waiting to be admitted; * Taplow Manor, an independent sector hospital (which was part of the Provider Collaborative), had received an inadequate CQC report which had been published last week; * clinical supervision take-up had plateaued; * the target for prone restraint had not been reached but there was a reduction in usage and a positive change in culture; and * completion of the Lester Tool for people with enduring serious mental illness – the Deputy Director of Quality was working closely with the new physical health leads.   ***Strategic Objective 2: People – be a great place to work***  The Chief People Officer highlighted the following:   * statutory and mandatory training had increased from 65% to 85% which was the highest it had been but the stretch target remained to be achieved at 95%; * vacancies and the time-to-hire rate had reduced although turnover, especially early turnover, remained high; and * agency spend was close to the NHSE target for reduced spend this financial year.   The Chief Nurse noted the first cohort of top-up degree nurses (who had trained as registered nurse associates then completed the top-up degree via the University of Gloucestershire) were due to qualify in September which would realise 29 registered nurse roles and was part of the workplace plan and reducing agency spend programme.  ***Strategic Objective 3: Sustainability – make the best use of resources and protect the environment***  The Chief Finance Officer presented the Finance report, at BOD 17(iii)/2023, and highlighted that the year-end position was close to what had been committed to the ICB with a forecast £1.5 million deficit. Capital overspend of £1.5m was in line with what had been agreed with the ICB and being managed as part of an overall balanced ICS capital position.  ***Strategic Objective 4: Research & Education – become a leader in healthcare research and education***  The Chief Medical Officer commented on the need for the Board strategically to consider staffing and the risk that it may not be there to meet demand in the future. One of the ways of mitigating this would be through transformation of services to utilise new technologies such as digital and Artificial Intelligence. Research and Development (**R&D**) and future R&D reporting would be an engine of change across the organisation for this.  The Trust Chair asked if there was IT-related R&D which looked at clinical practice and ways in which it might be transformed by the application of new techniques. The Chief Medical Officer responded that there was a digital workstream in the Biomedical Research Centre but their brief was not to transform services but to deliver research discovery. The resource to deliver transformational change sat within a number of workstreams. The Chief Nurse added she was in the process of recruiting a Chief Nursing Information Officer who would be key to linking to the Digital Strategy programme but also straddling the space between research and implementation into clinical practice.  The Chief Executive acknowledged the need to move into a more strategic space in relation to matters of innovation and to align the various resources to address key operational challenges, whether it be the NIHR infrastructure or expertise across the organisation already present in the workforce. He commented that the Board could consider how much money and time was spent on innovation and whether it should increase that resource, as part of the work already taking place through the Executive Director of Strategy & Partnerships to develop the Trust’s Strategy. The Trust Chair was supportive and would welcome this discussion in due course.  Philip Rutnam asked if the trend in reducing prone restraint was being sustained. The Chief Nurse explained that the Reducing Restrictive Practice Programme was monitored through the Positive & Safe sub-committee which reported into the Quality Committee. The reduction was being sustained but there needed to be more progress with adoption and spread; this was a classic Quality Improvement (**QI**)challenge in terms of ensuring that learning from one area was spread to other areas. The Executive Managing Director for Mental Health, Learning Disabilities and Autism clarified the metric for follow ups.  Philip Rutnam referred to slide 16 and asked why there were no follow-ups for those discharged from mental health wards after 48 or 72 hours. The Executive Managing Director for Mental Health, Learning Disabilities and Autism replied that these OKRs related to recommended national initial follow-up periods against the risk of suicide.  **The Board noted the reports.** |  |
| **BOD 25/23**  a  b | **Board Committees’ update reports**  The reports at paper BOD 18(i)-(v)/2023, with supporting material at RR/App 11-2023, were taken as read. Chris Hurst highlighted how well advanced financial plans were compared to last year.  **The Board noted the reports.**  *The meeting took a break for 10 minutes and resumed at 11:00* |  |
| **BOD**  **26/23**  a  b  c | **Medical Education report**  The Chief Medical Officer presented the paper at BOD 19/2023 which provided a summary of the current scope and structure of provision of Medical Education within the Trust. Emphasis was placed on developments over the past year and strategic direction for the future including financial structure of Medical Education and development of simulation training. He noted the two General Medical Council surveys for trainees and highlighted there were no areas of concern but there were areas for improvement.  The Trust Chair asked how the Trust could assist trainers, given that delivering training was a call on their time and energy but without this there would not be a new generation of clinicians. The Chief Medical Officer responded that this was considered by a training board; clinical demands upon time had the greatest impact on trainers and he was trying to ensure that training time was ring fenced and a job plan would be implemented next year to assist this. The Chief Executive asked how psychotherapy supervision was being provided, as this was a core requirement for psychiatric trainees, whilst the Trust was in the process of appointing a psychotherapy tutor. The Chief Medical Officer replied that the former Director of Medical Education, Gerti Stegen, was covering this and ensuring that adequate psychotherapy training was delivered until the tutor was appointed.  **The Board noted the report.** |  |
| **BOD**  **27/23**  a  b  c  d  e  f  g  h  i | **Staff Survey results**  The Chief People Officer presented the paper at BOD 20/2023 and noted that nationally response rates had dropped overall by 2% and it remained a difficult picture with 25% of staff overall in the NHS being dissatisfied with pay, issues with burnout remaining high and a third of staff commenting they thought about leaving. Looking specifically at the Trust she highlighted that the response rate was 53% compared to 55% in 2021 which was 3% above the national medium response rate of 50%. She noted that, whilst the percentage response rate had declined from 2021, the number of respondents had remained stable with 3,279 staff taking part in 2022 compared to 3,273 in 2021.  Looking forwards she noted that staff could now access the results through TOBI (the Trust’s Online Business Intelligence system) and that the coaching would be rolled out especially to teams whose response rate was below the trust average. The Trust needed to continue to monitor its results and a more in-depth paper looking at how the results played out for protected characteristics in professional groups would be presented at the April meeting of the People, Leadership & Culture Committee (**PLC**).  The Trust Chair queried whether there was an explanation for the precipitous decline in staff engagement within Pharmacy. The Chief People Officer replied that coaching would be directed to teams such as this where a drop in overall scores had been seen.  Chris Hurst asked whether staff views on appraisals had been incorporated when looking at our appraisal methodology and approaches. The Chief People Officer confirmed they had undertaken a QI project and because of this a new form had been introduced which had been received positively. They had also introduced an appraisal/Personal Development Review season which provided focus for the whole organisation. She noted that there had been a lack of resources for staff so new interactive resources had also been introduced for managers and staff on how to prepare for PDR conversations.  The Chief Executive asked when we would have sight of the free text responses and secondly noted the medical and dental engagement which was disappointing and a concern for him. He expressed his disappointment and noted that the response rates also reflected some people’s concerns regarding confidentiality, that their responses would not be anonymous, which would need addressing. Going forward the Trust needed to demonstrate that the survey findings made a meaningful difference and would have an impact and help change the organisation for the better. The Chief People Officer commented that the free text data should be available imminently and that they would continue to emphasise to staff that the results were anonymous and act ahead of the next survey to reinforce this message.  Geraldine Cumberbatch asked about the concerns surrounding anonymity of the survey. The Chief People Officer replied that these were somewhat anecdotal but would need to be considered.  Andrea Young cautioned against labelling decreased medical engagement as a ‘problem’, noting that the results and engagement levels may be symptomatic of some medical staff feeling undervalued or carrying a burden of increased workload pressures over the past 2-3 years. Instead, this could be an opportunity for the Trust to demonstrate active listening and understanding of the challenges impacting staff. She noted that nationally, large and complex organisations could also struggle to present a uniform view, compared to smaller organisations.  The Trust Chair commented that the Board would need assurance that this would be added to the planning process for 2023-2024. The Chief People Officer confirmed this would be the case.  **The Board noted the report and that the PLC would be reviewing the results in more detail.** |  |
| **BOD**  **28/23**  a  b | **Nursing Strategy**  The Chief Nurse presented the report at paper BOD 21/2023 providing an update on the progress towards the development of the new Nursing Strategy for the Trust and confirmed that the text circulated was the final version. She reported that they were in the process of completing the Year 1 Implementation Plan and that it would be focussed on the areas outlined. She explained that references to ‘draft’ on the document related to some photographs from a recent International Nurses event which she wished to include. Comments were made regarding the lack of diversity reflected in the photographs, which the Chief Nurse replied would be addressed in the final photographs.  **The Board noted the report.** |  |
| **BOD 29/23**  a  b | **Patient Safety Incidents (PSI) report**  The Chief Nurse presented the report at paper BOD 22/2023 and reported that there had been 9 PSIs recorded during January and February, as set out in more detail in the report. She noted that a piece of work was being undertaken by the Deputy Chief Nurse relating to the clinical outage to review whether there had been connections to incidents which might previously have been missed.  **The Board noted the report and commended the work of the Head of Quality Governance and the Patient Safety Service Manager.** |  |
| **BOD 30/23**  a  b  c  d | **Journey to Outstanding update**  The Chief Nurse gave a presentation and highlighted:   * the Good Governance Institute had completed its Quality Governance Review; * the annual planning process had identified corporate and service requirements for the next year; * developing QI, linking to Clinical Audit and ensuring triangulation with intelligence and data for learning; * ‘trailblazers’ with introduction of the Patient Safety Response Framework ahead of schedule and the interim Head of Clinical Standards and Excellence to lead this; * the Restorative Just and Learning Culture clinical programme manager; and * work ongoing to finalise the Experience and Involvement Strategy.   She highlighted the following reflections on where focus was now needed:   * psychological safety and speaking up – were we listening and actually hearing, not explaining away individual ‘concerns’; * listen to and take action on WRES and Staff Survey data; * need to establish shared governance for frontline colleagues – empower clinicians – from ward to Board; * what can we achieve and deliver given current challenges (people & money) – ensure use of Quality and Equality Impact Assessments; and * embrace co-production.   Lucy Weston questioned how well aligned this was with annual planning and resourcing considerations; the opportunity to become an excellent trust was to ensure that the Board was prioritising the issues which it had agreed should be resourced and funded both financially and in terms of human resources. The Chief Nurse replied that it was aligned but that the actions to be undertaken may need to be more clearly set out. The Executive Director of Strategy & Partnerships provided an update on the development of the Annual Plan, which would be presented to the next Board meeting in public, and noted that each directorate had been asked to highlight their investment needs and then a prioritisation exercise would be undertaken to ensure that funding and plans were aligned.  **The Board noted the update.** |  |
| **BOD 31/23**  a  b  c  d  e | **Quality Improvement – Kennet Ward video**  The Chief Nurse introduced colleagues from Kennet Ward and noted that they had been asked by the National and South of England Mental Health Patient Collaborative to produce a video on the excellent outcomes achieved by the ward, using QI methodology, in reducing seclusion. This video was shown for the first time at the last event and had been well received.  Angie Fletcher, Associate Director of QI & Clinical Effectiveness, explained that NHSE had launched a Mental Health Safety Improvement Programme of which reducing restrictive practice was a key component. A collaborative was formed within the Trust to work on this and several wards were involved in focusing on reducing restrictive practice. Staff from Kennet Ward explained that it was 15-bed medium secure ward and a challenging environment clinically. One of the real outcomes achieved for the patients, and which the staff were proud of, was that sense of safety has increased which has been confirmed by the patient group. They noted that they had wanted to reduce their seclusion by 10% over 6 months on the ward. The video was shared with those present.  The Chief Nurse highlighted that the percentage improvement in terms of reducing seclusion was well above their target. The staff confirmed they would now be looking at nature-based therapies and running a pilot project to look at staff trauma.  Lucy Weston asked what opportunities there were to mandate this approach across the Trust. The Chief Executive commented that the opportunities would arise from equipping the majority of the workforce with QI skills. He noted that there was the need to spread best practice and translate to other inpatient settings and to develop a social movement through the organisation. He thanked colleagues for the work done and commented that this is what he wished to see from QI: staff being empowered and the knock-on benefits in relation to team working, inpatient environment and staff engagement and morale.  **The Board noted the report.** |  |
| **BOD**  **32/23**  a  b | **Suicide Prevention Strategy update in public**  The Chief Medical Officer presented the report at paper BOD 23/2023 noting it was an annual report on the Suicide Prevention Strategy. This strategy was informed by a theory of change model, influencing clinical practice, and supporting improvement and innovation. The 2022-2025 strategy was overseen by a steering group, with specific workstreams being established. Co-production was key, with patients and carers represented on the steering group and workstreams. The co-chair of the group was a family member bereaved by suicide.  **The Board noted the update.** |  |
| **BOD**  **33/23**  a  b | **Corporate Registers: (i) application of Trust seal; and (ii) receipt of gifts and hospitality**  The registers at BOD 24/2023 were presented by the Deputy Director of Corporate Affairs.  **The Board noted the registers.** |  |
| **BOD**  **34/23**  a | **Any Other Business**  The Executive Director of Strategy & Partnerships reported that she had been informed that the ICS strategy had been published. |  |
| **BOD**  **35/23**  a | **Questions/comments from the public and any governors or staff attending**  Mike Hobbs, Lead Governor, commented that staff governors had offered to make suggestions regarding patient story possibilities for future meetings may also be in a good position to discuss how they were attempting to engage staff within their respective constituencies in a way that might be helpful to the future of the Staff Survey. |  |
| **BOD 36/23**  a  b | **Review of the meeting and resolution of the Board**  The Trust Chair emphasised that the Board’s next session in private was not to conceal matters but to respect commercially confidential information or information relating to other parties.  The Board resolved to exclude the public and conduct its business in private for confidential matters which may be prejudicial to the public interest if conducted in public or for other reasons. |  |
|  | The meeting was closed at: 12:30  **Date of next meeting: 24 May 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. An officer in attendance for an Executive but without formal acting up status may not count towards the quorum – Standing Orders 3.12.2 [↑](#footnote-ref-3)