PUBLIC

Please notify attendance and send questions to Kerry Rogers, Director of Corporate Affairs & Company Secretary, on kerry.rogers@oxfordhealth.nhs.uk

Oxford Health NHS Foundation Trust

BOARD OF DIRECTORS' MEETING

Wednesday, 29 November 2023
09:00 – 12:10

Microsoft Teams virtual meeting

Agenda

INTRODUCTORY ITEMS	**Paper/ Reading Room**	**Purpose**	**Lead**	**Indicative Time**
1. **#Hellomynameis** and apologies for absence[1]	-	Welcome	Chair	09:00
2. Register of Directors' Interests	*RR/App 54/2023*	Update	Chair	
3. Minutes and Matters Arising of the meeting held on 27 September 2023	BOD 69/2023	Approval	Chair	
STRATEGIC, REGULATORY & SYSTEM				
4. Trust Chair's report	BOD 70/2023	Discussion	Chair	09:10
5. Chief Executive's report (supporting access to the Buckinghamshire, Oxfordshire & Berkshire West (**BOB**) Integrated Care Board (**ICB**) Board papers: https://www.bucksoxonberksw.icb.nhs.uk/about-us/board-meetings/board-papers/)	BOD 71/2023	Discussion	CEO	09:20
6. Corporate Affairs report including updates on: a. Legal, Regulatory and Policy; b. Board Assurance Framework (strategic risks); c. Charity and Involvement impact and updates; and d. Communications and Engagement	BOD 72/2023 *RR/App 55/2023*	Information & Assurance	DoCA/ CoSec	09:35
7. Annual Plan 2023/24 mid-year review and update	BOD 73/2023	Information	ED of Strategy & Partnerships	09:45
PERFORMANCE, PEOPLE & SUSTAINABILITY				

[1] Apologies: None received

8. Winter Resilience preparation in Oxfordshire for Urgent Care pathway	BOD 74/2023	Information & Assurance	Exec MD for Primary, Community & Dental	10:00
9. Integrated performance and sustainability reporting: a. Integrated Performance Report (**IPR**); and b. Finance report	BOD 75/2023 *RR/App 56/2023*	Information & Assurance	Exec Team	10:10
10. Board Committees' update reports and recommendations from recent meetings:				10:50
a. 3As reporting (matters for Alert, Advice and Assurance) from Committees (see Reading Room for supporting Committee minutes and agendas)	BOD 76/2023 *RR/App 57-62/2023*	Discussion	C'ttee Chairs	
b. Audit Committee recommendations: Emergency Planning annual report	BOD 77/2023	Approval	DoCA/CoSec and LW	
10 minutes' break (if required)				11:00
11. Patient Story from Children's Integrated Therapies - Occupational Therapy Sensory Pilot	BOD 78/2023	Discussion	Chief Nurse	11:10[2]
RESEARCH & EDUCATION				
12. Research & Development including Biomedical Research Centre update	BOD 79/2023	Information	CMO	11:25
QUALITY				
13. Journey to Excellence update (presentation)		Information	Chief Nurse	11:35
14. Patient Safety Incidents (**PSI**) report	BOD 80/2023	Assurance	Chief Nurse	
GOVERNANCE & REGULATORY				
15. Freedom to Speak Up Guardians' report	BOD 81/2023	Assurance	Chief People Officer	11:50
16. Corporate Registers: (i) application of Trust seal; and (ii) receipt of gifts and hospitality	BOD 82/2023	Assurance	DoCA/ CoSec	12:00
CONCLUSION & RESOLUTION TO CONDUCT PRIVATE BUSINESS				
17. Any Other Business	-	-	Chair	12:05

[2] Timing change to facilitate attendance by presenters

18. Questions from the public and any governors or staff attending	-	-	Chair
19. Review of the Meeting	-	-	Chair
20. Resolution by the Board 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	-	Approval	Chair

Meeting Close 12:10

Next meeting in public: 31 January 2024

READING ROOM/APPENDIX

- supporting reports to be taken as read to prompt discussion and decisions as required -

21. Register of Directors' Interests (paper - RR/App 54/2023)

22. Appendix to the Chief Executive's report:
    a. access to the Buckinghamshire, Oxfordshire & Berkshire West (**BOB**) Integrated Care Board (**ICB**) Board papers: https://www.bucksoxonberksw.icb.nhs.uk/about-us/board-meetings/board-papers/

23. Appendices to the Corporate Affairs update report (paper - RR/App 55/2023):
    a. Legal, Regulatory & Policy update; and
    b. Board Assurance Framework (strategic risks)

24. Integrated Performance Report (**IPR**) - supporting information:
    Safety & Quality Dashboard (paper - RR/App 56/2023)

25. Meetings, minutes, agendas and supporting information from Committees:
    a. Audit Committee on 14 September 2023 and agenda for 21 November 2023 (paper - RR/App 57/2023)
    b. Charity Committee on 12 September 2023 and agenda for 22 November 2023 (paper - RR/App 58/2023)
    c. Executive Management Committee (oral update if required)
    d. Finance & Investment Committee on 19 September 2023 and agenda for 16 November 2023 (paper - RR/App 59/2023)
    e. Mental Health & Law Committee on 18 July 2023 and agenda for 17 October 2023 (paper - RR/App 60/2023)
    f. People, Leadership & Culture Committee on 12 October 2023 (paper - RR/App 61/2023)
    g. Quality Committee on 07 September 2023 and agenda for 09 November 2023 (paper - RR/App 62/2023)

Meeting of the Oxford Health NHS Foundation Trust Board of Directors

BOD 69(i)/2023
(Agenda item: 03)

[DRAFT] Minutes of a meeting held on 27 September 2023 at 09:00 Microsoft Teams virtual meeting

Present:[1]

David Walker	Trust Chair (the Chair) (**DW**)
Grant Macdonald	Chief Executive Officer (**GM**)
Amélie Bages	Executive Director of Strategy & Partnerships (**AB**)*
Rob Bale	Executive Managing Director for Mental Health, Learning Disabilities and Autism
David Clark	Non-Executive Director appointee of the University of Oxford (**DC**)
Marie Crofts	Chief Nurse (**MC**)
Geraldine Cumberbatch	Non-Executive Director (**GC**)
Chris Hurst	Non-Executive Director (**CMH**)
Ben Riley	Executive Managing Director for Primary, Community & Dental Care Services (**BR**)
Kerry Rogers	Director of Corporate Affairs & Company Secretary (**KR**)*
Philip Rutnam	Non-Executive Director (**PR**)
Mohinder Sawhney	Non-Executive Director (**MS**)
Heather Smith	Chief Finance Officer (**HeS**)
Rick Trainor	Non-Executive Director (**RT**)
Lucy Weston	Non-Executive Director (**LW**)
Andrea Young	Non-Executive Director (**AY**)

In attendance[2]**:**

External

Lesley Corfield	Buckinghamshire, Oxfordshire & Berkshire West ICB

Attendees from Oxford Health NHS FT

Jane Appleton	Associate Director of Communications and Engagement
Ben Cahill	Deputy Director of Corporate Affairs
Rose Hombo	Deputy Director of Quality
Elaine Jones	Executive Officer to CEO & Chair
Jules McKim	Intensive Interaction Specialist Care Coordinator
Rachel Miller	Patient Experience Lead- Learning Disabilities
Sue Marriott	Executive Assistant
Hannah Smith	Assistant Trust Secretary
Nicola Gill	Executive Project Officer (Minutes)

[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

[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

Governor Observers

Kate England	Carer
Ekenna Hutchinson	Staff

BOD 86/23	**Welcome, #Hellomynameis and Apologies for Absence**	
a	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).	
b	Apologies for absence were received from: (i) Karl Marlowe, Chief Medical Officer; and (ii) Charmaine De Souza, Chief People Officer.	
c	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 87/23	**Patient Story**	
a	The Chief Nurse introduced the patient story at paper BOD 57/2023. Jules McKim, Interaction Specialist Care Coordinator noted that the Intensive Interaction Service was part of the Adult Learning Disability Teams in Oxfordshire. The service worked in collaboration with the Learning Disability Teams and provided support to adults with learning difficulties. The story was from MN and the care he had received from this service.	
b	Jules McKim commented that Valuing People Now (Department of Health, 2009, p. 38) described Intensive Interaction as: "an approach to facilitating two-way communication with people with severe or profound learning disabilities and/or autism, who are still at an early stage of communication development. It can be used to teach people fundamental communication or to provide them with a means to enjoy being expressive and feeling connected".	
c	Jules McKim highlighted that the service trained and coached staff in Intensive Interaction – a social communication approach - with the aim of developing peoples' emotional well-being. Written and video guidelines were developed to secure the sustainable use of the approach with the individuals referred. The service was run by Oxford Health and was based in Slade House, Headington.	
d	Jules McKim then shared the patient video, explaining that MN had moved into his new service in December 2019, and that this was a group home, and he was one of six people. Initially MN had been quite unsettled and agitated and as a result staff were quite fearful to approach him, they provided consultation and support. The patient had a profound and multi learning disability along with being visually impaired meaning that audible interactions and communication as well as physical contact was very important for him. When prompted to do aspects of daily living he could occasionally become agitated, his mood would deteriorate, and he could be	

	aggressive and pull hair and throw things. On reflection, the staff felt that he did not feel understood and felt isolated. Following a referral to the Intensive Support Team, advice was provided to adjust his communication environment and sensory input, along with this the Intensive Interaction Service got involved as it was felt that there was a lack of trust and rapport between the patient and carers. Agreement from the family was gained to use video and work was initially undertaken by providing training for the staff team with their idea that rapport was at the foundation of all good care.	
e	Jules McKim spoke about how Intensive Interaction involved joining in or mirroring aspects of a person's communication. As well as developing written guidelines they developed video guidelines. Person centred touch guidance was also developed for this patient to keep him safe and staff safe and confident around their use of physical contact. After two years, the staff felt that the patient knew the people in MN's environment and he knew his environment, well with no agitation seen over 12 months. MN used his voice more - singing and vocalising. Staff think they have heard some words MN has produced e.g. hello and thank you, which was quite extraordinary, along with lots of other vocalisations. This was a good example of multi-disciplinary work with Intensive Interaction being an important element.	
f	Jules McKim noted that one of the problems the service had was the high staff turnover; in two years, there had been several new staff, meaning the video guidelines were essential as they were a useful and accessible set of guidelines for new staff. One of the main messages Jules wished to convey to Board was the power and importance of video as part of clinical records.	
g	The Trust Chair complimented Jules McKim on the quality of the presentation.	
h	The Chief Nurse commented that it had never occurred to her how important the power of the video was as part of an individual care plan for the patient, especially with the turnover of staff. Given the vast evidence base, she asked whether Jules had any thoughts around why Oxford was quite unique in having this service. Jules McKim responded that intensive interaction was transtheoretical and trans professional so it could sit within many services. Jules McKim went on to say he was involved in writing a book on Intensive Interaction as a Psychological Therapy and was hoping that this would assist in teaching clinical psychologists in university doctoral courses and producing a unifying theory for it.	
i	David Clark asked Jules McKim whether there were plans to share this innovative work more broadly as this felt like an opportunity and could the Trust help make them more available. Jules McKim responded that it was a broad issue and could not be answered quickly, he highlighted one of the problems was currently trying to get videos uploaded to RiO as it did not have the current capacity. Jules McKim also noted problems with transference between provider organisations when changes had taken place so always ensured a copy was held with the family.	
j	Mohinder Sawhney spoke about staff turnover and asked if there was another way of structuring services to support staff retention and, while they may move on from one service, they may stay within social care or the broader the health care sector and	

	were therefore able to passport their skills into new employment. Jules McKim clarified that the staff turnover he referred to was outside of Oxford Health and was related to the provider organisations. He added there was a problem with agency staff and being able to ensure these staff were up to speed in terms of the necessary communication training. He confirmed the skills were transferrable.	
k	Lucy Weston commented that the patient story had been heartwarming and informative particularly given the life of potential restraint without the service. She asked if there was anything that could be learnt from this for use in other parts of the Trust where there was potentially an issue with patient volatility and restrictive practice. The Chief Nurse responded that there were always transferable things to learn and utilise elsewhere in the Trust.	
l	**The Board noted the presentation and thanked the patient and the Team.**	
BOD 88/23	**Register of Directors' Interests**	
a	The Trust Chair referred to the updated Register of Directors' Interests at RR/App 46/2023. No interests were declared pertinent to matters on the agenda.	
BOD 89/23	**Minutes of the Meeting held on 19 July 2023**	
a	The Minutes of the meeting held on 19 July were approved as a true and accurate record.	
	Matters Arising	
b	The Board noted that the following action was not yet complete: • BOD 77/23(k) – On hold. Targets to be reviewed and benchmarked nationally.	
BOD 90/23	**Trust Chair's Report and system update**	
a	The Trust Chair took his report as read, at paper BOD 59/2023. He highlighted the question of board 'champions' and raised issues of involvement of Non-Executive Directors (**NEDs**) in operational matters. That said, Board interest in issues such as restrictive practice and speaking up was vital and should be woven into the general presence of NEDs on the Board.	
b	The Trust Chair noted that he had recently reviewed the Fit and Proper checks required for the Board to ensure all the records were up to date. He noted this was not a failsafe but was important that the Trust observed the protocols that existed and ensured data was as accurate as possible.	
c	**The Board noted the report.**	
BOD 91/23	**Chief Executive's Report**	
a	Further to his report at paper BOD 60/2023, the Chief Executive noted that following the recent Letby trial, he had personally written to all staff to ensure they were aware	

	and felt empowered to speak within their teams, within their supervision but also use the support offered by the Freedom to Speak Up Guardians.	
b	The Chief Executive highlighted that on 15 September an inspection report of Oxfordshire's special education needs and disabilities (**SEND**) services had been published. He assured the Board that on behalf of the Trust he had committed the Trust to playing a full role in the partnership's response to an improvement plan and would update the Board as this plan developed.	
c	The Trust had been working with local stakeholders in the Wantage and Grove area, and other Oxfordshire health and care providers, to shape the long-term future provision of services at the Wantage Community Hospital. An independent organisation had been appointed to run the public engagement, analyse the feedback and views for late October. A final report and recommendations for the Board and system partners consideration would follow.	
d	The Chief Executive welcomed Dr Rob Bale formally to the Board as Interim Executive Managing Director for Mental Health and Learning Disabilities.	
e	The Chief Executive congratulated Marie Crofts, Chief Nurse, who would be leaving the Trust at the end of 2023 to take up her new role of Chief Nursing Officer at the Gloucestershire Integrated Care Board. ***Q&A***	
f	Rick Trainor asked what role the Trust played in the provision of SEND services. The Chief Executive responded that the Trust was a key partner providing numerous services for young people including CAMHS. Rick Trainor noted the report was quite negative. The Chief Executive responded that it was a short headline report which did not draw out the detail and the headline 'systemic failings' could have a lot behind it. He felt the Trust needed to focus on what it had been working on to improve for some years, especially post-COVID, which was access to services for young people.	
g	The Trust Chair invited the Chief Executive to speak about the situation in Bath, Swindon, and Wiltshire where the Local Authority was choosing to go to competitive tendering. The Chief Executive commented that the services provided for children and young people in Swindon had always been provided by a range of different providers and the Trust were hopeful of consolidation by applying to take on an element of these in partnership with Barnardo's. The Trust was not successful but would work to take an influential role in this area.	
h	**The Board noted the report.**	
BOD 92/23	**Corporate Affairs update report**	
a	The Director of Corporate Affairs & Company Secretary presented the report at paper BOD 61/2023, with supporting material at RR/App 47/2023, noting that included in the reading room were the latest iterations of the Board Assurance Framework and	

	the Trust Risk Register and that the report highlighted the highest rated risks that had been raised at Board Committees since the last report. She commented that these documents influenced the discussions, agenda planning, and the focus of the Board...	
b	The Director of Corporate Affairs & Company Secretary went on to note that the Legal and Regulatory updated highlighted some areas of significant input to the Board following the Letby case, with predominant focus on managers, fit and proper frameworks, sexual safety, and freedom to speak up. All of it centring around culture and staff confidence in being able to speak up and raise concerns.	
c	The Director of Corporate Affairs & Company Secretary noted that NHS England would be implementing a new Fit and Proper Person Test Framework building on much that was already in place about collecting data in relation to directors being fit and proper persons. She commented that, as per the privacy notice communication sent out to Board, this would involve Board member details being held on their electronic staff records for their entire NHS careers. If anyone had any objections to this, she requested they be sent to Ben Cahill, Deputy Director of Corporate Affairs.	
d	**The Board noted the report.**	
BOD 93/23	**Effectiveness of Speaking Up Arrangements**	
a	The Director of Corporate Affairs & Company Secretary presented the report at paper BOD 62/2023 noting its intention to update the Board on arrangements in place across the Trust to support staff to continue to speak up. Following Lucy Letby's conviction, NHS England had written to all NHS organisations seeking assurance on key areas relating to processes in place for staff to raise concerns and to feel safe and supported in doing so. Highlighting the importance of learning from the trial and conviction of Lucy Letby, the Director of Corporate Affairs & Company Secretary noted that there were a number of data sources open to the Board to use to seek assurance and lines of questioning to follow, for example: • Is there any evidence of any instances of a 'closed culture' at the Trust and/or is there any data received by Board that may indicate this? • Were there any Trust service areas that were not completing the staff survey; • Does the Trust have the same confidence in and knowledge of its out of hours service as 'in hours' services?; • Regarding the Patient Safety Incident Response Framework, what are the trends and patterns coming out of incidents?; • Are there any trends in feedback e.g. in surveys, PALS & Complaints?; • Can the Trust learn from wider sector practice – are there any national examples that may be 'true for us'?	
b	The Director of Corporate Affairs & Company Secretary commented that this report was not to assure the Board but to trigger a conversation on how the Board gets its assurance of understanding the organisation.	
c	The Trust Chair highlighted the opportunities and responsibilities of NEDs to visit Trust services recognising the widespread geography and array of Trust services.	

d	The Chief Nurse commented that while data was available, it was a case of how it was then used and analysed. She spoke about visibility and the need for staff to trust those visiting to speak to them. She highlighted Professor Michael West's 'listening with fascination' approach. She talked about the need to build a culture of psychological safety and inclusivity and felt two key areas were the Restorative and Just Learning Culture and the Race Equality Agenda.	
e	Andrea Young made the following points: • She welcomed the increased Executive support for the Freedom to Speak Up Guardians; • One of the areas of best practice acknowledged by the National Guardian Office was - in response to stubborn issues – that there were structures in place that allowed the pulling together of all relevant senior managers to quickly to tackle and deal with issues. She noted that the Trust did not have this in place and felt it would be helpful; • 'Too difficult to tackle box' – where a member of staff's behaviour may already be under scrutiny the need to find a more sophisticated way to deal with such instances; and • Board oversight was mentioned in the report - her understanding was that monitoring of the workplan, and reports would happen through People, Leadership and Culture Committee and thereby give the Board assurance. The annual report would not do this so a resolution was needed about where the quarterly data would be looked at.	
f	Mohinder Sawhney spoke about unannounced visits and noted she felt it was important for NEDs to be able to undertake these types of visits. She went on to amplify that people would speak up when they believed that speaking up was of consequence and that they would not suffer detriment. There was the need to be much more curious about whether people really believe they will not suffer detriment, do they really believe that speaking up leads to consequential action and how do we start to tell stories within the organisation that evidence this.	
g	David Clark commented that the report was very good from a provider's perspective but not so much from a user's perspective. It was clear on the work being done to try and ensure that people felt they could speak up, but he could not see anything about whether people were happy with the action being taken when they did. He wondered how things could be strengthened so that when people did speak up some perception was gained of the extent to which they thought the action taken was helpful or satisfactory.	
h	Lucy Weston reflected that this report had been received at Audit Committee and that the committee played a role in ensuring that whistleblowing functions were operating effectively. She felt there was evidence that the process was set up and worked well but there were some questions raised about how far that translated into culture and behaviour. She also noted that having difficult conversations around people's behaviours was a skill and how did the Trust give people the skills to have those conversations.	

i	Rick Trainor commented that what had struck him with the Letby case was that concerns had been raised by various senior members of that organisation, including by the NEDs, and yet in the end effective action had not been taken until tragic events had occurred. It was important therefore that people felt able to raise concerns, but it was also important that something was done about them.	
j	The Trust Chair summed up the following salient points: • Question of follow up - if issues are raised then action was seen to be taken; • How various sources of information were triangulated; • Understanding the dynamics of teams, within which managerial and other cultures, sometimes toxic, could develop; • Visits – how best the NEDs undertake visits; and • The question of distribution of management and hence managerial responses to problems.	
k	The Chief Executive spoke about the need to think carefully about the effectiveness of unannounced visits and to consider the language used as they could make staff anxious in the context of unannounced visits from regulators - he did not think this was what the Board were trying to achieve. He reiterated that the paper was a response to NHS England's ask for the Board to look at process assurances and spoke about the need to have more time to reflect and look more deeply into the issues.	
l	The Trust Chair concluded by noting this conversation would be taken into a workshop/development day to allow further conversation and recognising the Chief Executive's point about complexity.	**DW/KR**
m	**The Board noted the report.**	
BOD 94/23	**Integrated Performance Report (IPR) and Finance Report**	
a	The Executive Director of Strategy & Partnerships introduced the report at paper BOD 63/2023, accompanied by supporting material at RR/App 48/2023, which provided: i. a summary of performance against the NHS National Oversight Framework and Southeast regional performance including Provider Collaborative performance; ii. Directorate highlights and escalations from the Executive Managing Directors; iii. delivery of the Trust's Strategic Objectives using the Objective Key Results (**OKRs**) and with narrative from Lead Executive Directors; iv. the Finance report; and v. the Quality & Safety Dashboard, showing quality and workforce indicators, at RR/App 48/2023.	
b	She highlighted the following key headlines on activity: • overall performance against the NHS Oversight Framework (**NOF**) was good except for the number of inappropriate out of area placements;	

	• work had been undertaken with committees to review the strategy matrix and make these more meaningful and allow better tracking of our delivery of our strategy; and • data recovery work would be ongoing until January and during October TOBI would be reinstated allowing more meaningful reports to be provided. ***Directorate highlights and escalations from the Executive Managing Directors***	
c	The Executive Managing Director for Mental Health, Learning Disabilities and Autism noted that the directorates had been focussed on reducing the use of Inappropriate Acute Out of Area Placements (**OAPs**) to improve the quality of patient care and improve cost control and this work would be complemented by the new Acute Inpatient care document produced by NHS England which we were starting to work through and embed in practice.	
d	The Executive Managing Director for Primary, Community and Dental Care referred to the report and noted that the Trust had been successful in securing the 0-19 Healthy Child and Young Person's contract. He also spoke about the Local Area SEND Inspection which was published on 15 September 2023 and required significant work across the partnership to improve outcomes for children and young people and their families. He commented that the Trust was working closely with the Council and Buckinghamshire, Oxfordshire & Berkshire West Integrated Care Board (**ICB**) in developing a response to the report.	
e	The Executive Managing Director for Primary, Community and Dental Care highlighted ongoing staffing pressures, particularly in the District Nursing and Podiatry services, and noted work was progressing on incentivising recruitment and addressing issues in these services. He noted that over the summer the flow pathway of patients leaving hospital and behind rehabilitated had been working well and some of the lowest levels of delays had been seen which evidenced The Transfer of Care Hub continued to have a positive impact. He concluded that financially they were on plan overall but were aware that there was still some outstanding income from commissioners and need to ensure this money is received. ***Strategic Objective 1: Quality – deliver the best possible care and outcomes***	
f	The Chief Nurse referred to the slides in the report and highlighted that the four objective key results were underperforming year to date although positive improvement was being made. She highlighted the following: • Clinical supervision remained static, and that Learning & Development had been working hard to change the system in line with staff feedback; • Prone restraint – year to date figures were not quite on target; • Lester Tool – spot checks were being undertaken to assess the use of this; and • Agency – the Trust was expecting to hit the NHS England target now that the interventions introduced were starting to take effect. **Questions**	
g	David Clark asked how the increase in Personal Development Reviews (PDRs) for staff had been achieved and how it might be sustained. The Chief Executive responded explaining that a PDR season had been developed for the first quarter of the year	

	where an intense focus was on PDRs being undertaken. Feedback would be taken from staff on how the quality could be improved and the Trust would run the PDR season against next year following this year's improvement.	
h	Mohinder Sawhney added that both mandatory training ad PDRs had seen significant improvement from historical levels in the Trust and felt the whole team across the Trust should be congratulated for this improvement. She also highlighted that a Quality Improvement (**QI**) approach had been taken to both these areas which had led to a more reflective root and branch analysis of what had been stopping the Trust from reaching its targets. She noted that there would be an ongoing process to understand why it had been successful and how it might be replicated.	
i	Mohinder Sawhney raised the issues surrounding the implementation of NHS Professionals and ID Medical and asked whether there was going to be an internal audit reflecting on what worked and what did not and where would the findings be reported. The Chief Executive responded commenting that, along with the Chief Nurse, there had been an agreement to separate out the improvement work from the control work and had developed a fortnightly improvement forum where the directorates and staff side would be involved to log and action any outstanding process improvements. The outputs of these would be reported to the People, Leadership and Culture Committee (**PLC**). The Chief Nurse concurred and noted that whilst there had been improvements in certain areas there were still difficulties. She commented that this had been a huge culture shift for the organisation.	
j	Lucy Weston commented on the success of PDRs and felt this was outstanding as it had been an issue for a long time. She spoke about the theme of rushing to solutions without fully understanding the causes and wondered what could be done to support managers taking different approaches.	
	Strategic Objective 3: Sustainability – make the best use of resources and protect the environment	
k	The Chief Finance Officer noted that a survey had been undertaken on the Trust's estates. The survey identified that the majority of the Trusts' estate achieved a satisfactory 'condition B'. There were some elements and sites within individual buildings that fell short of this however, and investment was required to rectify this and to enable maintenance of the Trust's estate at the appropriate level. On environmental indicators she noted that the Trust's measures were focussed on direct emissions rather than the wider footprint of its activity. Going forwards the Trust wanted to look at both and take action against them.	
l	The Chief Finance Officer provided an update on the Trust's finances noting that the report presented focused on month 5 given movements in month 4 data on agency spend resulting in the Trust moving closer to its agency spend targets. The finance report currently puts the Trust as being on plan regarding revenue.	
	Questions	
m	Philip Rutnam asked a question about the absence of information on waiting times from the report given their significance (e.g., CAMHS, some community services).	

	The Executive Director of Strategy & Partnerships noted that work was being undertaken with the national team to be appraised of any definitions of how to measure waiting times accurately across our services which would then enable more effective reporting. The Chief Executive noted that the Council of Governors had received a report on CAMHS waits, the report providing information and assurance on the Trust's awareness of and planning for CAMHS waits. **The Board noted the reports.**	
n	*The meeting took a break for 10 minutes and resumed at 11.10.*	
BOD 95/23	**Board Committees' update reports**	
a	The reports at paper BOD 64(i)-(iii)/2023, with supporting material at RR/App 49-53/2023, were taken as read.	
b	Chris Hurst, further to his report from the Finance & Investment Committee (**FIC**), noted the financial dynamics within the Trust's budgets and across the wider Integrated Care System were now assessed to have reduced in scale over the last two months. The Trust's financial outlook for this year was now assessed to be more secure. The Committee would continue to closely monitor the financial position over the coming months.	
c	He commented that the Committee had first sight of the work that the Chief Finance Officer and her team had been undertaking to develop an up-to-date Medium Term (5 year) Financial Plan (**MTFP**). This was viewed as a helpful and important piece of work. The MTFP could be expected to become an important and integrated component of the Trust's new strategy development and review arrangements.	
d	Andrea Young referred to her report from the Quality Committee and noted that a deep dive into a review of waiting times information as highlighted on the Trust Risk Register TRR 1068 would take place at the Committee's November meeting. She highlighted the fantastic work being undertaken by the Provider Collaborative for Tier 4 CAMHS which was innovatively rolling out hospital at home for young people with very complex eating disorders. She also thanked the Executive Managing Director for Mental Health, Learning Disabilities and Autism f for sharing the update on the implementation of the Community Mental Health Framework which underlined the important of achieving data accuracy. She concluded by complimenting some of the excellent clinical work that Oxford Health was leading in the Provider Collaboratives.	
e	Mohinder Sawhney noted that the People, Leadership & Culture Committee was not due to meet until October so there was no 3As report but alerted the Board to the workshop which had taken place looking at workforce risk to help broaden and deepen their understanding of what was driving these risks.). The Committee is looking to arrange a deep dive workshop around culture risks.	
f	Lucy Weston referred to her report from the Audit Committee, commenting on the management of risk and the strong work undertaken on how it identifies and deals with risk. She highlighted the differences between organisational risk processes and	

	risk cultures and behaviours. She referenced the workforce risks workshop and that it had been an interesting exercise in identifying the key drivers for risk, possible solutions and how these might be captured differently on the risk register. She noted the three themes she had heard from the committee 3As reports around workforce, waits, and project / change management and asked whether there was something that could be done to look at how the Board could focus on reducing some of the risk values for these as part of an organisational wide approach.	
g	The Trust Chair provided assurance to the Board as Chair of the Mental Health & Law Committee that it regularly reviewed the regulation of the rights of patients and noted that the deprivation of liberty legislation was now on hold possibly until after the next general election. For future reference the Committee and the Board would need to consider potential trade-offs between the rights and privacy of patients and the opportunities technology provides us to better monitor patients.	
h	Lucy Weston sought clarification on the 'Alert' element of the 3As reports, noting that some may require escalation to the Board. The Trust Chair responded that raising matters from committees to the Board can be reflected in the planning of board agendas and committee chairs should take an active role in shaping agendas.	
i	Lucy Weston commented on Committee chairs being move involved in agenda setting and questioned the mechanism as she felt the 3As reports would be a good way of ensuring this happened. She also requested a further Board risk workshop take place. The Trust chaired agree to action this.	
j	The Chief Nurse presented the Safeguarding Service Annual Report at paper BOD 65/2023 noting that it had been before the Quality Committee had felt assured that the arrangements in place were dealing satisfactorily with the demand. The Committee recommended the report for approval.	
k	**The Board noted the reports and APPROVED the Annual Report on Safeguarding.**	**DW**
BOD 96/23	**Research & Development Report**	
a	Vanessa Raymont was unable to present as was unwell on the day of the Board meeting. The following comments were made by Non-Executive Directors:	
b	Andrea Young noted that the report at paper BOD 67/2023 had been seen at Quality Committee and questioned whether this needed to be seen at both the Quality Committee and Board.	
c	Mindy Sawhney commented that she felt that the report could articulate more about the work of the Trust with research work across the BOB system. The Trust Chair noted that this question would be addressed by the Research & Development Director.	
d	**The Board noted the update.**	

BOD 97/23 a	**Patient Safety Incidents (PSI) report** The Chief Nurse presented the report at paper BOD 68/2023 and reported that there had been 13 Patient Safety Incidents (PSIs) recorded during July and August 2023 including 5 diagnostic delays; 5 suspected suicides in the community; 1 delay in escalating possible parental abuse of a baby; 1 medication incident; and 1 pressure ulcer in District Nursing Teams.	
b	She spoke about the implementation of the Patient Safety Incident Framework (**PSIRF**) also known as *Learning Together for a Safer Tomorrow* which looked at how the Trust investigated PSIs and enabling a systemic approach to learning and sharing learning across the organisation.	
c	Lucy Weston requested to see data defined by a cause or factor to understand the prevalence of those heard about often i.e., pressure ulcers or potential suicides. She highlighted the 8 PSIs in the Community Services Directorate in the first quarter which was unusual, 5 of which were about diagnostic delay in Minor Injury Units (**MIUs**) and asked whether this was linked to the wider systemic issues around staffing, pathways, pressure on acute services and whether the two were linked?	
d	The Executive Managing Director for Primary, Community and Dental Care noted it was difficult to discern between a 'statistical cluster' and what was a trend and commented. A piece of work has been started looking at a thematic review of MIUs to identify whether there were trends occurring. Following this a more detailed response could be provided to Board members.	
e	**The Board noted the report.**	
BOD 98/23 a	**Any Other Business** None.	
BOD 99/23 a	**Questions from the public and any governors or staff attending** None.	
BOD 100/23 a	**Review of the meeting** No comments raised.	
	The meeting was closed at: 11:30 **Date of next meeting: 29 November 2023**	

Summary of Actions from the Board meeting on 27 September 2023

Relevant Item	Action	Responsibility:
BOD 93/23 (l)	**Effectiveness of Speaking Up Arrangements** To orgnaise a workshop/development day to allow further conversation on this. **Status: *in progress*** *– workshop/development day to be arranged to discuss Effectiveness of Speaking Up Arrangements further.*	DW/KR
BOD 95/23 (j)	**Board Committees' update reports** Consider options for when to hold a risk workshop and topics on which to focus. **Status: *in progress*** *– Risk workshop to be arranged.*	DW
	Action held over from the meeting on 19 July 2023	
BOD 77/23 (k)	**Experience & Involvement Strategy for Patients, Service Users and Carers – 2023-25** To review the proposed metrics/measurements on "how will we know we are making a difference" as the targets may be too ambitious e.g. on % of patients responding that overall care was very good, from a starting point of 82.5% in physical health services to Year 3 target of 100%, and from a starting point of 62% in mental health services to Year 3 target of 82%. Targets to be reviewed and benchmarked nationally. **Status: *in progress*** *– targets currently being re-evaluated to achieve year-on-year improvements. National benchmarking pending as the National Mental Health surveys have only just started, as at September 2023.*	MC

Oxford Health NHS Foundation Trust

Report to the Meeting of the Oxford Health NHS Foundation Trust

BOD 70/2023
(Agenda item: 4)

Board of Directors

29 November 2023

Trust Chair's report and system update

For: Information/ Discussion

Executive Summary

A high point for me since the Board last met has undoubtedly been the opening of the latest mental health hub in Bury Street, Abingdon, where the town crier did the honours, tricorn hat, bell, and all. We are evaluating these high street hubs, which allow people to walk in without appointment and talk through any problems with staff, who may themselves have experience of mental illness, our clinicians together with colleagues from voluntary organisations, who might be able to offer advice on housing, benefits, and jobs.

In Buckinghamshire we are doing things differently, with the same aim of streamlining access to appropriate services. We are hoping to open another high street hub soon in Oxford. But first we need to find premises. We are in the midst of reorganising our physical footprint in the city, to include new locations for primary care mental health teams. Oxford is a pressured place and finding space is not easy. Things are made more difficult by the autarkic nature of public services. Our estates team has talked extensively to GPs, to see if teams might find a footing in one or more of their practices. Not an option, they were told – GPs do not have enough capacity to accommodate their own workforce, let alone ours.

The team talked to voluntary organisations. They discussed needs with county and district councillors – local authorities have premises across the area – but none of this produced a sharing option.

That is a shame. Once upon a time there was much talk of bringing public services together, better to utilise the variety of buildings owned and leased by schools, the police, councils, the NHS and, going beyond them, the armed forces, the Environment Agency and departments of central government, not least the Department of Work and Pensions. It did not happen and, on the evidence of Oxford, a potential opportunity (for cost savings, for optimal use of available space) is going missing.

Not that the NHS itself is exemplary, even apart from GPs. Its footprint, say within Oxford, is huge but it has not even been mapped, let alone made subject to rationalisation – because organisations, including Oxford Health, have their own trajectories, separate budgets and limited appetite for collaboration, let alone sharing premises. Here is an agenda item for an *integrated* care system!

Rivalries are probably inevitable. The other day, I popped into the recruitment road show at the Whiteleaf centre in Aylesbury. Tara O'Brien and colleagues are, with the enthusiastic involvement of local staff, running events in various places, including Salisbury, to advertise vacancies and interest potential recruits. On leaving I passed the gate of Chiltern Way Academy, and a big banner advertising its vacancies. We are fishing in the same pond, to some extent, and it is a moot point how far the NHS could cooperate with schools in attracting staff when labour market conditions are as tight as they have been. We are recruiting to replace Marie Crofts as Chief Nurse and one preoccupation for her successor may be how we care for our patients with a permanently constrained supply of nurses. The NHS Workforce Plan exudes optimism, and we will do what we can to persuade young people to consider careers in care but it is going to be hard.

However, there is both safety and encouragement in numbers. Some non-executives attended the NHS Providers annual conference recently. Away from the set pieces, you find other trusts facing the same kind of issues as OH, offering a fund of suggestions and stratagems for dealing with them. Perhaps such conferences accentuate the positive, but they do show the NHS continuing to innovate, locally, and find practical solutions within the context of what is still a giant family. Listening to colleagues swapping war stories and reminiscences of their own and institutional histories, I came away fortified by the sense that there still exists a fibrous NHS-wide culture. Its carriers are sometimes cynical, yes, but always pragmatic and problem-focused, dedicated fundamentally to trying to help patients get better.

Recommendation

The Board is asked to note the report.

Author and Title: David Walker, Trust Chair

1. *A risk assessment has been undertaken around the legal issues that this report presents and there are no issues that need to be referred to the Trust Solicitors*

2. ***Strategic Objectives/Priorities*** *– this report relates to the following Strategic Objective(s)/Priority(ies) of the Trust:*

   1) Quality - Deliver the best possible care and health outcomes

   Strategic risk themes: triangulating data and learning to drive Quality Improvement; Demand and Capacity (Mental Health inpatient and Learning Disabilities); and Demand and Capacity (Community Oxfordshire).

   2) People - Be a great place to work

   Strategic risk themes: Workforce Planning; Recruitment; Succession Planning, Organisational and Leadership Development; Culture; and Retention.

   3) Sustainability – Make best use of our resources and protect the environment

   Strategic risk themes: planning and decision-making at System and Place level and collaborative working with Partners; governance of external Partners; Financial Sustainability; Governance and decision-making arrangements; Business Planning; Information Governance & Cyber Security; Single Data Centre; Business Continuity and Emergency Planning; Environmental Impact; and Major Capital Projects

Report to the Meeting of the

Oxford Health NHS Foundation Trust

Board of Directors

29 November 2023

BOD 71/2023
(Agenda item: 05)

Chief Executive's Report

Introduction

In this report, I set out a number of updates from Trust services since the last meeting. Before I do, I'd like to start with a flavour of Trust-wide and sector topics.

Firstly, my thanks to colleagues from across the Trust for the effective response to the emergency evacuation of two mental health inpatient wards and City community hospital at the Fullbrook Centre in Oxford following a power outage on the 9th November. Staff from across the Trust responded quickly and effectively to identify vacant beds, organise transfer of medications, move patients safely, reassure relatives with updates about family members, and begin to restore power and safety. All of this and more showed Oxford Health team working at its best. The response to the incident also showed the importance of the Trust's business continuity and evacuation plans – these are all available on the intranet and I invite colleagues to become familiar with them.

On the 10th October, the Trust marked World Mental Health Day with a wide range of social media coverage about the importance of the day in raising awareness of mental illness and tackling stigma. Over October, the Trust also marked World Suicide Prevention Day, Patient Safety Awareness Week, Freedom To Speak Up Month, Learning Disabilities Nurses Day, Infection Prevention Awareness Week, and Allied Health Professionals Day. Staff from across our services held events, hosted webinars, contributed articles and led discussions about how each of these topics plays an important role in the work we do.

Earlier in November, the King's Speech set out the government's priorities for the coming year. Amongst these were a number of bills relevant to improving health including a tobacco and vapes bill, and a data protection and digital information bill (which, specific to

Trusts like Oxford Health with significant research capacity, should assist with health research and innovation). However there has been concern expressed from some in the mental health sector that the government has not brought forward the Mental Health bill which would review the now 40 year old Mental Health Act and focus on reform in the mental health sector recognising the significant gaps between rising demand and capacity.

Updates from services

In my last CEO Board report, I wrote that the Trust was tendering for the 0-19 services contract – the Trust being the incumbent provider - from the county council. After winning the contact, the Primary, Community & Dental Care directorate are now in active phases of implementation. As a part of this, I was pleased to hear that good practice from other providers is being factored in including a visit to an NHS provider in Northamptonshire to learn from their well established single point of access model.

Also in my last CEO Board report, I described the inspection report into services in Oxfordshire for children with Special Educational Needs and Disabilities (SEND) which highlighted a number of areas for improvement for the Local Area Partnership. Progress is being made to address issues with a priority action plan for the Oxfordshire system continuing to be refined. As a member of the improvement board I am actively involved and will focus on the specific areas of the action plan that the Trust can lead and support system partners.

Winter preparedness is now firmly on people's minds. System working is essential to this so it is good to see the positive work that Primary, Community & Dental Care colleagues are doing with Oxfordshire healthcare providers, supported by external programmes funded by the Better Care Fund. There are a number of focus areas - including integrated neighbourhood teams, a single point of access and closer working with primary care networks - all set out to enable care closer to home and to design service models from the need and experience of patients.

I was also pleased to hear about a recruitment open day for registered nurses at Didcot Hospital actively promoted by social media. The event was targeted at the local community and a resounding success, with four registered nurse roles being offered on the day. A great example of the innovative recruitment work in collaboration with clinical teams taking place across the Trust.

In October, the Trust's Keystone Mental Health & Wellbeing Hub opened in the centre of Abingdon in Oxfordshire. The walk-in service is staffed by mental health professionals, including peer support workers, and aims to make it simple and easy for the public to access mental health support and advice on the high street. It will also offer care to people with a long-term mental health condition when and where they need it. The opening of

the Abingdon hub follows the successful start of a similar service in Banbury earlier this year. Further mental health hubs are planned for the forthcoming year.

Also in October, the Trust opened its brand-new mental health facility for young people. The Meadow Unit is an eight-bed psychiatric intensive care unit (PICU) at the Warneford Hospital site and has been built with financial support from NHS England. The unit will enable young people experiencing the most acutely disturbed phase of a serious mental disorder to receive specialist help closer to home. Patients will have 24/7 access to professionally qualified staff, offering skilled mental and physical health care. The unit will also have a seclusion suite, de-escalation room, school rooms and an outside gym and sports area. The environment features art works produced by patients, in collaboration with a local artist, supported by the Oxford Arts Partnership (Oxford Health Charity team).

In the Forensic service, good progress is being made with the expansion of the Forensic Community Mental Health Team into a Specialist Community Forensic Team (SCFT) implementation of which is going to plan, notwithstanding recruitment challenges. The Integrated Care Board have asked that a specialist learning disability offer also be developed within the SCFT - the service is now setting this up with plans for it to be operational over Q4. There are some challenges with this aspect in that the service has found that there is little wider community provision for patients with learning disabilities (i.e. a further pathway) within the three counties of the BOB geography – particularly for those with a forensic background. The Trust will need to work with health and social care providers across the BOB system to find solutions to this.

I am also pleased to have received updates on positive progress in the Thames Valley prisons pathways, including a positive CQC/HMIP inspection at HMP Bullingdon. There have been some initial challenges within the prison services, including issues around the neurodiversity pathway and the delivery of trauma-informed training and care in specific areas. I know that these challenges relate, in part, to the early operation of the service, and that it will take some time to embed the service and for senior managers to work through the initial challenges with the relevant prisons.

Some focused work on health inequalities has been taking place in the Buckinghamshire mental health directorate with services working with partners in the voluntary sector, primary care and the local authority to identify and design focused support for disadvantaged groups. The work has resulted in a diverse range of voluntary sector bids – now submitted to the local Integrated Care Board – including options to better meet the needs of Asian, Afro Caribbean, LGBT+, and Gypsy, Roma and Traveller communities with serious mental illnesses. I look forward to hearing about the outcomes of these bids and the work supported.

In late October I made a number of visits to Buckinghamshire mental health service sites including Saffron House, the South crisis team (Chiltern Community Mental Health Team), Prospect House, and the Sue Nichols single point of access on the Whiteleaf site. I greatly value visiting Trust services as they allow me to meet and hear directly from staff and see services first hand. Elsewhere on the Board meeting agenda today there is a paper on the importance of director visits and looking at ways that we can continue to improve and coordinate the learning and insight from visiting services.

Lastly, a brief update on a contracted service in Buckinghamshire. For the last 8 years, Barnardo's has been a voluntary sector partner of the Trust providing a range of workers into Buckinghamshire CAMHS services. Earlier this month, Banardo's gave the Trust notice on this current contract with Oxford Health. The Trust's partnership with Barnardo's has been very good but both parties have now agreed that going into 2024 would be the right time to find alternative ways of delivering these highly valued services. More details are to follow but current plans are that staff will be TUPE transferred to Oxford Health for the 1st February 2024.

I'd like to conclude by thanking Chief Nurse Marie Crofts who leaves the Trust in the next month. I know a number of events have been organised so that colleagues can say farewell to Marie before she takes up a new role as Chief Nurse at the Gloucester Integrated Care Board. Marie has been an exceptional nurse leader for the Trust , including during one of the NHS's toughest periods, and I know how much her open and compassionate approach is valued by so many staff. On behalf of my Executive colleagues I would like to thank Marie and wish her all the best for her new role.

I hope to report on the outcome of the interviews to appoint Marie's successor at the next meeting.

Lead Executive Director: Grant Macdonald, Chief Executive

Oxford Health NHS Foundation Trust

Report to the Meeting of the Oxford Health NHS Foundation Trust

BOD 72/2023
(Agenda item: 06)

Board of Directors

29th November 2023

Corporate Affairs Update Report

For: Awareness and Assurance

Executive Summary

The Reading Room contains the detail of this regular report to inform the Board of Directors on recent legislation, regulation and compliance/policy guidance issued by bodies such as NHS England, the Care Quality Commission, and other relevant bodies where their action/publications have a consequential impact on the Trust or an awareness of the change/impending change is relevant to the Board of Directors and its committees' business. This report covers the period since the last report to Board and includes any noteworthy contributions covered by health think tanks and a section in the Addendum to this report on learning / 'True for Us' considerations.

With regard to the concept of 'True for Us' and the section in the report; I continue to remind Board members, that the effects of corporate failure cast a long shadow forward. In consequence each failure of a business becomes magnified in terms of the analysis of its impact. The responsibility to avoid corporate failure lies with the directors who may or may not be able to take evasive action. Failures contribute significantly to the collapse of confidence in the Trust but importantly, understanding them supports us to enhance the effectiveness of risk and controls management. The process of reviewing the failings of other organisations will support identification of warning signals to support the ongoing learning and development of successful mitigating actions and will continue to be developed by the Deputy Director of Corporate Affairs working closely also with the Chief Nurse's team.

Risk Management

The Code of Governance for the NHS replicates Provision 28, UK Corporate Governance Code (July 2018) and states that "*the board should carry out a robust assessment of the company's emerging and principal risks. The board should confirm in the annual report that it has completed this assessment, including a description of its principal risks, what procedures are in place to identify emerging risks, and an explanation of how these are being managed or mitigated*."

Included in the Reading Room is the latest iteration of the Board Assurance Framework to ensure Board members continue to have a universal view of the Trust's strategic risk profile. This is the November 2023 edition of the BAF. The main changes from the last Board reporting at the end of September are as follows:

The Trust's risks at a strategic level on the Board Assurance Framework (**BAF**), and at an operational level on the Trust Risk Register (**TRR**), are considered in more detail through the work of Board Committees in particular the Finance & Investment Committee, the People, Leadership & Culture Committee and the Quality Committee which have monitoring oversight of specific risks; further oversight is provided through the work of the Audit Committee which is responsible for reviewing the content, processes and format of the BAF and TRR to seek assurance as regards risk management processes. Board members should pay particular attention to the TRR also, in order to challenge constructively if it captures the realities of operational delivery and so that in aggregate the Board is able to consider wider impact and challenge any contradictions. As previously reported, a deeper review of the strategic objectives and associated risks will be conducted on finalisation of the Trust's strategic planning activity being led by the Director of Strategy and Partnerships.

As a result of comments by the Internal Auditors with regard to a propensity to concentrate on the BAF 'process', it was agreed at the Audit Committee that a session would be held to ensure consistency of understanding with regard to process such that confidence can be gained and focus then directed on the substance of the risk mitigations and their effectiveness in reducing the risk. Our Internal Auditors will join that session to support an understanding of how we compare to others in their portfolio such that opportunities for ongoing improvement are captured.

The main highlights since the last Board reporting in September are as follows:

BAF 1.1 (Triangulating data and learning to drive QI) The broadening out of the risk to capture the further developments in digital data utilisation, risks, drivers and scope of impact were discussed and agreed at the Quality Committee meeting on the 09 November 2023.

BAF 1.5 (Unavailability of beds/demand and capacity (Mental Health inpatient and LD)) A previously identified component of this risk, the Meadow Unit, is now open and is proceeding with a graduated intake to maximise patient occupancy in line with staffing availability and patient requirements;

BAF 1.6 (***Sustainability of the Trust's primary, community & dental care services***) The risk recently discussed in committee of the loss of Thames Valley Dental Services contract has abated as the Commissioners have written to the partnership expressing their intention to extend the contract until 2026;

BAF 2.1 (Workforce Planning and Recruitment) remains under review and was considered at the People Leadership and Culture Committee (**PLC**) meeting on the 12 October 2023. A Workforce Risk Workshop was held on 12 September 2023 and formal outputs and impacts upon risk drafting are being progressed;

BAF 2.2 (***Recruitment***) remains under review and was considered at the People Leadership and Culture Committee (PLC) meeting on the 12 October 2023.

BAF 2.3 (***Succession planning, organisational development & leadership development***): the NHS People Promise has been implemented across the organisation and is being reviewed as part of the planning process for 2024/25; and the Equality, Diversity & Inclusion (EDI) team has three Quality Improvement (QI) Race Equality programmes, and three QI Disability programmes are in progress to March/April 2024;

BAF 2.5 (***Retention of staff***) - the Organisational Development team is working to improve Staff Survey engagement across the Trust for 2023 and since September 2023, plans have been in place to visit as many sites and teams as possible, as well as 4 'road shows' at major Trust sites alongside Wellbeing, EDI and Retention teams;

BAF 3.7 (***Ineffective business planning arrangements***) the on-going impact of the data outage has resulted in the planning work for 2024/25 being unable to include robust and systematic trajectory-setting processes for all directorates. Objectives will not be as SMART as originally planned. However, there is a process to make plans more quantitative which will start as part of the 2024/25 planning process, incorporating this in the reports for the 2024/25 period. The operational aspect of this work is monitored via the TRR risk 1026, a report went to the Information Management Committee in October and the risk was discussed at the Finance & Investment Committee (**FIC**) meeting on the 16 November 2023.

TRR Risk Developments

The two new emergent risk alerts are being brought to the Boards attention in relation to i) Infection Prevention and Control (**IPC**), and ii) Urgent Care Provision (**UCP**).

The IPC and UCP risks have been subject to the Board Committees scrutiny and reviewed in consultation with the respective Executive and Operational leads.

TRR Risk Removals

Three risks have been identified for removal from the TRR by the Board Committees in particular the People, Leadership & Culture Committee and the Quality Committee which have monitoring oversight of these specific risks.

Removal of two TRR risk **990** Personal Protective Equipment (**PPE**) and **1044** Medicines Management (**MM**) from the TRR were reviewed by the Quality Committee at the meeting on the 09 November 2023.

The TRR risk 1168 (Appraisals – PDRs) was originally incorporated in to the TRR in January 2023, due to the low level of recorded Appraisal and PDR completions. The performance of the Appraisal – PDR completion was incorporated into the Integrated Performance Report (**IPR**) to support monitoring and performance improvement drivers. Given the consistent / steady improvement of the levels of PDRs the People Leadership & Culture Committee meeting on the 12 October 2023 agreed the removal of the risk from the TRR.

As such, the Trust's extreme/red-rated risks continue to relate to workforce, recruitment, financial sustainability and major projects; which are themes previously identified to Board as being consistent with current and emerging health sector risks as benchmarked by the Trust's previous Internal Auditors, PwC, and as played out in reports included in the body of this update from such as the CQC and NHSE policy direction and in Health Service Journal reporting.

Impact Reporting – Corporate Affairs
Ongoing iterations of the update report will include wider corporate affairs updates as considered pertinent/useful in the prevailing circumstances.

- **Communications, Involvement and Engagement**

The Reading Room contains the report. September saw engagement continue with the residents' associations around the Warneford site in Headington. They visited the site to see how services are delivered in our current building and hear about our plans for a new hospital alongside a research facility. Since then informal updates have been provided to the Oxfordshire MPs, and county council cabinet, regarding not just our proposals for the Warneford, but also how we hope to bring together our outpatient community services in fit for purpose settings.

In October our Abingdon Keystone Mental Health & Wellbeing Hub opened in the centre of the town, which is referenced in the Chair's Report. This walk-in service is staffed by mental health professionals including peer support workers, and aims to make it simple for the public to access mental health support and advice on the high street. This follows the successful opening of a similar service in Banbury earlier this year. This generated positive media coverage.

We marked World Mental Health Day in October with a wide range of social media coverage about the importance of the day in raising awareness of mental illness and tackling stigma – our staff also contributed stories. We have also marked World Suicide Prevention Day, Patient Safety Awareness Week, Freedom To Speak Up Month, Learning Disabilities Nurses Day, Infection Prevention Awareness Week, and Allied Health Professionals Day. Staff from across our services held events, hosted webinars, contributed articles and led discussions about how each of these topics plays an important role in the work we do.

Further positive coverage came from the BBC, writing about the opening of the Meadow Unit Oxford mental health unit to open for young people - BBC News which came about as a result of hosting the media there for an open day. We are now working with BBC South to secure a patient story reflecting the type of care the Meadow will provide.

- **Charity, Involvement & Volunteering**:

Having secured the support of the Charity Committee the Charity Strategy was approved by Corporate Trustee in September and the Charity Committee at its November meeting has already been apprised of progress and of the performance framework against which we will measure impact and successful delivery of our strategic intentions. The Reading Room contains the detail of our project focus on charity and volunteering as well as a look ahead.

Compliance matters and prospective analysis

The Legal Regulatory and Policy Update Report is designed to reflect changes in legislation, guidance, the structure of the NHS, and government policy and direction on health and social care. A summation of the change is provided for each item and where relevant, a sense of the Trust's position with regard to the change. **The Board of Directors is invited to consider and**

note the content of the report and where relevant, members should each be satisfied of their individual and collective assurances that the internal controls in place to deliver compliance against any Trust's obligations are effective. The Appendix should, on a risk basis, prompt consideration of the need to commission any deep dive (or 'true for us' reviews) in order to enhance the level of assurance or to improve the control environment, and/or decisions about the focus of any relevant Board Committee.

The Executive team meeting' focus will where relevant ensure Executive Directors are aware of the changes related to their portfolios and will take forward any key actions arising from the Legal, Regulatory and Policy Updates. Progress updates on any relevant actions will be reported to the Board of Directors, as pertinent and appropriate either through the report itself or via the relevant routine Board reports of individual Executives or Board committees.

The principal Committee meetings of the Board are aligned to the cadence of the Board calendar, with the Chair of each Committee providing the Board with their latest updates and recommendations for approval. Following the final report of the Good Governance Institute as part of the external review against the Well Led framework into quality governance, the Chair of each Committee has since November adopted a 'Three A's' approach to upward reporting to Board (Advice, Alert, Assure). In addition to the matters in this report, the Board will need to use the Committee Chair's updates to also influence its identification and assessment of new/emerging risk and its own assessment of gaps in control or assurance.

Early consideration of matters in this report supports a prospective understanding of risk and opportunity. Chairs and members of Board Committees should consider whether more detailed assurances relevant to their committees, are necessary, utilising this report as a constructive stimulant to inform the composition of meeting agendas and reporting focus as necessary or appropriate.

In this month's Legal and Regulatory Update, similar to my last report there has been a less significant number of legal and regulatory matters of import to the Board than in recent periods, but a rather worrying array of concern and no doubt far reaching impact for governance and management regulation continues in the wake of the Letby trial, with the terms of reference of the Thirlwall inquiry now published to examine events at the Countess of Chester Hospital.

Prime Minister Rishi Sunak has carried out a wide-ranging reshuffle of the Cabinet and ministerial team. Key appointments include Victoria Atkins as Secretary of State for Health and Social Care, replacing Steve Barclay, who moved to the Department for Environment, Food and Rural Affairs. Two new ministers also join the health and social care team, with Andrew Stephenson and Andrea Leadsom replacing Will Quince and Neil O'Brien. Other notable changes include James Cleverly replacing Suella Braverman as Home Secretary and former prime minister David Cameron being appointed Foreign Secretary and made a life peer in order to take up the role.

The Reading Room paper covers an important reflection of **Reducing Health Inequalities** highlighting that trusts can play a key role in improving the health of children and young people in making progress to reduce inequalities. Working with system partners to target

interventions earlier in life to prevent ill health in adulthood. The Board has discussed regularly that children and young people are one group where health disparities are clear and have grown in recent years. However, the focus on reducing health inequalities in the NHS (both via research and clinical delivery) has largely been targeted at older age groups. See chapter The role of trusts.

The **Annual State of provider sector survey** provides a snapshot of the issues facing leaders of hospital, mental health, ambulance and community services across England and shares views on a range of important issues facing the provider sector. These findings help highlight the experience of trust leaders during a particularly difficult period for the NHS as well as their ongoing commitment to providing high quality care for patients.

According to new findings, trust leaders are warning that more strikes, staff burnout and relentlessly rising demand for care amid a severe funding squeeze could hamper progress in cutting delays for patients. The survey found that:

- Eight in ten leaders (80%) say this winter will be tougher than last year (66% said last year was the most challenging they had ever seen)
- 95% are concerned about the impact of winter pressures
- Most (78%) are worried about having enough capacity to meet demand over the next 12 months - higher than before the pandemic in 2019 (61%).
- Most are concerned about the current level of burnout (84%) and morale (83%) in the workforce.
- Almost nine in 10 (89%) are worried that not enough national investment is being made in social care in their local area
- Fewer than one in three (30%) think that the quality of health care they can provide in the next two years will be high.

This report and the **State of Care 22/23** report from the CQC align with the areas of risk receiving the most attention of the Board and Trust teams.

Provider collaboratives and governance is a feature of the Report highlighting that governance arrangements should be a vital enabler of effective collaboration, not a barrier to it. Having invested in collaboration we want to give partnerships the best chance of succeeding, and good governance supports provider collaboratives to deliver their aims. The Quality Committee currently oversees this area.

The King's Speech publicized the prioritisation of banning smoking for future generations and restricting the sale of e-cigarettes. Smoking remains a significant public health challenge and a big driver of health inequalities. As highlighted in the CEO Report it is a significant disappointment that the government is not bringing forward the mental health bill.

The 40-year-old Mental Health Act needs updating so that patients can be at the heart of how they access care and treatment. The MHA&L Committee have paid close attention to the spirit of the anticipated changes, overseeing ongoing developments at the Trust accordingly and in connection with the Bill amplifying individual rights and liberties, a report will come to a future meeting of the Committee with regard to a review of **advocacy arrangements for learning**

disability and autism services which is another item featuring in my Report in the Reading Room.

The **True for us** section of this Report references three reviews that are of particular import to the PLC Committee with regard to the potential for closed cultures and cultural failings, but also has a link to the Insight/Well Led visit paper going to the Board meeting such that as a Board we are close to the ground (nose in, fingers out!).

One review of University Hospitals Birmingham which was a culture review commissioned by the Trust, shines a light on the importance of understanding cultures, behaviours and practices, and the need for dedicated focus.

The other concerns failings highlighted by the CQC who in a rare step has suspended their ratings. The inspection report highlights how the size and complexity of the Trust amplifies the difficulty of behaving as a single organisation with one distinct way of working. In the review team's lived experience, in undertaking this work the team were sympathetic to the often-demanding logistical issues that arise when delivering care across multiple sites. Weak communication between teams and sites created unnecessary obstacles in the way of optimal working, and this leaves many staff feeling unconnected and lost about where they fit in the organisation. It amplifies the importance of recognising the unique nature of each site and understanding the value of sub-cultures within them, that serve many staff and the local population well. It recommends there should be further considerations on how to unify the whole Trust without disrupting the distinctive pockets of good, supportive, and inclusive culture. To achieve this, the Trust should build on the recent changes to the site-based operating model by creating a common set of standards and values that are understood and lived by each site, whilst maintaining a degree of autonomy at local level. The CQC review of Bolton also included in this section expands similar issues.

As the Board strategy session highlighted recently, the CEO has launched a number of enabling workstreams, which in addition to PLC Committee's remit with regard to culture, will support a dedicated focus addressing many of the areas of this report and learning. So too will the Executive leadership focus on reducing inequalities, and by way of example, the item on the **Patient Carer Race Equality Framework** received the attention of the Extended Leadership Meeting in November.

The **Provider Selection Regime (PSR**) was highlighted in the last Report to Board which proposes a new set of rules which would govern the arrangement of healthcare services in England with the aim of moving away from the expectation of tendering for healthcare services in all circumstances and towards **collaboration** across the health and care system. This is intended to remove unnecessary tendering, remove barriers to integrating care and promote the development of stable collaborations. This is of particular relevance in light of the recent service tenders impacting the Trust's services.

As is routine, the appendix includes a number of **CQC reviews** offering members of the Board opportunity to consider our own position against some of the areas of good governance highlighted to be suboptimal.

The **True for Us section** of this report continues to elaborate on the unacceptable reports of abuse and poor care and links directly with a number of areas of focus of this meeting's Legal and Regulatory update. The True for Us section over time has referenced a number of high profile reviews each finding significant weakness in the oversight, curiosity and awareness of Boards and executive teams.

This routine section of the report will always seek to amplify how every board member must examine the culture within the Trust and how they listen and respond to staff. It promotes that we each take steps to assure ourselves, and the communities we serve, that the leadership and culture across our organisation(s) positively supports the care and experience we provide. Board members need to continually reflect on how effective assurance mechanisms are at 'reading the signals.'

Governance Route/Approval Process
This is a routine report with direct relevance to the Board and its committees and serves to provide early insight into the changing legal, regulatory and policy environment thereby allowing a risk based approach to stimulating further enquiry where relevant. The governance framework (Board, committees, legal duties and management functions) facilitate responsive and effective decision making, ensuring the Board and its Committees and the Executive Management Committee and senior management are able to collaborate, consider issues and respond.

Good governance is at the core of successful operation, ensuring considered and efficient decision making in furtherance of our overarching strategy and long-term sustainability. In discharging its duties the Board is supported by its various Board Committees. In addition to the matters in this report, and other Board reporting, the Board will need to use the Committee Chair's updates to also influence its identification and assessment of new/emerging risk to performance or objectives, so this is kept continuously under review.

Recommendation
The Board of Directors is invited to consider and be aware of the content of the report and where relevant, members should each be satisfied of their individual and collective assurances and reassurance that the internal plans and controls in place to deliver compliance against relevant Trust obligations are appropriate and effective.

Chairs and members of Board Committees should consider whether more detailed assurances relevant to their committees, are necessary, utilising this report as a constructive stimulant to inform the composition of meeting agendas and reporting focus as necessary in order to discharge the responsibilities delegated to them by the Board.

Author and Title: Kerry Rogers, Director of Corporate Affairs & Company Secretary
Lead Exec: Kerry Rogers, Director of Corporate Affairs & Company Secretary

1. *A risk assessment has been undertaken around the legal issues that this report presents and there are no issues that need to be referred to the Trust Solicitors*

2. ***Strategic Objectives/Priorities** – this report relates to or provides assurance and evidence against all aspects of each of the Strategic Objectives/Priorities of the Trust*

Oxford Health
NHS Foundation Trust

Report to the Meeting of the
Oxford Health NHS Foundation Trust

BOD 73/2023
(Agenda item: 07)

Board of Directors

29 November 2023

FY23/24 Annual Plan Mid-Year Review
For Discussion

Executive Summary

This cover note relates to the midyear review of Oxford Health Foundation Trust (OHFT) progress against its Annual Plan for FY23/24, and is accompanied by Appendix 1: OHFT FY2324 Annual Plan Mid Year Review.

Staff across all directorates worked to develop plans for FY23/24 which were approved by the Board of Directors in May 2023.

This mid-year review consolidates the updates from Operational Directorates, which have been reviewed by the Executive team. A draft of this review was also shared with the Extended Executive Leadership Committee on 06/11/23.

This paper only contains updates against Plan for Operational Directorates. The Corporate and Central Directorates are providing updates to the Executive Team (introduced from Q3) which include an update against progress on the FY23/24 Plan.

The final year review of the FY23/24 plan will include updates against Plan for all directorates.

As the planning culture within the Trust develops, the review process of the FY24/25 plan is likely to evolve.

Recommendation
The Board are asked to review mid-year progress on FY23/24 plan.

Author and Title: Priya Thompson, Head of Strategy and Peter Milliken, Director of Finance

Lead Executive Directors: Amélie Bages – Executive Director for Strategy & Partnerships, and Heather Smith – Chief Finance Office

NHS
Oxford Health
NHS Foundation Trust

Mid-year review of Oxford Health's FY23/24 Annual plan

Public Board of Directors

29 November 2023

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Oxford Health NHS Foundation Trust

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Background and context

Oxford Health NHS Foundation Trust

Staff across all directorates in Oxford Health worked together to develop FY23/24 plans.

The proposal to track and monitor the FY23/24 plan was intended to:

- build on the **engagement and ownership** felt by teams and so we empowered directorates to track/monitor their plans at the forums and frequencies which worked for them
- build on **existing meeting structures** with operational directorates **updating the Exec every quarter** as part of an existing update, whilst introducing corporate and central directorate updates to the Exec from Q3

This **mid-year** review consolidates the updates to the Exec from **Operational Directorates only** (which commenced in Q2).

The final year review of the FY23/24 plan (scheduled for March 2024) will include an update against plan for **all directorates**.

As the process becomes embedded in 2024/25, the frequency and format of these updates will evolve.

Directorates summary

Oxford Health NHS Foundation Trust

Mental Health and Learning Disabilities Directorates

- Buckinghamshire Mental Health directorate
- Oxfordshire and BaNES (Bath and North East Somerset), Swindon & Wiltshire Mental Health directorate
- Forensic Services directorate
- Learning Disabilities directorate

- Overall good progress has been across the Mental Health and Learning Disabilities directorates.
- Challenges across all directorates relate to:
  - Workforce
  - Ensuring the flow of finance Contract related issues
- Work is underway to address these issues.

Primary, Community & Dental Care Directorate

- Progress against 23/24 priorities for Primary, Community and dental care started at a steady pace due in part to the formation of the community services transformation programme in summer 2023.
- It is anticipated that further pace will be achieved from Q3 onwards.

Finance summary

The month 6 YTD position is a surplus of **£2.4m, £0.8m** favourable to plan. The forecast is a surplus of **£3.2m**, on plan.

There are **£9.5m** of risks and **£18.2m** of opportunities to the forecast. This gives a forecast range of between **£18.2m** better than plan and **£9.5m** worse than plan. Taking into account only those risks and opportunities assessed as high likelihood there is a forecast range of between **£5.5m** better than plan and on plan.

The Directorates forecasting adverse variances to budget are: Forensic Mental Health **£0.9m,** Learning Disabilities **£0.4m,** Provider Collaboratives **£0.5m,** Primary, Community and Dental Care **£0.5m,** Block Income **£2.1m** (relating to Forensics and Eating Disorders contracts) and Reserves/Trust-wide **£0.4m**.

At month 6 **£18.7m** has been spent on agency staff, which is **10.5%** of total staff costs. The agency forecasts in directorate positions are **£36.4m**. This is mainly based on YTD trend so does not fully reflect the reduction in spend in August and September and does not take into account any further improvements from the ID Medical and NHSP contracts. When these are taken into account the forecast is **£31.8m**.

£4.9m of the **£7.2m** CIP target has been delivered so far. Further work is needed to identify schemes for the remaining **£2.3m**.
The Trust has a **£11.0m** PIP target to be met through a reduction in temporary staffing spend. **£4.9m** of savings have been made so far.

Capital expenditure is reporting a **£3.9m** underspend YTD. The forecast is for a **£1.9m** overspend against the funding available.

Cash remains strong with a cash balance of **£81.4m**.

Operational directorates updates

- Buckinghamshire Mental Health directorate
- Oxfordshire and BaNES (Bath and North East Somerset), Swindon & Wiltshire directorate
- Forensic Services directorate
- Learning Disabilities directorate
- Primary, Community & Dental Care directorate

RAG Rating Guidance

Oxford Health NHS Foundation Trust

RAG Status	Timetable	Scope	Cost	Benefits	Risk / issues
Red	Schedule (plan) slippage of over 3 months	Major constraints to the delivery of agreed outputs in line with the business case	Project is expected to exceed anticipated costs by over 10%.	Project is expected to under deliver against minimum benefit target by more than 10%.	There are live risks / issues relating to the project that are not currently being managed and/or pose a major threat
Amber	Schedule (plan) slippage 1-3 months	Moderate constraints to delivery of agreed outputs in line with the business case	Project is expected to exceed anticipated costs by under 10%.	Project is expected to under deliver against minimum benefit target by up to 10%.	There are live issues relating to the project which are being actively managed and mitigated to an acceptable level
Green	Schedule (plan) expected to deliver on time, or with minor slippage of 2-4 weeks	Insignificant or minor constraints to delivery of agreed outputs in line with business case	Project expected to deliver to budget.	Project expected to deliver against minimum benefit target	All risks related to the project have sufficient mitigations in place
Blue	Priority Complete				

Buckinghamshire Mental Health Directorate

Oxford Health NHS Foundation Trust

Directorate: Buckinghamshire

Overall good progress against plan, with some key milestones achieved on priority areas. Directorate has established assurance and reporting framework with ability to track progress and risks to delivery. One priority project area yet to be initiated formally as currently in the process of identifying and allocating the required resource. Planning for 24/25 has been initiated within Bucks, initial high-level conversations around long list priority areas with a view to refine over the coming months.

Priority area	Key achievements to date	Key upcoming activities	Key issues / risks for escalation and awareness	Planned mitigation against risks / resolution for issues	RAG Status and what's driving status / change	The asks of the Exec/ Board if applicable
Develop Urgent Care Pathway	Initial work undertaken to map demand Likely project initiation date October tracked via transformation board Stakeholder consultation complete	Project Initiation document to be completed Sign off at Transformation board in October Project resource to be allocated	Availability of resources to achieve desired outcome	Currently reviewing project commitments to enable ability to allocate support in October		None at present
Develop Children and Young People (CYP) Eating Disorder (ED) core services	Recruitment initiated per plan: success with some posts recruited to and some out to advert	Continued recruitment to agreed model	None at present – reduction in risk due to recruitment and increase in performance	N/A		None at present
At Risk Mental State in secondary care and specialist teams - (ARMS)	Team establishment has been agreed, the team will start to work alongside the Early Intervention Team	Recruitment process started	None at present	N/A		None at present

Buckinghamshire Mental Health Directorate

Oxford Health NHS Foundation Trust

Priority area	Key achievements to date	Key upcoming activities	Key issues / risks for escalation and awareness	Planned mitigation against risks / resolution for issues	RAG Status and what's driving status / change	The asks of the Exec/ Board if applicable
Children and young people's neuro provision	Move to single provider model complete Business plan for investment submitted to ICB Recruitment initiated Contract in place with third sector provider	Secure additional assessments in short term via digital provider	Inability to recruit substantive staff to the model Ability to sustain progress against increasing demand despite investment	Clear workforce plan in place Securing short term additional assessment capacity via private provider Pre-assessment support in place		None at present
Develop Adults & Older Adults Integrated Pathways	Gateway live in Bucks incl. GP advice and guidance line with positive feedback Project worker to lead Dialog and Care Programme Approach (CPA) recruited	Recruit to rehab Roll out of hub countywide Implementation of Dialog and transition away from Community Mental Health Teams (CMHT)	Recruitment – particularly rehab pathway	Ensuring posts are attractive in terms of career development and skill mix within the team		None at present
Develop Bucks people plan	Plan developed and in place for 23/24	N/A	N/A	N/A	Completed	None at present
Develop Mental Health Voluntary, community and social enterprises (VCSE) Partnership -	Market research undertaken Meetings with system leaders held Options developed	Meet with senior management team within directorate to further develop preferred options	Buy in from key stakeholders Organisational ability for change Financial resources to implement potential preferred option	Best practice from alternative areas scoped to inform senior leadership team Further work planned to workshop what as a directorate is required from the VCSE		None at present

Oxon BSW Mental Health Directorate

Oxford Health NHS Foundation Trust

Directorate: Mental Health Oxfordshire and BSW

Overall summary sentences outlining overall position

- **Delay in agreement with ICB, planning timelines had to change. Use of funding and how we timed services was reviewed to balance plans alongside funding of existing cost pressures. Overall good progress against plan, with some key milestones achieved on priority areas. Directorate has established assurance and reporting framework with ability to track progress and risks to delivery.**
- **Planning for 24/25 has been initiated within Oxon, initial high level conversations around long list priority areas with a view to refine over the coming months.**

Service: Adults, Older Adults and Crisis

Service	Priority area	Key achievements to date	Key upcoming activities	Key issues / risks for escalation and awareness	Planned mitigation against risks / resolution for issues	RAG Status	The asks of the Exec/ Board if applicable
Crisis	Develop crisis services to meet full fidelity of crisis model within Oxfordshire through a hub and spoke model.	Mental Health Investment standards (MHIS) allocated to work towards the development of the model. Finance approved plans for use of Mental Health Investment standards	Commence recruitment of the proposed and agreed model	Delay in agreement with ICB, planning timelines had to change. Use of funding and how we timed services was reviewed to balance plans alongside funding of existing cost pressures.	Recruitment started using internal underspend to cover these costs in the short term.		
Adult Eating Disorders (AED)	Support Oxon AED services to return to core offer. Proposal to continue the consolidation of service (currently only accepting urgent referrals) to begin to widen access of patients to services.	Mental Health Investment standards (MHIS) allocated to support the expansion of workforce to increase access to the service. Finance approved plans for use of MHIS Recruitment to the phase 1 element has commenced – 1 B8a Nurse Lead/1 B7 Dietician	Look at recruitment for phase 2 of the workforce expansion, Psychologist and Assistant Psychologist.	Delay in agreement with ICB, planning timelines had to change. Use of funding and how we timed services was reviewed to balance plans alongside funding of existing cost pressures.	Recruitment started using internal underspend to cover these costs in the short term.		

Oxon BSW Mental Health Directorate

Oxford Health NHS Foundation Trust

Service: Adults & Older Adults							
Service	**Priority area**	**Key achievements to date**	**Key upcoming activities**	**Key issues / risks for escalation and awareness**	**Planned mitigation against risks / resolution for issues**	**RAG Status**	**The asks of the Exec/ Board if applicable**
Adults	At Risk Mental State (ARMS) Service Work to develop an ARMS, in line with NICE guidelines and NHS national objectives.	Recruitment has taken place	Development of an interim model following prioritisation of MHIS allocations	Delay in agreement with ICB, planning timelines had to change. Use of funding and how we timed services was reviewed to balance plans alongside funding of existing cost pressures.	Developing an interim model until confirmation of further funding through MHIS 24/25		
Older Adults	Expand Older Adult Community Mental Health Teams to allow the service to offer the basic requirements and prevent delays to access and care.	Recruitment in progress for identified posts using MHIS investment	Successful candidates to go through standard onboarding process	Delay in agreement with ICB, planning timelines had to change. Use of funding and how we timed services was reviewed to balance plans alongside funding of existing cost pressures.	Meeting with finance taken place to agree a way forward to allow the service to recruit.		

Oxon BSW Mental Health Directorate

Oxford Health NHS Foundation Trust

Service: Oxfordshire CAMHS							
Service	**Priority area**	**Key achievements to date**	**Key upcoming activities**	**Key issues / risks for escalation and awareness**	**Planned mitigation against risks / resolution for issues**	**RAG Status**	**The asks of the Exec/ Board if applicable**
Oxfordshire CAMHS	Neuro Developmental Conditions (NDC)	NDC representation at every BOB wide demand and capacity meeting. Oxford NDC have provided and will continue to provide all the data requested. Oxford NDC are highly motivated to further develop a culture of shared learning across BOB.	Oxford NDC representation at the following BOB Work streams --developing 1 referral form to be used across BOB(oxford CAMHS and Berkshire are trialing the form) Oxfordshire Parent Carers Forum (OxPCF) are providing feedback on the form. -developing 1 assessment model to be used across BOB	Momentum is high, NDC representatives are passionate about this BOB work and are protecting capacity to attend. Seasonal sickness or annual leave could hinder attendance	We have multiple NDC representatives attending, so any sickness or annual leave should be covered.		
Oxfordshire CAMHS	Develop Oxon CYP Eating Disorders (ED) services to strengthen core offer and provide intense support services.	1st Annual CAMHs Community Adult Eating Disorder (CAED) conference took place in Feb 2023 at the Kassam centre. Enhanced Care Pathway (ECP) is now established and has a continuous flow of YP moving from the ECP to the CAED core service. Improved working relationships with OUH. Relationships have strengthened over the last year.	Feb 2024 date has been confirmed and venue is booked. Audits are collecting the data to understand impact on clinical progress and prognosis. Currently have 2 programmed activities (PAs) each week of a Pediatric Specialist Registrar (SPR) from OUH protected in CAED.	No specific risks at this time.			

Oxon BSW Mental Health Directorate

Oxford Health NHS Foundation Trust

Service: BSW CAMHS							
Service	**Priority area**	**Key achievements to date**	**Key upcoming activities**	**Key issues / risks for escalation and awareness**	**Planned mitigation against risks / resolution for issues**	**Rag Status**	**The asks of the Exec/ Board if applicable**
BSW CAMHS	Swindon system leadership and response	Bid submitted within required timeframe Award was unsuccessful to Oxford Health	Build relationships with new provider of Getting Advice and Getting Help in Swindon Develop Memorandum of Understanding (MOU) with new provider	Tender for getting advice and getting help in Swindon not succeeding has set back our ability to increase our influence in the locality.	Seize opportunity presented by new provider to reset and enhance relationships, culture and partnership working in the locality Develop MOU with new provider		
BSW CAMHS	Voluntary Community Sector (VCS) partnership to support delivery	First drafts of key documents (specification and procurement templates) prepared. Finance has approved financial envelope (£396K)	Finalise spec and model that aligns with new financial envelope Agree how financial resource will be allocated between place-based localities (if applicable) Commence procurement	Delay in ICB confirming financial allocations for FY23/24 has delayed ability to progress procurement Reduced MHIS award by ICB has resulted in smaller financial envelope than expected.	Reviewing spec and model in line with funding envelope Senior project manager and Head of Service Development for OBSW to manage procurement process		
BSW CAMHS	16-25 offer Working collaboratively with AWP leadership, to deliver a system response to the ICS Community Services Framework programme to 4 priorities.	Project now has settled leadership, with project group co-chaired by OH Head of Service and AWP Divisional Head of Therapies, and consistent representation from both organisations. Objectives defined and workstream plans substantially developed	Away day (OH & AWP) on 15th September to refine and finalise workstream plans Review CMHP roles to maximize impact of those new posts.	Ensuring a clear National and local (ICB) vision and scope for workstream. Buy in from system partners is critical Challenges identifying and maintaining workstream membership to progress plans	Oversight of scope and plans being taken through IBC CSF oversight group Support from ICB and sub-group chairs in identifying members of workstream groups Maintaining positive partnerships with AWP colleagues. Exploring extending Project Manager contract to 31/03/24.		

Oxon BSW Mental Health Directorate

Oxford Health NHS Foundation Trust

Service: BSW CAMHS							
Service	**Priority area**	**Key achievements to date**	**Key upcoming activities**	**Key issues / risks for escalation and awareness**	**Planned mitigation against risks / resolution for issues**	**Rag Status**	**The asks of the Exec/ Board if applicable**
BSW CAMHS	I-Thrive model – treatment and care review	Head of Psychological Therapies (HoPTs) have reviewed our offers and are looking at short term and longer term offers (evidence based). Developed and rolling out training strategy. New Patient Flow Manager role working with services.	Continued work by HoPTs to embed new training strategy. Continued work by Patient Flow Manager to maintain fidelity to pathways.	Loss of Swindon tender means we do not have control over Getting Advice & Getting Help models in Swindon; may result in geographical variation in offer. Service redesign work being considered likely to result in changes to the way services are delivered, with risk of departure from established models and pathways.	Develop good relationship and influence with new provider in Swindon via lead provider position. MOU with new provider. Any service redesign project to include workstream to ensure fidelity to i-THRIVE model.		
BSW CAMHS- Service Improvement Priorities	Meeting Demand with Capacity	Demand and capacity analysis undertaken across BSW CAMHS with support from Business Services.	Work will feed into planned service redesign work to ensure resources are in the right place and teams are structured effectively.	Actions to match capacity to demand and/ or service structure may require may require service redesign.	Any future changes to worked through.		

Oxon BSW Mental Health Directorate

Oxford Health NHS Foundation Trust

Service: BSW CAMHS							
Service	**Priority area**	**Key achievements to date**	**Key upcoming activities**	**Key issues / risks for escalation and awareness**	**Planned mitigation against risks / resolution for issues**	**Rag Status**	**The asks of the Exec/ Board if applicable**
BSW CAMHS – Service Improvement Priorities	Single Point of Access (SPA) strengthening and expansion	Scoping work for extension of SPA (currently Wilts only) to BaNES, including demand and capacity analysis and financial review, is underway.	Identify means of meeting any costs of any additional resource to the extended SPA. Staff engagement – BaNES Single Point of Care SPOC and Wilts SPA.	Progress was delayed pending outcome of Swindon tender, as unknown if SPA expansion would include Swindon or not. If we do not sufficiently resource extended SPA, we risk destabilising existing successful Wilts SPA	Limit expansion of our SPA to Wilts & BaNES Work with new provider in Swindon to agree processes for our input into their Swindon SPA		
BSW CAMHS – Service Improvement Priorities	Modernising admin support	Modernising Admin Group is steering a program of work to improve, streamline and make consistent admin and recording processes across BSW.	New priorities for the group and workplan need to be agreed in light of RiO migration and need to embed new processes aligning with that new system.	Some planned work of the group has become redundant as a result of switch from CareNotes to Rio	New priorities for the group and workplan will be agreed in light of RiO migration and need to embed new processes aligning with that new system.		
BSW CAMHS – Service Improvement Priorities	Neuro Developmental Conditions Improvements & Learning Disability improvement	High level of input into NHSE funded BSW Neurodevelopmental Pathway Transition project ongoing overseen by the BSW LDA Programme Board. Good level of service user engagement in system project.	Continued contribution to system-wide BSW Neurodevelopmental Pathway Transition project, specifically review ASD and ADHD pathways across all providers (CAMHS, Great Western Hospital and HCRG) and make recommendations for equitable change.	Limited Trust oversight of Neurodevelopmental Pathway Transition project and pilots NDC waits remain high and are longest waits in BSW CAMHS	Leads to share clearly defined plans and outcomes for NDC and LD development work Mechanism for progress reporting internally to be implemented		

Oxon BSW Mental Health Directorate

Oxford Health NHS Foundation Trust

Service	Priority area	Key achievements to date	Key upcoming activities	Key issues / risks for escalation and awareness	Planned mitigation against risks / resolution for issues	Rag Rating	The asks of the Exec/ Board if applicable
BSW CAMHS – Service Improvement Priorities	AED BSW: to continue working with Avon & Wiltshire Partnership (AWP) in system working to agree roles and responsibilities.	Developed shared vision for service improvement and transformation via excellent collaborative working with Avon and Wiltshire MH Partnership (AWP) STEPS service.	Continue joint work in line with CMHF priorities and agreed joint project plan, including e.g. mobilization of FREED pathway, self-referral, and clear arrangements for physical health checks.	No new investment in FY23/24 to either service to further advance Community Mental Health Framework (CMH) priorities; this impacts most specifically on ability to develop and Avoidant/restrictive food intake disorder (ARFID) offer and integration with voluntary and Community Sector (VCS).	Limitations as a result of resource constraints have been communicated clearly to ICB and NHSE. Project plan focusses on transformation priorities which can be delivered within current resource.		
BSW CAMHS – Service Improvement Priorities	Estate Review and Improvement.	Widespread improvement of current sites via the purchase of new furniture and small improvement works recently funded via underspend.	Wider consideration of suitability of current estate and possible changes to number and locations of bases as part of service redesign work.	Capacity of Estates team to develop plan.	Needs to be considered in context of wider BSW service review, which may impact on number, location, size and specification of bases.		
BSW CAMHS – Service Improvement Priorities	Outreach Service for Children and Adolescents (OSCA) and In Reach review.	Task & finish group now meeting weekly. Group currently in scoping phase Initial OSCA focus	Recommendations paper expected around October 2023.	Lack of clarity around OSCA resource.	Service model to be reviewed in context of available resource. VSC posts likely to contribute to OSCA function.		
BSW CAMHS – Service Improvement Priorities	Crisis and Home Treatment (CAHT)– Final liaison review.	CAHTS mobilized. Main outputs of project delivered. Plan developed for mobilising planned weekend working for CAHTS.	Implementation of liaison plan, led by service manager and clinical lead. Implementation of plan to extend CAHTS service offer to planned weekend working.	NHSE ambitions for 24/7 dedicated crisis functions (in community and in acute hospitals) cannot be met without additional resource.	Limitations on CAMHS and Hospital Liaison offer as a result of resource constraints have been communicated clearly to ICB and NHSE. Urgent need out-of-hours is being met through other functions e.g. CAMHS Helpline and on-call service.		

Forensic Services Directorate

Oxford Health NHS Foundation Trust

Directorate: Forensic Services – 23/24 Planning Q2 update

There has been good progress in defining the service's key priorities. The Directorate has established mechanisms for continued review of progress of actions and risks to delivery and there has been some progress against the priorities. Key risks relate to the Directorate's ability to recruit and retain staff to support acuity within the service.
2024/25 planning has commenced.

Priority area	Key achievements to date	Key upcoming activities	Key issues / risks for escalation and awareness	Planned mitigation against risks / resolution for issues	RAG Status	The asks of the Exec/ Board if applicable
Local Workforce Strategy	Development of a local workforce strategy working group. Recruitment is high profile for all operational managers and there are multiple live recruitment streams in the service.	Pulling together the central workforce report. Approval and sharing of the new local people plan.	Recruitment hotspots to be managed across the service.	Currently overseen via operational and professional leads.		None at present
Concluding Qualitative Review of the MDT Leadership Team working	We have a structure for senior leadership teams. We have outlined the tasks and the aims and there is evidence to suggest the aims are being fulfilled in some teams.	Formal evaluation to be concluded and feedback to the teams delivered.	There has been significant shift in leadership teams which is a challenge for consistency.	Ongoing support and development based on findings of evaluation.		None at present
Review of the Delivery of Care	There has been significant consultation around patient pathway, care planning and documentation.	There needs to be an embedding of a consistent framework across the service.	There is currently inconsistency in the approach to these aspects.	Despite the inconsistency, we are confident that patient care is appropriate.		None at present
Scoping for future provision of specialist services	We have fully embedded provider collaborative (PC) strategies to ensure that the needs of our population are considered in the future strategy.	Further strategic discussion within the provider collaborative and a long-term plan.	Providers within the PC not being fully engaged and making plans independent of the PC.	Ongoing oversight and planning by the PC administration.		CEO level support to engage other providers within the PC with the strategy.

Forensic Services Directorate

Oxford Health NHS Foundation Trust

Priority area	Key achievements to date	Key upcoming activities	Key issues / risks for escalation and awareness	Planned mitigation against risks / resolution for issues	RAG Status	The asks of the Exec/ Board if applicable
Neurodiversity needs in Forensic MH services	We have identified leads for the strategy.	Leads to conduct a needs assessment with a plan of implementation to follow this.	This is a population that has significant needs and is highly politicised.	Our leads are well versed in the needs of this population and the provide collaborative has significant resources it can draw on from other providers.		None at present
Intensive Intervention & Risk Management Service	Task group set up, ongoing discussion about reorganising the budget as transition to new commissioned version of IIRMS.	Presenting the working draft to the Forensic Senior Management team.	Delays due to absence.	Plan in place to bring the plan back on track.		None at present
Embedding a Research Strategy into the Clinical Service	There is a formal resource allocated for research in the form of a Professor.	To embed the research strategy and expectations of the resource.	The resource is not currently fully utilised, or applicable in our clinical service.	A clear plan going forwards to be agreed in September. The Head of Trust Research is involved to help embed the plans.		None at present
Implementing Trauma Informed Strategy (TRiM)	Completed 66/79 assessments offered (84%) resulting in 5 onward referrals to Staff Psychological support.	Training for staff in Marlborough House/Woodlands to expand beyond Littlemore. Further comms activity to promote. Effective use of the newly trained TRiM Managers.	Dedicated time for TRiM managers and admin to ensure we respond promptly to incidents and provide support in required timeframe – not always managing this.	Funding is available for secondment to these roles. Ongoing discussion alongside other recruitment challenges and opportunity of progression.		None at present

Forensic Services Directorate

Oxford Health NHS Foundation Trust

Priority area	Key achievements to date	Key upcoming activities	Key issues / risks for escalation and awareness	Planned mitigation against risks / resolution for issues	RAG Status	The asks of the Exec/ Board if applicable
Operationalising the MH service to Thames valley Prisons	Completion of working transformation plan. Operationalisation of an integrated MH pathway model. Implementation of workforce plan. Working clinical model development.	Group interventions. Training prison staff.	Agency staff costs Job evaluation process causing delays in adverts going live, particularly contributing to a significant lack of psychology provision.	Reviewing options with HR support		None at present
Enhancing the Specialist Community Forensic Team	Finance received into the service, recruitment completed for Individual Placement Support Worker and Peer Support workers, monthly written assurance being delivered to the provider collaborative.	Recruitment plan to continue.	Psychology recruitment is the key risk which will impact upon the ability to deliver the 12-point model.	All psychology posts are live, there is now senior psychologist in the team and continued re-evaluation of this process.		None at present

Learning Disabilities Directorate

Oxford Health NHS Foundation Trust

Directorate: Learning Disabilities						
The key priority for Learning Disabilities is to resolve the financial pressures – Contract arrangements need to be reviewed as a priority.						
Priority area	**Key achievements to date**	**Key upcoming activities**	**Key issues / risks for escalation and awareness**	**Planned mitigation against risks / resolution for issues**	**RAG Status and what's driving status / change**	**The asks of the Exec/ Board if applicable**
Contract Negotiations	Initial meetings with BOB / ICB Commissioners have taken place	To discuss at exec review and following financial deep dive review. Further meetings planned with BOB / ICB to review and update current contract	Finance schedule for contract, to be reviewed & discussed with key OH colleagues. Issues re-funding & budget allocation	A Deep Dive was conducted in 2021 and follow-up actions being implemented.	Financial risks linked to OOA and allocation of income.	Exec support for contract review to address financial risk.
Inpatient admissions	Review of all Out of Are (OOA), and future expectations	Continue to work with ICB / BOB re Dynamic Support Register (DSR) mapping and planning	Ties in with above, see deep dive report.	Clearer understanding re DSR. Changes made to ensure wider ability to plan forward, recent increase in management oversight.	Financial risks linked to OOA and allocation of income.	As above

Learning Disabilities Directorate

Oxford Health NHS Foundation Trust

Priority area	Key achievements to date	Key upcoming activities	Key issues / risks for escalation and awareness	Planned mitigation against risks / resolution for issues	RAG Status and what's driving status / change	The asks of the Exec/ Board if applicable
Operational service structure. To reduce from three community teams to two.	Day to day business now being run from two teams. Systems and processes changed or on track for changes.	ESR new cost centres have gone 'live' ability to update all LD staff details.	N/A	Running three systems until safe to close, planning a full review for December to ensure all functionality has transferred.		N/A.
Safe Space – building a 2-bed service for LD&A patients in crisis to prevent OOA.	ICB have submitted Project Initiation Document (PID) to NHSE.	NHSE have requested further information re PID	Proposed timeframe for 'Safespace' delayed. Resulting in ongoing pressure for OOA / OH beds. Safespace funding not yet confirmed.	ICB leading project	ICB lead project – OH / LD supporting PID.	ICB owned project. OH part of working party and scope. To be aware that the PID states OH as part of the support network, service delivery (unfunded at this point)

Primary, Community and Dental Care Directorate

Oxford Health NHS Foundation Trust

Directorate: Primary, Community and Dental Services – 23/24 Planning Q1 update

Overall summary: Overall good progress against plan, with some key milestones achieved on priority areas. Planning for 24/25 has been initiated within PCDS, initial high-level conversations around long list priority areas with a view to refine over the coming months.

Priority area	Key achievements to date	Key upcoming activities	Key issues / risks for escalation and awareness	Planned mitigation against risks / resolution for issues	The asks of the Exec/Board
Service redesign to improve sustainability					
Community hospital bed-base	•Establishment of 7/7 working model for matrons •Engagement within Transfer of Care Hub to improve patient flow/ensure receiving patients appropriate for the service •Emphasis on leadership team structure including facilitators and coaching • Wantage Community Hospital co-production approach with local stakeholders launched public engagement phase at end of Qrt 2	• Shift consultation with aim to reduce longer shift times for staff and improve well-being • Pilot patient acuity tool • Safer staffing review with NHSE support • Wantage Community Hospital recommendations report	• Allied Healthcare Professional (AHP) workforce capacity • In-reach services capacity	Workforce management plan with Matron oversight	N/A
Intensive Community Care (ICC) Sameday Emergency Care (SDEC)	• Internal scoping to inform the future SDEC clinical and workforce model • Agreement of partnership model for Hospital at Home (H@H) with OUH at end of Qrt 2	• Joint work with H@H partnership to agree SDEC pathway interface and clinical model	• No staff consultation required but some changes in ways of working between teams / system partners may cause anxiety	• Staff communications and engagement plan alongside close involvement in transformation work plan	N/A

Primary, Community and Dental Care Directorate

Oxford Health NHS Foundation Trust

Priority area	Key achievements to date	Key upcoming activities	Key issues / risks for escalation and awareness	Planned mitigation against risks / resolution for issues	The asks of the Exec/Board
Service redesign to improve sustainability					
First contact care (Out of hours, Minor injuries units)	• Henley MIU now open until 21:30 7 days per week to provide consistent opening times across the county. Break consultation completed. • Out of Hours (OOHs) and MIU dashboard complete providing real time data	• Home base staff consultation with aim to reduce travel time and expenses. • Review of OOHs data to support the most appropriate person to attend to inform 24/7 visiting service workstream in the transformation programme	Transformation workstream may identify additional requirements to support clinical model development to realise future ambitions	N/A	N/A
Podiatry	• Improvement plan commenced	• Apprenticeship programme to move into year 2. • Away day with service leads to agree improvement priorities and trajectories to inform workstream in the transformation programme	Transformation workstream may identify additional requirements to support clinical model development to realise future ambitions	N/A	N/A

Primary, Community and Dental Care Directorate

Oxford Health NHS Foundation Trust

Priority area	Key achievements to date	Key upcoming activities	Key issues / risks for escalation and awareness	Planned mitigation against risks / resolution for issues	The asks of the Exec/ Board
Addressing clinical quality and safety priorities					
Sepsis	• Agreed bundles of care for community and in patient areas with commensurate training packs for all staff.	• Changes to Ulysis to make sepsis reporting an event in its own right. To include new template to complete. • Identify sepsis bundle associated with children's services and associated roll out plan	N/A	N/A	N/A
Pressure-related harms	•Review of meeting Terms of Reference completed and membership secured •Review of incident report data format •Review of Trust policy •Review of pressure ulcer strategy	•Ulysses amendments to Pressure ulcer reporting to speed up investigation process •Finalise monthly incident report data and narrative changes •Finalise policy changes •Finalise strategy changes •Identify external to OH causes of pressure damage trends and what OH can do to highlight and support with improvements in the whole system.	Through review of the incident data, narrative around the level and focus of risk is changing. The risk to the individual patient of harm is now being more clearly understood and the quality of care within each service in relation to pressure damage becoming clearer. From this, targeted interventions and actions can be determined that will be effective in reducing avoidable harm to patients.	N/A	Be aware of the change in how pressure damage reports are presented to Board, and the narrative that will change around this.

Primary, Community and Dental Care Directorate

Oxford Health NHS Foundation Trust

Priority area	Key achievements to date	Key upcoming activities	Key issues / risks for escalation and awareness	Planned mitigation against risks / resolution for issues	Asks of the Exec/ Board
Addressing clinical quality and safety priorities					
End of Life (EOL) Care	• Trust wide verification of death training to Community Therapy Service(CTS) to limit time delay for the verification. • The Directorate wide Steering Group has been reconfigured and a clear work plan has been developed. • EOL intranet page updated and maintained – 2000 hits in August. • Positive family feedback received for the jointly delivered Sue Ryder Care beds at Wallingford Community Hospital.	• Thematic analysis of incidents to understand and share with all team. These will then be shared on a quarterly basis.	• Consideration of a dedicated call line for EOL patients during the out of hours period to prevent calls to 111. • Pharmacy closures across Oxfordshire can cause challenges in timely access to medication	• Out of Hours service to review support to a dedicated call line. • BOB ICB leading on pharmacy access improvement and regularly share a list of open pharmacies and their stock levels.	N/A
Increased acuity & complexity	• Robust medical staffing for in patient settings. • Medical leadership structure in place for First Contact Care (FCC) pathway. • Direct clinical leadership in place to support Minor Injury Unit (MIU)/First Aid Unit (FAU).	• For in patient areas trial of a new patient acuity tool • Local input into National development of a District Nursing acuity tool	• Services managing patients with higher acuity requiring increased clinical time and input.	• Clinical triage and escalation processes updated to provide advice and support from senor clinical leaders	N/A

Primary, Community and Dental Care Directorate

Oxford Health NHS Foundation Trust

Priority area	Key achievements to date	Key upcoming activities	Key issues / risks for escalation and awareness	Planned mitigation against risks / resolution for issues	The asks of the Exec/ Board
Dental services - Developing the Thames Valley Community Dental Services (TVCDS) Partnership					
Development of provider Partnership to achieve strategic objectives for the Dental services	-Partnership signed off -Working groups between the Trusts to support shared learning and collaboration -TVCDS event day on 2nd October	-TVCDS 23-25 Strategy to be signed off by TVCDS EXEC group -First cohort of apprenticeships starting -Two new Quality Improvement projects started	-Specialised Dental Care re-commissioning -General Anaesthetic paediatric waiting(see below) lists/access -Estates -Recruitment of Specialists in Special care and paediatric Dentistry which could lead to: •Potential failure to meet contractual targets and KPI's. •Inability to provide training to all Dental trainees •Reduction in provision of clinical leadership across the partnership	Regular communication with ICB on progress the partnership is making and working through ideas around re-commissioning. -Regular meetings with estates/transformation team so all stakeholders fully aware of the requirements needed for a dental clinic to achieve Health Technical Memorandum (HTM) 01-5 compliance -Recruitment of 2 x Consultants (up to 2.0 WTE) - Consultant in Special Care Dentistry and Consultant in Paediatric Dentistry and additional Dental Care Professionals to support.	N/A
Addressing assess issues to General Anaesthetic lists for children requiring dental treatment	Revised Service Level Agreement (SLA) with the OUH for access to theatres for paediatric and special care dentistry currently being reviewed. Awaiting approval from OHFT contracts and finance teams.	-Additional theatre access is being scoped by ICB and all options are being considered including Vanguard theatres and access within private and NHS settings. -Dental managers met with Clinical Lead at Foscote Hospital in Banbury in September to assess possibility of carrying out any paediatric general anaesthetic lists.	Lack of access to general anaesthetic lists for children is leading to increased waiting times and numbers. There are currently high numbers of children on the waiting list and increased waiting times from assessment. Dental services working with ICB to investigate option of accessing mobile theatres.	All children on the general anaesthetic list are being continually reassessed by the paediatric dental leads to prioritise them in accordance with Royal College of Surgeons (RCS) guidance.	N/A

Primary, Community and Dental Care Directorate

Oxford Health NHS Foundation Trust

Priority area	Key achievements to date	Key upcoming activities	Key issues / risks for escalation and awareness	Planned mitigation against risks / resolution for issues	The asks of the Exec/ Board if applicable
Improving children's services: Service re-design across children's service including:					
Re-tender 0-19 contract	• The Trust were notified in September that it's tender for the new 0-19 healthy child and young person's contract was successful.	• Mobilisation and implementation plan to prepare for new contract go live in Q1 24/25	• N/A	N/A	N/A
Children's integrated therapy (CIT)	• CIT restructure complete. • Occupational Therapy (OT) sensory project started in May as a 1 year funded initiative	• Family self-help resource to be completed and made available on Trust website alongside a communications plan to promote. • Approval and then testing of new eligibility criteria for clinical pathways	• Recent systemwide SEND inspection report highlighted significant areas for improvement including timely access to CIT	• Trust involvement in SEND action plan and delivery framework • Resource requirements for SEND improvements to be aligned to future system and commissioning plans	N/A
Initial health assessments (IHAs)	N/A	• Scoping of requirements within the Transformation Programme to inform key milestones and improvement trajectories from Q4	• The service is not currently meeting (statutory) access times fot IHAs	• Transformation programme work plan commenced in Q3	To note
Special educational needs and disabilities (SEND)	• SEND inspection outcome published in September highlighting significant system wide improvements to be made	• Trust involvement in SEND action plan delivery and oversight framework (governance accountability with OCC and ICB). • Commencement of CYP services internal action plan	• Recent systemwide SEND inspection report highlighted significant areas for improvement	• Resource requirements for SEND improvements to be aligned to future system and commissioning plans	To note

Directorate Financial Performance Summary

Oxford Health NHS Foundation Trust

	Month 6			Year-to-date			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Forecast	Variance
Directorate	£m	£m	£m	£m	£m	£m	£m	£m	£m
Oxfordshire & BSW Mental Health	(9.8)	(10.1)	(0.3)	(56.4)	(55.8)	0.6	(113.2)	(111.1)	2.1
Buckinghamshire Mental Health	(4.5)	(4.3)	0.2	(26.2)	(26.3)	(0.1)	(52.5)	(51.4)	1.1
Forensic Mental Health	(2.6)	(2.3)	0.3	(15.3)	(15.7)	(0.4)	(30.7)	(31.5)	(0.9)
Learning Disabilities	(0.5)	(0.5)	(0.0)	(2.9)	(3.3)	(0.4)	(5.8)	(6.2)	(0.4)
Provider Collaboratives	1.7	1.8	0.1	6.4	6.4	0.0	12.8	12.4	(0.5)
MH Directorates Total	**(15.7)**	**(15.4)**	**0.3**	**(94.4)**	**(94.6)**	**(0.2)**	**(189.3)**	**(187.9)**	**1.4**
Community Services	(8.0)	(7.7)	0.3	(50.0)	(49.5)	0.4	(98.5)	(99.0)	(0.5)
Corporate	(6.4)	(6.3)	0.3	(36.7)	(37.0)	(0.3)	(73.8)	(73.8)	0.0
Oxford Pharmacy Store	0.0	0.0	0.0	0.1	0.2	0.1	0.4	0.8	0.5
Research & Development	(0.0)	0.1	0.1	(0.3)	0.1	0.4	(0.5)	(0.5)	(0.0)
Covid-19 Costs	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)
Reserves	(0.5)	(0.9)	(0.4)	(2.9)	(1.7)	1.1	(4.9)	(5.3)	(0.4)
Block Income	32.3	32.1	(0.2)	193.7	192.5	(1.2)	385.9	383.8	(2.1)
EBITDA	**1.6**	**1.9**	**0.4**	**9.6**	**10.0**	**0.4**	**19.1**	**18.1**	**(1.1)**

The Trust is forecasting a surplus of **£3.2m** which is on plan. This is made up of a **£1.1m** adverse variance in EBITDA offset by a favourable variance of **£1.1m** in financing costs mainly due to higher interest received due to higher interest rates.

Mental Health Directorates are forecasting a **£1.4m** favourable variance but Block income is forecasting a **£2.1m** adverse variance due to lower than contracted bed occupancy in Eating Disorders and Forensics. This makes the overall Mental Health position **£0.7m** adverse. The forecast overspend on Provider Collaboratives (PCs) relates to the Adult Eating Disorders PC. The Secure and CAMHS PCs are forecasting underspends but the forecast for the Trust position is on plan as it is assumed that the underspends will be carried forward into next year for re-investment.

Primary Care, Community and Dental Services are forecasting an adverse variance of **£0.5m** but there are ongoing discussions taking place with the BOB ICB around funding due to the Trust. If this is agreed then the Directorate forecast will be within budget.

Oxford Pharmacy Store is forecasting a **£0.5m** favourable variance to higher than planned sales.

Capital Investment Programme

The Trust spent **£4,900k** on its capital programme in the first half of the year against a year-to-date expenditure budget of **£8,772k**, an underspend of **£3,872k**.

The Trust has a forecast outturn of **£18,227k**, which represents an overspend against plan of **(£509k)** and a funding deficit of (**£1,847k)**. It is likely that this position will be mitigated by slippage, and the ICB also have additional capital available. However, plans are in place to mitigate this cost pressure by deferring projects if needed.

Project Names	FY24 (B) Latest Budget £,0	FY24 Expenditure (C) Profiled Budget £,0	(D) Actual Expenditure £,0	(C-D) Variance £,0	FY24 Outturn (E) System Commt's £,0	(F=D+E) Actual Plus Commt's £,0	(B-F) Variance £,0	FY24 (G) Estimated Forecast £,0	(B-G) Variance £,0
Estates - Projects c/f	193	182	79	103	312	390	(197)	188	6
Estates - Highfield PICU	1,810	1,810	2,060	(250)	3	2,063	(253)	2,155	(345)
Estates - Jordan Hill	500	227	-	227	-	-	500	100	400
Estates - PDC Projects	1,149	522	46	476	77	123	1,026	1,149	-
Estates - MH Projects	4,914	1,913	226	1,687	479	705	4,210	4,248	666
Estates - Community Projects	1,381	628	12	615	444	456	925	1,460	(79)
Estates - Life Cycle & Back Log Works	1,951	844	243	602	411	654	1,297	1,989	(38)
OPS- Oxord Pharmacy Store	800	364	145	219	661	805	(5)	1,457	(657)
Sub Total - Estate Improvements & Transformation	9,400	4,986	2,309	2,678	1,255	3,564	5,836	8,790	611
Sub Total - Operational Capital	2,498	1,140	356	783	470	827	1,671	2,499	(1)
Sub Total - Oxford Pharmacy (MXL Centre)	800	364	145	219	661	805	(5)	1,457	(657)
Grand Total - All Estates	12,698	6,490	2,810	3,680	2,387	5,196	7,502	12,745	(47)
IT Capital	1,140	518	113	405	269	382	758	1,140	-
IM&T Clinical Systems	3,445	1,566	1,860	(294)	377	2,236	1,209	3,870	(425)
IM&T - PDC Projects	435	198	112	85	-	112	323	457	(22)
Grand Total - IM&T	5,020	2,282	2,085	197	646	2,731	2,289	5,467	(447)
PFI	-	-	5	(5)	-	5	(5)	15	(15)
Grand Total	**17,718**	**8,772**	**4,900**	**3,872**	**3,032**	**7,932**	**9,787**	**18,227**	**(509)**

Funding Sources	Latest Funding
Total Funding Available	16,380
Net Funding Surplus /(Deficit) vs Budget	(1,338)
Net Funding Surplus /(Deficit) vs Est. Outturn	(1,847)

IFRS 16 Leases

New Leases FY24	£,000 Lease Liability
Confirmed Leases FY24	*1,470*
Potential Leases*	6,150
Delapidations on Leased Assets (IFRS16)	1,512
Total Leases	9,132
Capital Grand Total (inc leases)	**26,850**

* Leases not signed but anticipated to be active prior to 31st March 2024

Oxford Health NHS Foundation Trust

Report to the Meeting of the Oxford Health NHS Foundation Trust

BOD 74/2023
(Agenda item: 08)

Board of Directors

29 November 2023

Winter Resilience Plan and Community Services Transformation Programme Update

For: Information

Executive Summary

The Community Services Transformation Programme launched in Summer 2023 and is the delivery mechanism to realise the ambitions set out in the Trust's Community Services Strategy.

This paper updates on the first three milestones of the programme:

i) 23/24 Winter resilience plan
ii) Programme structure and workstreams
iii) Programme resource

The Transformation Programme encompasses an ambitious set of objectives to achieve over the coming two years and positively has been met with broad enthusiasm and energy.

Board are asked to receive the first summary and consider frequency of potential future updates.

Governance Route

This is the first report of the Community Services Transformation Programme to be presented to the Board where the programme launched in Summer 2023.

Programme governance sits within the Primary, Community and Dental Care (PCDC) Directorate via a Programme Board that sits alongside the Directorates Quality and Performance Boards. Collectively these work side by side and report into the Trustwide committee framework as required to directly support delivery, decision making and assurance.

Statutory or Regulatory responsibilities

The Community Services Transformation Programme has interdependencies with primary, community and dental care statutory commissioned functions and regulatory duties. The alignment of the Transformation Programme board with the Directorates Quality and Performance Boards supports appropriate information sharing and decision-making processes.

Recommendations

i) To receive the first update of the Community Services Transformation Programme and consider frequency of potential future updates.

ii) To receive a summary of the Primary, Community and Dental Care Services Winter resilience plan for 2023/24.

Author and Title: Sue Butt. Transformation Director, Primary, Community and Dental Care (PCDC)

Lead Executive Director: Dr Ben Riley, Executive Managing Director Primary, Community and Dental Care (PCDC)

1. *A risk assessment has been undertaken around the legal issues that this report presents and there are no issues that need to be referred to the Trust Solicitors.*
2. *This report describes the Community Services Transformation Programme and its alignment to the Trust's four strategic objectives of quality, people, sustainability, research and education and more specifically the Trust's Community Services Strategy and placed based Oxfordshire Improvement Programme.*

SITUATION

The Community Services Transformation Programme launched in Summer 2023 and is the delivery mechanism to realise the ambitions set out in the Trust's Community Services Strategy.

This paper updates on the first three milestones of the programme:

iv) 23/24 Winter resilience plan
v) Programme structure and workstreams
vi) Programme resource

Board are asked to receive the first summary and consider frequency of potential future updates.

BACKGROUND

23/24 Winter Resilience Plan

The NHS formally recognises the Winter period from 30th October 2023 – 1st April 2024 and published the areas of focus for all systems in July 2023 (NHS England » Winter Plan – 2023/24) as:

- High-impact priority interventions drawn from the UEC recovery plan (B2034-delivery-plan-for-recovering-urgent-and-emergency-care-services.pdf (england.nhs.uk) that all systems will be asked to deliver and provide assurance against.
- Clear roles and responsibilities for each part of the system so that both shared and individual organisational accountability is clear.
- Returns from systems on system-level resilience and surge planning, to avoid systems becoming overwhelmed at times of peak demand.

In the Trust our Transformation Programme established a weekly Winter Planning Delivery Group which commenced in July 2023 to sit alongside our Place based Oxfordshire Improvement Programme (the local system wide urgent and emergency care programme) accountable to the Oxfordshire Urgent and Emergency Care Board. This Place based programme has started to redefine how Oxfordshire's urgent and emergency care services operate in an integrated care system where the current landscape is complex and largely defined by historical commissioning initiatives and localised service configurations.

Community Services Transformation Programme

The Community Services Transformation Programme launched in Summer 2023 as the delivery mechanism to realise the ambitions set out in:

- The Trust's Community Services Strategy (Community Services strategy - Oxford Health NHS Foundation Trust)
- The place based Oxfordshire Improvement Programme (Agenda September 2022 (oxfordshire.gov.uk)

All objectives of the Transformation Programme are then framed in accordance with the Place based community services design principles agreed in 2022 by Oxfordshire's Health and Wellbeing Board and Health Overview and Scrutiny Committee Final-community-services-strategy-principles.pdf (oxfordhealth.nhs.uk).

ASSESSMENT

23/24 Winter Resilience Plan

The Winter resilience plan has delivered the following:

1. **Local escalation daily reporting dashboard**

A local escalation daily reporting dashboard has been developed for the first time for Primary, Community and Dental Care (PCDC). Each care pathway has developed a local escalation framework based on the principles of the national Operational Pressures Escalation Framework (OPEL) that it reports on at 8.30am every day alongside our bed based and non-bed based daily capacity for our on the day service demand. This information is then shared with system colleagues on the daily rhythm of system calls to inform tactical responses.

Figure 1: Example of Daily Dashboard

Phase 2 development of the dashboard is looking to include our mental health and learning disability services alongside Buckinghamshire, Oxfordshire and Berkshire West (BOB) shared metrics currently under development.

Initial feedback has been positive where for the first time our operational and clinical leads have on the day information across the breadth of the directorate.

Over time trend analysis will then be collated to help inform strategic decisions with an ultimate ambition for a real time "live" feed through our clinical records systems.

2. Community Hospitals Inpatient Plan

Trialed during Winter 22/23, our Community Hospitals have now embedded a clear response plan that aligns to the systems Transfer of Care Hub (ToCH) functions. Our capacity plan has been shared with our system colleagues and also includes our surge response approach of acceptance of a new referral in advance of a confirmed discharge to maximise system flow.

3. Place based Oxfordshire Improvement Programme Joint Work

Working with our Place based system partners we have established three workstreams that compliment the high impact areas of the National UEC recovery plan with clear local objectives to support winter resilience. These are:

i) Single Point of Access (SPA)

Our Community Services SPA will be moving across to use the urgent and emergency care Directory of Services (DoS) database and alongside our same day community based services will also all now be included on the DoS from the beginning of December 2023. This will help consistency of response to health care professionals and families and ensure full system wide visibility of the Trusts same day services. In addition, we are working with system colleagues in North Oxfordshire to trial a revised pathway for health care professionals from December 2023 to help prevent conveyances to the emergency department.

ii) Hospital at Home (H@H)

A partnership between the Trust and Oxford University Hospitals NHS Foundation Trust (OUH) has been agreed to provide a consistent countywide service to adults and older people where the Trust provide H@H services for the South and the West of Oxfordshire and OUH provide in the North and City. Operational implementation of the new partnership will commence from December 2023.

iii) Integrated Neighbourhood Teams (INT's)

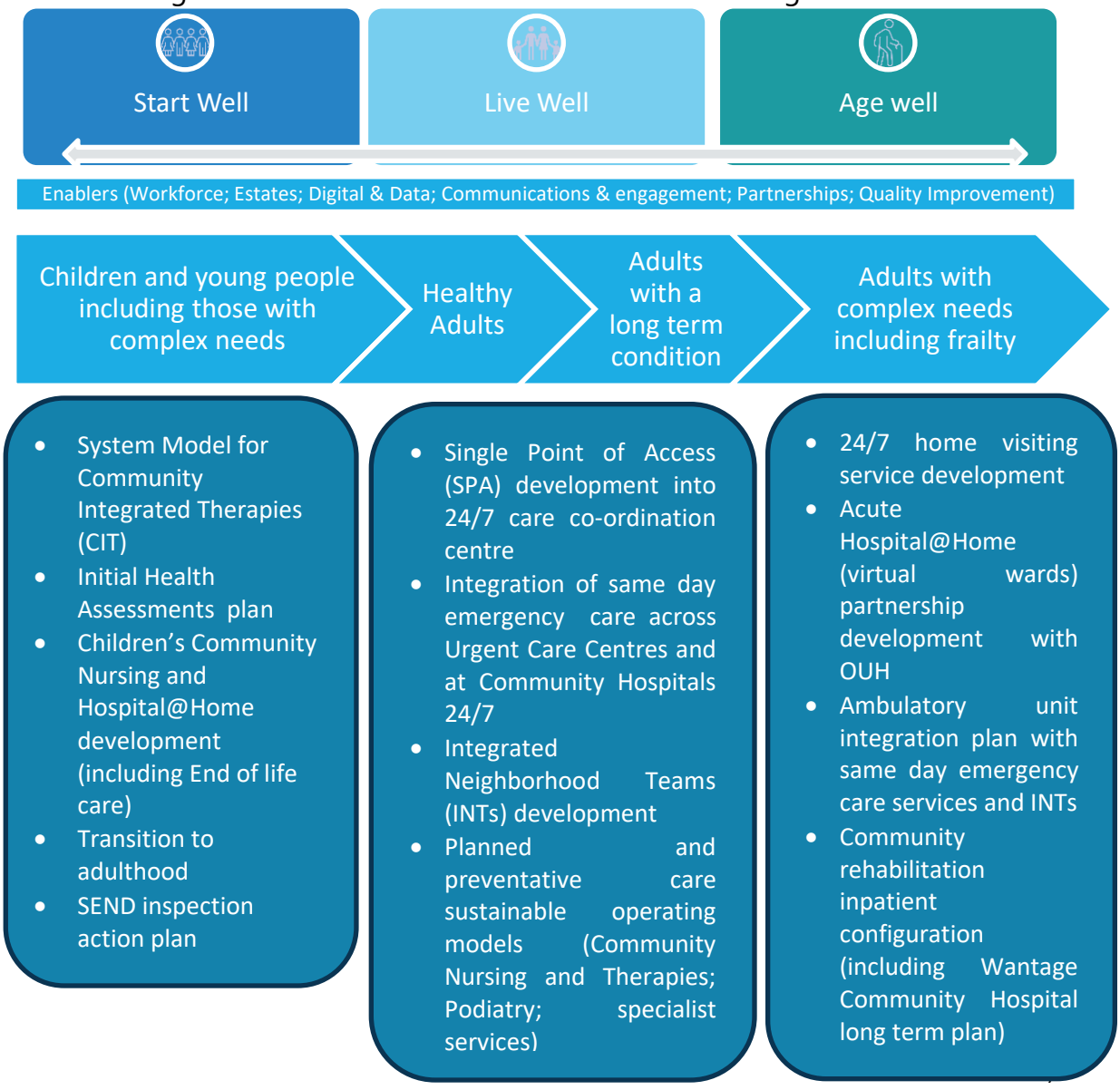
An ambition set out in the national Fuller Stocktake report on primary care integration (NHS England » Next steps for integrating primary care: Fuller stocktake report) is to establish Integrated Neighbourhood Teams (INTs). In Oxfordshire this has translated to an immediate focus for Winter 23/24 on working with and supporting primary care on those patients at most immediate risk of requiring urgent and emergency care across four focused geographies of North, City, South and West Oxfordshire.

Community Services Transformation Programme

The Transformation Programme has aligned it's structure and delivery framework with the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) strategy and Joint Forward Plan (integrated-care-strategy.pdf (icb.nhs.uk)) and local Place based Health and Wellbeing Strategy (Oxfordshire Joint Health and Wellbeing Strategy_ recognising the need to shift the way our services operate to a life course approach across the continuum of 'Start Well', 'Live Well' and 'Age Well'.

i) Programme Structure

The following workstreams sit within the Transformation Programme:



The Transformation Programme encompasses an ambitious set of objectives to achieve over the coming two years and positively has been met with broad enthusiasm and energy. It is recognised that some workstreams point to internal Trust facing improvements whereas others involve moving to more integrated delivery models with system partners. Overall it is acknowledged that the greatest shift will be in moving towards a life course approach shifting provision more towards delivery of population health outcomes with alignment of services to ensure continuity.

ii) Programme Resource

A dedicated Transformation Team formally all came together from 1st October 2023 into the Primary, Community and Dental Care (PCDC) directorate following a period of recruitment and internal reorganisation.

Patient and carer involvement and engagement

A framework to engage and involve patients, carers and their families is now in development to support programme delivery across the Start Well, Live Well and Age Well workstreams. This will closely align to the Trustwide patient and public involvement approaches.

RECOMMENDATIONS

i) To receive the first update of the Community Services Transformation Programme and consider frequency of potential future updates.

ii) To receive a summary of the Primary, Community and Dental Care Services Winter resilience plan for 2023/24.

Oxford Health NHS Foundation Trust

Report to the Meeting of the Oxford Health NHS Foundation Trust

BOD 75/2023
(Agenda item: 09(a))

Board of Directors

November 2023

Integrated Performance Report (IPR)
For: Information & Assurance

Executive Summary

The Integrated Performance Report (IPR) report provides the Board of Directors with an integrated view of the strategic domains of Operational Performance, Quality, People, Finance and Research & Education.

IPR - Performance Summary

(1) Delivery of the NHS National Oversight Framework

The Trust continues to perform well against the targeted metrics with the exception of Inappropriate OAPs bed days used.

In October 2023 locally reported total bed day usage was 230 days (73 inappropriate OAP bed days in Bucks, and 157 inappropriate OAP bed days in Oxon).
This is an improvement against last month following directorate focus on reducing the use of OAPs to improve the quality of patient care and improve cost control. Demand has been volatile over recent months.

NHS Oversight Framework Metric	Target	Actual
(N7a) Inappropriate out-of-area placements (OAPs) for adult mental health services – aim to reduce OAP **bed days used** (Bucks)	0	73

NHS Oversight Framework Metric	Target	Actual
(N7b) Inappropriate out-of-area placements (OAPs) for adult mental health services – aim to reduce OAP **bed days used** (Oxon)	0	157

(2) Delivery of strategic objectives (Objective Key Results (OKRs)

The Trust has 32 OKRs. 22 of the OKRs have targets attached to them

- Quality – 18 OKRs (9 have targets)
- People - 9 OKRs (8 have targets)
- Sustainability - 5 (all have targets)

The Trust is achieving 36% (8 out of 22) of its OKRs. The table below provides an overview of the 14 OKRs that are **currently not achieving target,** their performance compared to last month and the trend (I.e. whether performance is improving or worsening)

Strategic objective	OKR	Target	Last month's performance unless stated otherwise	This month's performance unless stated otherwise	Status/ Trend
Quality	Clinical supervision compliance	95%	66%	70%	↑
Quality	Reduction in use of prone restraint	156 YE (208 22/34 target minus 25%)	110 YTD against YTD target of 77	131 YTD against YTD target of 107	↓
Quality	Lester Tool completion in the community	75%		64% (July*)	Current status not known
Quality	Lester Tool completion in the EIP service	90%		80.5% (July*)	Current status not known
Quality	Evidence patients have been involved in their care plans	95%	80% (July-Aug performance)	83% (Sept - Oct)	↑
Quality	% staff have completed the national autism/LD training	95%	57%	65%	↑
People	Reduction in agency usage	<10.4%	11.6%	10%	↓
People	Staff sickness	<4.5%	5.1%	5.7%	↑
People	Reduction in early turnover	<14%	18.9%	17.2%	↓
People	Reduction in vacancies	<9%	15.9%	15.5%	↓
People	Personal Development Review (PDR) compliance	95%	92.3%	91%	↓
People	PPST compliance	95%	88.8%	88.8%	No change
Sustainability	Delivery of cost improvement plan	£-	£1.6m adverse	£1.4m adverse	↓

Sustainability	Achievement of all 8 targeted NOF measures	8	2 not achieved (OAPs)	2 not achieved (OAPs)	No change

Please see the report for further information and plans to address.

* latest available due to clinical systems outage and need to recover reporting

Patient Activity and Demand and Recovery of Reporting:

Activity and demand is usually reported in the IPR supporting report, however, as a result of the National clinical systems outage, data is not available in usual formats.

The Trust initiated a project in May working with a third party (Concept Analytics) to support the recovery of reporting. The project runs until January 2024. Some interim reports have been made available to operational services by the Performance and Information (P&I) team. Our priority remains to enable prompt recovery of clinical activity reporting to support the work of our teams whilst ensuring that robust processes are put in place when restarting automated data reporting from the Trust's data warehouse. The Patient Activity and Demand app in our intelligence platform (TOBI) will start to be switched back on **this month**. This will be incremental in line with the recovery project timeline.

The recovery work will report on the data available. However, the Trust has, and will continue to have, gaps in its data for two reasons:

- **Data gap 1:** The clinical systems outage due to the cyber attack resulted in data not being recorded in systems and that will therefore not be recovered. Between August – December 2022 for majority of services using Carenotes prior to outage and between August 2022 – July 2023 for Community Hospitals, Hospital @ Home, RACU and EMU services.

- **Data gap 2:** Reduced functionality of the new systems; RIO and EMIS, due to the pace at which they needed to be implemented. This means that some data cannot be entered and therefore will not be available for reporting and analysis purposes. This gap will be closed as the optimisation of systems progress and these return to pre outage status. At the time of writing, the estimated data gap due to system functionality is c13%.

Further updates will be shared with this Board outlining the impact of the gaps on reporting and where possible, planned mitigations

Recommendation

The Board of Directors are asked to note the contents of this report and provide further feedback for continuous development.

Author and Title: Nic McDonald
Head of Business Intelligence

Lead Executive Director: Amélie Bages
Executive Director – Strategy & Partnerships

Integrated Performance Report (IPR) Report: November 2023

October 2023 data unless stated otherwise

Assuring the Board on the delivery of the Trust's 4 strategic objectives; quality, people, sustainability and research and education

Section 1:

Introduction to the Trust strategy 2021-2026

Introduction to the Trust Strategy 2021-2026

Introduction to the Trust Strategy 2021-26

Oxford Health NHS Foundation Trust (OHFT, the Trust) has developed an organisational strategy for the five year period 2021-26. The aim of the strategy is to set the Trust's long-term direction, guide decision-making and address strategic challenges – for example rising demand for and complexity of healthcare, recruiting and retaining a stable workforce, and ensuring sufficient resourcing. Following the publication of the 2021 NHS White Paper, the NHS is likely to change over the period of the strategy - shifting from a commissioner/provider model to one characterised more by system working and collaboration with healthcare partners (NHS, local authority, independent and third sector) focused on collectively improving overall population health and addressing health inequalities.

The Trust's vision is Outstanding care by an outstanding team, complemented by the values of being Caring, Safe & Excellent. Flowing from the vision and values are four strategic objectives:

1. Deliver the best possible care and outcomes (Quality)
2. Be a great place to work (People)
3. Make the best use of our resources and protect the environment (Sustainability)
4. Become a leader in healthcare research and education (Research & Education)

Key focus areas and Objective Key Results

To move the strategy into a focus on delivery, each strategic objective has been developed into a set of key focus areas (workstream descriptors). The aim of the key focus areas is to identify priority activities and workstreams for the Trust over the coming years and to provide a bridge between the high-level ambitions of the strategic objectives and a set measures and metrics to track progress. Existing and new measures and metrics have been gathered and/or created using an Objective Key Results (OKRs) approach. OKRs allow for measurement of activities that contribute to key areas of focus and workstreams and will be reported to relevant Board committees and Board via an Integrated Performance Reporting approach.

While the key focus areas are intended to be fixed for the lifespan of this strategy, the OKRs can be updated and added to as required. To enable this, the OKRs are an appendix to the main Trust strategy document. This approach allows for a consistency of approach for the strategy but the flexibility to adapt the metrics used to measure progress. For example, a specific OKR may be achieved and can then be replaced with a new target.

This report reports delivery of the strategy and performance against the OKRs. Supporting data and narrative is supplied where there is underperformance.

Section 2:

‘At a Glance’ Performance and Trust Headlines;

An overview of performance relating to;

- National Oversight Framework
- Delivery of the strategic objective key results (OKRs)

Key risks, issues and highlights are provided by the Executive Managing Directors (updated bi-monthly)

‘**At a glance’ performance** – delivery of strategic objectives and NHS oversight framework

This page provides a ‘at a glance’ view of performance against the **5 key sections of this report**. Further detail relating to performance of each section can be found on the report pages shown below.

Report Section	# of metrics	Targets not achieved	% OKRs achieved	Description	Report pages
NHS Oversight Framework (NOF)	8 (all have a target)	3	63%	Overall performance is good, with the exception of the number of **inappropriate out of area placements (both Oxon and Bucks indicators) and MIU 4 hour performance**	Pages 9-10
Strategic Objectives – **Quality; Deliver the best possible care and outcomes**	18 (9 have a target)	6	33%	We do not have up to date data for 2 of the 6 non-performing metrics due to the clinical information systems outage. Their last known performance, however, was non-compliant (**improved use of the Lester Tool in EIP and AMHTs).** The other areas of non-compliance are; • **clinical supervision** • **evidence patients have been involved in their care** • **Reduction in the use of prone restraint and** • **% staff have completed the national autism/LD training**	Pages 12-18
Strategic Objectives - **People; be a great place to work**	9 (8 have a target)	6	25%	• **Agency usage, sickness rate, early turnover, vacancy rate, PDR compliance and Statutory and Mandatory training** are not yet achieving targets	Pages 19-24
Strategic Objectives - **Sustainability; make the best use of our resources and protect the environment**	4 excl. the NOF OKR (all have a target)	1	75%	The **CIP plan** at month 7 is £1.4m adverse	Pages 25-27
Strategic Objectives – **Research & Development**	2 (no targets)	-	-	The Trust is ranked 3rd Nationally for participants recruited to CRN Portfolio studies and 7th Nationally for CRN Portfolio studies that recruited this FY	Page 28

Directorate highlights and escalations: Mental Health, Learning Disabilities and Autism

Executive Director commentary: Rob Bale, Consultant Psychiatrist and Interim Executive Managing Director for Mental Health & Learning Disability
Narrative updated: 20 November 2023
For reporting period ending: 31 October 2023

Headline	Risk, Issue or Highlight?	Description (including action plan where applicable and please quote performance/data where applicable)
Workforce challenges	Issue	The central recruitment team continue to support services in ensuring there is a rolling campaign to fill vacancies alongside exploring creative approaches to attraction. A range of initiatives are in process to support recruitment and retention across services. Temporary staff are used to maintain service levels and the agency management programme supports services to reduce reliance on, and cost of temporary workers sourced in this way.
Inappropriate Acute Out of Area Placements (OAPs)	Risk	The directorates are focused on reducing the use of OAPs to improve the quality of patient care and improve cost control. The use of inappropriate OAPs has reduced from the demand peak in December 22 and January 23 however numbers continue to fluctuate based on clinical demand and acuity.
Service pressures	Risk	Services remain under pressure due to acuity and demand. • The introduction of Primary Care mental health services is having a positive impact on capacity within adult mental health teams • CAMHS PICU now open and will build to full capacity • In Neurodevelopmental services (CAMHS and Adult) demand exceeds capacity. Work is underway across BOB to identify further mitigations .
Cost Control	Risk	Alongside the agency reduction programme and work to reduce out of area placements the key cost reduction work is aimed right sizing the requirements for additional staff to manage fluctuations in acuity.

Directorate highlights and escalations: Primary, Community and Dental Care

Executive Director commentary: Dr Ben Riley, Executive Managing Director for Primary, Community and Dental Care
Narrative updated: 20 November 2023
For reporting period ending: 31 October 2023

Headline	Risk, Issue or Highlight?	Description (including action plan where applicable and please quote performance/data where applicable)
Operational Update	Issue and Risk	• 0-19 Healthy Child Implementation plan establishing. • Partnership Local Area SEND Inspection Priority Action Plan submitted. • EMIS functionality remains in development. • Significant pressures remain in OOHs/ Podiatry and District Nursing • Significant challenges to access theatres at the OUH for Paediatric Dental Operations • Sessional staffing/operational issues with our external staffing partners remain problematic
Service Pressures	Risk	• OOHs and MIUs remain under pressure. Some success in recruitment for both clinical and leadership roles • Podiatry Improvement Plan is beginning to take form. We are engaging some external clinical support to assist us. • District nursing continue to be under extreme pressure. City traffic calming measures adding to their burden
System and financial pressures	Risk	• System urgent care Programme is developing led by our Transformation team (supported by PWC) Workstreams include SPA/ H@H and Integrated neighbourhood Team developments • We continue to focus efforts on Community Rehabilitation and First Contact Care pathways in terms of financial management and have seen a significant reduction in agency spend in Community Rehab. • NHSP operational issues continue to be problematic to services across the Directorate. We are developing a I year fixed term post to bring capacity to support us accelerate operational improvements and focus on workforce developments in the widest sense including agency spend and rostering. • Ongoing challenges with recruitment of Special Care and Paediatric Dental Specialists impacting on performance and waiting list targets • Financial risk of £1.6m income still not received (£1.3m from ICB for H@H and UCR and £300k from OCC for CIT). The Trust's current reporting gap may impact H@H funding that is due.

Section 3:

NHS Oversight Framework performance

National objective: Compliance with the NHS Oversight Framework

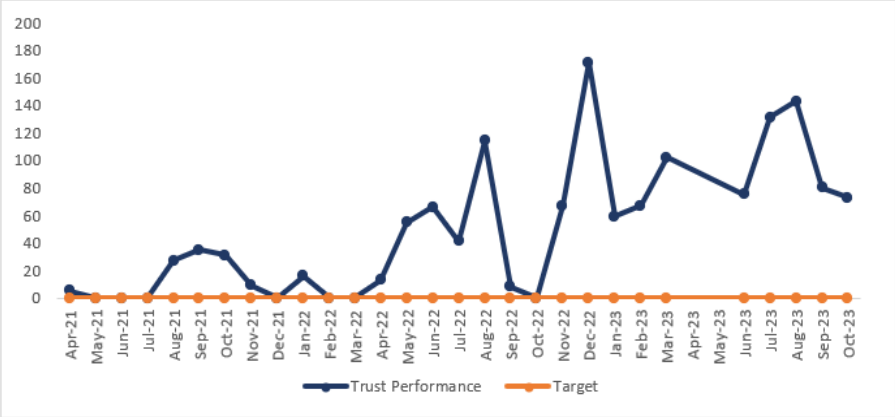
This year, the NHS Oversight Framework indicators that have targets are;	Target	National position (England)	Latest Trust Position	Trend
(N1) A&E maximum waiting time of four hours from arrival to admission/transfer/ discharge	95%	70.2% (Oct)	87.5% (Oct)	→
(N2) People with a first episode of psychosis begin treatment with a NICE-recommended care package within two weeks of referral (MHSDS) (quarterly)	56%	68.59% (June)	88.2% (June 22)	
(N3) Data Quality Maturity Index (DQMI) MHSDS dataset score - reported quarterly	95%	76.70% (March)	96.0% (July 22)	
(N4) IAPT - Percentage of people completing a course of IAPT treatment moving to recovery (quarterly)	50%	50.7% (Jun)	52.0% (Jun)	→
(N5) IAPT - Percentage of people waiting six weeks or less from referral to entering a course of talking treatment under Improving Access to Psychological Therapies (IAPT)	75%	89.8% (Jul)	99% (Jul)	→
(N6) IAPT - 18 weeks or less from referral to entering a course of talking treatment under IAPT	95%	98.5% (Jul)	100% (Jul)	→
(N7a) Inappropriate out-of-area placements (OAPs) for adult mental health services - OAP bed days used (Bucks) – local figures	0	n/a	73 (Oct)*	↓
(N7b) Inappropriate out-of-area placements (OAPs) for adult mental health services – OAP bed days used (Oxon) – local figures	0	n/a	157 (Oct)*	↓

Executive Summary: Amélie Bages, Executive Director of Strategy and Partnerships
Narrative updated: 13 November 2023 for reporting period ending: **31 October 2023**

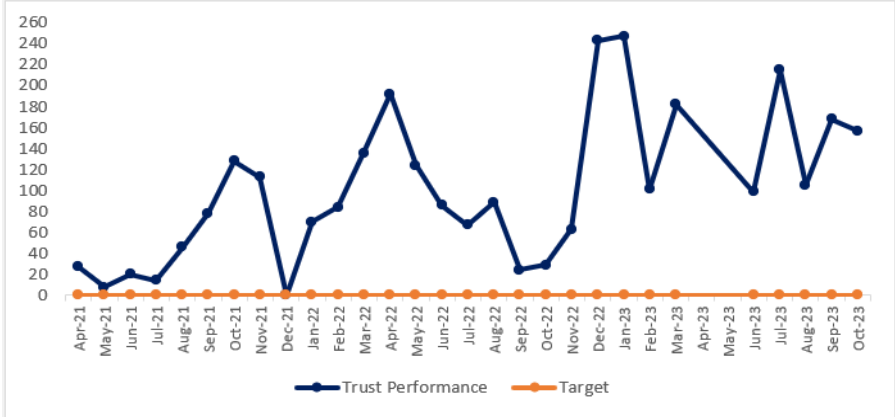
About: The NHS Oversight Framework replaced the provider Single Oversight Framework and the clinical commissioning group (CCG) Improvement and Assessment Framework (IAF) in 2019/20 and informs assessment of providers. It is intended as a focal point for joint work, support and dialogue between NHS England, Integrated Care Systems (ICS), and NHS providers. The table above shows the Trust's performance against the **targeted** indicators in the framework. Areas of non-compliance are explained overleaf.
Performance: The Trust is compliant with the targets in the Framework, with the exception of the number of inappropriate out of area placements (OAPs). Please see overleaf for more information. MIU attendance wait time is slightly below target and this is being monitored in operational services but are not considered a risk.
**the figure provided is a local Trust figure owing to technical issues with the national submission. Indicators greyed out have not refreshed due to unavailability of data nationally following the clinical information systems outage therefore, no commentary is provided based on historical positions.*

National Objective: exception report

NHS Oversight Framework Metric	Target	Actual
(N7a) Inappropriate out-of-area placements (OAPs) for adult mental health services – aim to reduce OAP **bed days used** (Bucks)	0	73



NHS Oversight Framework Metric	Target	Actual
(N7b) Inappropriate out-of-area placements (OAPs) for adult mental health services – aim to reduce OAP **bed days used** (Oxon)	0	157



Executive Director commentary: Rob Bale, Consultant Psychiatrist and Interim Executive Managing Director for Mental Health & Learning Disability
Narrative updated: 08 November 2023
For reporting period ending: **31 October 2023**

The issue and cause
The use of Out of Area Placements increased in Q2 in comparison to Q1 due to clinical demand and activity.

The plan or mitigation
Following NHSE guidance the Trust has reviewed the use of OAPs and is assured that continuity of care principles are adhered to. Reporting from April 2021 reflects this change and please note this change when viewing performance against historical trends. **In October 2023 locally reported total bed day usage was 230 days (73 inappropriate OAP bed days in Bucks, and 157 inappropriate OAP bed days in Oxon).**

Section 5:

Delivery of our four strategic objectives

Objective 1: Quality - Deliver the best possible care and outcomes

Governance: Executive Director: Chief Nurse | **Responsible Committee**: Quality Committee
Reported period: October 2023 unless otherwise indicated in brackets in the penultimate column

This year, our Objective Key Results (OKRs) are;	Target	Comm Services	Oxon &BSW	Bucks	LD	Forensics	Pharm	**Trust**	**Trust Trend**
(1a) Clinical supervision completion rate	95%	67%	75%	71%	78%	78%	-	70%	→
(1b) Staff trained in restorative just culture	20	-	-	-	-	-	-	28	→
(1c) BAME representation across all pay bands including board level Q2	19%	16.4%	19.6%	30.2%	12.7%	45.4%	21.4%	21.57% (Q2)***	↑
(1d) Cases of preventable hospital acquired infections	<3 YE	-	-	-	-	-	-	0* YTD	→
(1e) Reduction in use of prone restraint by 25% from 2022/23	183 YE (107 YTD)	-	74	34	-	23	-	131 uses	reducing
(1f) Patient/carer safety partners	2 YE	-	-	-	-	-	-	2	→
(1fa) Improved completion of the Lester Tool for people with enduring SMI (EIP)	95%	-	88%	70%	-	-	-	81% (July 22**)	n/a**
(1fb) Improved completion of the Lester Tool for people with enduring SMI-AMHT	95%	-	66%	61%	-	-	-	64% (July 22**)	n/a**
(1g) Evidence patients have been involved in their care (clinical audit result) reported bi-monthly	95%	93% n=42	81% n=277	84% n=110	-	-	-	83% n=429 (Sept & Oct)	→
(1h) % staff have completed the national autism/learning disabilities training	95%	65%	62%	70%	81%	78%	-	65% (all staff in Trust)	↑

* Health economy review meeting held quarterly
** Latest available data due to Carenotes outage.
*** Although overall target being reached, representation is quite varied when viewed by pay band

The arrows indicate the trend against the last reported position and the colour is the RAG status against the target

Objective 1: Quality - Deliver the best possible care and outcomes

Governance: Executive Director: Chief Nurse | **Responsible Committee**: Quality Committee

Executive Summary: Marie Crofts, Chief Nurse
Narrative updated: 9th November 2023
For reporting period ending: 31st October 2023

Four OKRs are underperforming YTD, although positive improvement can be shown. Please see overleaf for more information by measure on the cause of the underperformance and the plans to mitigate and improve performance.

Two OKRs are not RAG rated as there has been no data available to measure performance for over a year, since July 2022, due to the IT outage and change in electronic patient health record. An exception slide is provided to share the work that is still continuing although it is harder to measure the change at the moment. Clinical audit results are being used to help steer the improvements being taken.

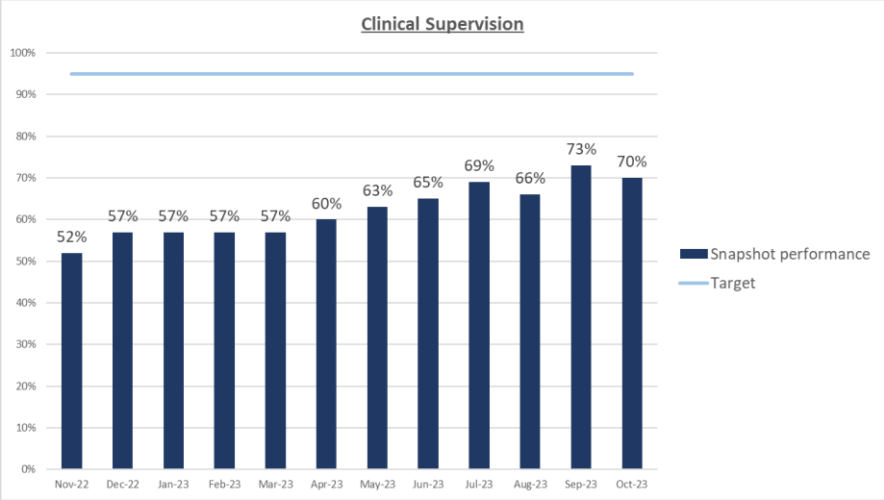
The Trust is carrying out Quality Improvement Projects in the following areas relevant to the Quality OKRs;

- Positive and Safe – reducing restrictive interventions including use of prone restraints
- Working with families and carers, alongside implementing the Carers, Friends and Family Strategy 2021-2024
- Improving co-production in care planning, which is a core part of the co-produced Patient Experience and Involvement Strategy being finalised
- Equality, Diversity and Inclusion programme

The indicators here have been reviewed and will be changing shortly in line with the Trusts strategic objectives.

Objective 1: Quality; exception report

Objective Key Result (OKR)	Target	Actual
(1a) Clinical supervision completion rate	95%	70%



Executive Director commentary: Marie Crofts, Chief Nurse
Month narrative relates to: October 2023

The risk or issue
The risk is staff may be struggling in their role and be unsupported to manage difficult situations which may then impact on their well-being.

The cause
Increased demand on clinical teams, poor central recording and issues with accuracy of reporting.

What is the plan or mitigation?
Rates of compliance have remained similar for the last few months.

Supervision steering group is leading on the improvement plan. Some directorates are running local supervision forums to address the challenges locally and feedback to the steering group.

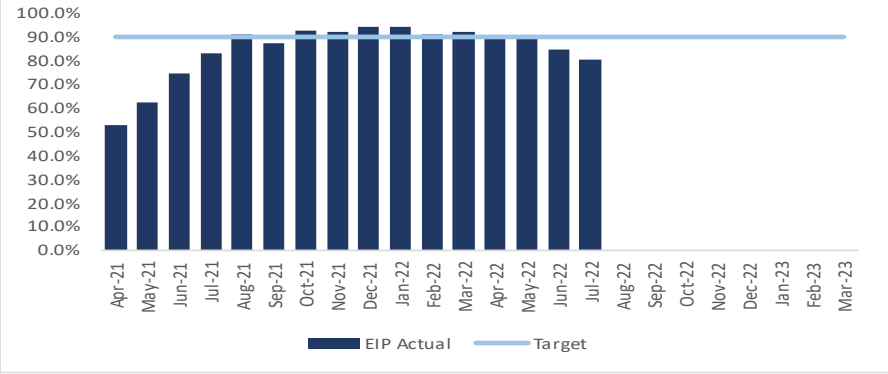
There is targeted work with the lowest performing teams including attendance at team meetings by the Trust Lead, Deputy Director of Quality and steering group members to understand where challenges lie and remedy accordingly.

Data cleansing is ongoing and is taking time.

Objective 1: Quality – exception report

Objective Key Result (OKR)	Target	Actual
(1fb) Improved completion of the Lester Tool for people with enduring serious mental illness (AMHTs for patients on CPA)	95%	64% (July 2022)

Objective Key Result (OKR)	Target	Actual
(1fa) Improved completion of the Lester Tool for people with enduring serious mental illness (EIP teams for patients on CPA)	95%	81% (July 2022)



Executive Director commentary: Marie Crofts, Chief Nurse
Month narrative relates to: October 2023

Please note performance is not RAG rated because the last data available is from July 2022. In 2022/23 the target was 90% for EIP and 75% for AMHTs. The revised target for 2023/24 is 95%. We hope to be able to start reporting again soon.

An exception slide is provided to describe the work that is happening.

Context
The indicator is based on the completion of the Lester physical health assessment tool for patients with a serious mental illness. The tool covers 8 elements including smoking status, lifestyle, BMI, blood pressure, glucose and cholesterol, and the associated interventions.

The risk or issue
People with severe mental illness (SMI) die on average 15-20 years sooner than the general population. They are dying from physical health causes, mostly commonly respiratory, circulatory diseases and cancers

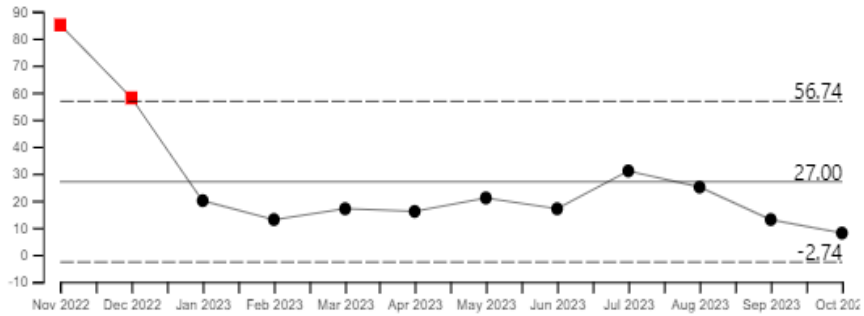
The plan or mitigation
Local intelligence from teams is there has been an increase in reviews and availability of physical health clinics. Clinical audits are supporting where to focus improvement work. We have some patient reported outcomes which show patients reporting feeling more supported with managing their physical healthcare.

The focus in 2023 is on:
- Purchase of additional physical healthcare equipment.
- Diabetes management on the wards
- Physical health skills training for community mental health teams/ ward staff
- Developing patient information to support conversations and promote improving health
- An inpatient referral pathway to embed a care treatment programme for tobacco dependency has been developed. 4 new tobacco dependency advisors employed.
- Improve flexibility and mobility of testing through mobile clinics and point of care testing kits
- Make changes to the physical health forms on the electronic patient record.

Objective 1: Quality; exception report

Objective Key Result (OKR)	Target	Actual
(1e) Reduction in use of prone restraint	25% reduction from 2022/23 (183 YE)	131 uses against YTD target of 107

Graph 1



Executive Director commentary: Marie Crofts, Chief Nurse
Month narrative relates to: October 2023

The risk or issue
Use of prone restraint carries increased risks for patients and should be avoided and only used for the shortest possible time.

The cause
The most common cause for this type of restraint is violence, followed by self-harm. The position is used mostly to administer immediate IM.

What is the plan or mitigation?
Graph 1 shows the use of prone by month for all wards.

There has been a continued decline in use of prone restraint.

Compared to the same period last year (2022), excluding the uses for 1 patient in an exceptional situation, there were 161 uses of prone compared to 131 this year. Although the numbers are small this is a 19% reduction.

Every use of prone is reviewed by the ward Matron and there is a detailed questionnaire completed to review practice.

The use of the restraint positions standing, supine and safety pod have increased whilst prone has reduced.

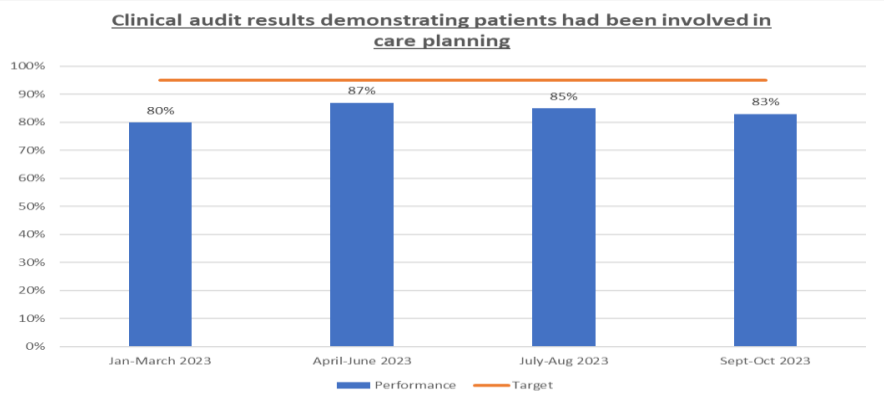
The Positive and Safe Steering Group is overseeing and measuring the impact of an improvement plan.

Objective 1: Quality; exception report

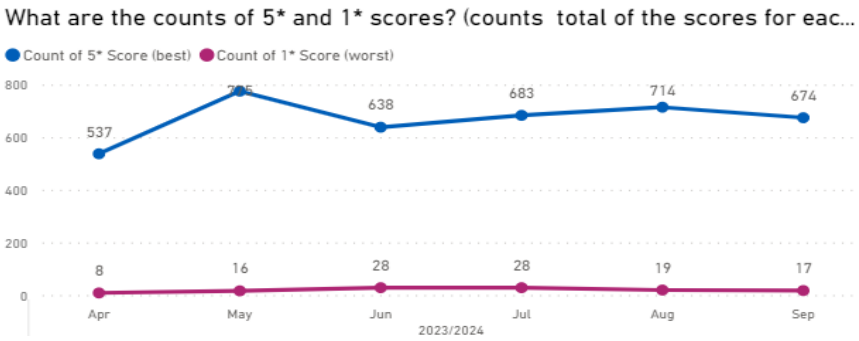
Objective Key Result (OKR)	Target	Actual
(1g) Evidence patients have been involved in their care (bi-monthly clinical audit)	95%	83% n=429

Executive Director commentary: Marie Crofts, Chief Nurse
Month narrative relates to: October 2023

Clinical audit results



Patient/carer Surveys (IWGC);
The below graph shows the scores for the survey questions around being involved in care.



The context

The most recent national annual community mental health survey results (n=266) showed small improvements in patients feeling involved in care planning and making decisions together when reviewing care, although our local survey results via IWGC and evidence in clinical records (via audits) shows our performance around consistently involving a patient in their care planning remains quite static.

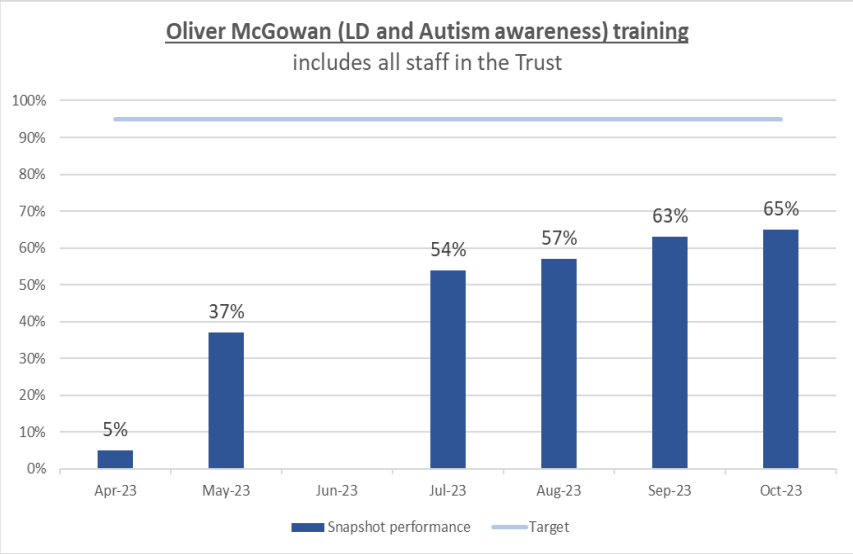
Our local patient survey data through IWGC shows an average score of 4.65 for the question 'were you involved as much as you wanted to be in your care' from April-Sept 2023. The graph below shows the average score per month for the last 6 months, out of a maximum score of 5.

The plan or mitigation

Ensuring care is always co-produced is a primary objective of the new Experience and Involvement Strategy 2023-2025.

Objective 1: Quality – exception report

Objective Key Result (OKR)	Target	Actual
(1h) % staff have completed the national autism/learning disabilities training	95%	65%



Executive Director commentary: Marie Crofts, Chief Nurse
Month narrative relates to: October 2023

The Context and plan

The Trust participated in the 2022 pilot of the new national training on autism and learning disabilities (Oliver McGowan) to help shape the content, which 125 staff attended. The Trust also developed internal short training videos as an interim while waiting for the national training to be released.

Tier 1 of the new national training has now been released and all staff are expected to complete the training. It is on the essential training matrix for all staff. The performance reported here is based on completion of part 1 of the national training provided on-line. Tier 2 of the training is being developed with partners in the BOB ICS as it requires the provision of face to face teaching. The Trust is identifying staff to attend the lead trainer sessions nationally as they will lead on the roll out of Tier 2 of the training.

The L&D Team have also liaised with higher education leads to ensure they have plans for pre-registration programmes to complete the training.

Performance against the national training is improving across all areas, current position at 65%. Active promotion is happening. Our performance is monitored by NHS England at regional and national level.

The Trust has set up an Autism Strategy Steering Group to coordinate and prioritise broader improvement work including development of skills.

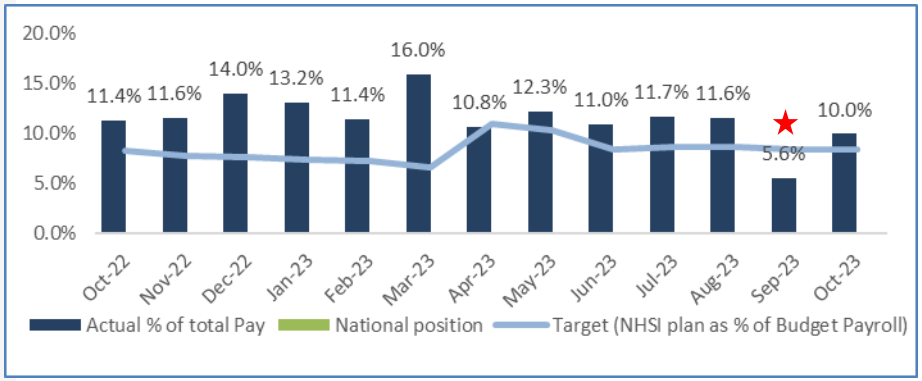
Objective 2: People – be a great place to work

Governance: Executive Director: Chief People Officer | **Responsible Committee**: People, Leadership and Culture Committee
Reported period: **October 2023** unless otherwise indicated in brackets in the penultimate column

This year, our Objective Key Results are;	Target	Buckinghamshire Mental Health	Community Services	Corporate	Forensic Services	Learning Disabilities	Oxford Pharmacy Store	Oxfordshire & BSW Mental Health	Provider Collaborative Commissioning	Research & Development	Trust	National comparator	Trust Trend
(2a) Staff Survey- Staff Engagement score July Pulse 23	>/=?	6.63↑	6.50↓	6.89↓	7.14			7.1↑			6.83↑	6.45	↑
(2b) Reduce agency usage to NHSE/ target	</ 8.5%	15.2%↑	6.5%↑	0.3%↑	12.3%↑	51.2%↑	0.0%→	13.2%↑	0.0%→	0.0%→	10.0%	ModHos Peer Avg 5.1% - National Value 5.4 %	↑
(2c) Reducing staff sickness to 4.5%	</=4.5%	6.1%↑	6.6%↑	4.4%↑	5.98%↑	4.7%↓	3.2%↓	5.8%↑	0.6%↓	3.2%↑	5.7%	ModHos Peer Avg 4.4% - National Value 4.9 %	↑
(2e) Reduction in % labour turnover	</=14%	13.1%↓	15.6%↑	11.2%↓	13.9%↑	18.7%↑	10.3%↓	13.8%↓	9.5%↓	21.4%↑	13.83%	ModHos Peer Avg 19.4% - National Value 18.0 %	↓
(2f) Reduction in % **Early** labour turnover	</=14%	10.7%↓	23.0%↑	17.1%↓	23.7%↑	16.8%↑	0.0%→	14.8%↓	16.4%↓	11.0%↑	17.2%		↓
(2g) Reduction in % vacancies	</=9%	15.0%↓	9.0%↑	0.5%↑	22.7%↓	17.6%↑	41.9%→	19.7%↓	-13.3%↓	47.4%↓	15.5%	ModHos Peer Avg 9.8% - National Value 9.7%	↓
(2h) PDR compliance	>=95%	89%↑	91.6%↑	89.6%↓	96.9%↑	96.1%↓	90.9%↓	90.2%↑	93.3%↑	89.3%↑	91.0%	None	↑
(2i) S&MT (Stat and Mandatory training)	>=95%	89%↑	90.3%↑	86.8%↑	92.7%↑	90.4%↑	94.3%↑	86.83%↑	94.4%↑	86.2%↑	88.8%	None	↑
(2j) Number of Apprentices as % substantive employees	>=2.3%	7.5%↑	5.8%↑	10.0%↓	6.2%↑	23.2%↑	21.7%→	0%→	0%→	2.8%	5.5%	None	↑

Objective 2: People; exception report

Objective Key Result (OKR)	Target	Actual
(2b) Reduce Agency Usage to Target	</=8.5%	10.0%



Executive Director commentary:
Charmaine De Souza, Chief People Officer

The risk or issue
Agency use in the Trust is extremely high which increases costs and impacts quality and safety of patient care and staff wellbeing.

The cause
The causes are multifaceted and are being addressed by the Improving Quality Reducing Agency Programme which has several workstreams and aims to improve the quality of our services whilst reducing agency spend.

The plan or mitigation
The Improving Quality and Reducing Agency Programme has a number of workstreams which aim to improve the quality of our services whilst reducing agency spend. The recruitment workstream has roadshows planned across the Trust for November 2023. The workstream has completed the initial phase of the internal mobility programme, the pre-employment check and onboarding process has been streamlined and there is a separate dashboard to provide more effective monitoring and reporting.

The international recruitment workstream has seen 8 nurses commence employment with the Trust, 4 nurses are awaiting their visas, 31 nurses are going through the pre-employment check process and 11 interviews are taking place in November 2023. The IR programme is on track to meet the target of 45 nurses arriving in the UK by the 31st December 2023. The retention workstream has started seeing improvements in nursing retention. HCA's across community hospitals is currently at 15.2WTE ahead of plan, Mental Health HCA's are currently 14.8WTE ahead of plan. Registered nurse retention has remained a challenge throughout the year. Community hospital retention is current 6.6WTE away from plan and for Mental Health 5.4WTE away from plan.

The medical workforce workstream has completed the draft job planning policy, this is with the Chief Medical Officer for review. Initial discussions held with international recruitment providers regarding a recruitment programme for Consultant Psychiatrists.

ID Medical have migrated 33 workers (28 medical and 5 AHPs) to the Direct Engagement (DE) Model, there are a further 34 medics to be migrated. There have been 9 lines of work placed at the Highfield Unit and 5 with the Meadow Unit as part of the targeted intervention undertaken by ID Medical and the temporary staffing team to cover the identified workforce gap.

ID Medical have generated continued to generate CV's and there are currently 24 GP out of hours services awaiting feedback from the service. A further 9 CV's for Mental Health have been generated over the past 2 weeks and are currently awaiting feedback from service and interviews arranged.

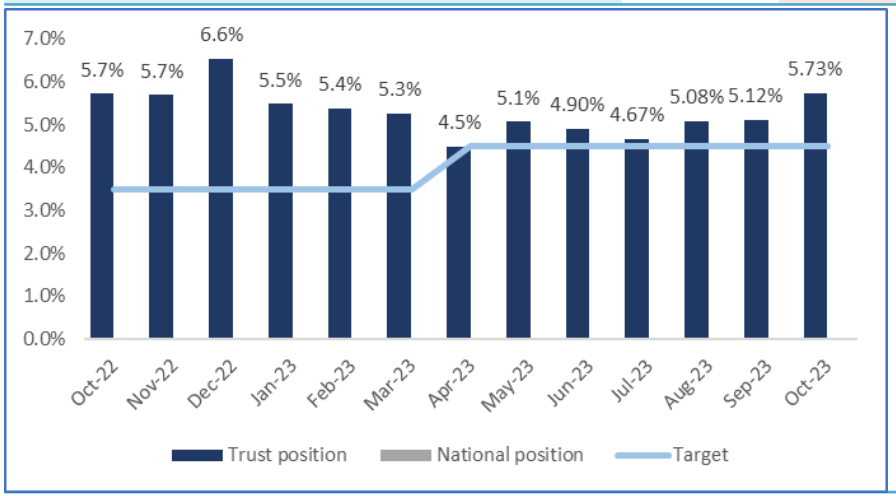
A task and finish group was convened to review the process for the Trust in accessing addition medical CV's under the new contractual arrangements with ID Medical. A clear standard operating procedure identifying roles and responsibilities with clear timeframes has been developed and signed off by the group.

Overall, total agency spend in September was £2,456K against an NHSE/I target of £2,695k, this gives a revised straight line forecast at month 12 £31,874k. The target was £32,022k therefore this is predicting Oxford Health to be just under the NHSE/I target at month 12. It is anticipated that this number will improve throughout quarter 3 and 4.

★ After the ledger position was finalised for month 5 (August), ID Medical provided more accurate information on agency spend. Finance have reviewed these figures and updated the ledger. This has resulted in a reduction in YTD agency spend of £2.1m. £1.0m of this is a reduction for April – July due to updated hourly pay rates (hours have not changed). No information was available for accruals in August and therefore used YTD average plus a 10% contingency with a view to correcting to accurate data for month 6. The actual spend in August is £1.0m lower. Month 6 (September) shows a reduced Agency spend to correct the August discrepancy.

Objective 2: People; exception report

Objective Key Result (OKR)	Target	Actual
(2c) Reducing staff sickness to 3.5%	</=4.5%	5.73%



Executive Director commentary:
Charmaine De Souza, Chief People Officer

The risk or issue
The sickness absence increased from 5.12% to 5.73% and has remained slightly above target. Excluding Covid absences the rate was 5% (4.5% last month). High sickness absence rates result in increased temporary staffing use and pressure on colleagues.

The Cause
Whilst sickness absence remains above target the proportion of long term versus short term cases remains broadly consistent with the previous month. The most common reasons for absence were Cough/Cold, Covid 19 confirmed, Flu, Gastrointestinal, and Headache.

The plan or mitigation

Absence has risen from the previous month but is consistent with levels from the same month (October) in 2022.

Work continues to ensure that return to work and wellbeing conversations are taking place after every absence event between line managers and employees. This is a key enabler to ensure that appropriate referrals are made, including signposting to the various support/assistance programmes that are available (e.g. our Employee Assistance Programme).

The absence team continue to run workshops to support new managers with using the GoodShape system and in managing absence.

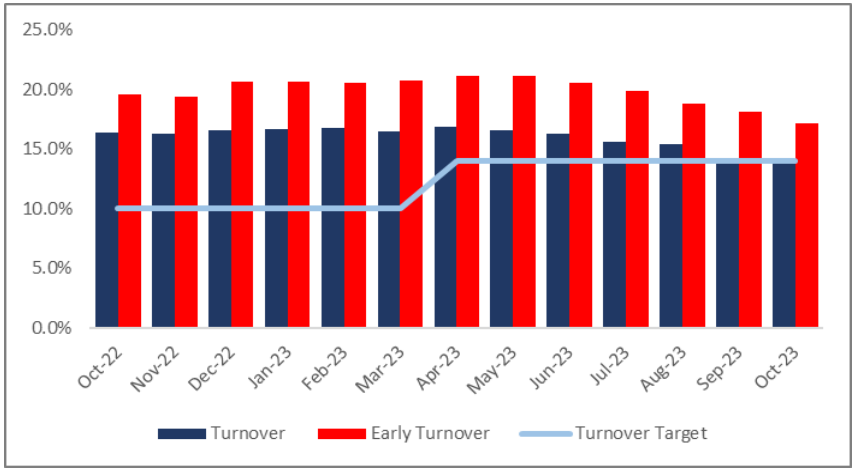
We have recently agreed a renewal of the Goodshape contract and will be onboarding a new app which will support users in reporting absence efficiently. We expect the app to go live before the end of 2023. We continue to carefully performance manage Goodshape's delivery as part of the contract extension.

Dedicated support from the HR Advisory team supports managers both with the management of individual sickness absence cases, and through proactive measures to upskill managers, including manager briefings and bespoke absence management training.

Increased investment was made into Occupational Health for this financial year: 2023/24 to support psychological wellbeing (which came on the back of the national NHSE funded offer ending for the You Matters service across BOB) and recruitment is underway to these posts with a view to launching an enhanced offer to OHFT staff later this year.

Objective 2: People; exception report

Objective Key Result (OKR)	Target	Actual
(2e/f) Reduction in % labour turnover	<14%	13.8%
Early Turnover	<14%	17.2%



Executive Director commentary:
Charmaine De Souza, Chief People Officer

The risk or issue
Staff turnover decreased to 13.8% , below the 14% target. Early labour turnover has decreased to 17.2%. High levels of turnover will impact on vacancies, agency spend, quality of patient care and staff experience.

The cause
The cost-of-living crisis and the below inflation pay offer is impacting on staff retention (especially in the lower bands) with wage increases in other sectors increasing rapidly. Staff are still leaving based on promotion in different Trusts, work life balance and access to flexible working

The plan or mitigation

There has been a steady in decline in Early and Normal Labour Turnover. A multi-disciplinary meeting has been established with members of OD and HR to review monthly areas with the highest turnover, agree actions and track performance.

In response to the new starter feedback received from the questionnaires a New starter onboarding experience QI project has been created with representation from each department or team with involvement in the new starter journey. The ongoing piece of work, aimed at creating a smooth and enjoyable onboarding experience for all, is ongoing to tackle early turnover,

Career questionnaires continue to be sent out and signposted to L&D for structured career conversations.

The retention team have also been contacting all leavers to ask for further feedback and to support them to stay.

The Retention Hub is now up and running with contact forms and links to resources. Posters have been displayed around wards with a QR code to allow staff to request a call from the Retention team.

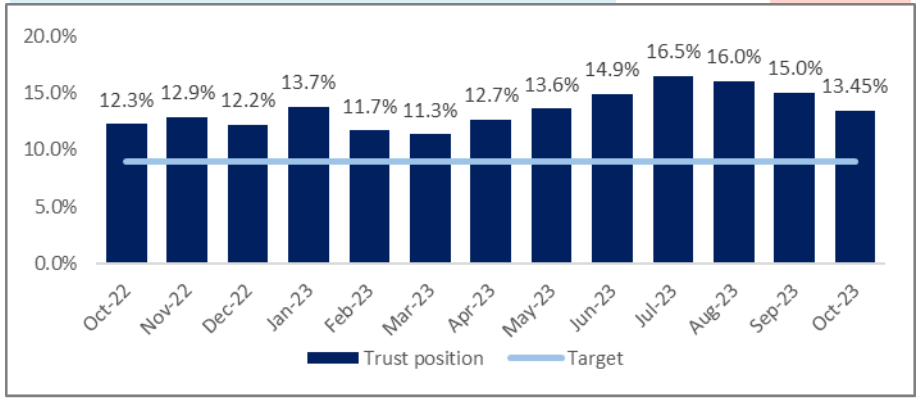
The Retention Team have joined the wider OD Team and are visiting sites and meeting managers and staff as part of the Staff Survey season across September, October and November

The team are developing the next PDR season which will build on the successful 2023/24 season by adding talent management processes into place which will enable the organisation to begin to understand the learning and career aspirations of its staff.

A focus remains on B5 nursing turnover as that remains a significant challenge, although it is good to see the drop in HVA turnover which was resulted in the Trust meeting its turnover target for the second month in a row.

Objective 2: People; exception report

Objective Key Result (OKR)	Target	Actual
(**2g**) Reduction in % vacancies	</=9%	13.5%



Executive Director commentary:
Charmaine De Souza, Chief People Officer

The risk or issue
The vacancy rate has decreased from 15% to 13.5.%; high vacancy rates will impact on staff wellbeing and retention, agency spend, and the quality of care provided to patients. The lengthy time that it is taking to hire an employee results in candidates withdrawing from recruitment process or securing roles in other organisations.

The cause
Hiring challenges due to low unemployment, increased number of budgeted posts across the Trust, talent market conditions, talent and skills shortages in key areas such as nursing alongside the high cost-of-living and below inflation pay offer is impacting on staff recruitment.

The plan or mitigation
Overview:
The Trust establishment has continued to increase, from 5,746 FTE in October 2022 to 5,972 FTE in September 2023, an increase of 225 over the same period last year

The vacancy rate has dropped from the summer months, there is usually a slow-down in hiring over the summer period as staff focus on covering holiday rather than recruiting to posts. In addition, the Resourcing team were short staffed by 4 wte over the summer period due to a finance error relating to establishment, this has now been resolved and 2 new staff have been appointed so far, new team members are due to start in November with training completed by the end of calendar year.

Priority:
Recruitment for the PICU remains a priority, in particular Band 5 nurses. The campaigns team will continue to support the unit until it is fully staffed. They will also continue to support the Highfield unit which has been impacted by the opening of the Meadow unit and now needs to recruit urgently.

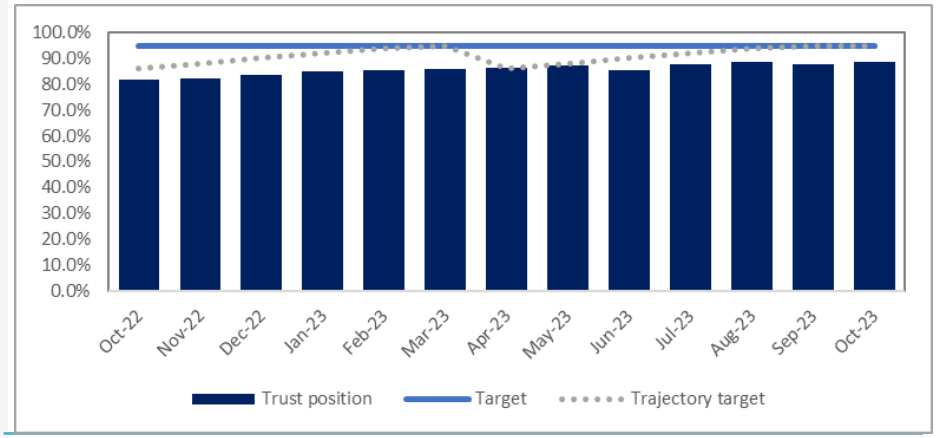
A paper went to ELMT on Monday 6th November which outlined 3 options to transform the way OHFT recruits to its vacancies, these options will reduce time to hire (ensuring we lose less candidates in the recruitment process), attract more suitable candidates, provided higher levels of support and take admin work away from hiring managers, and ensure a fairer, more inclusive recruitment process, allowing less bias creep.

Option one is currently being fully scoped out, a follow up paper is being presented to Executives on Monday 6th December.

Current Campaign Focus:
1. Proactive recruitment campaigns are taking place for priority areas including Littlemore Forensic units, Bucks Older Adult, Oxford City, Meadow PICU, Highfield CAMHS, Podiatry and Corporate Estates. Childrens Community Nursing and Didcot Community recruitment open days are being held in Oct and Nov. Funding has been secured for a Forensic recruitment video to be filmed in Nov. Indeed Nursing Hiring Events and Jobs have been sponsored for Highfield and for Primary care and Adult City and North-East Adult Community teams.
2. Recruitment Branding is in full swing with photos being taken across the Trust, this is expected to be signed off and launched by end of November.
3. University / student recruitment events are being prioritised with events through October and November at UEA, Cardiff & Southampton. A Mental Health Student Recruitment Day is booked at Oxford Brookes on 24 March and Bedford University on 9 Feb.
4. Nursing recruitment continues to be a priority and events are being attended in Belfast, Dublin & Glasgow with an Occupational Therapist event booked for Nov. Trust wide recruitment roadshows are taking place in Oct and Nov, the first in Wallingford (13/11) was very successful.

Objective 2: People; exception report

Objective Key Result (OKR)	Target	Actual
(2i) Statutory and Mandatory training	>/=95%	88.8%



Executive Director commentary:
Charmaine De Souza - Chief People Officer

The risk or issue
The percentage of Statutory and Mandatory training modules reported as complete at the end of October has increased from 87.5% to 88.8%. Individuals who have not completed their training may not have the skills and knowledge to carry out their role safely.

The cause
There is an increase in the overall compliance rates, with reports that attendance to face to face skills-based training is improving. Staff continue to report that at times due to ongoing staffing pressures, they are not being released to attend. Work continues to correct anomalies in job roles to ensure accurate training is allocated to each staff member as this remains an issue.

The plan or mitigation

- There are now 6 Directorates in the Trust at circa 90% with improvements across all training requirements. Areas that continue to require further improvement and targeted support are Corporate and Ox & BSW MH directorates.
- There are 8 pieces of Mandatory training that have a compliance rate of circa 90% and for the other 3 clear understanding of the existing risks and barriers and plans in place to address these.
- Trust has rolled out the Level 1 Oliver McGowen training to be included on all staff training records and the Trust is currently at 65.8%. This will be added to statutory and mandatory training reporting once the Trust is above 85% compliance. The Trust are
- L&D are hosting task and finish group for moving and handling training review with the new Trust Lead AHP as subject matter expert. QI project to review impact of the use of new equipment within the District nursing service underway.
- Focused work on Resus continues; Training now scheduled up until the end of Dec with over 1300 spaces available for staff to complete resus training and nearly 700 staff already booked in to complete, L&D team are booking staff onto courses targeting areas of poorer compliance and higher risk areas and e-learning package review to be completed year end. L&D team increasing training places for ILS in response to service need.
- Work with other BOB ICB Trusts (including Berkshire and OUH) is underway to agree a system-wide definition of Statutory and Mandatory training enabling effective passporting of training for staff across the BOB and creating systems that will allow for better use of resources.

Objective 3: Sustainability; make the best use of our resources and protect the environment

This year, our Objective Key Results (OKRs) are;	Trust	Trust Trend
(3a) **Favourable** performance against financial plan (YTD)	£1.0m Fav	↑
(3b) Cost Improvement Plan (CIP) delivery (YTD)	£1.4m Adv	→
(3c) **95%** of estate to achieve condition B rating by 2025 (75% in 2021)	98%	↑
3d) Delivery of estates related NHS Carbon Footprint reduction target of 2879 tonnes by 2028 ,Reach net zero NHS Carbon Footprint Plus by 2045, reducing emissions by at least 73% by 2036-2038. (25,550 C02t)	5160 tonnes	→
(3e) **Achievement of all 8 targeted measures** in the NHS Oversight Framework (see section 2 of this report)	2 not achieved	→

Governance
Executive Director: Heather Smith | **Responsible Committee**: Finance and Investment Committee | **Responsible reporters**: Alison Gordon/ Christina Foster

Executive Summary: Heather Smith, Chief Finance Officer
Narrative updated: November 2023
For reporting period ending: 31 October 2023

I&E £2.9m surplus, £1.0m favourable to plan. This includes some significant areas of year-to-date overspend which need to be addressed: Block income £1.0m (due to underperformance on the Eating Disorders & Secure contracts) and Learning Disabilities £0.7m due to expensive out of area placements.

The CIP target allocated to directorates for FY24 is £7.2m, made up of £5.1m for FY24 and £2.1m unmet from FY23, So far £4.9m has been delivered: £1.0m from the temporary staffing team following the NHSP transfer and £3.9m from clinical directorates through the planning of new investment.

Objective 3: Sustainability – exception report

Objective Key Result (OKR)	Trust
(3a) Favourable performance against financial plan	£1.0m favourable

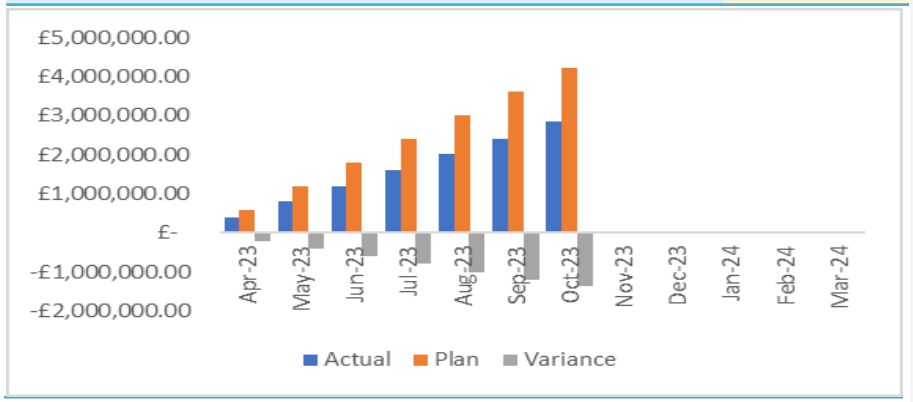
Executive Director commentary:
Heather Smith, Chief Finance Officer

The risk or issue
Financial performance is £1.0m favourable to plan at month 7, but there are significant overspends in some directorates. The Trust is also spending more on agency staff than the target set by NHSE.

The cause
Directorates with year-to-date overspends: Block income £1.0m (due to underperformance on the Eating Disorders & Secure contracts), Learning Disabilities £0.7m,Forensics £0.1m and Buckinghamshire Mental Health £0.1m.

The plan or mitigation
Agency control panels have been set up monthly
Finance Deep Dive meetings have taken place with Directorates and action plans produced.

Objective Key Result (OKR)	Trust
(3b) Cost Improvement Plan (CIP) Delivery	£1.4m adverse



Executive Director commentary:
Heather Smith, Chief Finance Officer

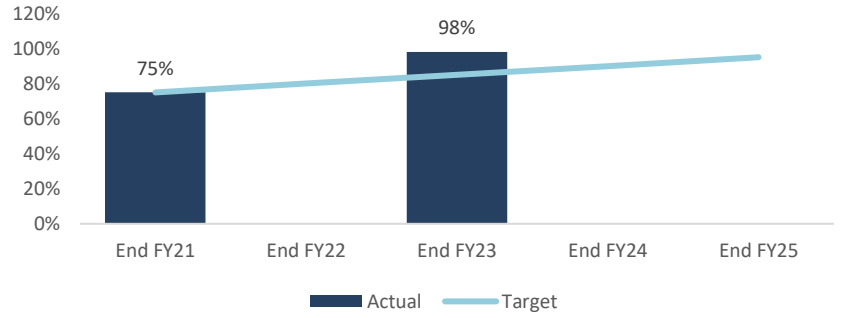
The risk or issue
CIP Performance against plan is £1.4m adverse at month 7.

The cause
CIP schemes have not been developed yet for the full CIP target.

The plan or mitigation
Finance will work with directorates over the next few months to identify schemes for the remaining CIP target and to develop CIP plans for the next financial year. As part of this Finance are in the process of recruiting to a new post to co-ordinate the CIP programme and provide analysis to support it.

Objective 3: Sustainability – exception report

Objective Key Result (OKR)	Target	Actual
(3c) 100% of estate to achieve condition B rating by 2025	85%	98%



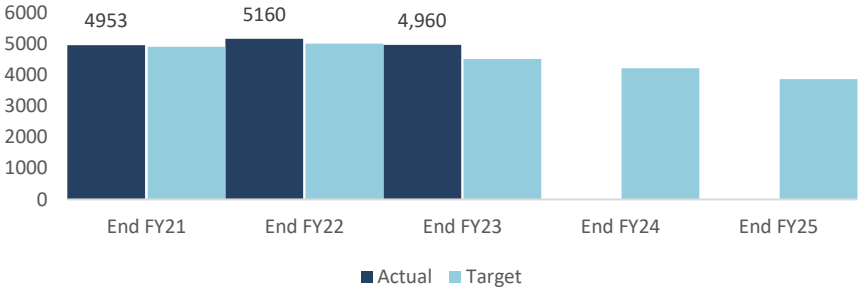
Executive Director commentary:
Heather Smith, Chief Finance Officer

The risk or issue
The condition of the estate can have serious impact upon its safety and useability. Guidance sets out a requirement for the NHS Estate to be rated as Condition. An updated 6 facet survey has been undertaken by Gleeds. The survey identified that the estate mainly achieving condition B. There are some elements and sites within individual buildings that fall short of this and investment is required to rectify this and also to enable the maintenance of the estate at the appropriate level.

The cause
Lack of future investment will impact upon the condition of the estate.

What is the plan or mitigation?
Investment requirements are set out in the Trust Capital Investment Plan

Objective Key Result (OKR)	Target	Actual
(3d) Delivery of NHS Direct carbon footprint of 47% reduction by 2028 compared to 2019-20 baseline year	4508	4,960



Executive Director commentary:
Heather Smith, Chief Finance Officer

The risk or issue
In FY23, the Trust consumed 4,960 tonnes of Co2 (NHS Carbon Direct Footprint only) . Which translates to 19% reduction in NHS Direct Carbon Footprint when compared to the 2019 baseline year. The actual consumption falls short of the annual 5% target for South East region to meet Net Zero by 2040. Total Carbon Emissions consumed (Supply Chain/Medicines) is 54,836 tonnes.

The cause
Q1 FY24 saw 12% reduction in overall carbon emissions (58tCo2)when compared to Q1- FY23.However Fossil fuel burning Gas consumption increased by 7 % (17tCo2).
Staff Business mileage increased by 533,996 miles, increasing the travel related carbon footprint by 17% (147 tCO2e)

What is the plan or mitigation?
The estates department has an action plan describing potential schemes and a 'Green Plan' has been produced for the Trust. A key objective for FY24 to review modal shift to more sustainable travel. Report with recommendations to support modal shift of travel into sustainable alternatives to be considered by Green Task Force

Objective 4: Become a leader in healthcare research and education (Research & Education)

Governance: Executive Director: Chief Medical Officer | **Responsible Committee**:

	FY24 - TD					FY23 for reference
Studies	Opened (currently active)	Closed	Studies that recruited		National comparator	
CRN Portfolio	14 (69 inc.7 students)	5	Community Services Oxon & BSW Bucks Corporate inc. R&D TOTAL	6 7 4 21 38	OHFT 3rd nationally – 38 studies 1st Trust – 55 studies	OHFT 4th nationally – 46 studies 1st Trust – 72 studies
Non-Portfolio	11 (26 inc.12 students)	8	12		n/a	n/a

	FY24 - TD			FY23 for reference
	Recruited participants to the above studies		National comparator	
CRN Portfolio	Community Services Oxon & BSW Bucks Corporate inc. R&D Oxford Monitoring System for attempted Suicide TOTAL	62 103 54 257 617 1093	OHFT 7th nationally – 1093 participants 1st Trust – 3165 participants	OHFT 5th nationally – 1789 participants 1st Trust – 6598 participants
Non-Portfolio	188		n/a	n/a

Executive Summary: Karl Marlowe, Chief Medical Officer \ Vanessa Raymont, R&D Director **Data cut:** 8th November 2023

The National ranking compares research active Mental Health Trusts in England. In some Trusts this may include Community based and non-mental Health studies.

Impact of limited Electronic Health Records access

Being unable to review patient records is delaying or prevent recruitment of patients to clinical studies. The impact of this will be, reputational, if we fail to meet national deadlines and financially, if will fail to recruit to funded studies and where the recover excess treatment costs are based on patient recruitment.

The Trust hosts the National Institute for Health Research (NIHR), Oxford Health Biomedical Research Centre (BRC), Oxford Clinical Research Facility (CRF), Oxford Applied Research Collaboration Oxford and Thames Valley (ARC) and NIHR Community Healthcare MedTech and IVD Co-operative (MIC)

For Information

Finance Report
October 2023 (Month 7), FY24
Report to Board of Directors

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Executive Summary
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8. Non-Pay Expenditure analysis
9. Out of Area Placements
10. Cost Improvement Plan
11. Productivity Improvement Plan
12. Statement of Position
13. Cash-flow
14. Working Capital Indicators

A risk assessment has been undertaken around the legal issues that this paper presents and there are no issues that need to be referred to the Trust Solicitors.

Executive Summary

Income & Expenditure position
- YTD - £1.0m better than plan
- Forecast – on plan

Risks £12.1m
Opportunities £16.1m
Net £4.0m upside

Capital Expenditure
- YTD - £2.6m better than plan
- Forecast - £2.8m worse than funding available

Cash
- Actual £89.8m, £18.3m better than plan

Highlights:

- The month 7 YTD position is a surplus of **£2.8m, £1.0m** favourable to plan.
- The forecast is a surplus of **£3.2m**, on plan.
- There are **£12.1m** of risks and **£16.1m** of opportunities to the forecast. This gives a forecast range of between **£16.1m** better than plan and **£12.1m** worse than plan. Taking into account only those risks and opportunities assessed as high likelihood there is a forecast range of between **£2.3m** better than plan and **£4.3m** worse than plan.
- The Directorates forecasting adverse variances to budget are: Forensic Mental Health **£0.6m,** Learning Disabilities **£0.9m,** Provider Collaboratives **£0.2m,** Primary, Community and Dental Care **£0.5m,** Corporate **£0.5m** and Block Income **£1.5m**.
- At month 7 **£22.0m** has been spent on agency staff, which is 10.5% of total staff costs. The Trust's agency target set by NHS England for FY24 is **£32.2m**. The agency forecast in directorate positions is **£37.4m**. This is mainly based on YTD trend and does not take into account any further improvements from the ID Medical and NHSP contracts. When these are taken into account the forecast is **£35.5m**.
- **£4.9m** of the **£7.2m** CIP target has been delivered so far. Further work is needed to identify schemes for the remaining **£2.3m**.
- The Trust has a **£11.0m** PIP target to be met through a reduction in temporary staffing spend. **£5.5m** of savings have been made so far.
- Capital expenditure is reporting a **£2.6m** underspend YTD. The forecast is for a **£2.8m** overspend against the funding available.
- Cash remains strong with a cash balance of **£89.8m**.

1. Income Statement

INCOME STATEMENT	Month 7			Year-to-date			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Forecast	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Clinical Income	42.5	47.6	5.1	297.6	289.9	(7.7)	509.3	511.4	2.1
Other Operating Income	7.3	7.6	0.3	50.7	55.3	4.5	87.9	94.3	6.4
Operating Income, Total	**49.8**	**55.2**	**5.3**	**348.3**	**345.2**	**(3.2)**	**597.1**	**605.7**	**8.5**
Employee Benefit Expenses (Pay)	30.7	30.4	0.3	214.5	208.8	5.7	367.2	360.9	6.3
Other Operating Expenses	17.5	23.0	(5.5)	122.7	124.6	(2.0)	210.8	226.7	(15.8)
Operating Expenses, Total	**48.2**	**53.4**	**(5.2)**	**337.2**	**333.4**	**3.8**	**578.0**	**587.6**	**(9.5)**
EBITDA	**1.6**	**1.7**	**0.1**	**11.1**	**11.7**	**0.6**	**19.1**	**18.1**	**(1.0)**
Financing costs	1.3	1.3	(0.0)	9.3	8.9	0.4	15.9	14.9	1.0
Surplus/ (Deficit)	**0.3**	**0.4**	**0.1**	**1.9**	**2.9**	**1.0**	**3.2**	**3.2**	**(0.0)**
Adjustments	0.0	0.0	0.0	(0.0)	(0.0)	(0.0)	(0.1)	(0.1)	(0.0)
Adjusted Forecast Surplus/ (Deficit)	**0.3**	**0.4**	**0.1**	**1.9**	**2.8**	**1.0**	**3.2**	**3.2**	**(0.0)**
Gap between internal and external forecasts									0.0
Forecast Surplus/ (Deficit)							**3.2**	**3.2**	**(0.0)**

Year-to-Date Performance

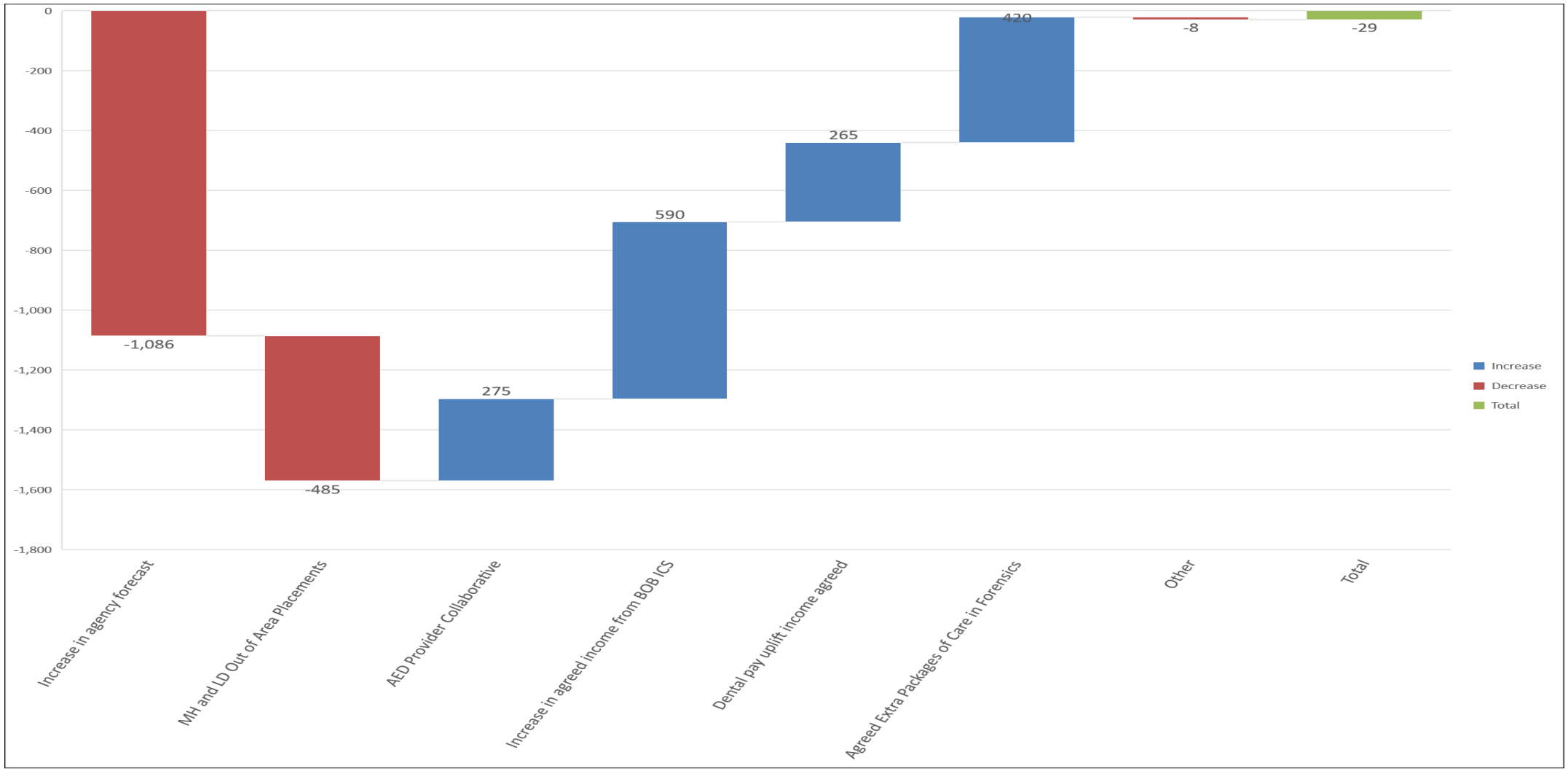
The month 7 YTD position is a surplus of **£2.8m, £1.0m** favourable to plan. EBITDA is **£0.6m** favourable to plan and Financing costs are **£0.4m** favourable to plan.

The adverse variance on income (**£3.2m**) is made up of **£4.7m** on Provider Collaboratives where income has been deferred to match lower spend offset with **£1.2m** higher sales in Oxford Pharmacy Store and **£0.3m** additional income in Research & Development.

The favourable variance on expenditure (**£3.8m**) is made up of **£4.7m** in Provider Collaboratives (offset with income) offset with **£1.1m** higher cost of sales in Oxford Pharmacy Store.

The month 7 variances on income and expenditure are due to a change in the expenditure accruals in Provider Collaboratives to more accurately reflect the current position. This also affects the amount of income that is deferred.

2. Forecast movement from previous month



The month 7 forecast worsened by **£29k** from the forecast at month 6 and the graph above illustrates the main movements.

The increase in the agency forecast is due to an increase in month for retrospective shifts in August and September. The forecast for Mental Health and Learning Disabilities out of area placements has increased due to new admissions in month.

The increase in income from BOB ICS is due to the ICS paying for some items which were previously not agreed but there are still outstanding income issues to resolve.

3. Forecast Risks & Opportunities

Risks	£'000	Likelihood
Actions needed from SEND review	1,000	High
Contracting issues with BOB ICS	3,300	High
Capital to revenue transfer	1,000	Medium
Winter pressures	1,000	Medium
Increase in OAPs	300	Medium
Annual leave buy back accrual	300	Medium
Additional spend against Deferred Income	200	Medium
Balance Sheet/Audit	3,000	Low
Income risks	1,250	Low
Microsoft Licenses	500	Low
Additional LD OAPs	250	Low
	12,100	

Opportunities	£'000	Likelihood
Additional central funding for Industrial Action	1,300	High
Wellbeing Day	990	High
Agency reduction	3,097	Medium
Contracting issues with BOB ICS	1,296	Medium
Modern Equivalent Assets valuation	1,000	Medium
AL provision	939	Medium
Additional release of PC deferred income	900	Medium
Agreement on old NHS PS invoices	650	Medium
Discharge of LD OAPs patients	344	Medium
MHIS investment spend less than forecast	240	Medium
Reduction in OAPs	200	Medium
Increase in income to support AED PC	200	Medium
R&D CRF building work	180	Medium
Balance Sheet/Audit	3,000	Low
Contracting issues with BOB ICS	1,800	Low
	16,136	

The Trust's Forecast Outturn is for a **£3.2m** surplus, which is on plan.

There are **£12.1m** of risks and **£16.1m** of opportunities to the forecast. This gives a forecast range of between **£16.1m** better than plan and **£12.1m** worse than plan.

Taking into account only those risks and opportunities assessed as high likelihood there is a forecast range of between **£2.3m** better than plan and **£4.3m** worse than plan.

The Trust is expecting **£6.4m** of additional income from the BOB ICS but this has yet to be agreed. **£3.4m** of this is already in the forecast. This includes **£2.4m** of income for S117 social care placement costs which is assumed in our forecast but not agreed by BOB ICB.

£3.0m has been included as a risk and opportunity for any requirement to adjust balance sheet values with an effect on the revenue position.

Forecast range - all risks and opportunities £'000	Full Year Budget	Full Year Actual	Forecast Outturn to Plan
Upside Forecast	3,312	19,443	16,131
Downside Forecast	3,312	-8,793	-12,105

Forecast range - high likelihood risks and opportunities £'000	Full Year Budget	Full Year Actual	Forecast Outturn to Plan
Upside Forecast	3,312	5,597	2,285
Downside Forecast	3,312	-993	-4,305

4. Capital Investment Programme

Project Names	(B) Latest Budget £,000	(C) Profiled Budget £,000	(D) Actual Expenditure £,000	(C-D) Variance £,000	(E) System Commt's £,000	(F=D+E) Actual Plus £,000	(B-F) Variance £,000	(G) Estimated Forecast £,000	(B-G) Variance £,000	
Estates - Projects c/f	193	182	85	97	297	382	(189)	142	51	☺
Estates - Highfield PICU	1,810	1,810	2,558	(748)	78	2,636	(826)	2,695	(885)	☹
Estates - Jordan Hill	500	227	5	223	4	9	491	100	400	☺
Estates - PDC Projects	1,149	522	47	475	76	123	1,026	1,149	-	
Estates - MH Projects	4,996	1,913	221	1,692	540	761	4,235	4,707	289	☺
Estates - Community Projects	1,381	628	211	417	253	464	917	1,882	(79)	☹
Estates - Life Cycle & Back Log Work	1,869	807	389	418	496	885	984	1,917	(48)	☹
OPS- Oxord Pharmacy Store	800	364	165	199	840	1,005	(205)	1,457	(657)	☹
Sub Total - Estate Improvements	9,400	4,986	3,003	1,984	1,202	4,205	5,196	10,087	(687)	☹
Sub Total - Operational Capital	2,498	1,103	512	591	543	1,055	1,443	2,505	(7)	☹
Sub Total - Oxford Pharmacy (MX	800	364	165	199	840	1,005	(205)	1,457	(657)	☹
Grand Total - All Estates	12,698	6,453	3,680	2,773	2,584	6,264	6,434	14,049	(1,351)	☹
IT Capital	1,140	518	402	117	(151)	250	890	1,184	(44)	☹
IM&T Clinical Systems	3,445	1,566	1,912	(346)	855	2,767	678	3,489	(44)	☹
IM&T - PDC Projects	435	198	119	79	1	120	315	438	(3)	☹
Grand Total - IM&T	5,020	2,282	2,433	(151)	705	3,137	1,883	5,111	(91)	☹
PFI	-	-	6	(6)	-	6	(6)	15	(15)	☹
Grand Total	17,718	8,734	6,118	2,616	3,289	9,407	8,311	19,176	(1,457)	☹

Funding Sources	Latest Funding	
Total Funding Available	16,380	
Net Funding Surplus /(Deficit) vs I	(1,338)	☹
Net Funding Surplus /(Deficit) vs I	(2,796)	☹

FY24 - Leases IFRS 16	£,000 Lease Liability	£,000 Lease Dilaps	£,000 Total Lease Liability
Windrush House Room G6 & G7 (Witney Business & Innovation Centre)	69	18	87
Oxford Pharmacy - Unit 7, MXL Centre, Lombard Way, Banbury, OX16 4TJ	1,301	326	1,627
New Leases Started FY24	***1,370***	***344***	***1,714***
Unipart House 4th Floor	1,066	250	1,316
Murray House, Jordan Hill (20 yrs)	7,112	1,500	8,612
Cowley Road CMHF Hub	357	90	447
Kidlington CMHF Hub	TBC	TBC	TBC
Wantage CMHF Hub	TBC	TBC	TBC
Potential New Leases FY24	***8,535***	***1,840***	***10,375***
Ambrosden (MOD) (Est 3yr)	8	TBC	8
Potential Renewal of Leases FY24	**8**	**-**	**8**
Total Leases FY24	**9,913**	**2,184**	**12,097**

The Trust spent **£6,118k** on its capital programme in the first 7 months of the year against a year-to date expenditure budget of **£8,734k**, an underspend of **£2,616k**.

The Trust has a forecast outturn of **£19,176k**, which represents an overspend against plan of **(£1,457k)** and a funding deficit of (**£2,796k**). It is likely that this position will be mitigated by slippage, and the ICB also have additional capital available. However, plans are in place to mitigate this cost pressure by deferring projects if needed.

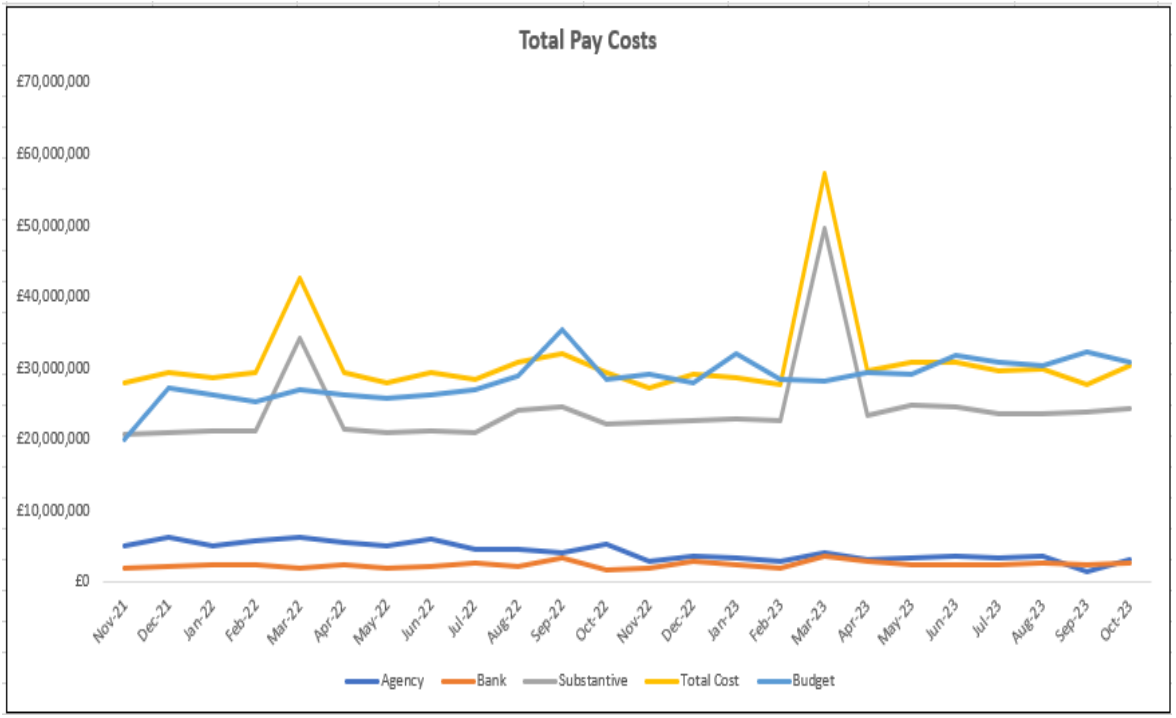
5. Directorate Financial Performance Summary

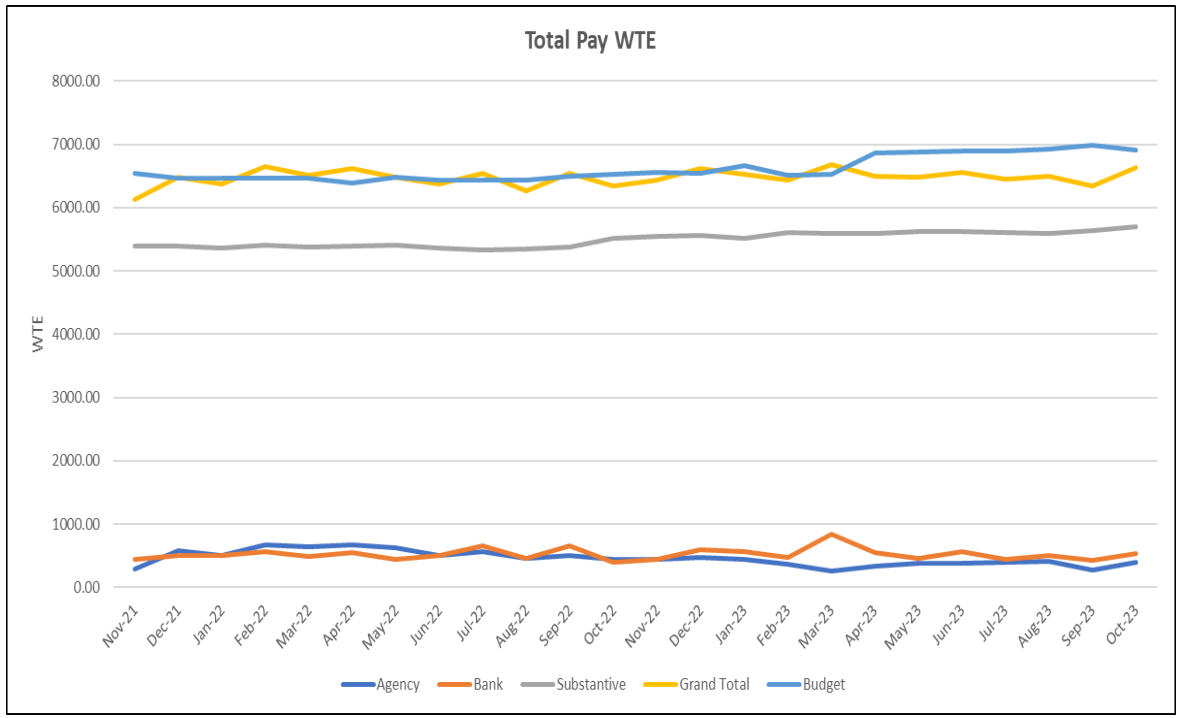
	Month 7			Year-to-date			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Forecast	Variance
Directorate	**£m**	**£m**	**£m**	**£m**	**£m**	**£m**	**£m**	**£m**	**£m**
Oxfordshire & BSW Mental Health	(9.4)	(8.3)	1.2	(65.8)	(64.0)	1.8	(113.2)	(112.2)	1.0
Buckinghamshire Mental Health	(4.4)	(4.4)	(0.1)	(30.6)	(30.7)	(0.1)	(52.5)	(52.3)	0.2
Forensic Mental Health	(2.6)	(2.4)	0.1	(17.9)	(18.0)	(0.1)	(30.7)	(31.3)	(0.6)
Learning Disabilities	(0.5)	(0.8)	(0.4)	(3.4)	(4.1)	(0.7)	(5.8)	(6.6)	(0.9)
Provider Collaboratives	1.1	1.1	(0.0)	7.5	7.5	0.0	12.8	12.6	(0.2)
MH Directorates Total	**(15.8)**	**(14.9)**	**0.9**	**(110.2)**	**(109.4)**	**0.8**	**(189.3)**	**(189.9)**	**(0.5)**
Primary Community & Dental Care	(8.1)	(8.1)	(0.0)	(58.1)	(57.6)	0.4	(98.5)	(99.0)	(0.5)
Corporate	(6.2)	(5.8)	0.6	(42.9)	(42.8)	0.1	(73.9)	(74.4)	(0.5)
Oxford Pharmacy Store	0.0	0.0	0.0	0.1	0.3	0.1	0.4	0.8	0.5
Research & Development	(0.0)	(0.1)	(0.1)	(0.3)	(0.0)	0.2	(0.5)	(0.3)	0.2
Covid-19 Costs	(0.0)	0.0	0.0	(0.0)	0.0	0.0	(0.0)	0.0	0.0
Reserves	(0.6)	(1.9)	(1.3)	(3.5)	(3.6)	(0.1)	(5.3)	(4.0)	1.3
Block Income	32.3	32.4	0.1	225.9	224.9	(1.0)	386.3	384.8	(1.5)
EBITDA	**1.6**	**1.7**	**0.2**	**11.1**	**11.7**	**0.6**	**19.1**	**18.1**	**(1.0)**
Financing Costs	1.3	1.3	(0.0)	9.3	8.9	0.4	15.9	14.9	1.0
Adjustments	0.0	(0.0)	0.0	0.0	0.0	(0.0)	(0.1)	(0.1)	(0.0)
Adjsuted Surplus/(Deficit)	**0.3**	**0.4**	**0.2**	**1.9**	**2.8**	**1.0**	**3.2**	**3.2**	**(0.0)**

Block contract income is reported in a separate directorate. Clinical Directorate positions reflect the expenditure position less non-clinical income (mainly Education & Training income) and some specific income streams such as Sustainability & Development Funding (SDF).

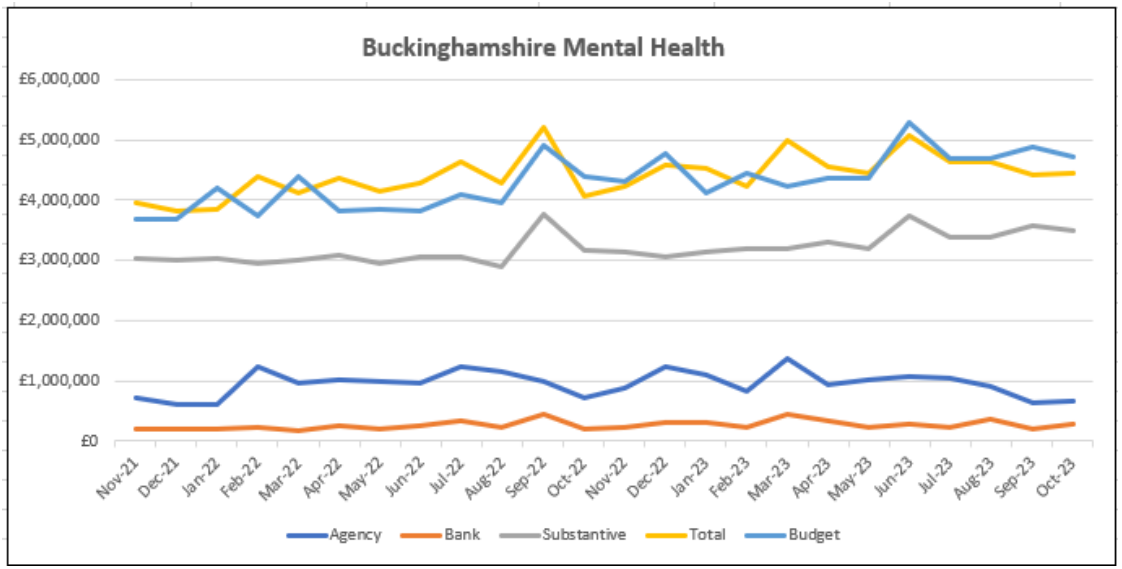
The forecast overspend on Provider Collaboratives (PCs) relates to the Adult Eating Disorders PC. The Secure and CAMHS PCs are forecasting underspends but the forecast for the Trust position is on plan as it is assumed that the underspends will be carried forward into next year for re-investment.

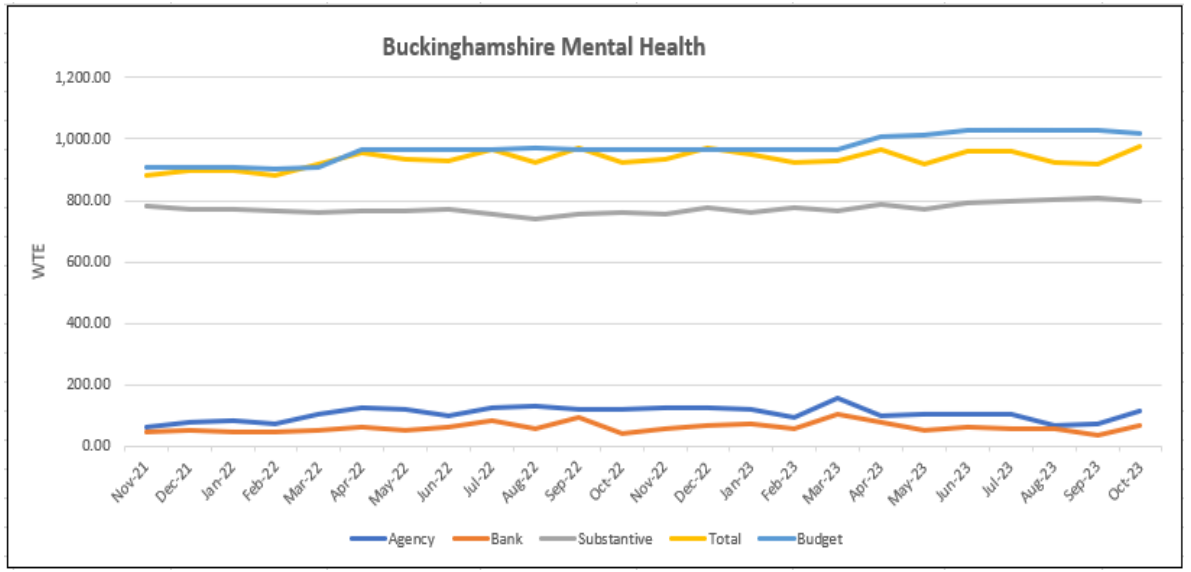
6. Pay Trends

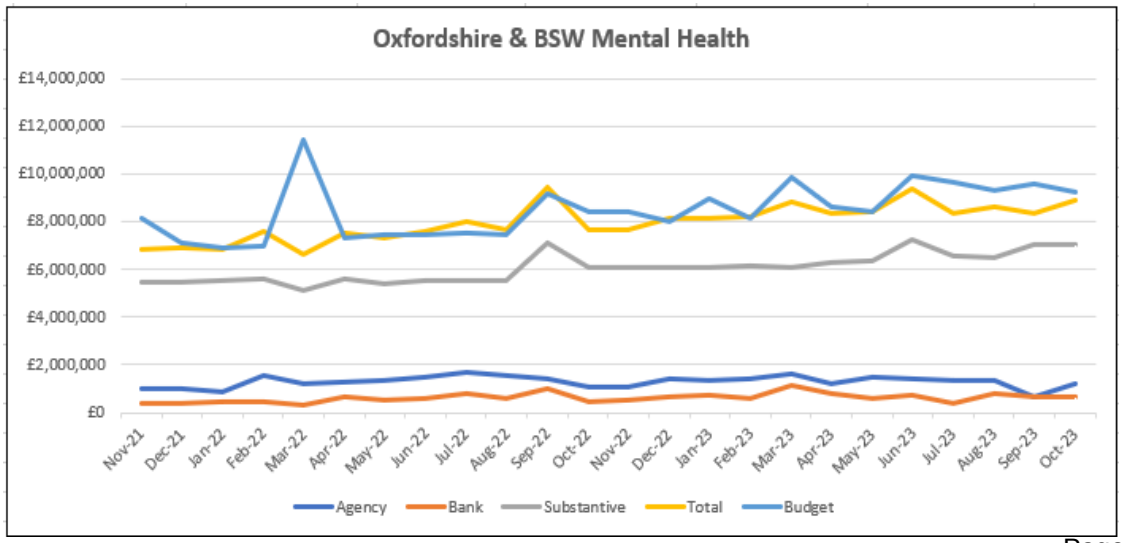


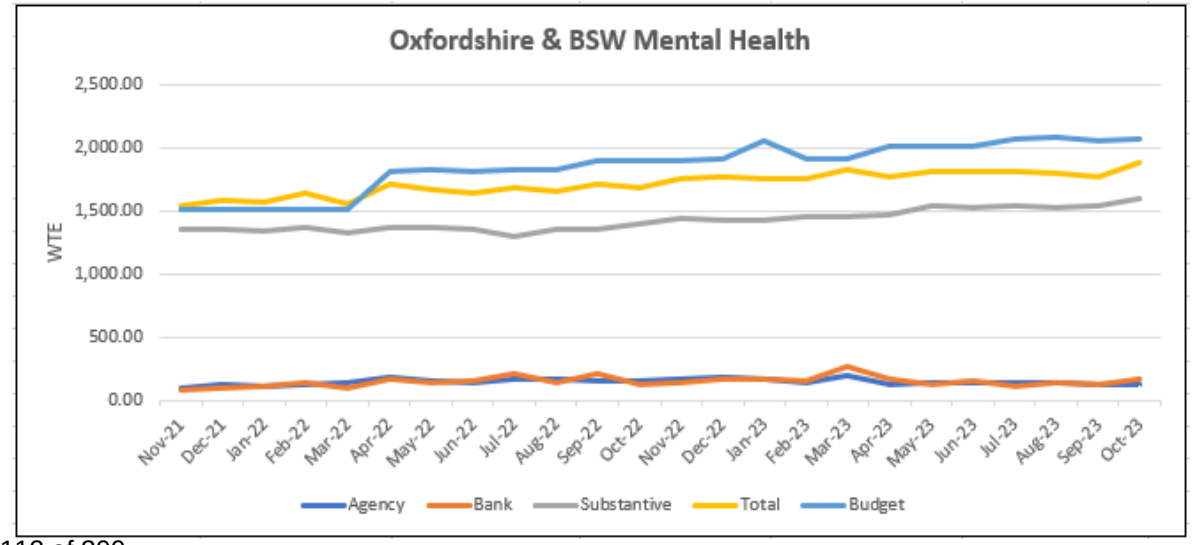


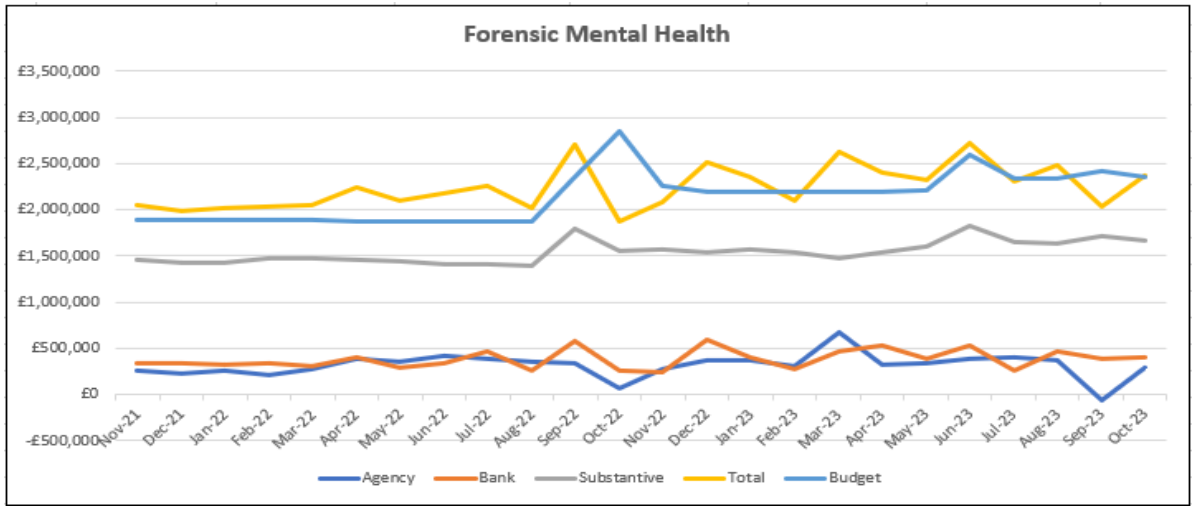
- The increase in pay costs and budget in September 2022 reflect when the pay award was paid to staff along with back pay.
- The increased costs in March 2022 reflect year-end accounting adjustments for pension costs
- The increase in costs in March 2023 again reflect year-end accounting adjustments for pension costs and also an accrual for the government proposed back-dated non-consolidated pay award.
- The 2023-24 pay award was paid in June 2023 and budgets and substantive costs include 3 months' worth of costs in month.
- Agency costs in September 2023 have reduced due to a YTD correction of hourly rate costs.

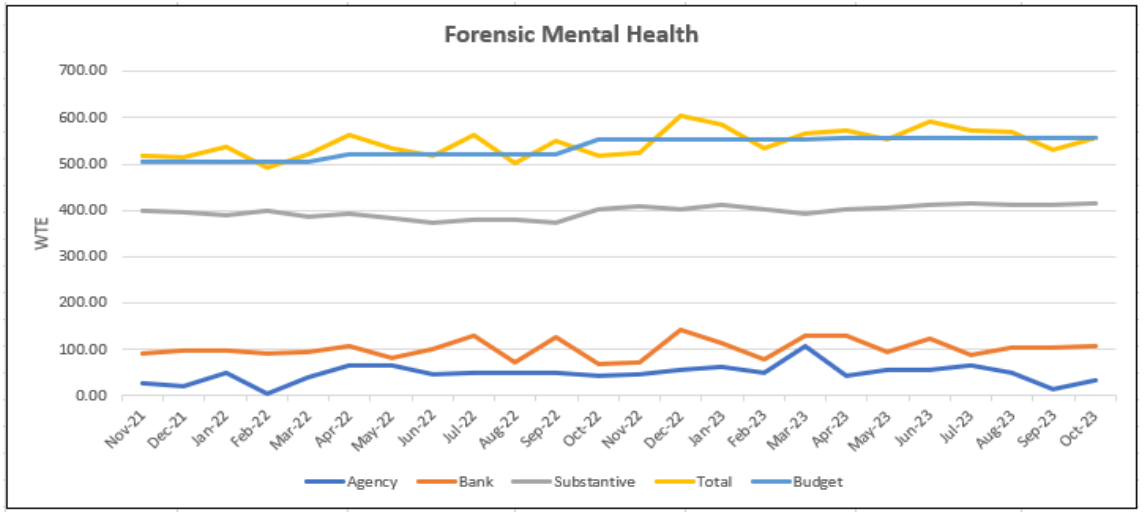

Buckinghamshire Mental Health
£6,000,000
£5,000,000
£4,000,000
£3,000,000
£2,000,000
£1,000,000
£0
Nov-21 Dec-21 Jan-22 Feb-22 Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23
Agency
Bank
Substantive
Total
Budget

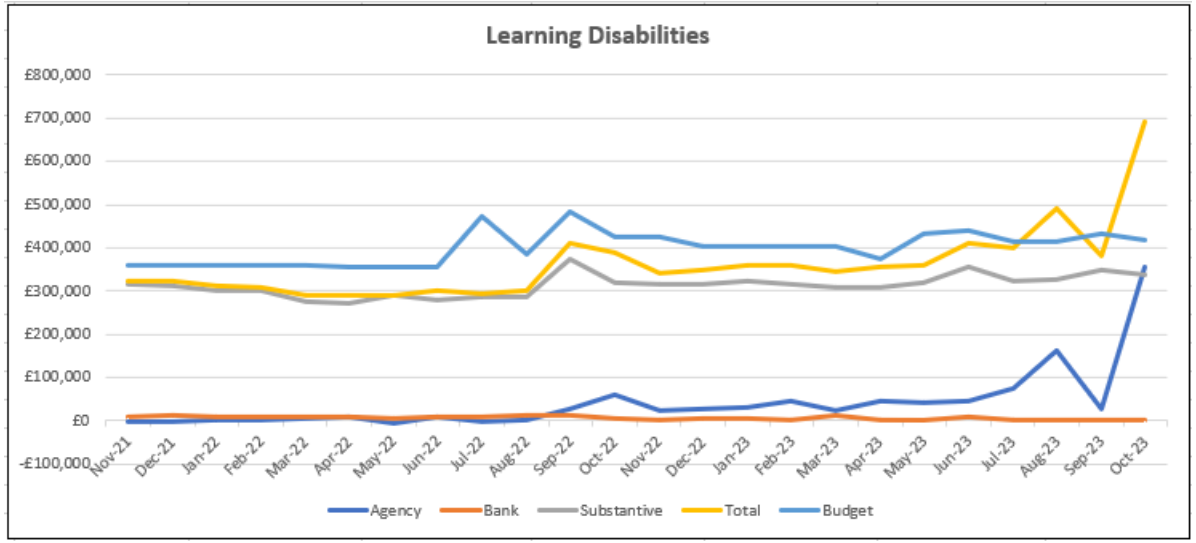

Buckinghamshire Mental Health
WTE
1,200.00
1,000.00
800.00
600.00
400.00
200.00
0.00
Nov-21 Dec-21 Jan-22 Feb-22 Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23
Agency
Bank
Substantive
Total
Budget

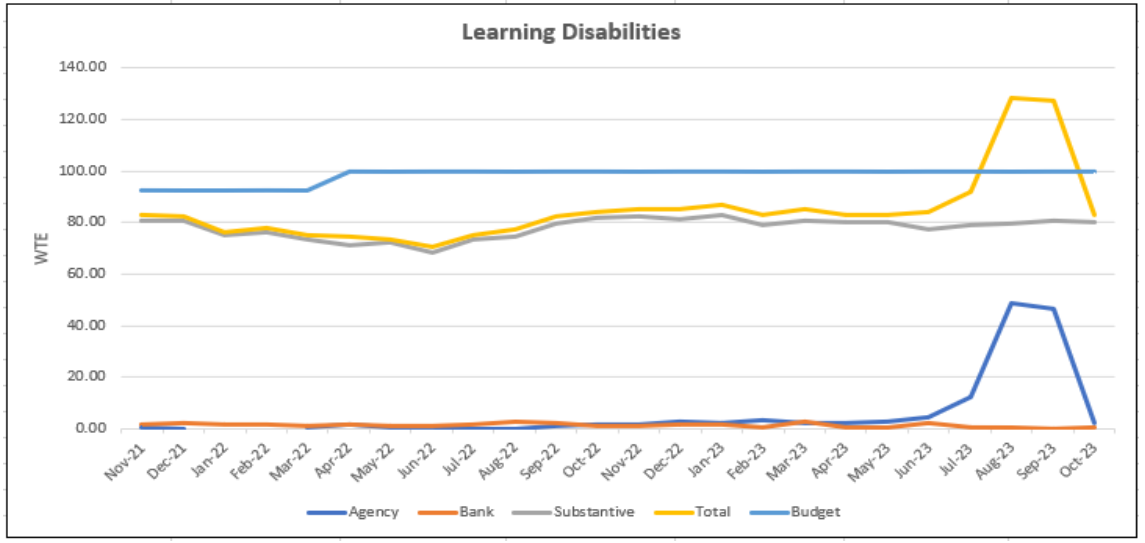

Oxfordshire & BSW Mental Health
£14,000,000
£12,000,000
£10,000,000
£8,000,000
£6,000,000
£4,000,000
£2,000,000
£0
Nov-21 Dec-21 Jan-22 Feb-22 Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23
Agency
Bank
Substantive
Total
Budget


Oxfordshire & BSW Mental Health
WTE
2,500.00
2,000.00
1,500.00
1,000.00
500.00
0.00
Nov-21 Dec-21 Jan-22 Feb-22 Mar-22 Apr-22 May-22 Jun-22 Jul-22 Aug-22 Sep-22 Oct-22 Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23
Agency
Bank
Substantive
Total
Budget

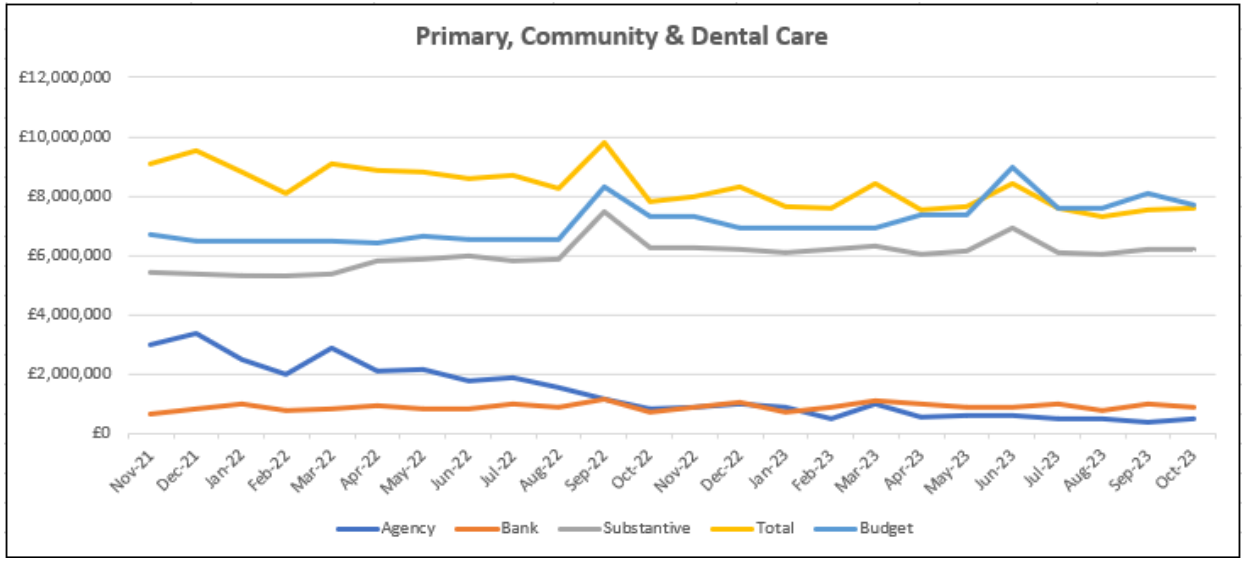


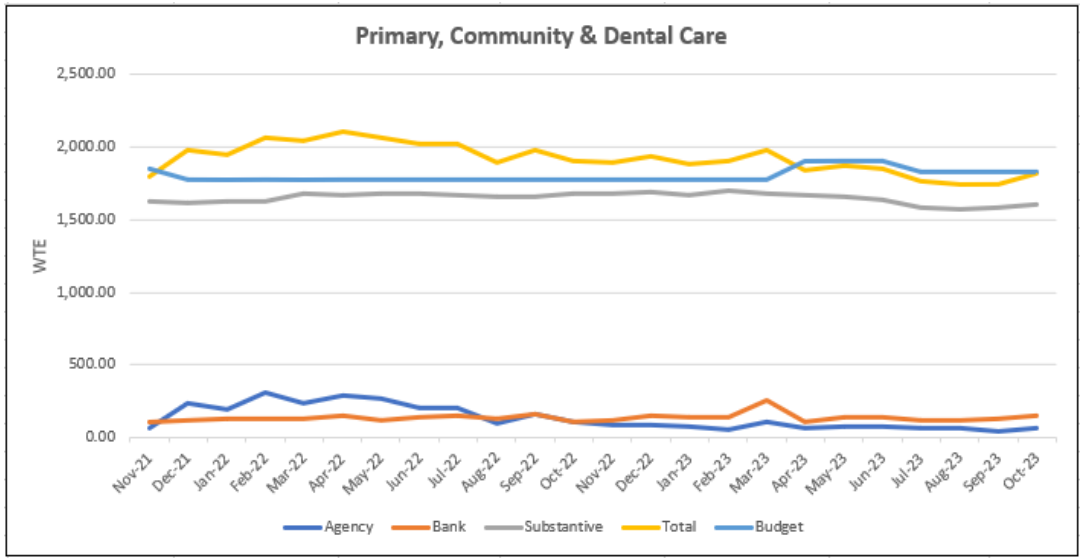


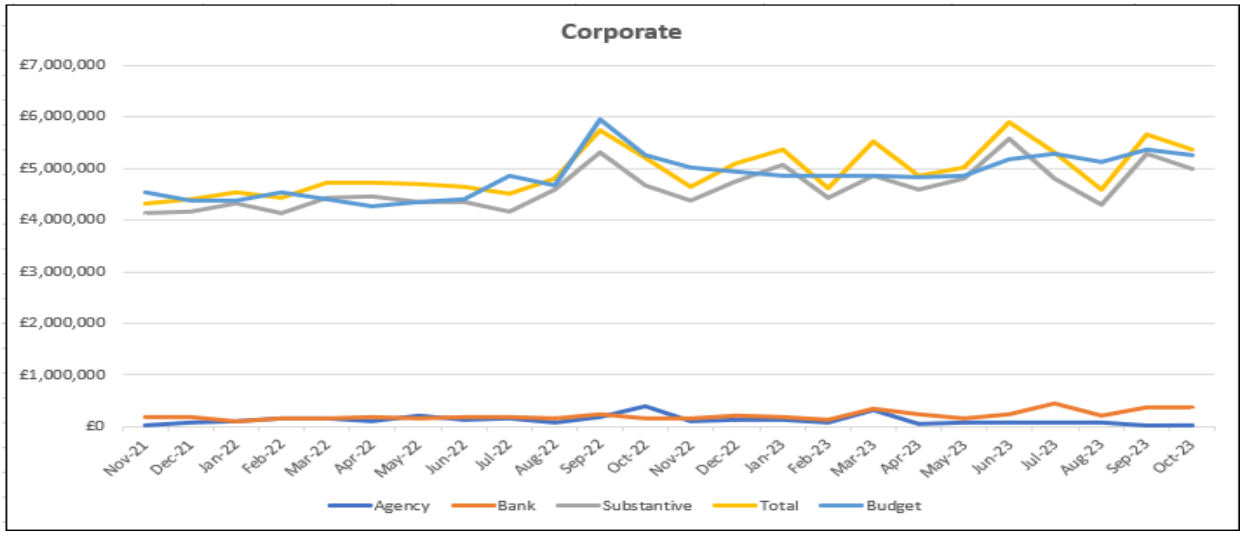


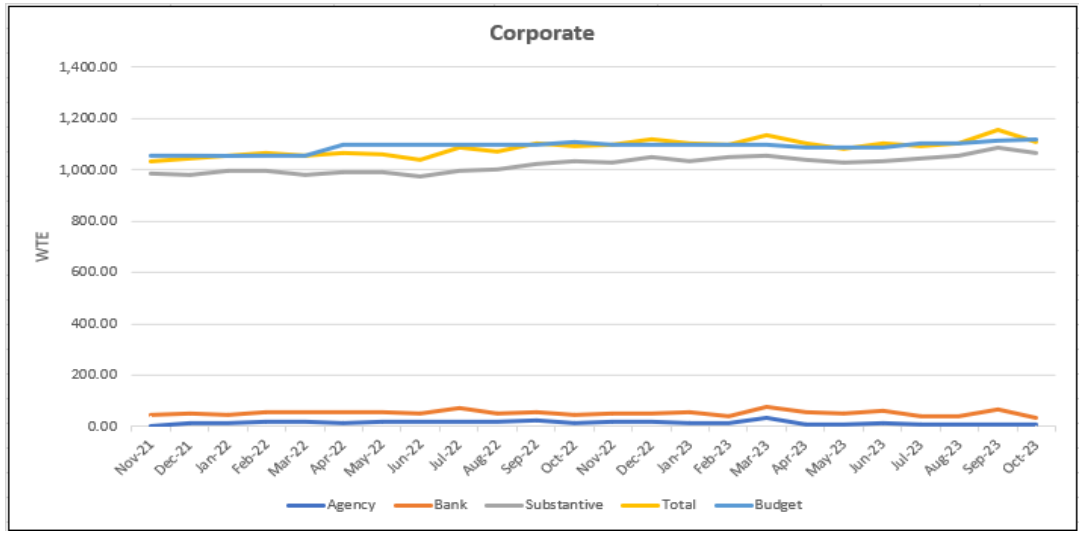


- Agency costs have increased significantly in Learning Disabilities due to the costs associated with one patient on 10:1 observations. This patient was discharged on 9th October but due there was a catch-up of YTD costs in the Finance system for this in October.



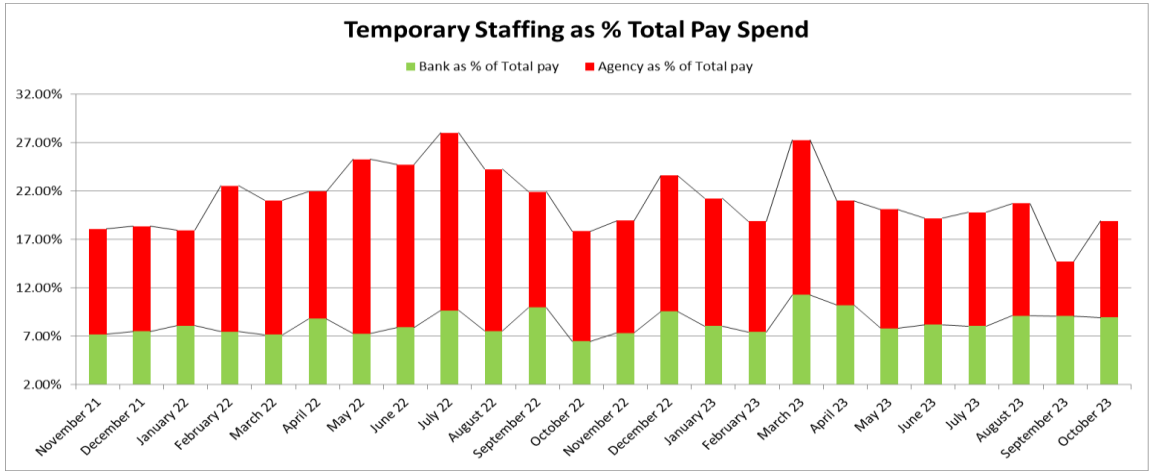


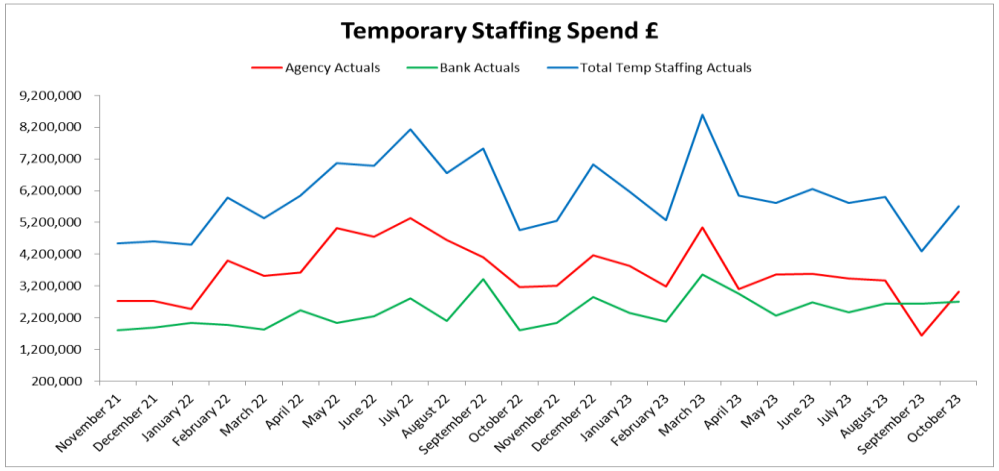




Corporate substantive costs reduced in August due to transfer YTD staff costs to capital from Digital & Transformation.

7. Agency Analysis





At month 7 **£22.0m** has been spent on agency staff, which is **10.5%** of total staff costs. This includes **£0.4m** to support one patient on 10:1 observations, who was discharged on the 9th October. These figures and the graphs above now include agency spend related to Covid vaccinations from April, but the figures from previous years still exclude this spend.

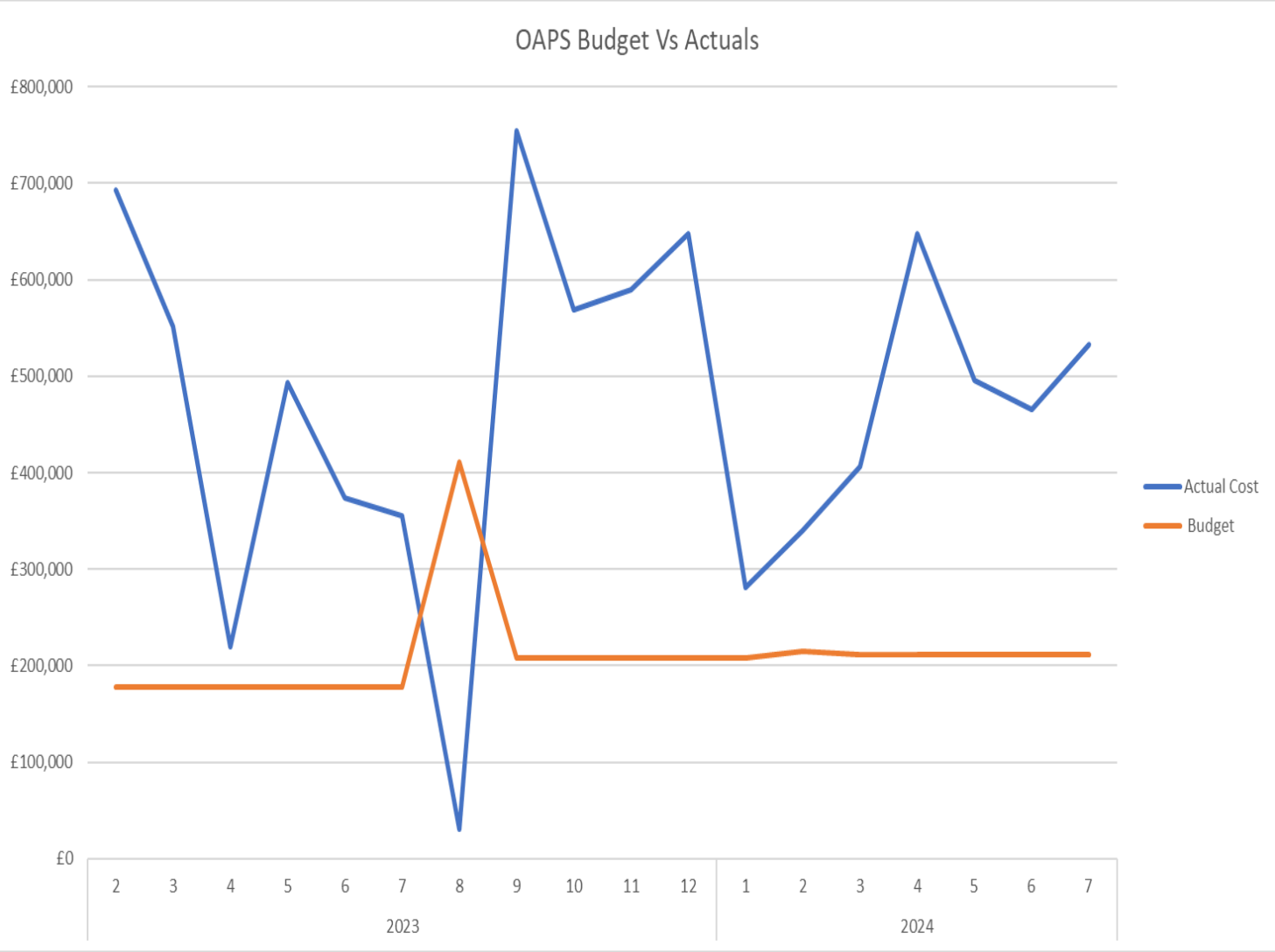
The Trust's agency target set by NHS England for FY24 is **£32.2m**. The agency forecasts in directorate positions is **£37.4m**. This is mainly based on YTD trend and does not take into account any further improvements from the ID Medical and NHSP contracts. When these are taken into account the forecast is **£35.5m**.

8. Non-Pay Expenditure Analysis

£'000s	Month 7					Year-to-Date			
Category of Spend	**Budget**	**Actual**	**Variance**	**% Variance**		**Budget**	**Actual**	**Variance**	**% Variance**
Clinical Supplies & Services	1,474	1,953	-479	-33%		10,947	13,973	-3,026	-28%
Drugs	350	420	-70	-20%		2,449	2,929	-480	-20%
Establishment	704	1,115	-411	-58%		5,378	6,832	-1,454	-27%
General Supplies And Services	328	317	11	3%		2,074	2,104	-31	-1%
Other	869	939	-70	-8%		8,979	9,337	-357	-4%
Oxford Pharmacy Store Cost of Sales	3,262	3,772	-510	-16%		21,993	23,628	-1,635	-7%
Premises	1,249	1,094	155	12%		7,521	10,338	-2,816	-37%
Provider Collaborative Contracts	5,706	10,973	-5,267	-92%		39,943	35,315	4,628	12%
Purchase of Services	847	968	-120	-14%		5,932	7,334	-1,402	-24%
R&D non-staff costs	1,314	919	396	30%		9,174	9,397	-223	-2%
Reserves	556	0	556	100%		4,347	0	4,347	100%
Transport	841	523	319	0%		3,956	3,462	495	0%
	17,500	**22,991**	**-5,491**	**-31%**		**122,694**	**124,648**	**-1,954**	**-2%**

- Clinical Supplies & Services are overspent by **£3.0m** YTD driven by **£0.7m** in Childrens Continuing Care (offset by additional income), **£0.6m** for out of area placements in Learning Disabilities, **£0.2m** for beds in Community Hospitals (agreed as spend in FY23 but they did not arrive until July), **£0.8m** for equipment and supplies spend in the Primary, Community and Dental Care directorate, **£0.5m** in the Oxfordshire & BSW and Buckinghamshire Mental Health directorates mainly on sub-contracts with providers to assist with waiting lists where services have vacancies and a **£0.2m** net adverse variance across other areas.
- The overspend on Drugs costs is made up of overspends across all clinical areas.
- The overspend on Establishment costs is driven by IT related costs in services e.g. software licenses fees and purchase of IT hardware.
- The overspend on Other is driven by the bad debt provision.
- The overspend on Oxford Pharmacy Store Cost of Sales is offset by additional sales income.
- The overspend on Premises costs is driven by a **£1.8m** overspend in Estates & Facilities costs due to pressures contracts and property costs, **£0.5m** spend on furniture, **£0.2m** new works costs in directorates, **£0.2m** due to prior year electricity costs for the Covid vaccinations centres and a **£0.1m** net overspends in other areas.
- The underspend on Provider Collaboratives contracts reflects lower than planned spend and this is offset by an adverse variance on income.
- Purchase of Services is overspent by **£1.4m** YTD driven by Mental Health Out of Area Placement costs - **£1.0m** overspent in Oxfordshire and **£0.7m** overspend in Buckinghamshire. These are offset by **£0.3m** of extra packages of care income in Forensics (reported in non-pay as it is a transfer from Provider Collaboratives).
- R&D non-staff costs are the costs invoiced by partner organisations and the overspend is offset with a favourable variance on income.
- The Reserves budget is the contingency held by the Trust to offset pressures elsewhere.
- The Transport underspend is driven by an underspend on business mileage costs.

9. Out of Area Placements (OAPs)



Out of Area Placements are £1.6m adverse at month 7, £951k adverse in Oxfordshire and £739k adverse in Buckinghamshire.

This includes the cost of the 4 block beds contract with Elysium. Plus, a further 2 block beds which were added to the contract in month 6, originally for 3 months but has now been extended to 31st January 2024. This is due to the continuous high demand on the service's acute beds.

These costs exclude Secure Transport spend which is currently £92k across the two directorates.

Oxon & Bucks OAPS Spend by bed type

The above graphs show a sharp increase in month 1 of FY23. This is due to allocations of costs prior to FY23 being reclaimed from national COVID funding. Oxfordshire's FY23 month 4 decrease was due to the release of an FY21 provision. The sharp decrease in Buckinghamshire in FY23 month 8 was also due to a release of an old year provision.

At Month 7 the Services Acute Beds remain steady, as the addition of 2 Chadwick Lodge Block Beds has helped stabilise cost and reduce spot purchases . Oxfordshire PICU Beds have slightly increased from 1 to 3 beds with longer length of stay. Other placements remain steady. Buckinghamshire Acute Bed days have decreased but have some large observation costs coming through, PICU Placements have increased in month but have only a short length of stay. They continue to have 1 Long Stay patient in a Rehab bed.

At the end of October Oxfordshire have 9 Acute, 3 PICU, 4 Rehab, 1 Specialist Care Placement & 1 Continuing Care patients still out & Buckinghamshire have 4 Acute, 3 PICU & 1 Rehab patient still out of area.

10. Cost Improvement Programme (CIP)

The Trust's external CIP target as reported to NHSE is **£16.1m** made up of a **£5.1m** efficiency from contract uplifts (CIP) and **£11.0m** cost management (Productivity Improvement Programme (PIP). The Trust continues to report a forecast full delivery of the **£16.1m** to NHS England on the assumption that any shortfall in these programmes will be mitigated by other non-recurrent benefits in the Trust's position.

Internally the Trust has an additional **£2.1m** CIP for FY23 CIPs that were not delivered recurrently last year, making the total internal CIP target **£7.2m**.

£4.9m of the **£7.2m** CIP target has been delivered so far through CIPs made up front from investment funding and a **£1.0m** saving in HR from the Temporary Staffing team following the transfer to NHSP. A Finance Business Partner has just been appointed to lead on efficiency programmes to help develop plans for the remaining **£2.3m**.

£'000s	YTD Plan	YTD Actual	YTD Variance	Full Year Plan	Forecast	Forecast Variance
Community	1,130	583	-547	1,937	1,000	-937
Oxon & BSW MH	1,037	848	-189	1,778	1,454	-324
Bucks MH	468	468	0	803	803	0
Forensics	359	359	0	615	615	0
Learning Disabilities	62	0	-62	106	0	-106
Provider Collaboratives	17	17	0	29	29	0
Corporate	553	0	-553	948	0	-948
NHSP transfer (internal bank team costs)	583	583	0	1,000	1,000	0
Total CIP	**4,209**	**2,859**	**-1,350**	**7,216**	**4,901**	**-2,315**

11. Productivity Improvement Programme (PIP)

The **£11.0m** PIP target is to be met through a reduction in temporary staffing spend including the cost reduction from moving from agencyto bank staff as well as a reduction in demand for temporary staffing. This is being calculated as the YTD reduction in spend between FY23 and FY24 (excluding the Covid mass vaccination centre spend). At month 7 **£5.5m** of savings have been made, which is **£0.1m** lower than the YTD target. The forecast spend is **£6.4m** lower than FY23 spend which is **£4.7m** below the target. This shortfall is being offset by vacancies. The forecast may improve as the current forecast does not take into account further improvements in performance by ID Medical and NHSP.

The performance against the PIP target is different to the performance against the agency spend target. For the latter any reduction in agency spend counts towards this target. For the PIP target it is only reduction in agency spend which results in an overall cost saving to the Trust that can be regarded as a PIP saving. For example, if the same number of hours move from agency to bank there will be a saving against both targets. But, if spend moves to bank and demand increases then there won't be a reduction in costs so no PIP savings.

£'000s	M1	M2	M3	M4	M5	M6	M7	YTD	Full Year Actual/Forecast
FY23 Bank	2,463	2,008	2,218	2,803	2,135	3,366	1,793	16,786	29,627
FY23 Agency	4,322	3,417	5,041	3,681	3,920	3,760	4,741	28,882	44,761
Total FY23	**6,785**	**5,425**	**7,259**	**6,484**	**6,055**	**7,126**	**6,534**	**45,668**	**74,388**
FY24 Bank	2,946	2,390	2,542	2,493	2,667	2,499	2,680	18,217	30,642
FY24 Agency	2,922	3,253	3,351	3,127	2,594	3,474	3,275	21,996	37,394
Total FY24	**5,868**	**5,643**	**5,893**	**5,620**	**5,261**	**5,973**	**5,954**	**40,212**	**68,036**
Savings	**917**	**-218**	**1,366**	**864**	**794**	**1,153**	**580**	**5,456**	**6,352**
Target	**920**	**920**	**920**	**920**	**920**	**920**	**920**	**5,522**	**11,043**
Variance	**-3**	**-1,138**	**446**	**-56**	**-126**	**233**	**-341**	**-66**	**-4,691**

12. Statement of Financial Position

Statement of Financial Position as at 31st October 2023

31 March 2023		Month 6 FY24	Month 7 FY24	Movement Year to date	Movement In month	
£'000		£'000	£'000	£'000	£'000	
	Non-current assets					
4,977	Intangible Assets	5,831	5,813	836	(18)	
216,636	Property, plant and equipment	216,602	217,041	405	439	
30,850	Finance Leases	28,936	28,469	(2,381)	(467)	
1,125	Investments	1,125	1,125	0	0	
519	Trade and other receivables	519	519	0	0	
485	Other Assets	485	486	1	1	
254,592	Total non-current assets	253,499	253,452	(1,140)	(46)	①
	Current Assets					
2,932	Inventories	2,482	2,777	(155)	295	
35,207	Trade and other receivables	18,719	21,637	(13,570)	2,918	②
74,610	Cash and cash equivalents	81,397	89,760	15,150	8,363	③
112,749	Total current assets	102,598	114,174	1,424	11,576	
	Current Liabilities					
(83,398)	Trade and other payables	(60,539)	(71,160)	12,238	(10,620)	④
(2,019)	Borrowings	(2,022)	(2,070)	(51)	(48)	
0	Other financial liabilities	(1,930)	(1,930)	(1,930)	0	
(5,374)	Finance Leases	(5,371)	(5,371)	3	0	
(2,249)	Provisions	(2,247)	(2,252)	(3)	(4)	
(23,002)	Deferred income	(33,664)	(34,844)	(11,842)	(1,180)	⑤
(116,042)	Total Current Liabilities	(105,774)	(117,626)	(1,584)	(11,852)	
	Non-current Liabilities					
(14,640)	Borrowings	(13,642)	(13,588)	1,052	55	
(19,982)	Finance Leases	(17,631)	(17,015)	2,967	616	⑥
(6,085)	Provisions	(5,990)	(5,934)	151	56	
(40,706)	Total non-current liabilities	(37,264)	(36,537)	4,169	726	
210,592	Total assets employed	213,059	213,463	2,871	404	
	Financed by (taxpayers' equity)					
109,631	Public Dividend Capital	109,631	109,631	1	0	
82,587	Revaluation reserve	82,589	82,589	2	0	
1,125	Other reserves	1,125	1,125	0	0	
17,250	Income & expenditure reserve	19,714	20,117	2,868	404	⑦
210,592	Total taxpayers' equity	213,059	213,463	2,870	404	

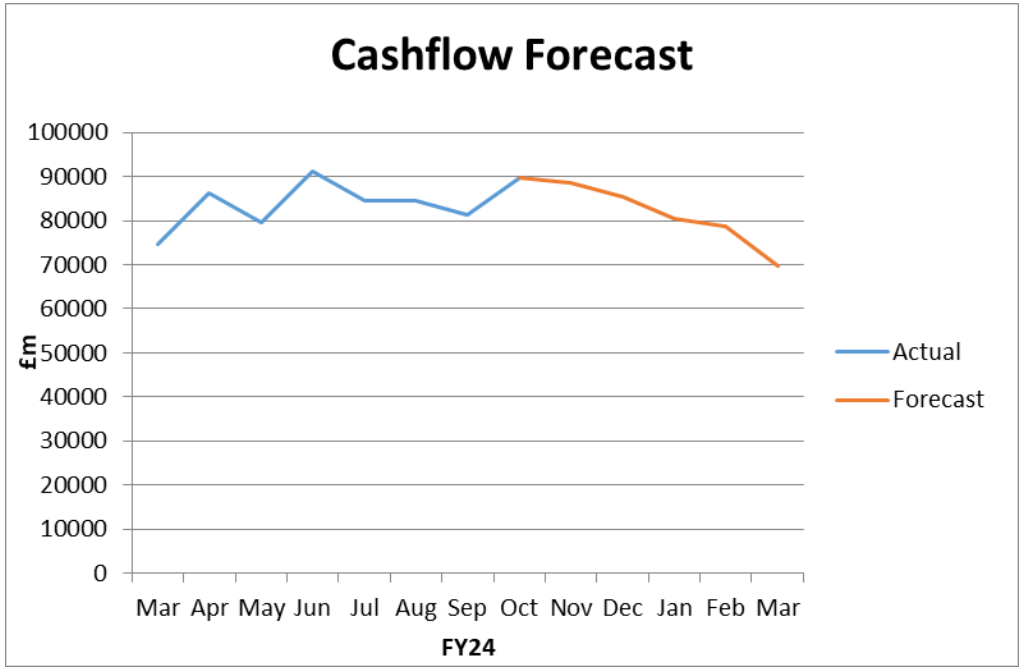
1. Non-current assets have decreased by (**£1.1m**) in-year. The decrease is due to cumulative depreciation of **(£8.2m)** offsetting capital additions of **£7.1m** (including £1.0m of net leased assets)**.**
2. Trade and other receivables decreased by **£13.6m** in year and increased by **£2.8m** in month. Most of the decrease in-year is due to a decrease in outstanding debt of **£8.0m** and accrued income of **£6.5m**. The increase in month is due to an increase in accrued income and new debt and a reduction in VAT receivables.
3. The cash balance has increased by **£15.2m** over the year and **£8.4m** in month. The in-year increase is mainly driven by an increase in cash generated from operations – see note 13. The cash flow statement.
4. Trade and other payables have decreased by **£12.2m** in year and increased by **£10.6m** in month. The decrease in-year is largely due to a fall in trade payables and accrued expenditure of £11.2m, and the increase in month is due to a corresponding increase in trade payable and accrued expenditure.
5. Deferred income has increased by **£11.4m** in year and **£1.2m** in-month. Most of the in-year increase can be attributed to the Provider Collaborative (£6.6m) and advanced payments from Health Education England (£3.8m) which will unwind over the third quarter.
6. Finance Leases liabilities (IFRS16) have decreased by **£3.0m** in year and **£0.6m** in month due to capital repayments.
7. The in-year and in-month movements in the I&E reserves reflects the Trust's reported surplus position for the same time periods.

13. Cash Flow

STATEMENT OF YEAR TO DATE CASH FLOWS	Month 7 FY24		
	Actual	Plan	Variance
	£'000	£'000	£'000
Cash flows from operating activities			
Operating surplus/(deficit) from continuing operations	3,551	507	3,045
Operating surplus/(deficit)	**3,551**	**507**	**3,045**
Non-cash income and expense:			
Depreciation and amortisation	8,202	8,365	(163)
(Increase)/Decrease in Trade and Other Receivables	13,579	2,395	11,185
(Increase)/Decrease in Inventories	155	245	(90)
Increase/(Decrease) in Trade and Other Payables	(12,740)	(5,537)	(7,203)
Increase/(Decrease) in Deferred Income	13,772	2,034	11,738
Increase/(Decrease) in Provisions	(149)	135	(285)
NET CASH GENERATED FROM/(USED IN) OPERATIONS	**26,370**	**8,143**	**18,227**
Cash flows from investing activities			
Interest received	2,853	2,258	595
Purchase of Non Current Assets	(6,515)	(7,413)	898
Net cash generated from/(used in) investing activities	**(3,661)**	**(5,155)**	**1,494**
Cash flows from financing activities			
Loans repaid	(669)	(669)	0
Capital element of lease rental payments	(3,903)	(2,877)	(1,026)
Capital element of Private Finance Initiative Obligations	(328)	(300)	(28)
Interest paid	(291)	(317)	26
Interest element on leases	(119)	(147)	28
Interest element of Private Finance Initiative obligations	(829)	(482)	(347)
PDC Dividend paid	(1,420)	(1,310)	(110)
Net cash generated from/(used in) financing activities	**(7,559)**	**(6,102)**	**(1,457)**
Increase/(decrease) in cash and cash equivalents	15,150	(3,114)	18,264
Cash and Cash equivalents at 1st April	**74,610**	**74,610**	**0**
Cash and Cash equivalents at 31st October	**89,760**	**71,496**	**18,264**

Summary Notes

- The cash flow movements are consistent with the comments made on the Statement of Financial Position.
- The closing cash position at the end of September was **£89.8m**.



14. Working Capital Indicators

Working Capital Ratios

Ratio	Target	Actual	Risk Status
Debtor Days	30	24	
Debtors % > 90 days	5.0%	8.6%	
BPPC NHS - Value of Inv's pd within target (ytd)	95.0%	94.1%	
BPPC Non-NHS - Value of Inv's pd within target (ytd)	95.0%	93.8%	
Cash (£m)	69.6	89.8	

Summary Notes

- Debtor days are ahead of target.
- Debtors % over 90 days is marginally below target, due to unpaid invoices. These are mainly Provider Collaboratives £276k, various ICB's £131k, Salary overpayments £355k, NHS Property Services £154k, HEE (£829k), NHSE £31k and other £508k.
- NHS BPPC (Better Payments Practice Code) is marginally below target (81.1% in Oct)
- Non-NHS BPPC (Better Payments Practice Code) is marginally below target (85.7% in Oct)
- Cash is better than plan, as outlined in section 9.

Oxford Health NHS Foundation Trust

Report to the Meeting of the Oxford Health NHS Foundation Trust

BOD 76(i)/2023
(Agenda item: 10(a))

Board of Directors

29 November 2023

Report from Quality Committee on matters to Alert, Advise or Assure

Executive Summary

The Quality Committee continues to meet five times a year. It met on the 9th November and has considered an agenda, which is attached. The minutes will shortly become available.

In relation to matters previously alerted to the Board the Committee continues to highlight the **shortage of substantive nursing, medical and therapy staff across the Trust,** specific attention being paid to staffing in mental health inpatient wards, community teams and specialist services such as podiatry. The committee was assured that daily staffing reviews are in place to review safety across the Trust with temporary staff mitigating gaps. In relation to District Nursing capacity shortfalls the Trust is currently funded at 80% of the national average and in collaboration with the ICS is agreeing population priorities. There are also continued operational difficulties arising from the transfer of booking temporary staff through NHS Professionals and ID Medical. Largely these are owing to non-compliant bank staff and the perceived accessing of appropriate CV's particularly for medical staff. Both issues are being actively managed and overseen by the People, Leadership and Culture board sub-committee.

For Alert (may require discussion)

The Committee wish to alert the Board that we **continue to be unable to report bed occupancy, referral data, and waiting times since August 2022** although the Trust is currently testing the functionality of the RIO system to provide this capability.

The committee was advised that **waits for ADHD and neuro-diversity assessments (for adults and children and young people) have been growing alongside a substantial increase in referrals.** The Trust has recently commissioned additional capacity from the independent sector to reduce the backlog, in line with commitments made following the external review of Oxfordshire's provision of services for children with special educational needs. The Quality Committee will be undertaking a deep dive into these services in February, to better understand the profile of need and demand, and to explore with the relevant clinicians our options for better supporting children and their families. Nationally it is reported that 24,000 children are waiting almost 2 years for a mental health assessment.

To Advise (to monitor)

The Committee wish to advise the Board that the Trust's response to the National **Mental Health, Learning Disability, and Autism Inpatient quality transformation Programme** is being scoped out in terms of our priorities and resources. The Committee took an initial report at its meeting, confirmed that our focus will be inpatient care, and will review the plan again in April 24.

A second new Trust initiative was also discussed – **the Patient and Carer Race Equality Programme which seeks to implement the National advancing Mental health equalities strategy.** The committee discussed the initial workplan and will review priorities once baseline data has been collected.

For Assurance (to note)

The Committee wish to assure the Board that we have undertaken a comprehensive **review of our infection control policy and processes in the light of changes in the Health and Social Care Act 2022** and have signed off the action plan to ensure we are compliant.

The Committee also discussed the Trust **Inquests and claims Annual report** and noted the relevant learning from incidents. We also reviewed regulatory requirements relating to the **Oxford Pharmacy Store** and noted work in hand to appoint a second Responsible Person (RP) to ensure robust compliance in all quality governance.

The Committee reviewed actions in relation to **Board Assurance Framework Risk 1.6 relating to demand and capacity in primary and community services** and agreed with lowering the risk rating from 12 to 9. There is better visibility of the pressure and risks from system partners in the ICS.

The Committee also received assurance on systems and processes for **managing medicines incidents and accordingly agreed the recommendation to remove this from the Trust Risk Register**, noting controls and mitigations were in place.

Sharing of learning

The Committee received an excellent presentation on the **Quality Improvement work underway in our Minor Injury Units** which is addressing workload overload and effective triage. The MIU escalation tool has enabled staff to be issued their own caseload during shifts, t standardized workload and waiting times across units, and has helped address psychological safety in the workplace. Demand has risen by 30-40% each month and the tool gives staff more confidence in providing a professional service.

The Committee also received positive feedback on the **implementation of Electronic Prescribing and Medicines Administration (ePMA)**, noting significant clinical, safety and operational benefits. ePMA has been rolled out to 14 wards so far with coverage expected across all mental health inpatient wards by the end of 2023.

Recommendation

The Board is asked to discuss the report and confirm that it is assured with progress taken to deliver safety and quality across the Trust.

Author and Title: Andrea Young, Non-Executive Director, and Chair of Quality Committee.

1. ***Strategic Objectives/Priorities and strategic Board Assurance Framework (BAF) risk themes*** *– this report relates to or provides assurance and evidence against the following Strategic Objective(s)/Priority(ies) of the Trust [OR N/A – no Strategic Objectives/Priorities apply] (**please delete as appropriate**):*

   1) Quality - Deliver the best possible care and health outcomes

Strategic risk themes: triangulating data and learning to drive Quality Improvement; Demand and Capacity (Mental Health inpatient and Learning Disabilities); and Demand and Capacity (Community Oxfordshire).

2) People - Be a great place to work

Strategic risk themes: Workforce Planning; Recruitment; Succession Planning, Organisational and Leadership Development; Culture; and Retention.

3) Sustainability – Make best use of our resources and protect the environment

Strategic risk themes: planning and decision-making at System and Place level and collaborative working with Partners; governance of external Partners; Financial Sustainability; Governance and decision-making arrangements; Business Planning; Information Governance & Cyber Security; Single Data Centre; Business Continuity and Emergency Planning; Environmental Impact; and Major Capital Projects.

4) Research and Education – Become a leader in healthcare research and education

Strategic risk themes: failure to realise Research and Development potential.

Oxford Health NHS Foundation Trust

Report to the Meeting of the Oxford Health NHS Foundation Trust

BOD 76(ii)/2023
(Agenda item: 10(a))

Board of Directors

29 November 2023

Report from People Leadership & Culture Committee on matters to Alert, Advise or Assure

Executive Summary

The Committee met 12 October 2023 and considered the agenda attached. The key item raised to the Board's attention from our last report was the design and progress of the IQRA programme. While elements of the programme continue to be of concern, overall the Trust's agency spend is on track at Q2 target and on track to meet the NHSE/I reduction target by year end.

For Alert

There are no matters the Committee wishes to raise to the Board for Alert.

To Advise

1. **Improving Quality and Reducing Agency Programme**
   - ***We are achieving our NHSE/I savings target for Agency costs:*** The Trust is currently meeting its savings target and is on track to be 0.46% ahead of target at month 12. This is a significant achievement for the Trust. The improvement has primarily been achieved through the renegotiation of supply contracts and the introduction of NHSP, ID Medical and the direct engagement of medics. The key areas of underperformance are recruitment (40% of target), retention (40% of target) and e-rostering. These elements continue to be monitored by PLC.

- ***Improving fill rates but still below target:*** Fill rates have improved from 45% to 54%. However, the proportion of shifts filled via NHSP stands at 55% vs its 70% target by this quarter. This does not have a significant impact on achievement of financial target which assumed 55%. NHSP faces penalties if they are unable at meet the 70% target and this is being monitored closely.

- ***The Trust is falling short of the contribution from improved recruitment:*** The Trust will have seen its highest intake of nurses in a 3-month period (Q2) with 57 nurses joining incl. 40 via the Nurse Apprenticeship scheme. However, overall the Trust is achieving approx. 40% of its targeted contribution via recruitment to the agency cost reduction target, and with nurse vacancies running at 29.07% (415.52 WTE). While nurses constitute our biggest shortfall by profession, we have hotspots in key wards and services:
    - Out of Hours Service, Community Directorate – 67%
    - Didcot Community Hospital – 55%
    - Ruby Ward, WLC, Buckinghamshire – 53%
    - City & Northeast AMHT – 38%
    - Podiatry, Community Directorate – 29%

- ***Under/over-use of temporary staffing:*** The Trust is now analysing temporary staffing usage vs establishment and identified that there appears to be significant underuse of temporary staffing of AHPs (19.03% of establishment) and overuse of HCAs (308%). We have also identified 5 wards where temporary staffing is double that of the planned establishment and work is underway to establish the factors driving this.

For Assurance

1. **BAF & TRR risks**

- ***Risk workshops:*** We held a workshop with senior colleagues across the Trust to deepen and build a shared understanding of the factors driving our workforce risk. The CPO is now leading work to improve mitigation strategies based on this understanding and in due course this work will feed into workplans and be captured in the BAF. Another workshop on Culture risk is being planned together with Quality Committee.
- ***TRR1168 PDR risk closed:*** Given the improvements made in PDR completion compliance, the Committee closed this risk.

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2. **Staff Wellbeing, Learning & Development**

- ***Clinical Excellence Awards:*** The Committee received a proposal for the distribution mechanism for the CEA 2023/24 and recommends these for adoption by the Board.
- ***Wellbeing Guardian responsibilities:*** The Committee received a report detailing how the Trust is delivering its responsibilities to support staff wellbeing. The Trust understands the dimensions of this area and programmes of work are underway. A session with the full Board is being planned.
- **Continuing improvements in Mandatory Training / PDRs/ Clinical & Management Supervision - but still below target.** The Committee has now received an analysis of which training elements and which functions/teams are not yet compliant and work is underway to understand the factors that would enable all colleagues to become compliant.
- Internal Audit Report. The IA report into this area identified five risks/management actions. These are monitored by PLC and are:
    i. Policies and procedures for mandatory training - complete
    ii. Escalation procedure for non-compliance to mandatory training – complete
    iii. Non-Compliance to mandatory training – in progress
    iv. Non-Compliance to PDRs and supervision - complete
    v. Process for monitoring and approval of mandatory training via Learning and Advisory Group - complete

Recommendation

a) The Board is asked to approve the distribution mechanism for the Clinical Excellence Awards 2023/24.

Author and Title:

Mindy Sawhney
Chair of People Leadership and Culture Committee

1. ***Strategic Objectives/Priorities and strategic Board Assurance Framework (BAF) risk themes*** *– this report relates to or provides assurance and evidence against the following Strategic Objective(s)/Priority(ies) of the Trust [OR N/A – no Strategic Objectives/Priorities apply] (**please delete as appropriate**):*

    1) Quality - Deliver the best possible care and health outcomes

Strategic risk themes: triangulating data and learning to drive Quality Improvement; Demand and Capacity (Mental Health inpatient and Learning Disabilities); and Demand and Capacity (Community Oxfordshire).

2) People - Be a great place to work

Strategic risk themes: Workforce Planning; Recruitment; Succession Planning, Organisational and Leadership Development; Culture; and Retention.

3) Sustainability – Make best use of our resources and protect the environment

Strategic risk themes: planning and decision-making at System and Place level and collaborative working with Partners; governance of external Partners; Financial Sustainability; Governance and decision-making arrangements; Business Planning; Information Governance & Cyber Security; Single Data Centre; Business Continuity and Emergency Planning; Environmental Impact; and Major Capital Projects.

4) Research and Education – Become a leader in healthcare research and education

Strategic risk themes: failure to realise Research and Development potential.

Oxford Health NHS Foundation Trust

Report to the Meeting of the Oxford Health NHS Foundation Trust

BOD 76/2023
(Agenda item: 10(a))

Board of Directors

29 November 2023

Report from the Finance & Investment Committee (FIC) on matters to Alert, Assure or Advise

Executive Summary

The agenda of the Committee's most recent meeting - on November 16 - is available for information in the Reading Room. From the Committee's scrutiny of papers, and reflecting on the matters we discussed at the meeting, I would draw the Board's attention to the following matters:

For Alert (may require discussion)

The Board is asked to note the following:

- Last month I reported that the Trust's own **financial outlook** for this year was assessed to be relatively stable, and "on plan", but noted that residual and unresolved financial pressures within the BOB (Buckinghamshire, Oxfordshire & West Berkshire) health system presented a potential "secondary" financial risk for all local provider trusts.
- At its November meeting, FIC was advised that that additional data issues have been exposed in relation to **agency** booking and spend. Adjusting for these backdated bookings is now expected to prevent the Trust spending within its NHSE agency spend cap for this year. This is a disappointment, given the considerable progress that has been made to reduce agency spend this year, up until this point.
- Further work has been carried out by the finance team since the FIC meeting and the Chief Financial Officer will update the Board on the **latest outlook** and the more recent BOB developments as part of her M7 report.

To Advise (to monitor)

The Board is asked to note the following:

- The Committee received a report and presentation on the three **Provider Collaboratives** for which it acts as Lead Provider – namely:
    - CAMHS (Children and Adolescent Mental Health Services) Tier 4 (Thames Valley) Provider Collaborative (live from April 2021)
    - For Me Adult Secure (Thames Valley and Wessex) Provider Collaborative (live from May 2021)
    - HOPE (Adult Eating Disorder) Provider Collaborative (live from October 2021).
- The Trust team advised the Committee that: "*The three Provider Collaboratives collectively continue to be financially viable, whilst sustaining key objectives through improving quality, access to services, closer to home and reducing restrictive practices.*"
- The joint governance arrangements for these initiatives are also considered to be working effectively but it is important for colleagues to be aware of recent developments. NHS England Specialist Commissioning issued letters to providers on 11 September 2023 regarding its intention to:
    - Issue new 2-year contracts to the existing Lead Providers of MHLDA NHS-Led Provider Collaboratives, in line with the Specialised Commissioning Roadmap and
    - The move towards the commissioning of these services being delegated to ICBs.
- While the new contracts are not considered to increase financial risks, or to place any new or onerous obligations on the partners, the longer-term intention to delegate specialist commissioning responsibilities to ICBs will need to be actively monitored.

For Assurance (to note)

The Board is asked to note the following:

- The Committee reviewed the business case for the Primary, Community and Dental Care Transformation: Oxford Estates project (previously referred to as the Jordan Park project). The case is brought to the Board today for approval, elsewhere on the agenda.

Review of risks

The Committee reviewed the **five strategic (BAF) risks** which fall within its purview. As part of its review, FIC considered the status of each risk and the current score of each risk. It also considered case for any emergent risks to be included within this list. The Committee concluded it was not appropriate to make any revisions at this point.

Sharing of learning

None to note.

Recommendation

The Board is asked to note the above.

Author and Title: Chris Hurst, Chair of Finance & Investment Committee

1. *Strategic Objectives/Priorities and strategic Board Assurance Framework (BAF) risk themes – this report relates to or provides assurance and evidence against the following Strategic Objective(s)/Priority(ies) of the Trust [OR N/A – no Strategic Objectives/Priorities apply]:*

   3) Sustainability – Make best use of our resources and protect the environment

   Strategic risk themes: planning and decision-making at System and Place level and collaborative working with Partners; governance of external Partners; Financial Sustainability; Governance and decision-making arrangements; Business Planning; Information Governance & Cyber Security; Single Data Centre; Business Continuity and Emergency Planning; Environmental Impact; and Major Capital Projects.

Oxford Health NHS Foundation Trust

Report to the Meeting of the Oxford Health NHS Foundation Trust

BOD 76/2023
(Agenda item: 10(a))

Board of Directors

29 November 2023

Report from Audit Committee on matters to Alert, Advise or Assure

Executive Summary
The Audit Committee met on 21 November and considered the attached agenda.

For Alert (may require discussion)
The Committee wish to alert the Board that:

- Ongoing support needed for Board level engagement in the **BAF**, to ensure that:
    - it's a well considered and articulated statement of strategic risk
    - the gap between actual and tolerable risk is understood
    - drivers are comprehensively identified and actions developed based on that analysis
    - actions are agreed and delivered with cross organisational support
    - the action is designed to deliver an outcome that will close the gap
    - Impacts are routinely tested and either risk scores reduced or further drivers/mitigating actions identified, as appropriate
    - progress is being made in line with expectations or plans reassessed

  As part of that process, a review of common practice has been agreed (with advice from KPMG) to further improve consistency and quality of risk management practice.

To Advise (to monitor)
The Committee wish to advise the Board that:

- Chris Hurst will take over as Charity Committee Chair in January.

- With respect to the **External Audit** contract:

    - There has been a lack of clarity in the contracting process on whether the OH Charity audit and Quality Account were within scope. The Quality Audit has not been required this year, so is a moot point, but the Charity audit has had to be reprocured
    - Audit over runs, due principally to the estate valuation issue, have led to an additional charge.
    - Both teams participated in a 'lessons learned' workshop and subsequent report to Audit Committee, which yielded several actions and underlined the strength of the working relationship.
    - Audit committee's assessment of External Audit effectiveness was positive. This assessment will now be formalised as an annual process.
    - Since governors have a statutory duty to appoint and set fees for auditors, we will be reporting these points to their December meeting, with a recommendation to retain the services of EY for the second year of the contract.

- **Clinical audit governance** has significantly improved over the past year and is now being benchmarked against the Healthcare Quality Improvement Partnership (HQIP) clinical audit guidance. Of the ten criteria five provide significant assurance and five provide limited assurance. Work continues to improve this further.

- Work has commenced to map the **governance framework** of the trust with a view to streamline and simplifying it. Audit committee have encouraged clarity of purpose to ensure delivery against a range of priorities, including reduction in bureaucracy, improved decision making and documented assurance routes (eg for key compliance requirements).

- Recurring **control weaknesses** in processing staff leavers have been identified through several internal audits, so work has begun on a comprehensive review of how leavers data is collected and processed and the associated risks, to ensure controls work well over all points of the process.

For Assurance (to note)
The Committee wish to assure the Board that:

- **Emergency planning** work is performing well, having been tested on multiple occasions under both planned and unplanned circumstances. A continuous improvement approach leads to learning being actioned procactively, although staff engagement can be challenging and a single point of failure has been identified in Trust expertise.

- An internal audit of **core financial systems** gave significant assurance, with minor improvement opportunities.

- The **counter fraud** contract is working well with no significant findings to report.

Recommendation
The Board is asked to note and discuss as it sees appropriate.

Author and Title: Lucy Weston
Chair, Audit Committee

Oxford Health NHS Foundation Trust

Report to the Meeting of the Oxford Health NHS Foundation Trust

BOD 76/2023
(Agenda item: 10(a))

Board of Directors

29 November 2023

Report from Charity Committee on matters to Alert, Advise or Assure

Executive Summary
The Charity Committee met on 22 November and considered the attached agenda.

For Alert (may require discussion)
The Committee wish to alert the Board that:

- There is a growing risk to financial health of charity as a result of:
  - a difficult fundraising environment and the death of a significant fundraiser
  - a growing cost base funded by reserves
  - shrinking reserves which will have a finite life if expenditure continues to outstrip income.

  No immediate risk of financial difficulties and the situation is being addressed in the fundraising framework (and targets) currently being developed.

To Advise (to monitor)
The Committee wish to advise the Board that:

- Rick Trainor will take over as Charity Committee Chair in January.

- Funding approved for soundproofing panels in Abingdon Older Adult MH rooms where acoustics have deteriorated significantly since covid IPC rules required soft furnishings to be removed.

  Panels will bear large scale photographic images of local viewpoints and will provide high impact, uplifting spaces for patient consultations, in line with the charity's strategic priority of 'Positive Spaces' agreed by the Corporate Trustee.

- Poor performance of investment portfolio and investment fund manager has prompted a review of approach and provider, aiming to provide better oversight.
- Charity Committee Terms of Reference are under review to articulate the specific delegations from the Corporate Trustee, which will come to Board with the Annual Report

For Assurance (to note)
The Committee wish to assure the Board that:

- Annual accounts have been completed and examined by auditors. No issues identified and signing expected imminently.
- An exercise is being completed to ensure we comply with the Code of Fundraising Practice with a view to registering with the Fundraising Regulator which represents best practice.
- Following the recent approval of the charity strategy by the board, KPIs and performance measures are being developed alongside frameworks for fundraising and grant making. From this work, KPIs will be developed for the remainder of the financial year whilst more detailed work continues on longer term ambitions.

Recommendation
The Board is asked to note and discuss as it sees appropriate.

Author and Title: Lucy Weston
Chair, Charity Committee

Oxford Health NHS Foundation Trust

Report to the Meeting of the Oxford Health NHS Foundation Trust

BOD 77/2023
(Agenda item: 10(b))

Board of Directors

29 November 2023

Emergency planning, resilience and response annual report 01 November 2022 – 31 October 2023

For approval

Executive Summary

The emergency planning, resilience and response (EPRR) annual report provides the Board with an overview of the emergency planning and business continuity activities during the past twelve months and includes evidence of compliance with the NHS England EPRR core standards (NHS emergency preparedness framework, 2022).

Statutory or Regulatory responsibilities

Board members should each be satisfied of their individual and collective assurances that controls are in in place to deliver compliance against the Trust's obligations for EPRR.

Recommendation

The Director of Corporate Affairs & Company Secretary, Kerry Rogers as accountable emergency officer for EPRR and the Audit Committee recommend that the NHS EPRR core standards self-assessment as described in the annual report be approved by the Board, having been through external audit and the scrutiny of the November Audit Committee.

Author and Title: Katie Cleaver, Emergency Planning Lead
Lead Executive Director: Kerry Rogers, Director of Corporate Affairs

1. Introduction

1.1. This report describes the emergency planning and business continuity activities of Oxford Health NHS Foundation Trust during 01 November 2022 - 31 October 2023 to meet the requirements of the Civil Contingencies Act 2004 and the NHS England Emergency Preparedness Framework (2022).

1.2. The Director of Corporate Affairs, Kerry Rogers is the accountable emergency officer and holds executive responsibility for emergency preparedness on behalf of the organisation. The Director of Corporate Affairs is supported in this role by Ben Cahill, Deputy Director of Corporate Affairs and Pete McGrane, Clinical Director. Katie Cleaver is the designated Emergency Planning Lead and responsible for supporting the executive in the discharge of their duties. The emergency preparedness work programme for the Trust is progressed through the emergency preparedness, resilience and response (EPRR) committee chaired by the Director of Corporate Affairs with representation from service directorates, communications, information management and technology, human resources, and estates and facilities.

2. Background

2.1. The Civil Contingencies Act (2004) outlines a single framework for civil protection in the United Kingdom. Part one of the Act establishes a clear set of roles and responsibilities for those involved in emergency preparedness and response. Oxford Health NHS Foundation Trust is subject to the following set of civil protection duties:

- assess the risk of emergencies occurring and use this to inform contingency planning
- put in place emergency plans
- put in place business continuity management arrangements
- put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
- share information with other local responders to enhance coordination
- cooperate with other local responders to enhance coordination and efficiency

2.2. The NHS England Emergency Preparedness, Resilience and Response Framework (2022) requires all NHS organisations to plan for and respond to incidents in a manner which is relevant, necessary, and proportionate to the size and services provided.

3. Policies and plans

3.1. The EPRR and business continuity policy was updated in October 2022. All incident response plans in the EPRR response manual are reviewed on an annual basis. Services are

responsible for ensuring their business continuity plans are reviewed on annual basis with support from the emergency planning lead.

4. Training, exercises and live events

4.1. A training needs analysis is undertaken on an annual basis and EPRR training is delivered accordingly. This includes training directors, senior managers and communications mangers prior to joining either the director on call rota, the communications manager on call rota or the heads of service on call rota. Individual and group annual refresher sessions are also provided. Major incident and business continuity scenarios, with prompts for discussion, are located on the intranet for team managers to independently exercise business continuity plans with their teams.

4.2. NHS organisations are required to undertake a minimum of one live exercise every three years, a table-top exercise every year and a test of the communications cascade every six months (NHS England Emergency Preparedness Framework, 2022). Lessons identified from exercises are incorporated into incident response plans, business continuity plans and shared with partner organisations.

- OHFT participated in a **live exercise** at Chesterton community centre coordinated by Oxfordshire County Council to exercise the multiagency rest centre plan. BOB ICB also participated in the exercise. This reflects their responsibility to coordinate the NHS response including the provision of physical healthcare to a rest centre which may be provided by NHS Trusts and/or GP practices.
- The following **table-top exercises** took place during 01 November 2022 - 31 October 2023:
    - Hospital evacuation plan: a regional table-top exercise to test the response to an incident that required the evacuation of a hospital site
    - Psychosocial response plan: a table-top exercise to test the provision of psychosocial support to members of the public who had been affected by a knife attack, causing multiple casualties, in a busy shopping centre in Bicester
- The multi-agency **communications cascade exercises** occurred in May and June 2023.

4.3. The following live events during 01 November 2022 - 31 October 2023 required the implementation of incident response plans and business continuity plans. Learning from live events is captured by the emergency planning lead and debrief reports are presented to the Trust's EPRR committee.

- **Heatwave 2023**

  The UK experienced several periods of high temperatures during 2023 which required the heatwave plan to be activated. In total, seven yellow alerts were issued and five amber alerts were issued. Yellow alerts are issued during periods of heat which would be unlikely to impact most people, however those who are particularly vulnerable are likely to struggle to cope and therefore action is required within the health and social care sector. An amber alert represents a

situation in which the expected impacts are likely to be felt across the whole health service, with potential for the whole population to be at risk and where other sectors apart from health may also start to observe impacts, indicating that a coordinated response is required.

- **Industrial action**

  The Royal College of Nursing (RCN) and the British Medical Association (BMA) gave notice of their intention to call on all its members employed by OHFT to take part in industrial action on several occasions (RCN two rounds, BMA junior doctors seven rounds, BMA consultants four rounds) during the period 01 November – 31 October. This required the activation of the Trust's industrial action response plan including setting up the incident coordination centre on every occasion to manage the impact of the industrial action and derogation processes.

- **Clinical systems outage**

  On 16 December 2022 OHFT stood down the clinical systems outage critical incident caused by a cyber-attack on Advanced Ltd. Staff members were subsequently invited to participate in a debrief process and learning feedback from staff members resulted in four recommendations for IM&T, one recommendation for EPRR and two recommendations for human resources. These recommendations were presented to the EPRR committee and implementation will be monitored by the accountable emergency officer.

5. Assurance - NHS England core standards for EPRR

5.1. The minimum requirements which commissioners and providers of NHS funded services must meet are set out in the NHS England core standards for EPRR. These standards reflect the requirements of guidance issued by NHS England. The accountable emergency officer in each organisation is responsible for ensuring these standards are met.

5.2. During quarter two, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board sought assurance regarding the Trust's preparedness in relation to the NHS England core standards for EPRR. Oxford Health NHS Foundation Trust declared full compliance with all 58 core standards and submitted a statement of compliance to Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board, following review of the self-assessment by the accountable emergency officer and the EPRR committee.

Core Standards domain	Total standards applicable	Fully compliant	Partially compliant	Non-compliant
Governance	6	6	0	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	11	11	0	0
Command and control	2	2	0	0
Training and exercising	4	4	0	0
Response	5	5	0	0
Warning and informing	4	4	0	0

Cooperation	4	4	0	0
Business Continuity	10	10	0	0
CBRN	10	10	0	0
Total	**58**	**58**	**0**	**0**
Overall assessment	**Full compliance**			

5.3. The statement of compliance and self-assessment was examined at a confirm and challenge meeting on 13 September 2023 and accepted by Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board.

5.4. In addition to the core standards each year the annual assurance process dives into one subject area in greater detail, referred to as the deep dive. The outcome of the deep dive does not contribute to the organisation's assurance rating but is used to help ICBs and NHSE identify good practice and emerging themes. This year's deep dive subject was EPRR training and against the ten deep dive standards OHFT was fully compliant.

6. Partnership working

6.1. The Trust works in collaboration with a range of partner agencies through formal standing meetings. The Director of Corporate Affairs and/or the Deputy Director of Corporate Affairs attend the Thames Valley local health resilience partnership. Local health resilience partnerships (LHRPs) are strategic forums for local organisations to facilitate health sector preparedness and planning for emergencies at local resilience forum level. Members of the LHRP are executive representatives who can authorise plans and commit resources on behalf of their organisations.

6.2. The emergency planning lead attends the Thames Valley LHRP business management group and the BSW LHRP business management group which are forums for NHS emergency planning leads. The purpose of these groups is to ensure that effective and coordinated arrangements are in place for multi-agency emergency preparedness and response, in accordance with national policy and direction from NHS England.

6.3. Formal committees, of which the Trust is a member includes the Oxfordshire resilience group and Buckinghamshire resilience group and Milton Keynes University Hospital NHS Foundation Trust EPRR board.

7. Summary

7.1. Oxford Health NHS Foundation Trust has complied with the training and exercising requirements of NHS England EPRR guidance, participated in the relevant NHS and multi-agency planning forums and achieved full compliance with NHS England core standards for EPRR.

31 October 2023

Oxford Health NHS Foundation Trust

Report to the Meeting of the Oxford Health NHS Foundation Trust

BOD 78/2023
(Agenda item: 11)

Board of Directors

Wednesday 29th November 2023

Service User Story – Children's Integrated Therapies - Occupational Therapy Sensory Pilot

For: Information

Executive Summary

We have the parent of a child known to the Childrens Integrated Therapy service presenting the family's experience of accessing the Sensory Pilot. This pilot is currently running across Oxfordshire funded by Health, Education and Social Care Commissioners (HESC). The Sensory pilot aims to support children, families, teachers and carers to understand and implement strategies to manage sensory processing and self-regulation difficulties at school and home, and to enhance participation in learning, play and leisure. The pilot is led by Kathryn Stevenson a Clinical Specialist Occupational Therapist and supported by an Occupational Therapy Technical Instructor to co-ordinate effective joined up early intervention.

The service user is parent to a 5-year-old boy, diagnosed with Autism in June 2023. The parent knew their child had sensory needs, noticing certain situations and sensations upset the child and that water had a calming effect. The parent and child were unable to join baby or toddler groups, as the child had a meltdown each time. The child moved their body a lot and it was difficult to get them to stop and focus on a book or toy.

In June 2021, the Health Visiting Service referred the child to Speech and Language Therapy, in July 2021 he was placed on the waiting list, in April 2022 was assessed by a Speech and Language Therapist and received Speech and Language Therapy from September 2022. The parent joined the Sensory Pilot in June 2023.

The pilot aims to provide earlier input to reduce the need for more specialist interventions later in childhood and adolescence through.

- Upskilling parents, carers and school staff who interact with these children.
- Developing and providing screening, information and intervention tools.
- The pilot works with specialist services across Education, Community Health and CAMHs Tier 4 (specialist settings).

The sensory pilot is currently running 9 parent groups, using an evidence based coaching approach, this has been received positively by parents already proven to be positive to parents' well-being and stress levels. The Sensory Pilot will provide data and evidence to support the positive impact of having a sensory service.

The content for the parent sessions were co-produced with the parent to ensure it was relevant and would meet the needs of the group: for example, appropriate terminology and accessibility. Working collaboratively, they have developed effective communication strategies and materials to enhance information sharing with schools. Access to the pilot has enabled the service user to find strategies to support their child's emotional regulation, reduces distress and enable engagement in activity.

The Childrens Integrated Therapy Service consists of Physiotherapists, Occupational Therapists and Speech and Language Therapists. The Childrens Integrated Therapy Service help children participate in everyday activities, to become as independent as practicably possible at school and home. Occupational Therapists provide assessment, advice, direct therapy and activity programmes for children with a range of physical and developmental conditions that affect their participation in meaningful activity such as self-care, play, leisure and school.

There is currently no service to support children with sensory processing and self-regulation difficulties across any of our children's services including CAMHS. Sensory processing and self-regulation difficulties can significantly affect a child's ability to engage with learning and everyday life in school, early years settings and at home. Currently the Childrens Integrated Therapy Service specification covers interventions for children with functional needs. There is a gap in provision and support for children with sensory processing and regulation needs by both educational and health services. Currently the Children's Integrated Therapy Service receive approximately 20 referrals per month for children with significant sensory processing difficulties which is impacting on their home and school life.

Current Risks:

1. Growing population of children in Oxfordshire with sensory processing and self-regulation difficulties that interferes with their ability to attend, engage and learn in the classroom.

2. These children may be experiencing early school exclusions, non-attendance, heightened anxiety, and early mental health problems.
3. The children who are unable to access school due to sensory processing difficulties have limited learning and social opportunities.
4. Many of these children also have self-regulation difficulties which affects their ability to understand and control their emotions at home and school, affecting behavior and sleep which impacts on their ability to engage and learn.
5. As a result, more children are placed into specialist settings such as Independent Special Schools and Tier 4 settings to meet their needs.
6. Parents in the coaching groups report they are under significant pressure and at risk of family breakdown as their children are unable to regularly attend school.

Governance Route/Escalation Process

Monthly System Board reporting to Mark Chambers, Head of Childrens and Young People's Services and HESC Commissioner, Caroline Kelly.

Recommendation

This presentation is demonstrating the effective, evidence-based work that the Sensory Pilot is doing to empower parents to help their children manage their sensory processing difficulties and engage positively in home and school. There is an increasing demand for support to understand and address sensory difficulties that impact on children being able to engage meaningfully in activity and regulate their emotions. The pilot is due to finish in March 2024.

Author and Title: Kathy Stevenson, Specialist Occupational Therapist and Pauline Dobbs, Professional Lead for Children's Occupational Therapy and Children's Integrated Therapy Manager

Lead Executive Director: Marie Crofts – Chief Nursing Officer- CNO

Oxford Health NHS Foundation Trust

Report to the Meeting of the Oxford Health NHS Foundation Trust

BOD 79/2023
(Agenda item: 12)

Board of Directors

29 November 2023

OXFORD HEALTH BRC CONTRACT UPDATE

For Information

Executive Summary

The **Oxford Health Biomedical Research Centre** (BRC; https://oxfordhealthbrc.nihr.ac.uk/) is a partnership between **Oxford Health NHS Foundation Trust** and the **University of Oxford** and involves 10 additional partner university and NHS Trusts across England.

A paper on BRC progress was presented to the Board at its 25 January 2023 meeting. This update paper will illustrate BRC progress through the recent showcase event on 4 October and interactions with the funder, NIHR. We detail a change to the formal partners, effective since 1 September 2023. We also provide an update on the governance of the *Mental Health Mission*, clarifying previous Board discussions.

Governance Route

The contents of this paper have been discussed at BRC Steering Committee meetings in the period from June to November 2023. The CEO of Oxford Health (Nick Broughton) was Chair for the June 2023 meeting and Chief Medical Officer (Karl Marlowe) has been in the Chair for meetings since July 2023.

Statutory or Regulatory responsibilities

Funding for the Oxford Health Biomedical Research Centre (BRC) is contracted to Oxford Health NHS FT by NIHR. Oxford Health NHS FT holds joint accountability for the BRC with the University of Oxford.

This paper provides reassurance to the Board that the Trust remains compliant with its statutory and regulatory duties in relation to the contract from NIHR for the Oxford Health BRC.

Recommendation
The Board is asked to approve this update report.

Authors: and Title:
Professor John Geddes (BRC Director)
Dr Pamela Reid (BRC Strategic Partnerships Manager)
Mr Bill Wells *(*Head of NIHR Experimental Medicine Infrastructure*)*
Dr Julie Bieles (Mental Health TRC Manager)
Lead Executive Director: Dr Karl Marlowe

1. *A risk assessment has been undertaken around the legal issues that this report presents and there are no issues that need to be referred to the Trust Solicitors*
2. ***Strategic Objectives/Priorities and strategic Board Assurance Framework (BAF) risk themes** – N/A – no Strategic Objectives/Priorities apply]*

MAIN BODY OF THE REPORT

SITUATION

The Oxford Health BRC is an NIHR supported infrastructure focused on brain health, run jointly through a partnership between Oxford Health NHS FT and the University of Oxford. It comprises 10 partner University and NHS Trusts across England to form a network of centers to deliver high quality experimental medicine research focused on new treatments and procedures to improve mental health conditions and impact on patients' lives. Current BRC funding, as a contract with NIHR, approximately £35M, runs from 1 December 2022 to 30 November 2027. Oxford Health BRC is also host for the NIHR Mental Health Translational Research Collaboration, which will lead, and implement, approximately £43M of Mental Health Mission funding (Phase 1) which runs until 31 January 2028.

In this **information paper** we detail:

- Recent positive interactions with NIHR providing reassurance that the Trust remains compliant with its statutory and regulatory duties in relation to the Oxford Health BRC contract from NIHR.
- A very successful showcase event of BRC work on 4 October that was attended by members of the Trust's Board.
- An update related to BRC partners and
- Further details of the governance of the Mental Health Mission.

BACKGROUND

Despite the new BRC contract only starting on 1 December 2022, NIHR remains very active in monitoring progress. There have been two positive interactions with NIHR which will reassure the Board that the Trust remains compliant with its statutory and regulatory duties in relation to the Oxford Health BRC contract.

The first interaction was as part of a **formal visit NIHR requested be held, to showcase work being undertaken by both the Oxford BRC (hosted by OUH) and Oxford Health BRCs** on 26 June 2023. The Department of Health and Social Care (DHSC) and NIHR sent 10 staff members, including Dr Louise Knowles, Deputy Director, Research Capacity and Growth at DHSC. Dr Nick Broughton and Dr Karl Marlowe, represented the Trust at the visit and were able to discuss the BRC with Dr Knowles and her colleagues. As is normally the case with these visits, no formal feedback was provided. However, DHSC Senior Manager, Dr Hannah Bennett, stated the following after the visit, "*Overall we thought it was a great visit, it was really interesting to hear about the work of the BRCs, the collaborations locally and nationally and to see the facilities, all of the staff were extremely engaging*!"

The second interaction was the provision of **feedback from NIHR on the final report submitted in January 2023** and covering BRC progress to 30 November 2022. The Board will recall that the BRC provided a paper on 25 January 2023 which highlighted the five most significant impacts to patients of work undertaken during the previous BRC contract. NIHR's feedback on the final report was universally positive. Acceptance by NIHR of our response to the three very minor queries raised, concludes all the contracting requirements for the Trust were fulfilled for the previous funding period to 30 November 2022.

These two recent interactions with NIHR provide reassurance that Trust remains compliant with its statutory and regulatory duties in relation to the contract from NIHR for the Oxford Health BRC.

New BRC Contract from 1 December 2022

There has been a change in the formal partners associated with the BRC. At the time of application, we had 11 formal University and NHS Trust partners across England. One of the partners, the University of Brighton, has had to withdraw as a partner as of 1 September 2023. The individual nominated to lead Brighton's efforts within the Flourishing & Wellbeing Theme is taking early retirement and Brighton does not have another researcher who can lead on the stated objectives. NIHR has issued a Variation to Contract (VTC) to cover this change in formal partners within the Oxford Health BRC. We are now in discussion with three further organisations about recognizing their work with BRC Themes as Associate Partners and anticipate contacting NIHR to request permission to do this before the end of 2023. We will inform the Board when these discussions conclude.

A very successful one day BRC showcase event was held in Oxford on 4 October with all BRC Themes and the core functions presenting updates. Members of Oxford Health's Board attended. Dr Vanessa Raymont outlined how the BRC (and other NIHR infrastructure) and Oxford Health NHS FT were currently interacting and for future closer collaboration. Professor Rachel Upthegrove, Chair of the NIHR Mental Health TRC (MH-TRC), presented details of the work of the MH-TRC and Mental Health Mission. The Chair and one international member of the BRC's International Advisory Board attended and provided the BRC Director with feedback. Overall, feedback from all sources has been very positive with the vision applauded, significant breadth of the work acknowledged and the network of partner organisations approach commended.

As we approach one year into the BRC funding cycle (1 December 2023) we have reviewed our objectives and financial position and this was presented to the BRC Steering Committee on 14 November. The vast majority (>70%) of objectives remain on track and the three highlighted with concerns have mitigation plans acceptable to the BRC Steering Committee to ensure they can be delivered.

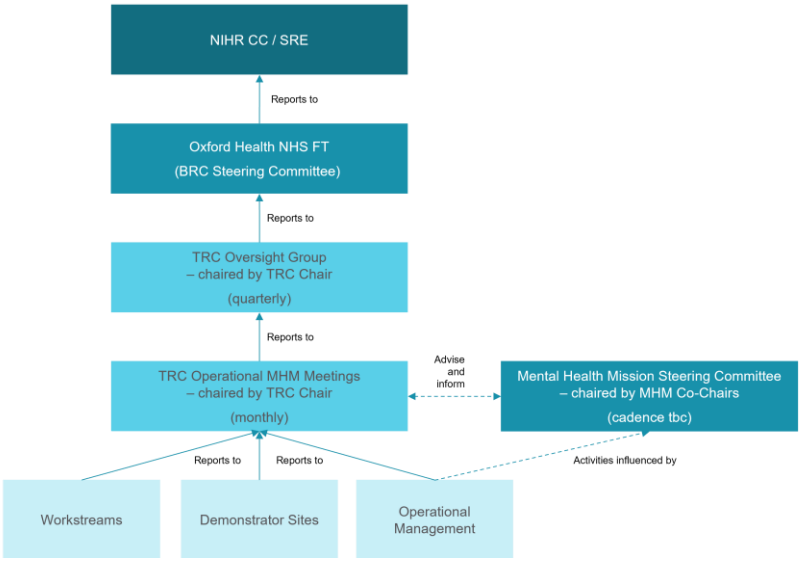
The financial position of the BRC is underspent due to a combination of expenditure incurred but not yet accounted for to the OH finance team and genuine underspends. The delays in the finalisation of the Partnership Agreements, may have held up recruitment to posts, although Letters of Intent were issued at the start of the award to allow expenditure to take place. We have also had difficulty in getting invoices from some Oxford University Departments. However, the Trust's finance team are very actively monitoring the spend and in regular contact with Theme Leads. In addition, the BRC Director and key personnel propose to meet with Heads of Departments/Heads of Administration and Finance in the four University of Oxford Departments that receive the most BRC funding to discuss the financial spend, and how any underspend would be used strategically to avoid returning monies.

Mental Health Mission Update

The NIHR Mental Health Translational Research Collaboration (MH-TRC) was asked by Professor Lucy Chappell (Chief Scientific Adviser, DHSC) to lead and implement Phase 1 of the Mental Health Mission at the end of August 2023 (budget ~£42.7m over 5 years to 31 January 2028), establishing governance procedures and reporting frameworks via the NIHR Oxford Health BRC.

The governance model has been agreed with The Office for Life Science and DHSC as below. For Phase 1, (the work approved following peer review of the application submitted in November 2022 by the Mental Health Translation Research Collaboration) the Oxford Health BRC Steering Committee, chaired by Chief Medical Officer Dr Karl Marlowe, will act as the key Committee for MHM reporting to the Trust Board and NIHR.

Phase 1 Mental Health Mission Governance



RECOMMENDATION

The Board is asked to note the details of this update paper for assurance of the governance and no further actions are requested.

Oxford Health NHS Foundation Trust

Journey to Excellence

Programme Overview

29th November 2023

Claire Forrest Head of Clinical Standards & Excellence

Angie Fletcher Associate Director of QI & Clinical Effectiveness

Inspected and rated Outstanding

CareQuality Commission


Excellence is
the Journey,
not the
Destination

Key Elements of Outstanding Trusts

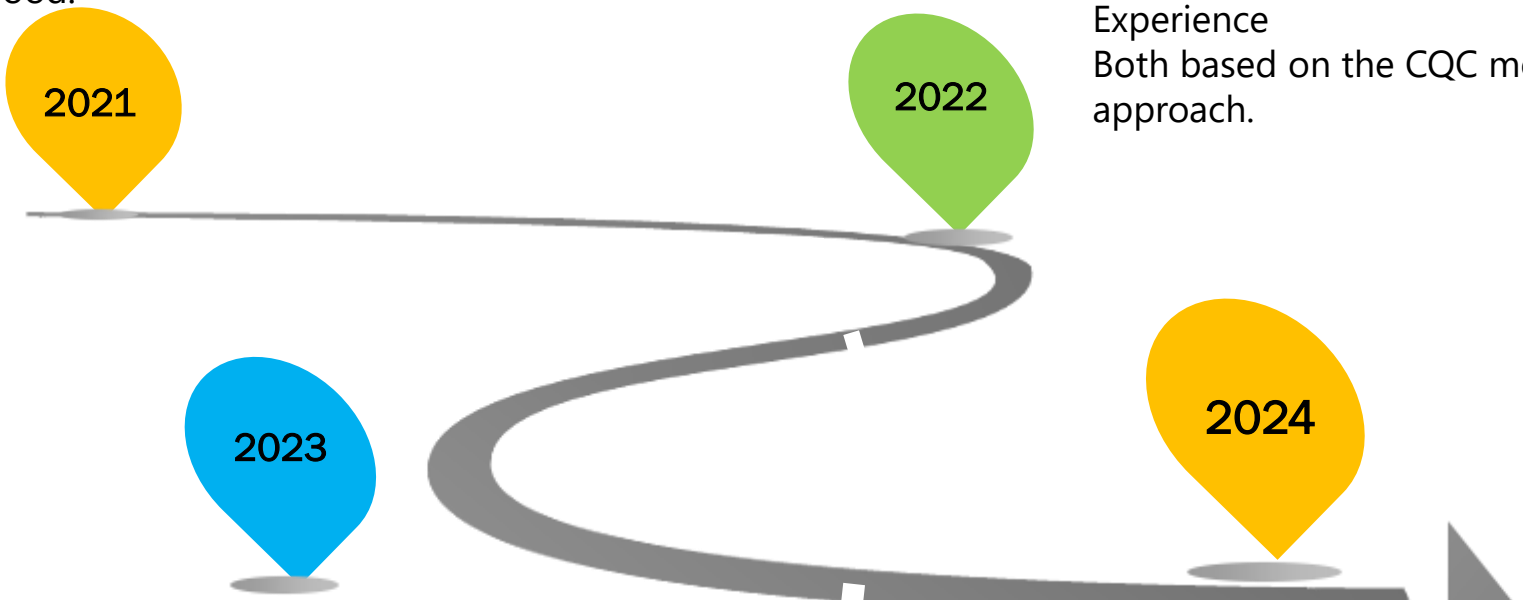
- Effective and supportive governance systems
- Colleagues have the right skills knowledge & resources to do their job
- Continual learning through QI
- Psychologically Safe Culture
- Culture of Co-Production

The added value of Journey to Excellence

- **A framework to review the quality of services**
- **A collective method to evaluate services from experience of staff and patients**
- **Guidance on areas where we can drive improvement**
- **Understanding compliance with specific standards and indicators of good performance**
- **Early warning of potential areas of concern**
- **Recognition of success and areas that are working well**
- **Benchmarking against other services/areas with opportunities to learn from the best**

Our Progress

Journey to Excellence launched to support teams and services to review and improve and deliver care that is consistently good.



Appointment of Head of Clinical Standards and Excellence to provide leadership and coordination of ***Journey to Excellence***

CQC move to a single Assessment framework replacing key lines of enquiry (KLOEs) and prompts with new 'quality statements'.

Self Assessment process completed by teams to identify opportunities for improvement and celebrate success.
Internal Peer Review program designed and implemented in partnership with Experts by Experience
Both based on the CQC monitoring and regulatory approach.

Mapping the **Journey to Excellence** Programme
Communication of work endeavoring to support the 'everybody's business' ethos
New approach to self assessments, peer reviews and insight visits using QI methodology

Alignment of work to Trust Objectives

QUALITY

Community Health services transformation programme

Acute inpatient mental health care for adults and older adults' transformation work

Patients and Carers Race Equality Framework

Revised Self-Assessment and Peer Review process

Learning together for a safer tomorrow (PSIRF) implementation

Using all our 'intelligence' from data and indictors to drive improvement

PEOPLE

Restorative Just and Learning Culture

Freedom to Speak Up

Psychological Safety

Wellbeing Matters

Co-production

Leadership support & positive team working

SUSTAINABILITY

Building continuous improvement - align QI offer with audit, NICE & investigation findings and peer reviews

Mapping and communication of work that supports the Journey to excellence programme

Digital transformation

RESEARCH

Nursing & AHP strategies

Translational research

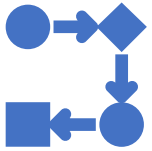
What we need to focus on?

Oxford Health NHS Foundation Trust

To further engage staff: Proactive approach ‘business as usual’ to recognize good practice & drive continuous improvement

To map achievments against ‘We' and 'I' statements to understand and scope our gaps

To support staff to understand what standards are expected at team & service level and to measure how well a ward or department is delivering high quality care



To continue to support, role model and have a ’golden thread’ of the Journey to Excellence as a collaborative effort – Everybody’s Business

‘Always Ready’ Preparation for inspection (Q4 2023)

Oxford Health NHS Foundation Trust

Identifying strengths and areas for improvement via self-assessment.

Support teams & services to demonstrate compliance.

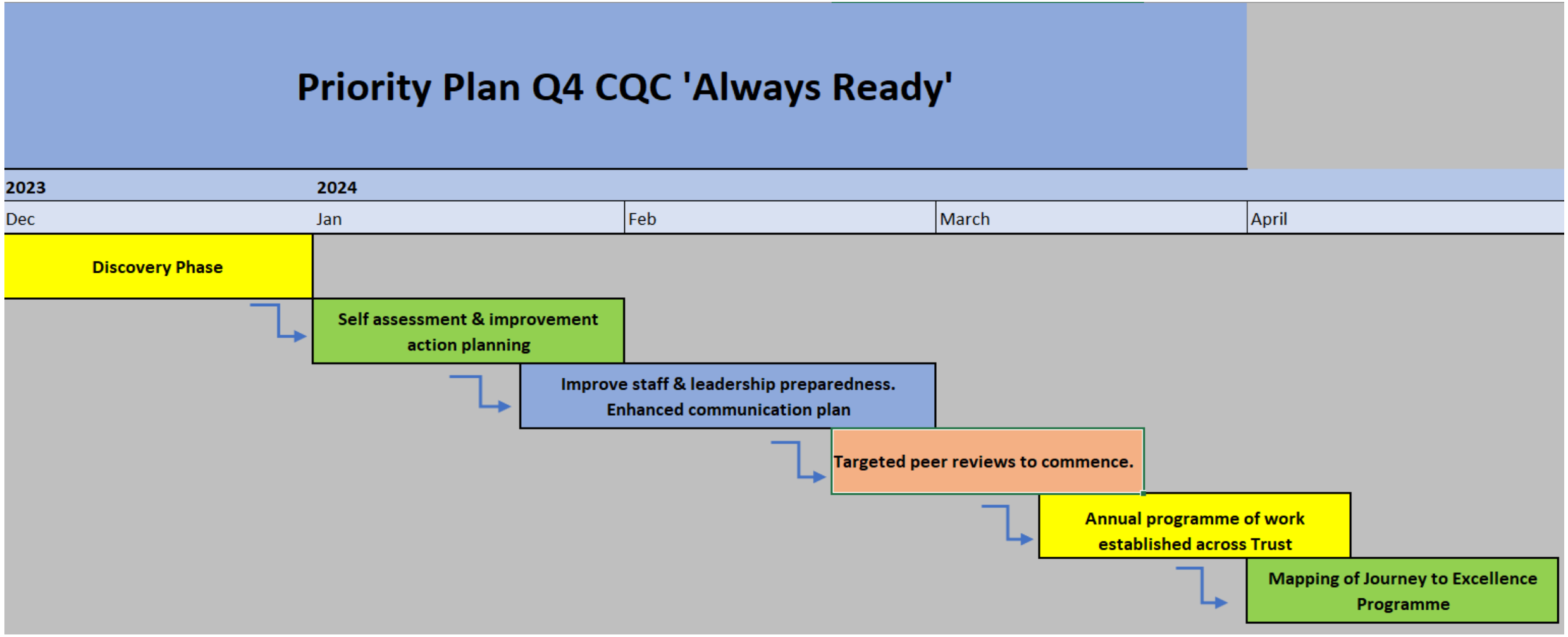
Work with Directorates to conduct targeted peer reviews

Informing Oxford Health – improvements in communication and engagement

The inspection experience

Planning and governance

Priority Plan Q4 CQC 'Always Ready'

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Report to the Meeting of the
Oxford Health NHS Foundation Trust

Board of Directors

29th November 2023

BOD 80/2023
(Agenda item: 14)

Patient Safety Incidents reported September and October 2023
For: Assurance

Executive Summary

It is crucial that we learn from every incident and near miss that happens to identify and address system issues to continually improve the safety of care.

The report focuses on the period September and October 2023 following on from the last report. Eight Patient Safety Incidents (PSI) have been identified in the period:

- 2 treatment delay in podiatry
- 2 pressure ulcers in different District Nursing Teams
- 1 treatment delay following discharge from mental health ward
- 1 suspected suicide in the community
- 1 fall resulting in a fracture in a community hospital ward
- 1 physical heath deterioration of a mental health patient and unexpected death

The report shares the reporting of PSIs over the past 5 years and summaries the recent improvement areas and safety actions being taken.

As part of the national Patient Safety Strategy around safer culture, safer systems, and safer patients was the development of the Patient Safety Incident Response Framework (PSIRF) which was published in late 2022. The PSIRF is an exciting and new way the NHS will be able to approach and respond to incidents/near misses involving patients, with an increased focus on identifying meaningful learning to inform improvements. Due to the significant changes required to systems, processes and behaviours - NHS providers were asked to take a minimum of 12 months to implement the changes required by the PSRIF. The work we have been taking in the last 10 months has been steered and overseen by the Learning Together for a Safer Tomorrow programme board chaired by the Chief Nurse and Chief Medical Officer. Throughout the work we have also been liaising with our commissioners and other providers in Buckinghamshire, Oxfordshire and Berkshire West (BOB). The report shares the final draft of the new incident response plan and our approach to implement the PSRIF standards. Both have been developed and extensively consulted on ready for approval before being published so we can transition to the PSIRF hopefully in December 2023. There is also detail in the report of the next steps post transition.

Governance Route/Escalation Process
Every Patient Safety Incident (PSI) is investigated which includes the involvement of patients/ families and those staff involved in the incident. A report is then scrutinised at an internal PSI panel by senior clinicians which is shared with clinical teams for learning and the patient/ family members involved. The report is then presented to the relevant commissioner (now the ICB) for review and closure.
This process has executive director oversight via the Chief Medical Officer and the Chief Nurse.

There are a number of weekly and monthly forums and different methods used to share learning across the Trust to focus on our key areas for improvement.

The incident response plan and our approach to PSRIF has been reviewed by the members of the change programme board, the Trust's Quality Committee, Executive Team, Integrated Care Boards (BOB and BSW[1]) and Provider Collaborative network leads.

Recommendation
For the Board to be assured regarding the current management and learning from Patient Safety Incidents.

The Trust's new patient safety incident response plan and document detailing our implementation of the PSRIF standards are shared. These may be subject to minor amendments recommended by the BOB Integrated Care System Quality Group on 29th November. It is requested that any minor changes are delegated to the Chief Medical Officer and Chief Nurse to review and approve in order to keep the planned transition date to the PSIRF of 4th December 2023.

Author and Title: **Victoria Harte, Patient Safety Service Manager**
Jane Kershaw, Head of Patient Safety

Lead Executive Director: **Marie Crofts, Chief Nurse**

1. *A risk assessment has been undertaken around the legal issues that this report presents and [there are no issues that need to be referred to the Trust Solicitors]*
2. *Strategic Objectives/Priorities – this report relates to or provides assurance and evidence against the following Strategic Objective(s)/Priority(ies) of the Trust):*
   1) Quality - Deliver the best possible clinical care and health outcomes

[1] Buckinghamshire, Oxfordshire and Berkshire West (BOB) and Bath and North East Somerset, Swindon and Wiltshire (BSW).

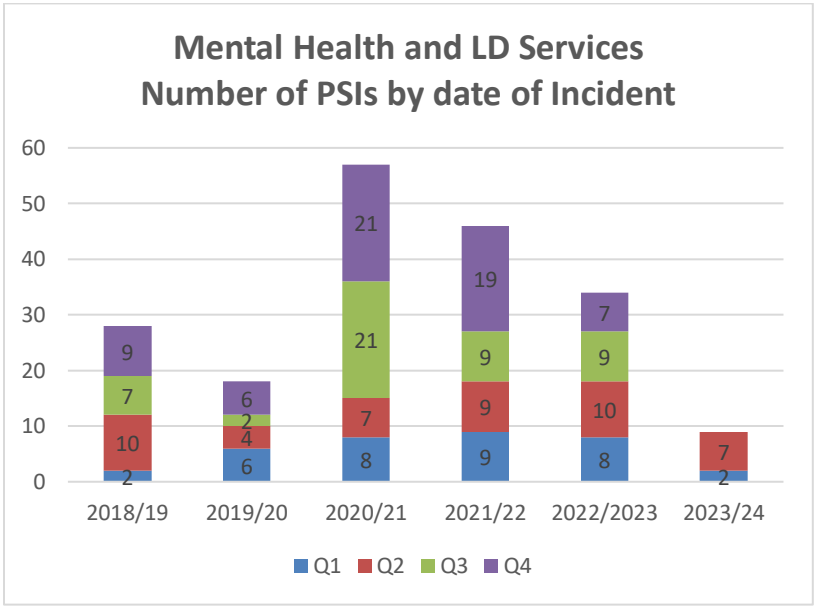
1.0 Patient Safety Incidents reported

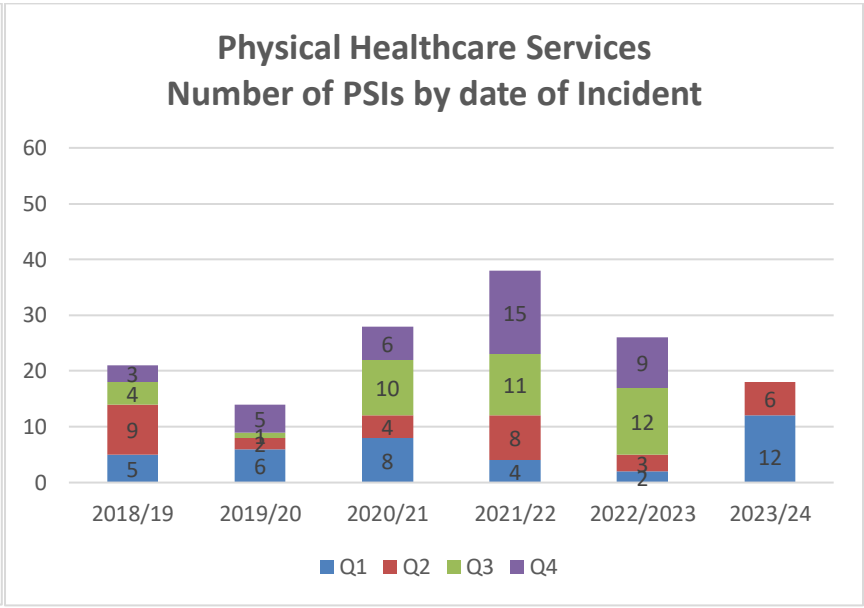
Following the last report there have been eight PSI investigations reported to STEIS (national reporting system) in September and October 2023, described below;

- 2 treatment delay in podiatry
- 2 pressure ulcers in different District Nursing Teams (1 deep tissue and 1 category 4)
- 1 treatment delay following discharge from mental health ward
- 1 suspected suicide in the community, known by the Eating Disorder service
- 1 fall resulting in a fracture in a community hospital ward
- 1 physical heath deterioration of a mental health patient and unexpected death, due to be seen by Talking Therapies

The graphs below represent PSI reporting over the past 5 years up to Sept 2023. The higher than usual figures in 2020/21 and 2021/22 relate to COVID-19 inpatient infection outbreaks. The physical healthcare services saw an increase in the number of PSIs in Q1 across the Minor Injury Units, Podiatry and City Community Hospital ward.

There are a number of weekly and monthly forums and different methods used to share learning across the Trust to focus on our key areas for improvement. We also continue to monitor regional and national trends in terms of suicide rates and work towards reducing suicides through implementation of our Suicide Prevention Strategy.





2.0 Completed Investigations and Learning

We use a systems-based investigation approach to identify and act on learning. The key actions from the PSI investigations completed in September and October 2023 are shared below:

Improvement Area	Action
Difficulties in identifying pressure damage on legs of patients with limited mobility	The directorate already have a project started to assess equipment needs and to develop accessibility for teams e.g. introducing equipment to aid in leg raising.
Communication and oversight of high risk patients on team caseloads	In addition to the daily Safety Board planning meetings, patients on the safety board, are now also discussed at the weekly team meeting. A wider review of the format and use of safety boards is underway. An adult mental health team in Bucks is going to pilot this and share learning across Trust.
Family involvement in risk management	Carers' interventions and involvement to be an agenda item on the multi=disciplinary team meeting and regularly discussed in the leadership meetings.
Training and competency frameworks in Minor Injury Units	The service will review the current in-house training and support to support ongoing skills development particularly for wound assessments.
Understanding threshold for requesting x-rays in Minor Injury Units	This learning has been included in service newsletter. The Specialist Practice Educator followed this up through supervision with clinicians to ensure that all clinicians were aware of the need for a lower threshold for x-ray requesting when a patient returns with on-going symptoms.
Managing demand and capacity in District Nursing teams	To ensure the safety of patient's whose visits are deferred, a standard process of identifying very high, high, moderate and low risk visits has been implemented. Staff are able to ensure that these patients are visible on our electronic patient record system. This helps to inform allocation and identify risks if a visit has to be deferred due to demand being higher than capacity.
Access and coordination between Trust services in Buckinghamshire	Buckinghamshire has introduced an adult mental health Gateway, a new front-door into adult mental health services. The hub aims to provide simplified access to adult mental health care and timely access to the right care at the right time. By having this single point to triage all new adult mental health referrals this should also improve joint working across our teams for example between Talking Therapies, CRHTT and the AMHT.
Reliance on telephone contact since the recovery from the pandemic and increase in demand	Mental health directorate leadership role-modelling a culture of face-to-face contact being the primary means of patient assessment and follow-up.

3.0 Improving how we respond and learn from patient safety incidents

Patient Safety Incident Response Framework

The Trust has been implementing a series of changes this year through the programme 'Learning together for a safer tomorrow'. The changes are to improve how we learn from patient safety incidents and identify/take actions with the most impact to make care safer. These changes will affect all services in the Trust and also all patients/families involved in an incident or near miss. The changes are being driven by new national guidance called the Patient Safety Incident Response Framework (PSIRF) which is part of the national Patient Safety Strategy written by NHS England. If you are interested in understanding more about PSIRF here is a 4 minute video Introducing the Patient Safety Incident Response Framework (PSIRF): A framework for learning - YouTube

The PSIRF is an exciting and new way the NHS will be able to approach and respond to Patient Safety Incidents, with an increased focus on identifying meaningful learning to inform improvements. It is not an investigation framework like the previous national Serious Incident Framework, and does not prescribe what or how we respond, review and learn from incidents. It promotes a proactive approach to safety management with an aim to improve the safety culture within an organisation. A key element of the PSIRF is about how we develop how we listen and involve all those affected by a patient safety incident including patients, families and staff, in learning.

Due to the significant changes required to systems, processes and behaviours - NHS providers were asked to take a minimum of 12 months to implement the changes required by the PSRIF and to transition to a new way of working. The work we have been taking has been steered and overseen by the Learning Together for a Safer Tomorrow programme board chaired by the Chief Nurse and Chief Medical Officer. Throughout the work we have also been liaising with our commissioners and other providers in Buckinghamshire, Oxfordshire and Berkshire West (BOB).

Incident Response Plan

The recent focus has been on developing the Trust's incident response plan for 2024, a major change and pre-requisite for transitioning to the PSIRF. The incident plan outlines our safety priorities for focus, based on the opportunity they offer for learning and to inform improvements to the safety of care. The plan was developed following the review of our safety data for the last 2 years and liaising with a range of staff and external stakeholders. The senior leads and managers in each clinical directorate, the patient safety team and the Executive Team have been instrumental in developing and prioritizing the areas in our first 12 month plan. In line with the principles of the PSRIF, of being considered and proportionate with resources, where we have safety issues but have significant and relevant quality improvement/transformation work planned, our efforts will be on testing and making the changes identified and not identifying the area within this response plan. The Trust has also produced a document describing our 'approach' to implement the PSIRF standards which should be read alongside the response plan, both will be published prior to transitioning to the PSRIF which we hope will happen from 4th December 2023. The Trust's Quality Committee, Executive Team, Integrated Care Boards (BOB and BSW[2]) and Provider Collaborative network leads have reviewed and fed back their comments and support sign off. The documents are going to the BOB Integrated Care System Quality Group on 29th November for final approval.

[2] Buckinghamshire, Oxfordshire and Berkshire West (BOB) and Bath and North East Somerset, Swindon and Wiltshire (BSW).

The final draft of the incident response plan and our approach to the PSRIF is embedded.


Patient-safety-incident-response-approach·


Incident-response-plan

Next Steps

After we transition to the PSRIF there will be lots of work still needed to embed the changes and new approach. The incident response plan is a 'living document' that will be kept under review through our weekly and monthly oversight processes at both clinical directorate and Trust-wide level, and amended as we use it to respond to patient safety incidents.

The other key areas of development to continue our progress in 2024 will be, to;

- Strengthen learning from patient safety incidents with quality improvements and wider organisational learning
- Monitor feedback/impact of using different and new learning response methods and timeliness of completion
- Improve how we develop safety actions – who is involved, time given to develop, and how we monitor the impact
- Look at how to better share and more fully use learning from safety II aspects (what goes well)

Oxford Health
NHS Foundation Trust

Report to the Meeting of the
Oxford Health NHS Foundation Trust

BOD 81/2023
(Agenda item: 15)

Board of Directors

29 November 2023

Freedom to Speak Up Guardian Annual Report

This annual report is for information regarding the activities of the Freedom to Speak Up Guardians (FTSUGs) for the period of October 2022 to September 2023. The Board is asked to confirm its assurance with the work and developments described in this report.

Executive Summary

The FTSU Guardians continue to work within the remit of National Guardian Office (NGO) guidance and contribute to meeting the key objectives set out by People Promise and the delivery of "Quality and People" Trust Strategic Objectives.

For October 2022 Speak up month, Rita Bundhoo-Swift, engaged with senior leaders and staff to deliver the national FTSU campaign trustwide. In January 2023, Lianne Bowes took up her role as FTSUG working alongside Rita Bundhoo-Swift, increasing the FTSUG capacity from 1 to 1.6 (WTE). This has enabled an increase in proactive FTSU activities, in particular leading to more FTSUG visibility with team/site visits. The Guardians continue to deal with FTSU cases and deliver a variety of formal and in-house training for positive culture change and tackle barriers to speaking up. The Guardians contribute to various networks and provide quarterly FTSU reports to key stakeholders.

FTSUGs have worked with senior leaders at Board level to assess the FTSU arrangements and completed the Self-Assessment Tool for the Trust. As a result, a 2-year Programme of work was developed by the Guardians and approved by the Board. This includes some of the key priorities such as the launch of the new FTSU policy and embedding FTSU E-learning Modules as essential in training matrix for all staff to support positive culture change.

During this reporting period, 258 cases were raised with the Guardians compared to 235 cases last year, showing a gradual incline in the cases raised. Most cases have been acted upon and resolved with positive outcomes. Most concerns are raised by registered nurses. Worker safety or wellbeing remains the highest category of concerns reported by staff. Patient safety & quality is the second most common category of concerns raised. Many staff have been courageous to speak up, however lack of leadership support and futility such as concerns not being taken seriously and nothing being done, appear to be the main barriers for FTSU to be most effective. Throughout the year, the Guardians continue to work hard to empower staff to create a positive speak up culture and during Speak Up October Month 2023 focused on breaking barriers.

Governance Route/Escalation Process

This is an annual report which will be shared with Staff Partnership, Negotiation and Consultative Committee (SPNCC). Regular reports are submitted to People, Leadership and Culture Committee (PLC); quarterly to Exec Leads / senior leaders and NGO to highlight the FTSU data, activities and key learning.

Statutory or Regulatory responsibilities

In 2016-17, it became a contractual requirement for all NHS Trusts to have a Freedom to Speak Up Guardian. The FTSU Guardians are supported by the National Guardians Office (NGO) and they follow its guidance to deliver the service.

The Care Quality Commission assesses the Speak Up culture of Trusts during inspections under the key line of enquiry (KLOE) 3 as part of the well-led question.

Recommendation

1. The Board is asked to note the work undertaken across the year by the FTSUGs and seek any necessary assurances arising from the report.

2. The Board is asked to consider whether the current FTSU provision is sufficient and sustainable to achieve a transparent and positive speak up culture.

Author and Title: Lianne Bowes & Rita Bundhoo-Swift, FTSUG
Lead Executive Director: Charmaine Desouza, CPO

1. A risk assessment has been undertaken around the legal issues that this report presents and there are no issues that need to be referred to the Trust Solicitors.

2. **Strategic Objectives/Priorities** – this report relates to

   1) Quality - Deliver the best possible care and health outcomes

   2) People - Be a great place to work

Freedom to Speak Up Guardian Annual Report
October 2022 – September 2023

This is an annual report related to the activities of the Freedom to Speak Up Guardians (FTSUGs) for the period between October 2022 and September 2023. It also includes key highlights of Speak Up October Month 2023. The Guardians continue to work within the remit of National Guardian Office (NGO) guidance and contribute to meeting the key objectives set out by People Promise and support the delivery of "Quality and People" Trust Strategic Objectives.

For October 2022 Speak up month, Rita Bundhoo-Swift engaged with senior leaders and staff to deliver the national FTSU campaign trustwide. The increased exposure of FTSU resulted in a direct increase in number of cases raised with the Guardian that became unsustainable to the point of FTSUG got burnt out with no cover for the service during Nov and Dec 2022. Lianne started in January 2023. Both Guardians are now working 30 hours per week increasing the total FTSUG capacity from 1 to 1.6 (WTE). The increase in capacity has enabled more site/team visits to promote and continue to embed positive speak up culture change trustwide. We have focussed on some teams identified within the staff survey. We continue to handle cases and deliver a variety of formal and in-house trainings.

Type of proactive activities	Formal training	Inhouse training	Team / site visit
No. of activities undertaken	33	19	43

We have established strategic links with each directorate and meet regularly with directors and other key stakeholders to triangulate emerging themes/gaps for learning and improvement. Regular quarterly FTSU reports are submitted to People, Leadership and Culture Committee (PLC), Exec Leads, Directors and NGO to highlight emerging themes, activities, and key learnings. The Guardians actively contribute to various networks locally, regionally, and nationally.

We are pleased to report that last year's main Annual Report 2021-2022 recommendations have been achieved. *"The Board is asked to consider completion of the NGO FTSU Self-Assessment Tool and implementation of new FTSU policy by January 2024"*.

Here are some of the highlights of work undertaken by the FTSUGs during this reporting period:

- Quarter 3/2022-23 – Focussed on Speak Up month national campaign, activities and sites visits
- Quarter 4/2022-23 - appointment and induction of the New FTSUG; creation of new FTSU intranet webpage, resources and FTSUG video.
- FTSUGs established stronger working relationship with directors from each directorate and Human Resources (HR) colleagues
- With support from Exec and Non Exec FTSU Leads, the FTSUGs facilitated workshop with the Board members to assess and complete the FTSU Self-Assessment Tool.
- Quarter 1/2023 – Following the Board assessment, a 2 year programme of work was outlined to implement various priorities with regard to speak up culture.
- New FTSU data reporting spreadsheet was designed and implemented to improve reporting of FTSU data for learning and sharing in the interim.
- Quarter 2/ 2023 **–** the new FTSU policy was completed and launched as part of Speak Up month.
- Working with key stakeholders to implement FTSU E-learning modules to be part of each staff essential training matrix to help tackle barriers for speaking up and creating a positive culture.

Here are some of the key focusses for the financial year:

- Q3- Finalise and launch FTSU E-learning Modules as essential for all staff
- Q3 & Q4 - Focus on ongoing regional and local work in outlining Trust process for tackling detriment
- Q3 - Collaborate on culture workshop for joint PLC & Quality Committees and determine whether a Trust FTSU strategy is required and undertake any associated work moving forward
- Q3 & Q4 – aim to benchmark the Trust speak up culture by introducing some FTSU related questions within the pulse survey
- Q4 - submit a business case to review FTSUG capacity and resources – (currently no finance allocated for promotional FTSU activities)
- Continue to meet the needs of the reactive and proactive nature of the FTSUG role

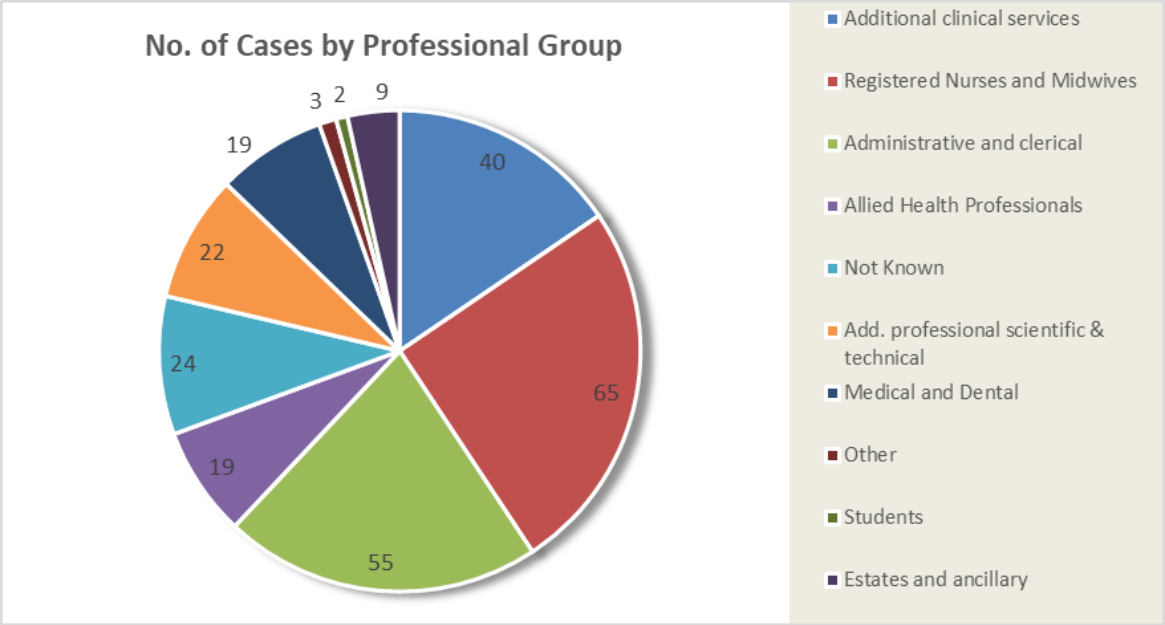
Speak Up October Month 2023 Focus

During this month of raising awareness and celebrating speaking up, the Trust joined in the NGO national campaign "Breaking Barriers". Here are some of the highlights:

- FTSU focussed leadership briefing supported by senior leaders
- Weekly FTSU focus communications to all staff
- Speak up suggestion board to help team tackle barriers
- Launch of new FTSU policy with clear guidance of zero tolerance to blame culture and detriment
- Collaborated with Schwartz round session: "I spoke up and felt empowered" – staff shared their powerful lived in experience of speaking up
- Engaged with staff face to face during various site visits; Organisational Development (OD) roadshows to promote staff survey and FTSU profile

OHNHSFT and NGO FTSU trends (data from NGO Annual Report 22/23)

Professional Group - Registered Nurses and Midwives accounted for the highest number of cases (65) raised. This is reflected in the national trend. Some of our staff from the administration and clerical and additional clinical services are speaking up. 19 staff from medical and dental have used the FTSU service. This is potentially good sign for the Ttrust, as the NHS Staff Survey 2022 showed that nursing/healthcare assistants from additional clinical staff and medics confidence in speaking up is deteriorating.

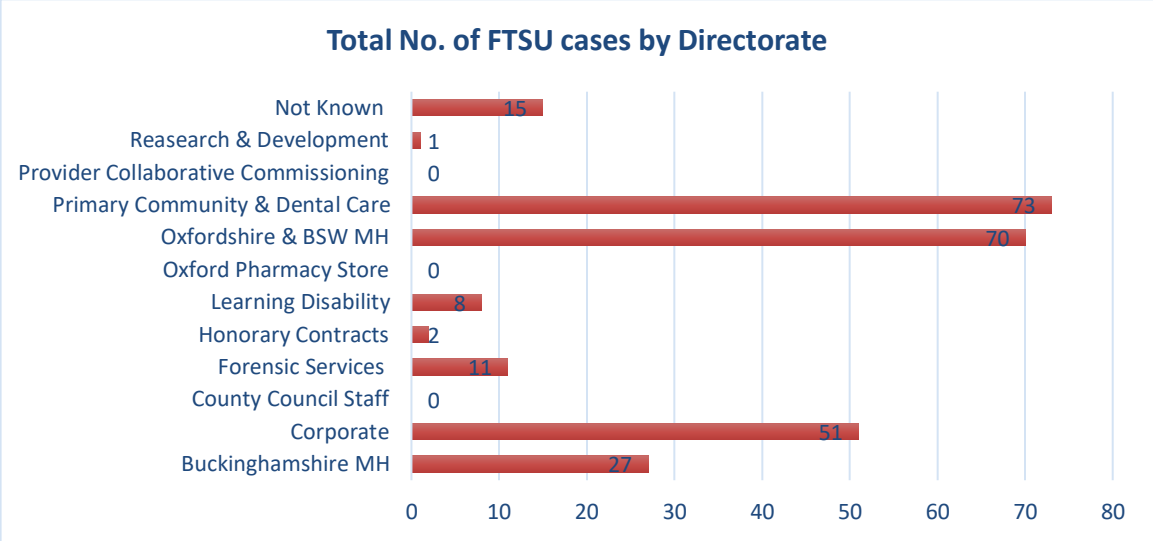


Number of FTSU Cases continue to rise nationally and locally. During this reporting period, a total of 258 cases have been raised with the Guardians. The table below shows an increase from previous years.

Year	No. of OHFT cases	No. of NGO cases
2017 / 18	43	7,087
2018 / 19	42	12,244
2019 / 20	67	16,199
2020 / 21	100	20,388
2021 / 22	235	20,362
2022 / 23	258	25,382

FTSU Cases by Directorate

The bar chart below shows the breakdown of total number of cases reported by each directorate. The highest number of cases raised is from Primary Community & Dental care with 73. This is closely followed by Oxon & BSW MH, 70 and then Corporate, 51. Numbers from other directorates remain reasonably low.

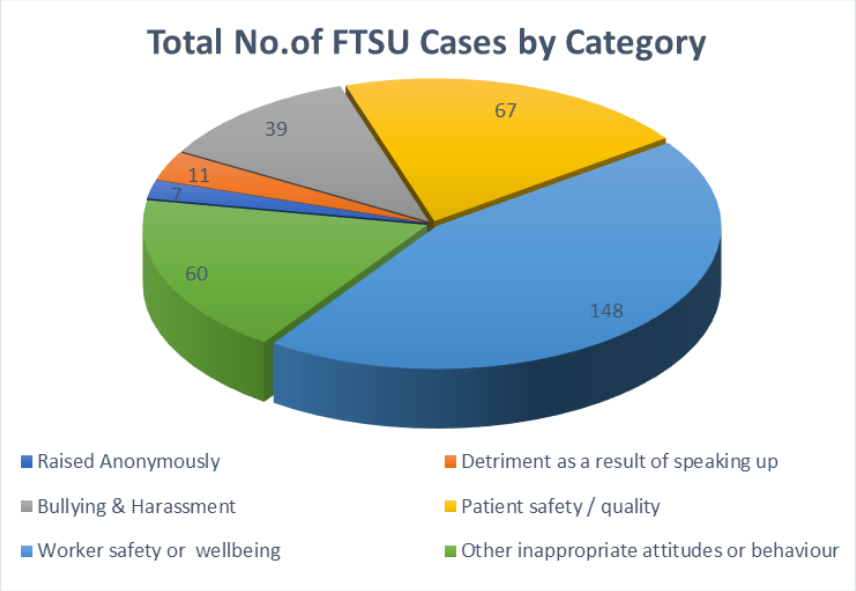


FTSU Cases by Category

All cases have been followed up either by empowering the staff to raise with their managers or escalated to senior managers / leaders by the Guardians on behalf of the concern raisers. Staff were kept up to date and given feedback regularly by the Guardians during the speak up process. Many cases have now reached positive outcomes, whereby the staff felt listened to and appropriate actions have been taken to address their concerns.

Please note that the total number of cases raised by staff is not the same as the total number of cases raised by each category. According to NGO, 2022 guidance,

an individual case may include various categories. Each category is detailed further with emerging themes.



Emerging themes from each Category

Worker safety or wellbeing remain our highest reported category. The most common factors are communication and leadership style impacting on staff. Often unclear/lack of communication regarding organisational changes, staff feeling unsupported within their role and feeling that they aren't being listened to or unfairly treated during HR procedures. A few staff have expressed concerns about a specific worker group and their hierarchy as a barrier for taking actions by managers.

Patient safety & Quality concerns which have been raised are mainly relating to processes and procedures not being followed appropriately by staff; and the impact of staff shortage, increased workload, increasing demands affecting delivery of high-quality care. No cases of severe patient risk or harm have been raised with the Guardians during this reporting period.

Inappropriate attitudes or behaviour continues to be a common theme reported to Guardians. This includes uncivil behaviours by staff; lack of or inappropriate communication; lack of transparency; lack of support from leaders; lack of compassion during HR processes.

Bullying and harassment - there has been a consistent number of cases reported with an element of perceived bullying behaviours, however, there has been a reduction in reported numbers. This may well be attributed to the recent NGO category differentiation between B&H and inappropriate behaviours. Often this includes derogatory, unpleasant remarks to each other; subtle /micro-aggression; exerting excessive control and undermining others autonomy.

Detriment - eleven staff have reported that they have suffered detriment (actual or perceived) when they have spoken to their line managers and as a result have been treated differently, subjected to performance / HR procedures. Staff often fear future retribution and choose to raise concerns anonymously. These cases have been reported to specific directorate for further actions.

Raised Anonymously - Seven cases have been raised anonymously with the Guardians. Few of them have been investigated via whistleblowing process, others were escalated to the appropriate directors for investigations.

Positive changes as a result of speaking up

- Last year, one concern raiser from the Trust took part in the pilot FTSU national support scheme. The concern raiser found the FTSU service and the scheme really empowering and as a result the concern raiser together with Rita and CEO's support, have helped HEE in creating an anonymised video for the scheme. A video was launched during this year's speak up month nationally. Currently, we have 3 other concern raisers participating in the new cohort.
- A very distressed team have benefitted from our input in receiving clear, transparent communication and engagement when going through organisational change
- Some managers have acted on our suggestions to offer additional leadership support to their staff to help improve communication and team culture
- Many individual staff have achieved better outcomes that have made a difference to their wellbeing and patient care.
- Empowered staff to showcase their lived in FTSU experience via different routes (storytelling, Schwartz round, webinar, video)

Feedback from staff who have used the FTSU service

Recommendations based on observation and learning

1. Upskilling managers/leaders to have difficult conversations and follow up when concerns are raised – we have influenced L & D colleagues during the review of managers tool kit to ensure a more tailored approach.
2. Agreement has been reached that FTSU E-learning modules are to be completed by all staff to help tackle speak up barriers for a positive culture change – Training to be available on L&D portable as essential on staff matrices.
3. Regular engagement and support needed from key named person in communication team to raise FTSU profile throughout the year.
4. A consistent approach is needed to ensure exit interviews are carried out Trust wide (external & internal) to understand individual team culture for better staff retention.
5. FTSUGs to prepare a business case to review FTSUG capacity, allocated funding for promotional resources and sourcing a robust FTSU data reporting system for sustainability.
6. The Trust is in need of clear processes for tackling detriment and when Trust leavers raise concerns with FTSUGs.

Oxford Health
NHS Foundation Trust

Report to the Meeting of the Oxford Health NHS Foundation Trust

BOD 82(i)/2023
(Agenda item 16)

Board of Directors

29 November 2023

Corporate Registers: Application of Trust Seal

For: Information and Assurance

Introduction

The Common Seal of the Trust is affixed to documents under the authority of the Board of Directors in accordance with its Standing Orders. A Register of Seals is maintained by the Director of Corporate Affairs & Company Secretary.

Standing Orders require, pursuant to section 9, that a report of all seals is made to the Board. The Trust's Board of Directors receives reports of all seals, its last report being presented on 29 March 2023. This report provides information about the application of the Trust's seal between 20 March 2023 and last entry 16 October 2023.

The Board of Directors is invited to note that the following documents were sealed during this period:

REGISTER OF SEALING

Details	Seal No.	Signatory	Date
Renewing the lease for Clock House Car Park for a term of 5 years. This is between SSE Services PLC (landlord) and Oxford Health NHS FT (tenant) for the period 25/03/22-24/03/27, with a yearly rent of £5,890 p.a. excl VAT.	389	Grant Macdonald Executive Managing Director for Mental Health, Learning	20/03/2023

		Disabilities and Autism Marie Crofts Chief Nurse	
Deed of Novation contract and s75 agreement between Buckinghamshire Council, BOB West ICB and Oxford Health NHS Foundation Trust. Contract is for the commissioning of health and social care services for Children and Adolescent Mental Health Services (CAMHS) dated 01 October 2015. From the effective date 31 March 2023, the Trust will perform the Contract, be bound by its terms in every way.	390	Nick Broughton, Chief Executive Heather Smith Chief Finance Officer	03/04/2023
Lease of part of First Floor, Rectory Meadow Surgery, School Lane, Amersham HP7 0HG. (Healthy Minds IAPT) between Doctors Hayden, Neal, Sapsford and Carter (landlord) and Oxford Health (tenant). From April 2023 for 3 years 4 April 2026. Yearly rent of: year 1 £28,000 P.A., year 2 £29,000 P.A., year 3 £30,000 P.A.	391	Kerry Rogers Director of Corporate Affairs & Company Secretary Grant Macdonald Executive Managing Director for Mental Health, Learning Disabilities and Autism	24/04/2023
Lease renewal of Part Fifth Floor, Unipart, Oxford for a period of 5 years from and including 1st August 2022 to and including 31st July 2027. Yearly rent of £105,000 p.a. excl VAT.	392	Nick Broughton Chief Executive Kerry Rogers Director of Corporate Affairs & Company Secretary	30/05/2023
Lease renewal of Part of the Rectory Centre, Rectory Road, Oxford, OX4 1BU, between Oxford Health NHS Foundation Trust and Oxford University Hospitals NHS Foundation Trust. Initial rate of £60,000 per annum. Contractual term – a term of year beginning on, and including 1st April 2019 and ending on, and including 31st March 2024.	393	Nick Broughton Chief Executive Kerry Rogers Director of Corporate Affairs & Company Secretary	30/05/2023
Lease relating to Unit 7, MXL Centre, Lombard Way, Banbury. Landlord NT Property Nominees IA Ltd & NT Property Nominees 1B Limited. Tenant	394	Nick Broughton Chief Executive Heather Smith	12/06/23

OHFT. Term: 10 years from date of completion of lease, no rights to break the lease. Rent: 7 months from date of the lease rent free. £162,458 plus VAT per annum payable quarterly. The rent shall be reviewed on the 5th anniversary of the term (upwards only, based on open market).		Chief Finance Officer	
Lease renewal of therapy hub & offices relating to Clock House, 22-26 Oak Street, Abingdon OX14 5SW. Landlord Dove Developments Ltd. Tenant OHFT. Annual rate of £53,000 per annum. Term secured until December 2025.	395	Grant Macdonald Chief Executive Kerry Rogers Director of Corporate Affairs & Company Secretary	05/07/2023
Lease renewal for Unit 4, Landscape Close, Weston Business Park, Weston-on-the-Green OX25 3SX. Landlord John McEntee Ltd, 3 New Mill Court, Swansea Enterprise Park, Swansea SA7 9FG. Contractual term to 28 January 2028. Break date 29 January 2024 and each anniversary of this date. Annual rent at rate of £21,200 per annum to 28/1/25, then £22,500 per annum to 29/1/26, then £23,775 per annum for the period from and including 29 January 2026.	396	Grant Macdonald Chief Executive Kerry Rogers Director of Corporate Affairs & Company Secretary	05/07/2023
Bucks S75 agreement, between Buckinghamshire Council and Oxford Health NHS Foundation Trust. Contract is for provision of services to adults of working age (18-64) and to older adults (65+) with a mental illness pursuant to Section 75 of the National Health Service Act 2006. Commencement date and 3 year duration of 1st September 2022 to 31st August 2025. Review date 26th April 2023.	397	Kerry Rogers Director of Corporate Affairs & Company Secretary Heather Smith Chief Finance Officer	24/07/2023
Sub-contractor ending user warranty relating to the new PICU at Warneford Hospital in Oxford Ground Construction Services. Signed by Inside Out Developments Limited; OHFT and Kier Construction Ltd T/A Kier Construction – Western Wales	398	Kerry Rogers Director of Corporate Affairs & Company Secretary Heather Smith Chief Finance Officer	24/07/2023
Engrossment Deed of Surrender for Oxbridge Court, Osney Mead, Oxford, OX2 0ES. Capsticks reference BXU/918068.	399	Grant Macdonald Chief Executive Kerry Rogers Director of Corporate Affairs	29/08/2023

		& Company Secretary	
Engrossment variation agreement for Harlow House, Harlow Road, High Wycombe, HP13 6AA. Agreement between Oxford Health NHS Foundation Trust and Property Matters (Albion) Limited. Completion will take place on 16th October 2023.	400	Heather Smith Chief Finance Officer Kerry Rogers Director of Corporate Affairs & Company Secretary	26/09/2023
Wayleave Agreement relating to Unit 7, MXL Centre, Banbury	401	Heather Smith Chief Finance Officer Kerry Rogers Director of Corporate Affairs & Company Secretary	26/09/2023
Income contract for Healthy Child Programme 0-19 2024-2025 between Oxford Health NHS FT and Oxfordshire County Council. The contract term is from 1st October 2023 to 31st March 2029. The contract price to be paid for 1st April 2024 – 31st March 2025 £11,388,564.00. Contract year 2 £12,439,500.00. Contract year 3 £12,439,500.00. Contract year 4 £12,439,500.00. Contract year 5, £12,439,500.00. In addition, incentive payments for National Child Measurement Programme and Vision Screening up to £18,000.00 per year.	402	Grant Macdonald Chief Executive Heather Smith Chief Finance Officer	16/10/2024

Recommendation

The Board is asked to note this report.

Author and Title: Nicola Gill, Executive Project Officer

Lead Executive Director: Kerry Rogers, Director of Corporate Affairs and Company Secretary

1. *A risk assessment has been undertaken around the legal issues that this report presents and there are no issues that need to be referred to the Trust Solicitors.*

2. ***Strategic Objectives/Priorities*** *– this report relates to or provides assurance and evidence against the following Strategic Objectives/Priorities*

   1) Quality - Deliver the best possible care and health outcomes

3) Sustainability – Make best use of our resources and protect the environment

Oxford Health NHS Foundation Trust

Report to the Meeting of the Oxford Health NHS Foundation Trust Board of Directors

BOD 82(ii)/2023
(Agenda item 16)

29 November 2023

Corporate Registers – Gifts, Hospitality & Sponsorship

The Board is asked to note the following Corporate Register:

- Entries in the Register of Gifts, Hospitality & Sponsorship since the last report presented to the Board on 29 March 2023.

GIFTS AND HOSPITALITY (ACCEPTED)

	Details	Individuals	Est. Value	Date Reported
1	Dr Saïk de La Motte de Broöns de Vauvert reported receiving a gift from a patient as a thank you. The gift was a bottle of whisky and a couple of miniatures purchased on Amazon.	Dr Saïk de La Motte de Broöns de Vauvert, Consultant Psychiatrist, Neill Unit, Warneford Hospital	£33.00	16/05/2023
2	Dr Saïk de La Motte de Broöns de Vauvert reported receiving a gift from a patient as a thank you. The gift was a bottle of whisky gift set from Amazon.	Dr Saïk de La Motte de Broöns de Vauvert, Consultant Psychiatrist, Neill Unit, Warneford Hospital	£36.00	21/07/2023

3	Fiona Clements reported receiving a gift on 26 September 2023 from a client as a thank you for the support and therapy received. The gift contained 1 candle, 1 bathbomb and a small thank you keyring.	Fiona Clements, Counselling Psychologist, Adult Community Eating Disorders Team, Warneford	£15.00	26/09/2023
4	Dr Jessica Gibson reported receiving an offer of a place at a 2-day conference in Berlin entitled 'Meeting of Minds XV. Optimising the Management of ADHD in Adults'. They are providing travel, hotel, food and attendance at the Conference. She is in contact with them for educational support purposes i.e. they sponsor various meetings for ADHD services in general and offer educational meetings. She does not play any role in procuring services or products from this sponsor. She is happy to declare this and update the Trust should this change in the future.	Dr Jessica Gibson, Consultant Psychiatrist, Oxfordshire Adult ADHD Service, Warneford Hospital	£450.00	19/10/2023

GIFTS AND HOSPITALITY (DECLINED/DONATED)

	Details	**Individuals**	**Est. Value**	**Date Reported**
	n/a			

SPONSORSHIP

	Details	**Individuals**	**Est. Value**	**Date Reported**
	n/a			

Recommendation

The Board is invited to note this report.

Author and Title: Nicola Gill, Executive Project Officer

Lead Executive Director: Kerry Rogers, Director of Corporate Affairs and Company Secretary

1. *A risk assessment has been undertaken around the legal issues that this report presents and there are no issues that need to be referred to the Trust Solicitors.*

2. ***Strategic Objectives/Priorities*** *– no Strategic Objectives/Priorities apply to this report.*

Oxford Health NHS Foundation Trust

Report to the Meeting of the Oxford Health NHS Foundation Trust Board of Directors

RR/App 54/2023
(Agenda item: 2 & 21)

29 November 2023

Declarations of Interests and Register of Directors' Interests

For: Information

Executive Summary

The Trust is required to have a formal Register of Directors' Interests under the Constitution and the Health and Social Care Act. The accompanying table in the Reading Room/Appendix to the Board papers sets out the declared interests of the members of the Board. This has been updated since last substantive changes presented at the Board meeting on 27 September 2023.

The most recent changes (shown in tracked changes for transparency) relate to updating of interests for:

- Rob Bale, Executive Managing Director for Mental Health, Learning Disability and Autism services;
- Mohinder Sawhney, Non-Executive Director;
- Heather Smith, Chief Finance Officer;
- Lucy Weston, Non-Executive Director; and
- Andrea Young, Non-Executive Director.

In accordance with the Standing Orders for the Practice and Procedure of the Board of Directors (Annex 9 of the Constitution) each member of the Board is required to disclose:

- any actual or potential interest, direct or indirect, which is relevant and material to the business of the Trust (see Standing Orders 8.2.1);
- any actual or potential pecuniary interest, direct or indirect, in any contract, proposed contract or other such matter concerning the Trust (see Standing Orders 8.2.2 and 8.2.3); and
- any actual or potential family interest, direct or indirect (see Standing Orders 8.2.5).

Members of the Board are reminded that, in accordance with the NHS Foundation Trust Annual Reporting Manual, the Trust's Annual Report should disclose details of company directorships and other significant or material interests held by directors or governors which may conflict with their management responsibilities e.g. where those companies or related parties are likely to do business (or are possibly seeking to do business) with the Trust or where they may conflict with their management responsibilities. As NHS Foundation Trusts must have registers of directors' and governors' interests which are available to the public (also in accordance with guidance from NHS England on managing conflicts of interest), an alternative disclosure is for the Annual Report to simply state how members of the public can gain access to the registers instead of listing all the interests in the Annual Report (this alternative disclosure is typically used by the Trust).

The registers of governors' and directors' interests are publicly accessible as part of the Board papers published on the Trust's website and the most recent versions are also published in a section of the Trust's website for disclosures and declarations here:
https://www.oxfordhealth.nhs.uk/about-us/governance/disclosures-and-declarations/

Recommendation
The Board is asked to note the report or, if further updates are required, members of the Board are asked to provide details of their interests.

Author: Hannah Smith, Assistant Trust Secretary
Lead Executive Director: Kerry Rogers, Director of Corporate Affairs and Company Secretary

Oxford Health
NHS Foundation Trust

RR/App 54(ii)/2023
(Agenda item: 2 & 21)

REGISTER OF DIRECTORS' INTERESTS

PART A – CURRENT BOARD MEMBERS
PART B - FORMER BOARD MEMBERS DURING 2023/24

November 2023

DECLARATION OF INTERESTS

PART A – CURRENT BOARD MEMBERS

NAME	POSITION	INTERESTS DECLARED
Amélie Bages	Executive Director of Strategy and Partnerships	Husband is the Chief of Staff for the Chief Operating Officer of **NHS England & Improvement**

Date of last change: 19 July 2022

NAME	POSITION	INTERESTS DECLARED
Rob Bale	Executive Managing Director for Mental Health, Learning Disability and Autism services	Director of **Little Magic Train Ltd** - a multi-sensory resource for early years educators, teachers and parents which is sold to a range of settings, in the UK and abroad, including the commercial sector and local authorities

Date of last change: 28 November 2023

NAME	POSITION	INTERESTS DECLARED
David Clark	Non-Executive Director – nominee of the University of Oxford	**University of Oxford:** • Emeritus Professor of Experimental Psychology; • Emeritus Fellow, Magdalen College; • Member of the Board of Calleva Research Centre, Magdalen College; • Member of Project Board for the Life & Mind Building; and • Co-Director, Oxford Centre for Anxiety Disorders & Trauma **NHS England:**

		• National Clinical and Informatics Advisor for the NHS Talking Therapies for Anxiety Disorders & Depression programme; • Member of Mental Health Currencies for Mood & Anxiety Disorders Working Group; • Member of Community Mental Health Outcomes Task & Finish Group; and • Member of PROMS (Patient Reported Outcome Measures) for Community Mental Health Services Expert Reference Group **Co-developer of internet cognitive therapies for social anxiety disorder and PTSD** (post-traumatic stress disorder) further to research at the University of Oxford; these may become licensed and made available to the NHS, further to recommendation by NICE, for use in NHS Talking Therapy for Anxiety and Depression services. Clinical Advisor to **Anxiety UK** Fellowships of the **British Academy**, **Academy of Medical Sciences**, **Academy of Social Sciences**, **Kings College London** and **London School of Economics** Honorary Fellowships of the **British Psychological Society** and **British Association of Behavioural and Cognitive Psychotherapies** Various International Fellowships, Memberships and Honorary Memberships of learned societies and professional organisations, and member of the editorial boards of numerous academic journals.

Date of last change: 10 July 2023

NAME	POSITION	INTERESTS DECLARED
Marie Crofts	Chief Nurse	No current interests to declare (formerly, until September 2020 Trustee of PAPYRUS, prevention of young suicide charity).

Date of last change: 30 September 2020

NAME	POSITION	INTERESTS DECLARED
Geraldine Cumberbatch	Non-Executive Director	Director of **Croydon Business Venture Ltd** – locally-based business involved in facilitating support for small local businesses Trustee of **Start Up Croydon** - the locally-based charity/initiative of Croydon Business Venture Ltd which supports start-up businesses Dispute Resolution and Public Law Solicitor for the **Port of London Authority (PLA)** – responsible for handling dispute and regulatory matters on behalf of the PLA, a statutory port trust, who are the custodians of the River Thames Partner is employed by **NHS England/Improvement** as a Clinical Network Senior Clinical Programme Manager for the London Clinical Networks

Date of last change: 25 May 2022

NAME	POSITION	INTERESTS DECLARED
Charmaine De Souza	Chief People Officer	Board member for **Hightown Housing**, a charitable housing association covering Hemel Hempstead and the surrounding area and counties of Hertfordshire, Buckinghamshire, Bedfordshire and Berkshire.

Date of last change: 18 October 2021

NAME	POSITION	INTERESTS DECLARED
Chris Hurst	Non-Executive Director	Formerly Managing Director & Owner, **Dorian3d Ltd** – which provided strategic consultancy, board development support, independent expert advice to private sector; and executive coaching and mentoring services (past clients include government and NHS organisations). Dorian3d Ltd closed on 31 December 2022. Wife is Regional Delivery Director with the **Strategic Estates Planning team of NHS Improvement**

Date of last change: 23 January 2023

NAME	POSITION	INTERESTS DECLARED
Grant Macdonald	Interim Chief Executive Officer (formerly Executive Managing Director for Mental Health, Learning Disability and Autism services)	No interests to declare.

Date of last change: 01 July 2023

NAME	POSITION	INTERESTS DECLARED
Karl Marlowe	Chief Medical Officer	Educational Supervisor, Clinical Studies, **Oxford University Medical School** (from Sept 2023) Chairman of **The Social Interest Group** Board (charity partnership working for marginalised populations). (unremunerated)

		Advisor to **UNTANGLE GRIEF**, digital peer support platform (unremunerated) Advisor to **Tasting Colours,** digital wellbeing service (unremunerated)

Date of last change: 20 September 2023

NAME	POSITION	INTERESTS DECLARED
Ben Riley	Executive Managing Director for Primary & Community Care Services	GP Partner (minority share owning) at **Dr C Kenyon & Partners, Beaumont Street Surgery, Oxford**. The practice partnership holds shares in two of the four GP federations in Oxfordshire: **OxFed Health & Care Ltd** and **Principal Medical Ltd** Joint Clinical Director of the **'Healthier Oxford City' Primary Care Network (PCN)** which comprises three NHS GP practices and the Trust's Luther Street Medical Centre **OxFed Health & Care Ltd** (non-profit trading company of OxFed, one of the four GP federations in Oxfordshire): • until 01 May 2020 - Chair and Director • until 31 May 2020 - Director (retired) • until 30 September 2020 - Clinical Partnership Officer (part-time employee and not a board or director position)

Date of last change: 24 November 2020

NAME	POSITION	INTERESTS DECLARED
Kerry Rogers	Director of Corporate Affairs & Company Secretary	Trustee - **Age UK Oxfordshire** Non-executive director of Cristal Health Ltd **trading as Akrivia Health** (appointment made by the Trust and transferred from the

		former Director of Finance with effect from 01 September 2022). Cristal Health Ltd was created in 2019 to develop UK-CRIS further, to provide ongoing search capability (of pseudonymised electronic medical records) to the trusts already signed up, to recruit more trusts to the programme and to develop commercial capability from the Intellectual Property (IP). The Trust has a 10% shareholding in Cristal Health Ltd, which it holds on behalf of NIHR and the NHS, representing the 10% share in the IP. As a "Founder", an initial shareholder, the Trust is entitled to appoint a non-executive director to the board of Cristal Health Ltd.

Date of last change: 06 September 2022

NAME	POSITION	INTERESTS DECLARED
Philip Rutnam	Non-Executive Director	Chair, **National Churches Trust**. This is the national charity for the UK's historic chapels and churches, seeking to keep them open for worship and community use (which may include uses related to health and wellbeing). Director and Secretary, **West Library Association**. This exists to promote community use of a historic library building in North London. It is dormant after a refurbishment was completed. One extended family member works for **Evergreen Life**, provider of wellness apps and software service for primary care. Non-Executive Director has no economic interest in this business and no visibility of it. Senior Advisor to **WA Communications** (a communications consultancy with specialist knowledge in: health; energy and the environment; financial services; transport and infrastructure; education and children's services; and private equity). Does not

		generally work in the NHS provider sector but does work more in pharmaceuticals and life sciences.

Date of last change: 22 March 2023

NAME	POSITION	INTERESTS DECLARED
Mohinder (Mindy) Sawhney	Non-Executive Director	Non-Executive Director at **Hampshire and Isle of Wight Integrated Care Board** (remunerated) from 01 December 2023. Managing Director of **root+branch ltd** (management consultancy). Has previously undertaken engagements with related bodies including the General Medical Council, health charities and suppliers to the NHS. ~~Trustee of the **British Scholarship Trust** (offers research grants to graduate students from Bosnia and Herzegovina, Croatia, Kosovo, Montenegro, North Macedonia and Serbia)~~ Husband was Chief Customer Officer at **NHS Test and Trace** - secondment ended 01 June 2021. Husband commenced as Chief Operating Officer at the **Bank of England** in January 2022.

Date of last change: ~~05 September~~28 November ~~-~~2023

NAME	POSITION	INTERESTS DECLARED
Heather Smith	Chief Finance Officer	Non Executive and unremunerated Member of the Board and Trustee of **Arts at the Old Fire Station (AOFS)**, a charity. AOFS shares the Old Fire Station building in Oxford with the homelessness charity Crisis, and encourages people from all backgrounds to understand and shape the world in which we

		live through stories, creativity and the arts, and by connecting with others. ~~Until 01 September 2022, Trustee, Governor and Director, also Audit Committee Chair, of **Morley College London**, an Institute for Adult Learning. Unremunerated.~~ Family member is General Manager at **Latis Scientific Limited**, who deliver water testing services to various NHS organisations both directly and via 3rd parties. Latis provide laboratory testing and technical consultancy services including advice on water systems such as management of microbiological risk. Latis Scientific is a subsidiary of **SUEZ** which is a consortium owned multinational company based in France specialising in water and waste services.

Date of last change: 27 September 2023~~24 June 2022~~

NAME	POSITION	INTERESTS DECLARED
Richard (Rick) Trainor	Non-Executive Director	**Exeter College, University of Oxford**: Professor Sir Richard Trainor - Rector (Head) of Exeter College; Chair of the Governing Body and various college committees; Trustee of the affiliated Michael Cohen Trust; and Director of companies related to the College including Checker Hall Company Limited, Collexoncotoo Limited and Exeter College Trading Limited. **University of Oxford** (central functions): Pro Vice Chancellor without portfolio (presiding at ceremonies and chairing/serving on appointment boards for professors and other senior posts); Member of the Audit & Scrutiny Committee; Member of the Divisional Board, Social Sciences Division; and Member of the History Faculty. Vice President & Trustee of the **Economic History Society**

		Chair of the Scholarship Committee of the **Jardine Foundation** Fellow and Emeritus Professor of Social History at **King's College London** Chair of the Academic Panel of the **Museum of London** Governor and Member of the Gift Acceptance Committee of the **Royal Academy of Music** (ending summer 2022) Member of the Council of Reference, Westminster Abbey Institute, **Westminster Abbey** Various honorary affiliations including to: City of London; Institute of Historical Research, University of London; Merton College, Oxford; Rosalind Franklin University of Medicine and Science; Royal Academy of Music; Royal Society of Arts; Trinity Laban (Trinity College of Music); US/UK Fulbright Commission; University of Glasgow; University of Greenwich; University of Kent; and the Worshipful Company of Educators. Spouse has honorary affiliations to the University of Glasgow and to Wolfson College, Cambridge.

Date of last change: 11 July 2022

NAME	POSITION	INTERESTS DECLARED
David Walker	Trust Chair	Miscellaneous journalism, lecturing and writing Partner is a member of the **NHS Assembly** - created 2019 to advise NHS England and NHS Improvement on delivery of improvements in health and care, potential to influence NHS policy affecting the Trust

Date of last change: 15 June 2020

NAME	POSITION	INTERESTS DECLARED
Lucy Weston	Non-Executive Director	Chair of **Red Kite Community Housing** (charitable housing association in Buckinghamshire). Formerly Chair of **Soha Housing** (stepped down in September 2023) and ~~related to Soha Housing, also~~ Director of **SIB Property Ltd** (subsidiary of Soha). Self-employed - **Lucy Weston Consulting**

Date of last change: ~~01 December 2021~~28 November 2023

NAME	POSITION	INTERESTS DECLARED
Andrea Young	Non-Executive Director	Board Governor at **University of West of England** (~~August 2019 –~~ second term running July 2023 – July 2026) and member of its Audit Committee. The university is the trainer and supplier of Allied Health Professionals and Nurses in the West of England, which may be relevant to contracts/services in the Bath, Swindon and Wiltshire area. Associate with **Tricordant** an Organisation Development consultancy on NHS England's framework for Organisation Development support. Organisation Development work with Tricordant is limited to individual coaching. Self-employed independent coach/mentor and member of the **Critical Coaching Group**, a professional body for independent coaches and mentors. Partner owns/runs **Wantage Natural Therapy Centre** and is a practicing

		chiropractor with referrals from Oxfordshire GPs.

Date of last change: ~~31 December 2021~~28 November 2023

PART B – FORMER BOARD MEMBERS DURING 2023/24

NAME	POSITION	INTERESTS DECLARED
Nick Broughton	Chief Executive (until 30 June 2023)	Partner Member for Mental Health of the **Buckinghamshire, Oxfordshire & Berkshire West (BOB) Integrated Care Board (ICB).** From 01 July 2022, the BOB ICB gained the commissioning responsibilities of the BOB area's three former Clinical Commissioning Groups together with national functions including pharmacy, optometry and dentistry. Board Member - **Oxford Academic Health Partners** (formerly the Oxford Academic Health Science Centre) Board Member – **Oxford Academic Health Science Network (AHSN)** Honorary Fellow of the **Department of Psychiatry, University of Oxford** (3-year term, ending 30 June 2023) Member - **Oxfordshire Health & Wellbeing Board** Member – **Buckinghamshire Health & Wellbeing Board** Member – **Thames Valley Academic Health Science Network** Trustee - **Charlie Waller Memorial Trust** Patron of **Action for Families Enduring Criminal Trauma (AFFECT)** Member – **Unloc Advisory Board for 2023** – working alongside industry professionals to apply knowledge and experience to advise **Unloc** (an education non-profit helping schools, colleges and organisations inspire

		and empower young people through programmes in entrepreneurship, leadership, career pathways and student voice). Not a remunerated position. Will not be part of commissioning decisions involving the Trust procuring any work or services from Unloc whilst a member of their Advisory Board.

Date of last change: 25 January 2023

NAME	POSITION	INTERESTS DECLARED
Anna Christina (Kia) Nobre	Non-Executive Director – nominee of the University of Oxford	**University of Oxford:** • Chair in Translational Cognitive Neuroscience; • Head of Department of Experimental Psychology; • Director of the Oxford Centre for Human Brain Activity; • Chair of the Oxford Neuroscience Strategy Committee; • member of the University Council, serving on its research, innovation and education committees; • Professorial fellow at **St Catherine's College**; and • Head of the Brain & Cognition Lab. Collaborator with the **Mesulam Centre for Cognitive Neurology and Alzheimer's Disease** as an adjunct professor at **Northwestern University in Chicago, USA**. Serves as an advisor to various advisory bodies to scientific institutions as well as holding roles on multiple editorial, funding, programme and prize-awarding boards. Fellow of the **British Academy**, a member of the **Academia Europaea**, and an international fellow of the **National Academy of Sciences**.

Date of last change: 29 July 2021

Oxford Health
NHS Foundation Trust

Report to the Meeting of the Oxford Health NHS Foundation Trust

Board of Directors

RR/App 55(i)/2023
(Agenda item: 23)

29th November, 2023
READING ROOM PAPER

LEGAL, REGULATORY AND POLICY UPDATE

SITUATION

This report provides an update to inform the Board of Directors on recent regulation and compliance guidance issued by such as NHS England, the Care Quality Commission and other relevant bodies where their action/publications have a consequential impact on the Trust, or an awareness of the change/impending change is relevant to the Board of Directors. A section in the Addendum to pick up learning or consider a 'True for Us' position is also included to support development/improvement activity and focus of the Board and its committees.

Proposals regarding any matters arising out of the regular Legal, Regulatory & Policy Update report will where necessary be received by the Executive Team to ensure timely updates, to enable the Trust to respond as necessary or where helpful to consultations and to ensure preparedness for the implications of, and compliance with changes in mandatory and best practice frameworks.

BACKGROUND

1. Provider Selection Regime

The last update to the Board referred to the introduction of the Provider Selection Regime (PSR). The Department of Health and Social Care (DHSC) introduced the PSR regulations into Parliament on 19 October 2023. Subject to parliamentary scrutiny and approval, DHSC intends for the PSR regulations to come into force on 1 January 2024.

NHS England has published final draft statutory guidance to support implementation of the regulations, setting out what relevant authorities must do to comply with them. This has been shared in advance of the regulations coming into force, which are subject

Regular sources: DHSC, CQC, Health & Social Care Committee, Parliamentary and Health Ombudsman, NHS England/Improvement, NHS Providers, NHS Confederation, NHS Employers, King's Fund bulletins, Nuffield Trust, Health Foundation, 39 Essex Chambers, Capsticks, RadcliffesLeBrasseur, Lexology bulletins, Health Service Journal ***Acknowledgement to OHFT Libraries for their ongoing support in sourcing content.***

to the scrutiny and approval of Parliament, to support Trusts ahead of expected implementation.

https://www.england.nhs.uk/publication/provider-selection-regime-update-to-systems/

Draft guidance: **https://www.england.nhs.uk/publication/the-provider-selection-regime-statutory-guidance/**

Toolkit: **https://www.england.nhs.uk/publication/provider-selection-regime-toolkit-products/**

NHS Providers briefing: **https://nhsproviders.org/resources/briefings/next-day-briefing-provider-selection-regime-psr-draft-guidance**

Trust position: The PSR will give commissioners the ability to follow a variety of award processes to select providers to ensure that all decisions are made in the best interests of the local population. The new regime will make it more straightforward to continue with existing service provision where arrangements are already working well, while also ensuring there is a clear and transparent process for decision-making. Discussions are due to take place at the November tripartite meeting with NHSE and BOB Integrated Care Board, in order to understand early thoughts with regard to the impact on the Trust and the integrated system.

2. **Patient and carer race equality framework**

This document outlines the participatory approach to anti-racism that mental health trusts and mental health providers should take to improve experiences of care for racialised and ethnically and culturally diverse communities.

https://www.england.nhs.uk/publication/patient-and-carer-race-equality-framework/

Trust position: The Trust has a plan in place for implementation of the framework in accordance with timescales which includes, mapping against the standards; creation of a Board – CQUINS/PSIRF; Co-creation of the implementation plan with key stakeholders (patients, carers, community groups, staff); and, Data/monitoring/assurance.

3. **State of Care 2022/23**

State of Care is the CQC annual assessment of health care and social care in England. The combination of the cost-of-living crisis and workforce challenges risks leading to unfair care, with those who can afford to pay for treatment doing so, and those who can't facing longer waits and reduced access. Access to and quality of mental health care also remain a key area of concern. Recruitment and retention of staff remains one of the biggest challenges.

https://www.cqc.org.uk/publications/major-report/state-care/2022-2023

NHS Providers briefing: **https://nhsproviders.org/resources/briefings/on-the-day-briefing-the-state-of-health-care-and-adult-social-care-in-england-202223**

See also: What does it say about mental health care and the Deprivation of Liberty Safeguards? Browne Jacobson LLP (via Lexology) **https://www.brownejacobson.com/insights/cqc-state-of-care-report-2022-23-mental-health-care-and-dols**

4. **Provider collaboration and good governance**

Working together, Browne Jacobson LLP and NHS Providers have published a guide to support NHS acute, mental health, community, specialist, and ambulance trust boards to focus on the considerations that enable well-governed provider collaboration. This guide includes considerations relevant to partnership at any level of population, although they have focused more on collaboration at scale.

Provider Collaboration: A practical guide to lawful, well-governed collaboratives (nhsproviders.org)

Trust position: This guide is a practical guide reflecting the legal framework for collaboration and NHS England (NHSE) policy, as well as building on the experiences of other trusts. The guide will support continuous improvement in our collaborative governance frameworks. The Quality Committee has oversight of our provider collaborative governance.

5. **Reducing health inequalities**

This report sets out the data and evidence of the health inequalities experienced by children and young people. It outlines the rationale for shifting attention towards this age group to prevent health inequalities later in life. It also considers the role that trusts can play in targeting interventions towards improving the health and wellbeing of children and young people who are more likely to experience inequalities.

Reducing health inequalities faced by children and young people (nhsproviders.org)

Trust position: Addressing health inequalities experienced by children and young people requires a holistic approach from a range of public services and government departments, including (but not limited to) education, housing, transport and the criminal justice system. The Trust is working in collaboration across the BOB ICS health and care system to support delivery of this aspect of the ICS Integrated Care Strategy and Joint Forward Plan .

RECOMMENDATION

The Board of Directors is invited to consider and note the content of the report and where relevant, members should each be satisfied through any additional enquiry, of their individual and collective assurances and reassurances that the internal plans and controls

in place to deliver or prepare for compliance against any of the Trust's obligations are appropriate and effective.

Lead Executive and Author: **Kerry Rogers, Director of Corporate Affairs & Company Secretary**

Addendum A

AWARENESS/LEARNING/'TRUE FOR US'/THOUGHT PIECES

CQC Inspections and updates

CQC tells Buckinghamshire Healthcare NHS Trust to make improvements in maternity services

CQC, 25 Oct 2023

This is the first time maternity services at Stoke Mandeville Hospital have been rated as a standalone core service. As well as maternity services being rated requires improvement overall, they've also been rated requires improvement for how safe they are. How well-led they are has been rated as good. The overall ratings for Stoke Mandeville Hospital and Buckinghamshire Healthcare NHS Trust both remain as good overall.

https://www.cqc.org.uk/press-release/cqc-tells-buckinghamshire-healthcare-nhs-trust-make-improvements-maternity-services

CQC publish inspection report on Derbyshire Healthcare NHS Foundation Trust

CQC, 2 Nov 2023

CQC carried out an unannounced focused inspection of acute wards for adults of working age and psychiatric intensive care units, at ward 35 on the Radbourne unit. This is a 20 bedded female acute and admissions ward**.**

https://www.cqc.org.uk/press-release/cqc-publish-inspection-report-derbyshire-healthcare-nhs-foundation-trust

CQC calls for improvements at Sussex Partnership NHS Foundation Trust's CAMHS services

CQC, 27 Oct 2023

Chalkhill is 16-bedded mixed gender inpatient unit, is a sole mental health facility in the grounds of a general acute hospital, where young people aged 12-17 are admitted if they require assessment and treatment for acute mental health needs.

https://www.cqc.org.uk/press-release/cqc-calls-improvements-sussex-partnership-nhs-foundation-trusts-camhs-services

CQC finds improvements at Tees, Esk and Wear Valleys NHS Foundation Trust but more needs to be done

CQC, 25 Oct 2023

CQC carried out unannounced inspections of four inpatient mental health services, and a short notice announced inspection of two community mental health services. These inspections were carried out due to concerns regarding the quality of care being provided to people following serious incidents which had occurred in some services.

https://www.cqc.org.uk/press-release/cqc-finds-improvements-tees-esk-and-wear-valleys-nhs-foundation-trust-more-needs-be

CQC publish inspection report on Northamptonshire Healthcare NHS Foundation Trust

CQC, 11 Oct 2023

CQC carried out an unannounced focused inspection of acute wards for adults of working age and psychiatric intensive care units, after receiving information of concern about the safety and quality of the service with regards to ligature risks. These concerns were not substantiated during the inspection, and other issues were found in relation to risk management.

https://www.cqc.org.uk/press-release/cqc-publish-inspection-report-northamptonshire-healthcare-nhs-foundation-trust

CQC publishes reports on services run by Barnet, Enfield and Haringey Mental Health NHS Trust

CQC, 11 Oct 2023

Inspectors assessed the trust's wards for older people with mental health problems, as well as the trust's mental health crisis services and health-based places of safety. Following these inspections, the rating for the trust's wards for older people with mental health problems has dropped from good to requires improvement overall. The trust's mental health crisis services and health-based places of safety have been re-rated requires improvement overall.

https://www.cqc.org.uk/press-release/cqc-publishes-reports-services-run-barnet-enfield-and-haringey-mental-health-nhs

CQC rates Avon and Wiltshire Mental Health Partnership NHS Trust's forensic services requires improvement

CQC, 4 Oct 2023

This inspection of forensic inpatient and secure wards was carried out at Fromeside, based at Blackberry Hill Hospital in response to concerns received by CQC. Fromeside is an 81-bed medium secure service caring for people who cannot be treated in mainstream mental health services.

https://www.cqc.org.uk/press-release/cqc-rates-avon-and-wiltshire-mental-health-partnership-nhs-trusts-forensic-services

CQC takes action to protect people at Brooklands Hospital

CQC, 22 Sep 2023

An inspection in March rated the forensic inpatient and secure wards at Brooklands Hospital, which is run by Coventry and Warwickshire Partnership NHS Trust, inadequate. The forensic inpatient and secure wards provide care and treatment to autistic adults, and as well adults with a learning disability.

https://www.cqc.org.uk/press-release/cqc-takes-action-protect-people-brooklands-hospital

Of interest/relevance:

Inequalities in access to therapies

NHS Health and Race Observatory

A landmark independent review of services provided by NHS Talking Therapies has identified that psychotherapy services need better tailoring to meet the needs of Black and minoritised ethnic groups.

Ten years of anonymised patient data found that historically, people from Black and minoritised ethnic backgrounds have experienced poorer access to, and outcomes from, NHS talking therapies. Over this time period, compared to White British groups, they are less likely to access services, tend to wait longer for assessment and to access treatments. The data also showed that poor outcomes were faced by people from South Asian communities, in particular Bangladeshi groups. People of mixed ethnicity, mostly White and Black Caribbean, are the least likely to access these services.

The comprehensive assessment review – '*Ethnic Inequalities in Improving Access to Psychological Therapies (IAPT)'*, was undertaken in partnership with the National Collaborating Centre for Mental Health (NCCMH).

NHS 'Talking Therapies' Review identifies Barriers in Accessing Care - NHS – Race and Health Observatory (nhsrho.org)

The NHS England (Healthcare Safety Investigation Branch) (Revocation, Transitional and Saving Provision) Directions 2023

DHSC, 2 Oct 2023

The Health and Care Act 2022, alongside the Health and Care Act 2022 (Commencement No. 7) Regulations, established the Health Services Safety Investigations Body (HSSIB) on 1 October 2023 which replaced the Healthcare Safety Investigation Branch (HSIB); the HSIB no longer exists. The regulations also allow HSSIB to complete national investigations which were ongoing immediately before the HSSIB was established.

https://www.gov.uk/government/publications/the-nhs-england-healthcare-safety-investigation-branch-revocation-transitional-and-saving-provision-directions-2023

See also: Statutory guidance: The NHS England (Healthcare Safety Investigation Branch) Directions 2022 **https://www.gov.uk/government/publications/the-nhs-england-healthcare-safety-investigation-branch-directions-2022**

Thirlwall Inquiry: terms of reference
DHSC, 19th Oct 2023
The Thirlwall Inquiry has been set up to examine events at the Countess of Chester Hospital and their implications following the trial, and subsequent convictions, of former neonatal nurse Lucy Letby of murder and attempted murder of babies at the hospital**.**
https://www.gov.uk/government/publications/thirlwall-inquiry-terms-of-reference

Guidance: Independent Care (Education) and Treatment Reviews: final report, 2023
DHSC, 8th Nov 2023
A letter, final report with recommendations, and a proposed code of practice framework from Baroness Hollins on the use of long-term segregation for people with a learning disability and/or autistic people.
https://www.gov.uk/government/publications/independent-care-education-and-treatment-reviews-final-report-2023
Government response:
https://www.gov.uk/government/publications/independent-care-education-and-treatment-reviews-government-response-2023
CQC action: https://www.cqc.org.uk/news/cqc-lead-independent-care-education-and-treatment-reviews-2-years

A review of advocacy
National Development Team for Inclusion (via King's Fund), November 2023
This report covers in depth research about advocacy for people with a learning disability and autistic people who are inpatients in mental health, learning disability or autism specialist hospitals. It highlights the systemic, legislative, cultural, service level and human issues that impact on people's experiences of independent advocacy while they are in hospital, as well as sharing ideas about how these can be improved. This review was commissioned by NHS England as part of their Spending Review mental health recovery funding in 2021/22.
https://www.ndti.org.uk/resources/research-project/a-review-of-advocacy-october-2023

A national framework for NHS – action on inclusion health
NHS England, 9 Oct 2023
This framework focuses on the role that the NHS plays in improving healthcare, and how partnerships across sectors such as housing and the voluntary and community sector play a key role in addressing wider determinants of health.
https://www.england.nhs.uk/publication/a-national-framework-for-nhs-action-on-inclusion-health/

NHS Providers briefing: https://nhsproviders.org/resources/briefings/a-national-framework-for-nhs-action-on-inclusion-health

Improvement survey 2023 - Report summary
NHS Providers, 25 Oct 2023
A report summarising the findings of the NHS Providers improvement survey which aimed to better understand where senior leaders consider their trusts to be in their improvement journeys.
https://nhsproviders.org/resources/briefings/improvement-survey-2023-report-summary

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HIGH PROFILE FAILINGS – LEARNING/'TRUE FOR US'

A number of high profile corporate governance failures and/or weaknesses continually litter the headlines and the events that damage such organisations do not just happen. They are commonly linked to boards being blind to the underlying risks that threaten their organisations and to the effectiveness of governance systems. Whilst these are predominantly headline news items with some containing allegations to be investigated – they are routinely presented to the Board in this report to stimulate consideration of the importance of corporate governance (and of perceptions on reputation) and to give due regard to there being any risk of it being 'true for us'. We are developing a Framework to ensure that in a planned way we assess where any of these significant failings could happen at the Trust in order to learn and improve control environments accordingly.

Culture Review report and response
University Hospitals Birmingham NHS Foundation Trust, 27 Sep 2023
The Culture Review report was published following an independent external review of the organisational culture at the Trust. The review highlights how, over a considerable period of time - in different ways and for different reasons - some unacceptable behaviours and poor working practices had developed across the different sites making up the Trust, which caused many staff to feel isolated, discriminated against, unsafe and undervalued.

Staff experience at the Trust needs dedicated and continued focus to make positive shifts to a working environment where all staff feel safe, heard, and valued. The review team found a challenging staff experience that has manifested itself over a long period of time, has largely continued unchecked, and has created a culture where for many, an adverse working environment has become normalised. There is currently not a single defining culture at the Trust, but there are commonalities of experience. The culture is comprised of many individual views and interpretations which means staff experience the Trust in different ways. For many of the staff who engaged with the review, their experience of working in the Trust is compromised, with a range of concerns. These include not feeling valued and respected, often not feeling safe at work, and not connected to the wider organisation in which they serve. Staff also reported not feeling included and not having

a voice that is heard and acted upon. For some staff this has impacted on their wellbeing. It would be a mistake to highlight one single factor as the cause for the current cultural challenges, and the review team have explored this holistically throughout their work. The improvement journey the Trust now need to embark on will require relentless focus and attention from all members of the organisation.
https://www.uhb.nhs.uk/review/culture-review-report-and-response.htm
Ombudsman comment: https://www.ombudsman.org.uk/news-and-blog/news/ombudsman-rob-behrens-comments-university-hospitals-birmingham-review

Ratings Suspended
A major trust which was rated "outstanding" by the Care Quality Commission for the past four years has had its ratings suspended in a rare step by the regulator. Newcastle Upon Tyne Hospitals Trust was inspected for a well-led review in July, which followed an assessment of medical care, emergency services, paediatrics and surgery in June.

The trust's chief executive previously pointed to "mixed feedback" received after the inspections, referring to concerns being raised around "culture", alongside issues in medicines management. Now, it has emerged that the CQC has suspended the trust's "outstanding" rating, which it received after an inspection in 2019, because of "significant discrepancies" between the current assessment and the findings of the recent inspection.

It is understood the trust's ratings will drop, although it is not clear yet what the final rating will be. It is relatively uncommon for the CQC to take such action. In 2022, it suspended overall and well-led ratings for Greater Manchester Mental Health Foundation Trust. It was subsequently downgraded from "good" to "inadequate".

Outstanding' trust leadership demoted to 'requires improvement'
An acute trust's leadership has been downgraded from 'outstanding' to 'requires improvement' due to concerns over its culture, HR processes and a breakdown in some key relationships. The Care Quality Commission carried out the well-led review of Bolton Foundation Trust after a series of whistleblowing concerns were raised by current and former staff, including its ex-chair.

The claims included bullying and intimidation of people who raised freedom to speak up concerns, investigations and meetings being stage-managed, and information being "sugar-coated" for the board. The CQC's report echoed some of the concerns but generally painted a more nuanced picture. The regulator's deputy director of operations in the North, said: "The culture was very mixed within the trust. We found that staff didn't always feel respected, supported, or valued by senior leaders, however, they remained focused on the needs of people receiving care.

"Some staff expressed concerns about a closed culture where they couldn't raise concerns without fear and didn't always feel listened to and feedback wasn't consistent, whilst others described it as a fair workplace."

The CQC said disciplinary and grievance processes "did not always follow best practice" and were inconsistently applied. Inspectors suggested individuals involved in some serious cases had not been properly held to account, while also citing problems with recruitment policy documents and concerns around freedom to speak up procedures.

Meanwhile, inspectors confirmed a "significant breakdown of trust and relationships between some elements of the board and the council of governors". They added: "Throughout interviews and conversations with staff we were told that the lack of face-to-face meetings of senior leaders and governors during the pandemic had had a significant and lasting negative impact on relationships and promoted a culture of mistrust in some quarters."

In terms of the Chair, who resigned in March 2023 before making a series of allegations to the CQC and NHS England, the report said she had been "less present and visible during and after the pandemic". The report added: "This loss of visibility of a pivotal leader had significantly impacted on the senior leadership team and consequently the effectiveness of the leadership and senior governance at the trust. The role of the council of governors and its relationship with the board had also been affected."

Among the divisional leaders, the CQC found a "very strong patient-centred focus. The trust's children's and young people's services were also inspected and remained rated "good", with improvement on the safety rating. The trust remains rated "good" overall.
The trust said a separate review of governance concerns raised by whistleblowers had concluded, but it has so far declined to release this.

BOARD ASSURANCE FRAMEWORK FULL VERSION NOVEMBER 2023

BAF SUMMARY Contents of this summary table (p.1-5) are hyperlinked to full BAF (at p.6 onwards).

REF.	LEAD EXEC. DIRECTOR (ED) MONITORING COMMITTEE	RISK	CURRENT RATING	TARGET	MOVEMENT	REVIEW BY COMMITTEE
1. Quality - Deliver the best possible care and outcomes						
1.1	Chief Nurse Quality Committee	**Triangulating data and learning to drive Quality Improvement** A failure to triangulate different sources of quality data and learning to inform and drive the quality improvement programme could result in patient harm, impaired outcomes, and/or poor patient experience.	9	8	↔	24/08/23 09/11/23
1.5	Exec MD for MH & LD Quality Committee	**Unavailability of beds/demand and capacity (Mental Health inpatient and LD)** **Unavailability of beds** (across all mental health inpatient services, including Adult MH & LD, and CAMHS, PICU, ED & GAU) due to: demand outstripping capacity and/or absence of support services in the community to prevent admissions and/or facilitate prompt discharge, could lead to: (i) increase in Out of Area Placements (**OAPs**)further from home, (ii) inappropriate inpatient placements; (iii) patients being unable to access specialist care required to support recovery; (iv) patients and carers/families having a poor experience; and (v) services falling below reasonable public expectations.	16	8	↔	23/10/23 09/11/23
1.6	Exec MD Primary Care & Community Quality Committee	**Sustainability of the Trust's primary, community & dental care services** There is a risk that the inability to progress, with key partners, the re-design and re-commissioning of primary, community and dental care services across Oxfordshire threatens the medium- and long-term sustainability of these services. In this scenario, waiting lists/delays will continue to grow, quality and safety of care will be increasingly compromised, the financial position will deteriorate, the needs of the service users will be insufficiently met and there will be poorer health outcomes and experiences. The successful mitigation of this risk requires the Trust to work effectively with a wide range of ICB partners and stakeholders to deliver a number of priority strategic actions and enablers (set out below), which in turn will enable the successful transformation of key primary and community care pathways.	12	9	↔	19/10/23 09/11/23

2. People - Be a great place to work						
2.1	Chief People Officer People Leadership and Culture Committee	**Workforce Planning** [*RISK UNDER REVIEW – BAF 2.1 and 2.2 may be replaced by a new combined risk on Adequacy of Staffing, under development*] Insufficient or ineffective planning for current and future workforce requirements (including number of staff, skill-mix and training) may lead to impaired ability to deliver the quantity of healthcare services to the required standards of quality; and inability to achieve the business plan and strategic objectives.	16	9	↔	03/10/23 12/09/23
2.2	Chief People Officer People Leadership and Culture Committee	**Recruitment** [*RISK UNDER REVIEW – BAF 2.1 and 2.2 may be replaced by a new combined risk on Adequacy of Staffing, under development*] A failure to recruit to vacancies could lead to the quality and quantity of healthcare being impaired; pressure on existing staff and decreased resilience, health & wellbeing and staff morale; over-reliance on agency staffing at high cost/premiums and potential impairment in service quality; and loss of the Trust's reputation as an employer of choice.	16	9	↔	03/10/23 12/09/23
2.3	Chief People Officer People Leadership and Culture Committee	**Succession planning, organisational development and leadership development** Failure to maintain a coherent and co-ordinated structure and approach to succession planning, organisational development and leadership development may jeopardise: the development of robust clinical and non-clinical leadership to support service delivery and change; the Trust becoming a clinically-led organisation; staff being supported in their career development and to maintain competencies and training attendance; staff retention; and the Trust being a "well-led" organisation under the CQC domain	12	4	↔	03/10/23 12/09/23
2.4	Chief People Officer People Leadership and Culture Committee	**Developing and maintaining a Culture in line with Trust values** A failure to develop and maintain our culture in line with the Trust values and the NHS people promise which includes: being compassionate and inclusive, recognition and reward, having a voice that counts, health, safety & wellbeing of staff, working flexibly, supporting learning & development, promoting equality, diversity & inclusivity and fostering a team culture. The absence of this could result in; harm to staff; an inability to recruit and retain staff; a workforce which does not reflect Trust and NHS values; and poorer service delivery.	9	4	↔	03/10/23 12/09/23

2.5	Chief People Officer People Leadership and Culture Committee	**Retention of staff** A failure to retain permanent staff could lead to: the quality of healthcare being impaired; pressure on staff and decreased resilience, health & wellbeing and staff morale; over-reliance on agency staffing at high cost/premiums and potential impairment in service quality; and loss of the Trust's reputation as an employer of choice.	12	9	↔	03/10/23 12/09/23

3. Sustainability - Make the best use of our resources and protect the environment						
3.1	Executive Director of Strategy & Partnerships Quality Committee	**Failure of the Trust to: (i) engage in shared planning and decision-making at system and place level; and (ii) work collaboratively with partners to deliver and transform services at place and system-level** Failure of the Trust to: (i) engage in shared planning and decision-making at system and place level; and (ii) work collaboratively with partners to deliver and transform services at place and system-level. Such failure would lead to ineffective planning and unsuccessful delivery and transformation of services in the Systems we operate in, and in turn impact both the sustainability and quality of healthcare provision in these Systems and in the Trust.	12	9	↔	18/10/23 09/11/23
3.4	Chief Finance Officer Finance & Investment	**Delivery of the financial plan and maintaining financial sustainability** Failure to deliver financial plan and maintain financial sustainability, including, but not limited to: through non-delivery of CIP savings; budget overspends; under-funding and constraints of block contracts in the context of increasing levels of activity and demand, could lead to: an inability to deliver core services and health outcomes; financial deficit; intervention by NHS England; and insufficient cash to fund future capital programmes.	16	12	↔	08/11/23 19/09/23
3.6	Director of Corporate Affairs & Co Sec Audit Committee	**Governance and decision-making arrangements** Failure to maintain and/or adhere to effective governance and decision making arrangements, and/or insufficient understanding of the complexities of a decision may lead to: poor oversight at Board level of risks and challenges; (clinical or organisational) strategic objectives not being established or achieved; actual or perceived disenfranchisement of some stakeholders (including members of the Board, Governors and/or Members) from key strategic decisions; or damage to the Trust's integrity, reputation and accountability.	12	4	↔	15/02/23 22/02/23

3.7	Executive Director of Strategy & Partnerships Finance & Investment	**Ineffective business planning arrangements** Ineffective business planning arrangements may lead to: the Trust failing to achieve its strategic ambition; problems and issues recurring rather than being resolved; reactive rather than pro-active approaches; decision-making defaulting to short-termism; and inconsistent work prioritisation, further exacerbated by the challenge of limited resources, impacting upon staff frustration and low morale.	12	6	↔	23/10/23 19/09/23
3.10	Chief Finance Officer Finance & Investment	**Information Governance & Cyber Security** Failure to protect the information we hold as a result of ineffective information governance and/or cyber security could lead to: personal data and information being processed unlawfully (with resultant legal or regulatory fines or sanctions), cyber-attacks which could compromise the Trust's infrastructure and ability to deliver services and patient care, especially if loss of access to key clinical systems; data loss or theft affecting patients, staff or finances; reputational damage.	12	9	↔	09/11/23 19/09/23
3.12	Director of Corporate Affairs & Co Sec Emergency preparedness, resilience and response committee (sub-group to Executive Management Committee) and Audit Committee	**Business continuity and emergency planning** Failure to maintain adequate business continuity and emergency planning arrangements in order to sustain core functions and deliver safe and effective services during a wide-spread and sustained emergency or incident, for example a pandemic, could result in harm to patients, pressure on and harm to staff, reputational damage, regulator intervention.	9	9	↓	05/09/23 22/02/23
3.13	Chief Finance Officer Finance & Investment	**The Trust's impact on the environment** A failure to take reasonable steps to minimise the Trust's adverse impact on the environment, maintain and deliver a Green Plan, and maintain improvements in sustainability in line with national targets, the NHS Long Term Plan and 'For a Greener NHS' ambitions (30%, 50% and 80% reduction in emissions by 2023, 2025 and 2030 respectively, and net zero carbon by 2040), could lead to: a failure to meet Trust and System objectives, reputational damage, loss of contracts, contribution to increased pollution within the wider community, and loss of cost saving opportunities.	9	3	↔	09/11/23 19/09/23

3.14	Chief Finance Officer Finance & Investment	**Major Projects** Insufficient capacity and capability to deliver major projects effectively or to support a necessary control environment and adherence to governance and decision-making arrangements may lead to: poorly planned and ultimately compromised projects; inability to proceed with projects; failure of projects to complete or to deliver against preferred outcomes; and unplanned expenses, delays and wasted resources.	16	6	↔	08/11/23 19/09/23
4. Research & Education - Become a leader in healthcare research and education						
4.1	Chief Medical Officer Quality Committee	**Failure to realise the Trust's Research and Development (R&D) potential.** Failure to fully realise the Trust's academic and Research and Development (R&D) potential may adversely affect its reputation and lead to loss of opportunity.	6	3	↔	20/10/23 09/11/23

Risk rating matrix and scoring guidance appears at Appendix 1

Strategic Objective 1: Deliver the best possible care outcomes

1.1: Triangulating data and learning to drive Quality Improvement

Date added to BAF	10 February 2022
Monitoring Committee	Quality Committee
Executive Lead	Chief Nurse
Date of last review	24/08/23
Risk movement	↔
Date of next review	November 2023

	Impact	Likelihood	Rating
Gross (Inherent) risk rating	4	5	20
Current risk rating	**3**	**3**	**9**
Target risk rating	4	2	8
Target to be achieved by			

Risk Description:
A failure to triangulate different sources of quality data and learning to inform and drive the Quality Improvement (QI) programme could result in patient harm, impaired outcomes, and/or poor patient experience.

Key Controls	Assurance	Gaps	Actions
- Use of TOBI (Trust Online Business Intelligence) data from ward to Board level; - Quality & Safety Dashboard; - Integrated Performance Report to Board; - Oxford Healthcare Improvement (OHI) Centre; - Quality Improvement (QI) Hubs, supported by QI Hub Programme Board and QI & Learning Group; - QI strategy implementation plan as part of wider Trust QI Strategy; - Clinical Audit team transferred to management under the Head of QI (since Q1 FY23); - Weekly Review Meeting triangulating incidents, complaints, deaths/inquests, claims, CAS alerts etc;	**Level 1: reassurance** - QI Hubs meet monthly and report into QI & Learning Group to share progress and learning across Hubs; - Monthly Directorate Quality Groups; - Weekly Safety Forums; - Complex Review panels. **Level 2: internal** - Quality & Safety Dashboard regularly reported into Quality Committee; - Integrated Performance Report to Board; - Quality Committee; - Quality & Clinical Governance Sub-Committee; - Weekly Review Meeting (Clinical Standards); - Patient Safety Incident (PSI) updates and review reports at Quality	GAP: The clinical system outage from August 2022, which resulted from the failure with third party supplier-hosted patient record systems, has led to a decreased focus upon local QI programmes of work (including Clinical Audit) whilst the Trust has been focusing upon the response to the critical incident. Some progress has been delayed on QI workstreams and members of the OHI had needed to be redeployed from usual roles, as part of the response. OWNER(s): Associate Director of QI & Clinical Effectiveness and Chief Nurse GAP (controls): embedding QI as part of Trust culture still an ongoing process; and appropriate resourcing required to support and maintain the OHI Centre in	During Q2 FY23, QI activity continues to embed across the Trust and approx. 1,262 colleagues, service users and carers have received QI training since the launch of the training programme in 2021; all cohorts for QI training during the 2023 period are fully subscribed. QI work remains spread across trust services with trust priority QI focused work such as Reducing Restrictive Practice; Involving Families and Carers; and Risk Assessment documentation and formulation now led and embedded within directorates. There are currently 162 active projects in progress that reflect the trust strategic objectives. (1) Embed use of Quality Dashboard to identify areas

- Mechanisms for feedback, including 'I Want Great Care' surveys, PALS, complaints and patient stories, and Trust-wide Experience & Involvement Group; - Experience & Involvement Strategy; - New framework for incidents incl. safety huddles, after action learning reviews and thematic reviews; - central monitoring of progress of Patient Safety Incident (PSI), complaints and inquest actions; - Whistleblowing Policy & Freedom to Speak Up Guardian; - Journey to Outstanding internal review self-assessments.	Committee and private Board; - Patient Experience/ Experience & Involvement updates into Quality Committee; - OHI Centre/QI updates into Quality Committee; - Annual Quality Account. **Level 3: independent** -- CQC Inspections; - Patient/carer feedback, incl. 'I Want Great Care' results; - Quality Account signed off by Local Authorities; - Annual National Community Mental Health Survey results; - Multi-agency review processes e.g. Homicide Reviews, inquests, CDOP; - performance against national NHS Oversight Framework indicators.	order to support ambition to embed QI. ACTIONS: To sustain momentum and support continuous and sustainable improvements a review of OHI Centre resource and capacity was undertaken during Q4 FY22 with an options appraisal presented in Q1 FY23 to the Executive to consider support and direction for QI going forwards; options appraisal decision in progress. OWNER(s)~~:~~ Associate Director of QI & Clinical Effectiveness and Chief Nurse	for improvement and prioritise QI workstreams; (2) continued roll out of QI Hubs and QI & Learning Group as vehicles to pick up learning; (3) Engage & train frontline staff in use QI methodology to improve service concerns raised through PSIs. Q1 FY23 saw the launch of OHI Level 1 QI online training module for staff, service users and carers to increase the spread of awareness of QI; Currently approx. 500 people have completed the L1 training. Oxford University Hospitals NHS Trust approached the trust to adopt the OHI L1 training for their staff and this was agreed and is now part of the OUH training package. Discussions are in progress regarding adoption across the BOB region. (4) External review from peer QI team to benchmark our progress and plan for the future is under consideration for the 2024/25 period. (5) Complete targeted peer reviews following findings of Journey to Excellence internal review self-assessments; A Head of Clinical Standards & Excellence was recruited to earlier this year and aligned with the Oxford Healthcare Improvement Team. This post is now leading the Journey to Excellence with a programme of service self-assessment and Peer Review in progress with OHI

			supporting identified improvement opportunities. (6) Continue to improve quality of and access to TOBI data so areas for improvement can be identified more easily. Work is in progress to link TOBI data to the Audit Management and Tracking (AMaT) System to allow data pull through for trust audits to allow access to audit information in real time. OWNER: Chief Nurse.

Strategic Objective 1: Deliver the best possible care outcomes

1.5: Unavailability of beds/demand and capacity (Mental Health inpatient and LD)

Date added to BAF	Pre-Jan 2021
Monitoring Committee	Quality Committee
Executive Lead	Executive Managing Director for Mental Health & Learning Disabilities
Date of last review	23 October 2023
Risk movement	↔
Date of next review	January 2024

	Impact	Likelihood	Rating
Gross (Inherent) risk rating	4	5	20
Current risk rating	**4**	**4**	**16**
Target risk rating	4	2	8
Target to be achieved by			

Risk Description:

Unavailability of beds (across all mental health inpatient services, including Adult MH & LD, and CAMHS, PICU, ED & GAU) due to: demand outstripping capacity and/or absence of support services in the community to prevent admissions and/or facilitate prompt discharge, could lead to: (i) increase in Out of Area Placements (**OAPs**) further from home, (ii) inappropriate inpatient placements; (iii) patients being unable to access specialist care required to support recovery; (iv) patients and carers/families having a poor experience; and (v) services falling below reasonable public expectations.

Key Controls	Assurance	Gaps	Actions
- Clinical oversight and review of patients considered to be in an inappropriate bed via Clinical Directors;	**Level 1: reassurance** - Directorate SMT monitoring; - Provider Collaborative Single	Restricted capacity and instances of long waits for young people requiring CAMHS & Psychiatric Intensive Care Unit (**PICU**) beds. PICU project is off plan on opening	Finance & Investment Committee (**FIC**) monitoring delivery of PICU project and due to open in September 2023

- Proactive management of flow and OAPs; - Single point of access for provider collaborative network beds; - Care Planning; - System partner calls to improve discharge; - Roll out of Crisis Resolution, Home Treatment, Early Intervention, Intensive Support and Hospital at Home teams to prevent admission and support earlier discharge; - SOPs/processes in place for any Young Person in seclusion or Long-Term Segregation, including Clinical Director reviews; - Improvements to flow and reduce length of stay. - Initiation optimisation programmes for Oxfordshire Adult wards. This looks at the process from patient admission to discharge with a view to improving the average length of patient stay which will in turn increase capacity.	Point of Access monitoring (weekly); - weekly regional calls for CAMHS **Level 2: internal** - Review of incidents, restraints, seclusions and inappropriate use of s.136 by Heads of Nursing and through Weekly Review Meeting; escalation to OMT and Exec; - OAPs trajectory monitoring internally through Directorate OMT and Executive; - Integrated Performance Report to Board **Level 3: independent** NHSE reporting and monitoring of progress against OAPs trajectories. Regional monitoring of CAMHs acute pathway metrics	due to staffing requirements and build issues. Shortage of substantive nursing and therapy staff across the Trust (and in some team's difficulties in recruiting medics e.g. CAMHS community, adult acute mental health and Adult Eating Disorder services) i.e. vacancies continue to result in capacity pressures and increased reliance on agency staffing at a time when demand is increasing. Ultimately can reduce capacity to see patients and families. Waiting lists and access to some services are rising as a result of increased demand, pressures in the wider system i.e., housing, shortage of staff and the aftermath of COVID-19. Some mental health community teams are also managing high numbers of patients unallocated to a care coordinator due to demand being higher than capacity. This impacts inpatient areas and creates the need to use Out of Area Placements (OAPs). Restricted capacity leading to long waits for admission to Adult ED units, resulting in patients with very low BMIs being managed in the community or acute hospitals. National reduction in Assessment & Treatment Unit (ATU) beds and estate does not enable support for individuals with LD or autism requiring reasonable adjustments or a single person placement.	Vacancies continue to be high. Details reported in the Quality and Safety Dashboard provided to the Quality Committee (and to the Board), as well as in highlight reporting from the Quality & Clinical Governance Sub-Committee to the Quality Committee. Mitigations via Retention and Recruitment workstreams and the Improving Quality Reducing Agency programme (monitored through the People, Leadership & Culture Committee). Monitoring arrangements and mitigations are in place at a team level overseen by each Directorate Senior Management Team. Operational risks also monitored through the Trust Risk Register at 1068 (mental health waiting times), 1024 (reporting on waits) and 1001 (OAPs). Monitoring also through highlight reporting from the Quality & Clinical Governance Sub-Committee to the Quality Committee. The directorates have been focused on reducing the use of OAPs to improve the quality of patient care and improve cost control. Adult Eating Disorder (ED) service to extend and develop Day Hospital

			and Hospital at Home offerings; The TVPC established the Hospital at Home ED (H@H ED) pilot with views to reducing the need for T4 admission for ED treatment. LD services to continue to provide specialist LD support to mainstream mental health wards to facilitate reasonable adjustments. OWNER: Executive MD for Mental Health & Learning Disabilities

Strategic Objective 1: Deliver the best possible care outcomes

1.6: Sustainability of the Trust's primary, community & dental care services

Date added to BAF	Pre-Jan 2021
Monitoring Committee	Quality Committee
Executive Lead	Executive MD for Primary Care and Community
Date of last review	19/10/23
Risk movement	↔
Date of next review	January 2024

	Impact	Likelihood	Rating
Gross (Inherent) risk rating	4	5	20
Current risk rating	**4**	**3**	**12**
Target risk rating	**3**	3	**9**
Target to be achieved by			

Risk Description:

There is a risk that the inability to progress, with key partners, the re-design and re-commissioning of primary, community and dental care services across Oxfordshire threatens the medium- and long-term sustainability of these services.

In this scenario, waiting lists/delays will continue to grow, quality and safety of care will be increasingly compromised, the financial position will deteriorate, the needs of the service users will be insufficiently met and there will be poorer health outcomes and experiences.

The successful mitigation of this risk requires the Trust to work effectively with a wide range of ICB partners and stakeholders to deliver a number of priority strategic actions and enablers (set out below), which in turn will enable the successful transformation of key primary and community care pathways.

Key Controls	Assurance	Gaps	Actions
Delivery of the Oxfordshire community services transformation programme, incorporating these steps across adult and children's services: 1. Pathway review and re-design 2. Re-commissioning and re-contracting 3. Implementation of changes Daily system working and collaboration processes amongst providers embedded, with step-ups during periods of peak pressure, such as OPEL 4 status, Demand and Capacity App and other data analysis and reporting to visualise patient demand based on previous activity. Deployment of system for the management and rostering of staff. This enables operational managers to plan shift patterns and to identify and resolve gaps in staffing. Reporting on activity and waiting times (with revised metrics agreed with services)	**Level 1: reassurance** **Level 2: internal** - Integrated Performance Report to the Board (standing item) includes reporting on performance against National Oversight Framework, delivery of strategic Objective Key Results and Directorate highlights and escalations At Trust level, the community services transformation programme will report into the Trust Strategy Delivery Group. At Directorate Level, it will be coordinated by and report into a Directorate Transformation Board. **Level 3: independent** At Place level, the work will report into the Oxfordshire Integrated	•Limited capability and capacity in Community Services for innovation and quality improvement. •Senior Clinical Leadership gaps in some services. •Quality and Risk issues in some services linked to insufficient capacity to maintain urgent care and non-urgent planned care (e.g., pressure-related harms, podiatry, CTS/district nursing). • Limited workforce planning and high staff vacancy rates in specific services linked to local or national workforce shortages (e.g., podiatrists, dieticians). •Fragmentation of care pathways across siloed service management and support structures (e.g., H@H, OOH services, IT systems). •Change management capability gaps – limited mid-tier experience in change management and QI. •Substantial need for re-design of costed service models and consequent contract and finance re-negotiation – many service contracts	*Short-term:* Daily system calls are held 7-days-a-week on how to balance the risks across different provider organisations, including ambulance and acute services, and how to free up space to provide for patient discharge or flow through the system. The challenge of balancing demands on staff, finances, and achievement of longer-term strategic goals are regularly discussed and monitored through Trust Weekly Review Meetings (safety / complaints / incidents review) • Monthly Directorate Quality SMT Board • Monthly Finance Review meetings with each Head of Service • Monthly Directorate Performance Board • Quarterly Executive Performance Review To manage unexpected surges in demand, Mutual Aid arrangements have been put in place across the BOB ICS to help manage capacity challenges. Staffing risks are being managed via a people plan (workforce & wellbeing meeting) reported to PLC. Partnership working with Adult Social Care (Oxfordshire County Council) and Oxford University Hospitals NHS FT (OUH) colleagues to develop a jointly managed Transfer of Care team to facilitate more effective and timely hospital discharges and best use of community bed resources.

Monitoring of key mitigating actions through Directorate and Trust reporting processes (including monitoring of relevant Directorate Plan objectives) Delivery and monitoring of Frontline Digitisation Plan	Leadership Board (OILB). ICB-level governance is still being finalised but will likely include a Place Partnership Board constituted of the Trust CEOs and GP leadership representatives. Some components of the change programme report into ICB or regional/national governance structures (e.g., NHSEI virtual ward and urgent community response programmes).	contain irrelevant KPIs, commissioning gaps or duplications, and some have seen no income uplift for over 10 years, despite significant expansions in provision due to legislative and population changes. Other core services, such as the Urgent Community Response, have continued to operate as extended national pilots since the pandemic, without a secured service contract, which limits long-term planning. • Lack of suitable premises to collocate the staff and deliver sustainable service models.	A second programme of work has started. This is focusing on improving the sustainability of the UEC pathway. *Longer-term:* A community service transformation programme is underway with system partners at Oxfordshire Place to improve patient outcomes and service sustainability. , supported by external programme management team. This will align closely to the Frontline Digitisation Programme which will also improve sustainability. Resources have been identified by the Trust to establish a community services transformation team to deliver this work, and support its implementation in services, led by a new Transformation Director role within the Directorate Leadership who started in May 23. Development of the Oxford City estates plan and business case to develop a North and South city hub. An early task of the Transformation Team has been supporting the development of a more sustainable delivery model for the Oxfordshire 0-19 healthy child services which have been reprocured by Oxfordshire County Council. At Place level, regular meetings are held with the ICB Oxfordshire Place Director to progress work on local stakeholder engagement for transformation work (focusing on Wantage CH services initially) and at a county level with system Exec leads at the Oxfordshire Integrated Leadership Board. May 2022, the Trust and OUH signed a Memorandum of Understanding (MoU) to support closer working for Oxfordshire patients and communities. The MoU identifies

			urgent care and end of life care as early priorities for collaboration. MoU reviewed and supported by Trust Board in March 2022 and also approved by OUH Board. MoU is not legally binding and both organisations will continue to operate within current governance frameworks. The Trust is also leading development of the Thames Valley Dental Services provider partnership with Berkshire Healthcare and CNWL NHS Trusts to improve sustainability of these services and secure future funding. A steering board regularly meets, and a partnership agreement has been developed. **Commissioners have written to the partnership expressing their intention to extend the contract until 2026.**

Strategic Objective 2: Be a great place to work

2.1: Workforce planning [UNDER REVIEW]

Date added to BAF	Pre-Jan 2021
Monitoring Committee	People Leadership and Culture Committee
Executive Lead	Chief People Officer
Date of last review	October 2023
Risk movement	↔
Date of next review	January 2024

	Impact	Likelihood	Rating
Gross (Inherent) risk rating	5	4	20
Current risk rating	**4**	**4**	**16**
Target risk rating	3	3	9
Target to be achieved by			

Risk Description:
Insufficient or ineffective planning for current and future workforce requirements (including number of staff, skill-mix and training) may lead to: impaired ability to deliver the quantity of healthcare services to the required standards of quality; and inability to achieve the business plan and strategic objectives

Controls	Assurance	Gaps	Actions
- E-Rostering Governance Group to progress the movement of the Trust through NHSI/E E-	**Level 1: reassurance** - E-Rostering Governance Group	Lack of Workforce Planning capability and	HR priorities defined until the end of FY23/4 which will form the HR People Plan, as agreed at the

Rostering attainment levels which supports short term management and review of workforce. - Weekly Review Meeting led by Nursing and Clinical Governance reviewing staffing levels and incidents - BOB ICS 'People' workstream has focus on system wide workforce planning capability and capacity	- Workforce Performance review (monthly) **Level 2: internal** - People Leadership and Culture Committee Workforce Report; - Safe Staffing reporting via Quality dashboard into Quality Committee; - Weekly Review Meeting led by Nursing and Clinical Governance reviewing staffing levels and incidents. **Level 3: independent**	capacity has been identified. .	People, Leadership & Culture Committee on the 7 July 2022. Three cross cutting themes of work to address the most pressing priorities: upskilling line managers to lead teams and increase engagement; a focus on new joiners to support attraction and retention; and strengthening data and systems to free up clinicians' time. The Learning & Development and HR teams integrated from 01 April 2022 has provided opportunities for developing a more integrated approach to leadership, workforce planning, career development, OD and systems. A HR conference was held on the 19th of April 2023 which cemented the growing together of the teams. An example of cross team working is the 'MDT' approach to 'Team development & leadership days' from teams across the Trust which now get reviewed by OD and L&D to ensure the Team gets the support they need in one place. Workforce Planning capability to be added to HR team. A piece of work has been undertaken to map out the workforce requirements for next 5-7 years, this will support future workforce planning decisions. This workforce tool will take into account current committed

			workforce education programmes such as nurse associate training, top up degrees and advanced clinical practice. Owner: Chief People Officer Detailed plans to be put in place once Workforce Planning resource is in place. However, the Improving Quality and Reducing Agency Programme already has several workstreams which aim to improve the quality of services whilst reducing agency spend. One of the workstreams, Retention, will focus on improving retention which will be supported by the new HR Structure with a greater emphasis on organisational development, culture, development and succession planning. A new retention team started in the Trust in May 2023 and this brand-new team have focused on building the retention frameworks and strategies for the organisation. These include offering 'stay' and 'career' conversations for members of staff who need support in their career, exit interviews for staff who leave so we can learn why they are leaving, and development of talent management across the Trust. Owner: Chief People Officer

Strategic Objective 2: Be a great place to work

2.2: Recruitment [UNDER REVIEW]

Date added to BAF	Pre-Jan 2021
Monitoring Committee	People Leadership and Culture Committee
Executive Lead	Chief People Officer
Date of last review	October 2023
Risk movement	↔
Date of next review	January 2024

	Impact	Likelihood	Rating
Gross (Inherent) risk rating	4	4	16
Current risk rating	**4**	**4**	**16**
Target risk rating	3	3	9
Target to be achieved by			

Risk Description:
A failure to recruit to vacancies could lead to: the quality and quantity of healthcare being impaired; pressure on existing staff and decreased resilience, health & wellbeing and staff morale; over-reliance on agency staffing at high cost/premiums and potential impairment in service quality; and loss of the Trust's reputation as an employer of choice.

Controls	Assurance	Gaps	Actions
- Director of Clinical Workforce Transformation to lead quality improvement, aim to reduce agency costs and support recruitment and retention workstreams, as well as develop bids for funding (for e.g. international recruitment); - Improving Quality, Reducing Agency Programme Board; - the development of an overarching recruitment plan for each service to address areas of candidate attraction and retention; - collaboration with other local NHS Trusts to understand the overall employment marketplace and take joint pre-emptive action where possible, including collaboration with OUH on recruiting from Brookes University; - proactive virtual career events at universities,	**Level 1: reassurance** - weekly reporting of vacancy levels and fill rates to SMT and the Service Directors; - reporting on inpatient safe staffing levels to SMT and Weekly Review Meeting (Clinical Standards); - integrated activity plan managed daily and reviewed weekly by HR and reviewed by Operations SMT monthly; - Monthly review of recruitment activity by HR SMT. **Level 2: internal** - Improving Quality, Reducing Agency Programme Board - Reports to Extended Executive (monthly); - People Leadership and Culture Committee (quarterly) received workforce report, oversees 'improving quality, reducing agency' item and	Dealing with national and local recruitment challenges, (including: possibility of higher turnover due to health & wellbeing post Covid-19; lack of LD nurse training places in the local area; high costs of living). Increase in the number of acting up/secondment roles in order to cover vacancies - leads to chains of staff acting up and additional staffing gaps being created. Impact upon HR of increased candidate pipelines due to the number of vacancies at any one time - HR resourcing required in order to take forward change activities and support the recruitment process.	A clear process has been agreed following the successful landing of international nurses to reduce reliance on agency workforce. The Recruitment Campaigns Team continue to manage proactive recruitment campaigns for areas of high vacancy and agency spend. Trust-wide campaigns include: Return to Practice for Nurses and Allied Health Professionals; and University/Student recruitment. Improving Quality and Reducing Agency Programme has several workstreams which aim to improve the quality of services whilst reducing agency spend: - the recruitment workstream is developing

recruitment fairs and for attracting those new to health and care services - Apprenticeship Programme, career development pathway for HCAs, 'grow your own' model.	receives, as standing items, updates on agency use, recruitment & retention and workforce transformation projects, bids and workstreams; - Agency as % total temporary staffing 11.6% August 2023, compared 12.3% July 2023, against target <8.7%.		a project around student nurse recruitment; Agency Master Vendor contract (excluding Medics) has been completed; - the medical staffing workstream is reviewing the use of long line agency medics and recruitment activity; and - the Trust is moving to the NHS Professionals outsourced model for staff bank provision from January 2023. However, the transfer of data has been more complex than originally estimated and ongoing remedial work is being implemented to secure finalised outcome. OWNER: Chief People Officer
	Level 3: independent		

Strategic Objective 2: Be a great place to work

2.3: Succession planning, organisational development and leadership development

Date added to BAF	Pre-Jan 2021
Monitoring Committee	People Leadership and Culture Committee
Executive Lead	Chief People Officer
Date of last review	October 2023
Risk movement	↔
Date of next review	January 2024

	Impact	Likelihood	Rating
Gross (Inherent) risk rating	4	4	16
Current risk rating	**3**	**4**	**12**
Target risk rating	2	2	4
Target to be achieved by			

Risk Description:
Failure to maintain a coherent and co-ordinated structure and approach to **succession planning, organisational development and leadership development** may jeopardise: the development of robust clinical and non-clinical leadership to support service delivery and change; the Trust becoming a clinically-led organisation; **staff being supported in their career development and to maintain competencies and training attendance**; staff retention; and the Trust being a "well-led" organisation under the CQC domain

Key Controls	Assurance	Gaps	Actions
- service model review and modifications of pathways across Operations (cross-reference to 1.2 and the risk against failure to deliver integrated care); - completed restructuring of Operations Directorates to provide for development of clinical leadership and for a social care lead in each directorate; - "planning the future" programme and ongoing Aston Team Working programme; - effective team-based working training in place with L&D; - multi-disciplinary leadership trios within clinical directorates to support and develop clinical leadership; - the Organisational and Leadership Development Strategy Framework (approved by the Board, October 2014) - aims to maximise effectiveness of staff at every level of the Trust by coordinating a range of activities which will promote their ability to deliver high quality services and patient care and by ensuring that structures are in place to enable their effective delivery; - individual professional	**Level 1: reassurance** **Level 2: internal** - People, Leadership & Culture Committee; - Use of annual staff survey to measure progress and perception of leadership development; - staff appraisals; - PDR compliance 92.3% in August 2023. PDR season starting 1st April – 31 July 2023 was 95% - Clinical supervisions **66%** in August 2023 compared to 64.8% in June 2023. - Mandatory training performance up to **88.8%** in August 2023 compared to 87.1% in May 2023 heading in the right trajectory but still below target (target >95%). **Level 3: independent** - CQC reviews - a rating of "good" was achieved in the Well Led domain in 2015 CQC inspection.	GAP The L&D team will continue to monitor the new system and revise the training matrices for the small number of teams that are still outstanding and work with teams and areas where compliance is particularly low. The priority for 2023 is to ensure mandatory training figures achieved to date remain consistently strong , with an assessment of the barriers in relation to implementation so that these can be removed. GAP (controls - application of Strategy Framework): coherent Trust-wide learning from existing leadership development projects. Localised good performance and good practice may not be picked up across the Trust. Unwarranted variation without justification may be a gap rather than variation itself. GAP (controls): Equality and Diversity. The WRES and WDES are monitored against national benchmarks and areas variation are reviewed	The first PDR season (supported by a brand new codesigned form with staff and brand-new bite size training) launched in April 2023 and ended in July. All PDRs were reset to 0% on the 1st of April. The Trust responded really well to the focus on PDR and achieved a 92.3% compliance rate at the end of July. A core component of the PDR was a focus on 1)Career Conversations 2) Wellbeing Conversation and 3)Flexible working Conversation (as these remain the top 3 reasons for leaving the organisation) The Trust can be assured that 92.3% of its staff has had these very important conversations. A direct result of PDR has been the increase of staff signing up to training courses with Learning & Development, which has been very welcomed. HR and L&D are fully integrated and working and the services are being rebranded as the People services. OD Club continues to grow and has 140+ members across the Trust and OD presents on corporate induction as well as ongoing

review and development through development of individual professional leadership strategies e.g. Nursing Strategy (updates provided into the Quality Committee, most recently in July 2020); - Masters' framework offering clinically relevant development opportunities for registered professionals; - Inspire Network (replaced Linking Leaders conferences) event focused on Organisational Development on 10 March 2022 and considered Staff Survey results; and - Trainee Leadership Board -currently being reviewed as part of the wider look into Leadership		and action plans developed. GAP (controls): Equality and Diversity. National picture of little progress having been made in the past 20 years to address the issue of discrimination (BAME and other groups including LGBT, people with disabilities and religious groups) in the NHS.	engagement with front lines teams as part of the commitment to ensuring 'everyone having a voice that counts' for the 2023 Staff Survey. ACTION: Implementation of the NHS People Promise across the organisation has been completed. The Trust first People Plan has been developed (October 2022) and has been delivered over the past 12 months and is being reviewed as part of the planning process for 2024/25. ACTION: work of the Equality & Diversity Lead. NHS Workforce Race Equality Standard reporting. Focus at Board level. Ongoing work with HR to develop routine statistical analysis to identify key areas for actions and follow-up. Development of Quality Improvement Race Equality programme. The EDI team have adopted the QI approach to deliver organisational change and currently have 3 QI Race Equality programmes and 3 QI Disability programmes ongoing, these are evidenced based programmes based on the needs identified in the WRES and WDES. The programmes have completed the 'discovery' phase and will be starting the 'design' and 'delivery' phase October 2023 – April 2024. OWNER: Head of OD

Strategic Objective 2: Be a great place to work

2.4: Developing and maintaining a culture in line with Trust values

Date added to BAF	19/01/21
Monitoring Committee	People Leadership and Culture Committee
Executive Lead:	Chief People Officer
Date of last review	October 2023
Risk movement	↔
Date of next review	January 2024

	Impact	Likelihood	Rating
Gross (Inherent) risk rating	4	3	12
Current risk rating	**3**	**3**	**9**
Target risk rating	2	2	4
Target to be achieved by			

Risk Description:
A failure to develop and maintain our culture in line with the Trust values and the NHS people promise which includes: being compassionate and inclusive, recognition and reward, having a voice that counts, **health, safety & wellbeing of staff, working flexibly,** supporting learning & development, promoting equality, diversity & inclusivity and fostering a team culture.
The absence of this could result in; harm to staff; an inability to recruit and retain staff; a workforce which does not reflect Trust and NHS values; and poorer service delivery.

Key Controls	Assurance	Gaps	Actions
- HR Policies & strategies, include. Workplace Stress Prevention & Response, Equal Opportunities, Dignity at Work, Flexible Working, Grievance and Sickness policies; - Freedom to Speak Up Guardian; - Health & Wellbeing Strategy, groups, services and Intranet site& resources; - Employee Assistance Programme; - Occupational Health Service; - Equality, Diversity and Inclusion team, plans, training and groups, Staff Equality Networks; - Health & Safety Policies, and H&S Team; - Zero-Tolerance of Violence and Aggression to Staff Policy;	**Level 1: reassurance** - Health and Wellbeing Group; - Stress Steering Group; - Learning Advisory Group (LAG) Group; - Equality & Diversity Steering Group; (all reporting to PLC Committee quarterly); - H&S group SEQOSH accredited **Level 2: internal** - People, Leadership & Culture Committee (quarterly); - Quarterly People Pulse checks (measures of staff engagement) **Level 3: external** - National Staff Survey results; - External endorsement of the Trust's wellbeing work	GAP Need to improve staff experience and respond to issues identified by Staff Survey results in order to improve retention. ~~G.~~	Promotion and embedding of a "civility and respect including: Team and manager focus on Health & Wellbeing -support; wellbeing conversations (July 2021); Embedding Restorative Just Culture model; Embedding Civility & Respect model; Mental Health First Aid training for managers; Enabling safe spaces and confidential support to all staff. Kindness into Action (part of the Civility & Respect Culture) A new Restorative Just and Learning Culture clinical lead began in May 2023 and has started 3 work

- Training, supervision and Performance and Development Review (PDR) processes; - Communications bulletins & intranet resources and news.	via take-up of Trust's model through BOB ICS.		programmes to embed the RJLC approach across the organisation. The RJLC Lead is also teaching, training and presenting to teams across the Trust to build awareness, buy in and engagement with this new way of working. OWNER: Chief People Officer & Head of Health & Wellbeing Development of Quality Improvement (QI) Equality Diversity & Inclusion (EDI) programmes around Race Equality (based on feedback from the Workforce Race Equality Standard (WRES)). The key workstreams are: 1 – Increasing workforce diversity 2 – De-biasing the disciplinary process 3 – Improving equal opportunities in career development and progression These programmes have been developed and are due to end the 'discovery' phase at the end of September 2023. The 'design' and 'delivery' phase will take place Oct 23 – Mar 24

Strategic Objective 2: Be a great place to work

2.5: Retention of staff

Date added to BAF	May 2021
Monitoring Committee	People Leadership and Culture Committee

	Impact	Likelihood	Rating

Executive Lead	Chief People Officer
Date of last review	18/11/22
Risk movement	↔
Date of next review	January 2023

Gross (Inherent) risk rating	4	4	16
Current risk rating	**4**	**3**	**12**
Target risk rating	3	3	9
Target to be achieved by			

Risk Description:

A failure to retain permanent staff could lead to: the quality of healthcare being impaired; pressure on staff and decreased resilience, health & wellbeing and staff morale; over-reliance on agency staffing at high cost/premiums and potential impairment in service quality; and loss of the Trust's reputation as an employer of choice.

Controls	Assurance	Gaps	Actions
- Director of Clinical Workforce Transformation to lead quality improvement, aim to reduce agency costs and support recruitment and retention workstreams; - career development pathway for HCAs; - Learning from Exit Questionnaires / Interviews; - Health & Wellbeing, Equality, Diversity and Inclusivity, and Occupational Health strategies, groups, services and initiatives; - Freedom to Speak Up Guardians; - Training, supervision and Performance and Development Review (PDR) processes;	**Level 1: reassurance** - Quarterly review of leavers exit interview data by HR SMT. **Level 2: internal** - Reports to Extended Executive (monthly); - Reports to People Leadership and Culture Committee (quarterly); - Performance data reports to Board: - Turnover 15.1% in August 2023, has fallen from 16% in May 2023 (target <10%); - Vacancies 15.9% in August 2023 a rise on May 2023 13.6% (target <9%); - Quarterly People Pulse checks (measures of staff engagement) **Level 3: independent** - National Staff Survey results (annual process) - National – BOB ICS recognition for R&R with Enhanced Occupational Health & Wellbeing Pilot Regionally - H&W key group member of R&R	High vacancy numbers, challenges recruiting to vacancies, and demands of recruitment upon operational management of recruitment can have negative impact on experience of existing staff.	The October 2023, the turnover rate has reduced over the past 3 months but remains higher than the Trust target. onboarding QI project; and Career Conversations QI project. As at August 2023 PDR was 92.3% PDR processes had been redesigned with a focus on Wellbeing, Flexible working and career development to ensure people have the best experience at work. The Career Conversations QI group is working on setting up the process for staff to have in depth career conversations and 'stay' conversations with people who may be looking to leave for career development or looking for better work life balance. This project is now completed and has been turned into business as usual for the new Retention Team New Starter Experience QI group is looking to ensure new starters have the best experience in the first 6

	planning and new national resource.	Need to improve staff experience and respond to issues identified by Staff Survey results to improve retention. The OD Team is working to improve the Staff Survey engagement across the Trust for 2023 so more data will available to drive improvements. Pressure from cost of living increases likely to be a theme for staff over 2023-24.	months to mitigate the risk posed by people leaving within their first 12 months. A questionnaire has been developed to check in with new starters so improvements can be made quickly to improve new starter experience. Staff Survey ~~2022~~ 2023 engagement plan included the Organisational Development team looking to visit as many teams across the Trust to have direct conversations to drive engagement. As of September 2023, plans are in place to visit many sites and teams as possible, as well as 4 'road shows' at the major Trust sites alongside Wellbeing, EDI and Retention actions relating to recruitment.

Strategic Objective 3: Make the best use of our resources and protect the environment

3.1: Failure of the Trust to: (i) engage in shared planning and decision-making at system and place level; and (ii) work collaboratively with partners to deliver and transform services at place and system-level

Date added to BAF	Pre-Jan 2021 Refocused and revised in July 2022
Monitoring Committee	Quality Committee
Executive Lead	Executive Director of Strategy & Partnerships
Date of last review	23/08/23
Risk movement	↔
Date of next review	Q4 2023/24

	Impact	Likelihood	Rating
Gross (Inherent) risk rating	5	5	25
Current risk rating	**4**	**3**	**12**
Target risk rating	4(↑)	2(↓)	8 (↓)
Target to be achieved by	Q1 2024/25		

Risk Description:
Failure of the Trust to: (i) engage in shared planning and decision-making at system and place level; and (ii) work collaboratively with partners to deliver and transform services at place and system-level. Such failure would lead to ineffective planning and unsuccessful delivery and transformation of services in the Systems we operate in, and in turn impact both the sustainability and quality of healthcare provision in these Systems and in the Trust.

Controls	Assurance	Gaps	Actions
Governance and joint-decision-making: - Active participation in shaping emerging BOB and place-levels governance; - Development of Provider Collaborative arrangement in Mental Health. BOB Mental Health Partnership recognised as key governance for Mental Health in BOB ICS in the ICS Joint Forward Plan; - Joint work / operational processes with local authorities and other partners including PCNs; - Development of alliances and partnerships with other organisations, including the voluntary sector, to	**Level 1: reassurance** - Reporting through Directorate SMTs and OMT. **Level 2: internal** - Reporting through: Executive Management Committee; and Trust Board. **Level 3: independent** - ICS-level and Place-level emerging governance for Mental Health, Learning Disability and Autism (MH, LD&A) and Community - Partnership and Alliance arrangements with other organisations, including the voluntary sector;	**Performance and planning:** Absence of system-wide data sets and aligned reporting. **ICS and Place-level governance** New BOB Mental Health Partnership Governance nascent and will need to be fully embedded and operationalised to enable collaborative working and joint-decision making. No additional resourcing agreed at system-level to support this work. Learning Disability governance being developed by ICS.	Work ongoing to agree performance reporting at System, Place and Trust levels, aligned with Internal Planning process. Owner: Executive Director of Strategy and Partnerships Working with Place-based and local partners to ensure place and system governance. Resourcing requests for BOB Mental Health Provider Collaborative sent to ICB. Partnership approach for Community Services being developed as part of new Community Services Transformation Programme. OWNER: Executive Managing Directors, Executive Director of Strategy & Partnerships and Chief Executive

deliver services into the future e.g. Oxfordshire Mental Health Partnership; - Exec to Exec engagement with partner organisations. **Resourcing:** - Role of Associate Director to lead work on the BOB Mental Health Provider Collaborative on behalf of the Trust being appointed to; - Service development lead for each Mental Health directorate now in post. Director of Transformation for Community Services now in post and launching Partnership workstream as part of Community Transformation Programme; - new Executive Director role of Executive Director of Strategy & Partnerships from April 2022.	- Provider Collaborative Governance	Lack of oversight and governance for Community services at ICS and Place-level. Unclear decision-making impeding collaborative working with partners. Collaborative arrangements for community services in Oxfordshire and ICS to be developed. Financial pressure on ICSs, County Councils and Social Care impacting adversely on required MH & LD investment. No systematic approach to support partnership working in Place.	Ensuring engagement in funding dialogue with ICSs for system clinical and financial planning. For Mental Health, enable this via Provider Collaborative arrangements. OWNER: Chief Finance Officer, Executive Director of Strategy & Partnerships and Executive Managing Directors Embedded resources now in place within operational Directorates, and role of Associate Director of Mental Health leading on the BOB Mental Health Provider Collaborative being recruited. Ways of working and internal governance for this work to be established. OWNER: Executive Managing Directors, Executive Director of Strategy & Partnerships Strategy development work ongoing and will help clarify the ambition for partnership working in the organisation. OWNER: Executive Director of Strategy & Partnership.

Strategic Objective 3: Make the best use of our resources and protect the environment

3.4: Delivery of the financial plan and maintaining financial sustainability

Date added to BAF	11/01/21
Monitoring Committee	Finance and Investment Committee
Executive Lead	Chief Finance Officer
Date of last review	08/11/23
Risk movement	↔
Date of next review	March 2024

	Impact	Likelihood	Rating
Gross (Inherent) risk rating	5	5	25
Current risk rating	**4**	**4**	**16**
Target risk rating	4	3	12
Target to be achieved by	[tbc for FY24]		

Risk Description:

Failure to deliver financial plan and maintain financial sustainability, including, but not limited to: through non-delivery of CIP savings; budget overspends; under-funding and constraints of block contracts in the context of increasing levels of activity and demand, could lead to: an inability to deliver core services and health outcomes; financial deficit; intervention by NHS England; and insufficient cash to fund future capital programmes.

Controls	Assurance	Gaps	Actions
- Financial culture means skills and ownership to manage budgets over the medium term are widespread; - Annual Financial Plan and Budget produced, and approved by FIC and the Board; - Standing Financial Instructions and Financial Policies; - regular reporting on Financial position and impact of wider financial system risks to FIC and Board; - active management of Capital Programme; and - monthly reporting to, and monitoring by, NHSE.	**Level 1: reassurance** - Monthly finance review - Monthly finance review meetings within Finance team and with directorates; - Capital Programme Sub-Committee (monthly); and - monthly cash-flow reports. **Level 2: internal** - Exec team and Strategic Delivery Group discussions; - Finance and Investment Committee (every 2 months); - Monthly Finance, including CIP, reporting to the Board to provide	Funding pressures - underfunding of Oxfordshire community services contract is endemic. Additional funding has been received for community services and mental health services in year allowing additional resources to deal with demand pressures, mitigating risks of overspending due to unfunded demand. Although prior year funding shortfalls have been resolved, moving the Trust to a surplus budgeted position. £7.5m, of this funding is technically non-recurrent. Using non-recurrent	Financial challenges to be escalated to the ICS and NHSE through annual planning process. FY24 Budget Setting and Annual Plan update to be delivered by end of March 2024 and linked to operational and workforce plans owned by directorates. Planning process to produce more evidence based and quantified business cases for additional funding to put the Trust in a stronger position for negotiating. Refresh of the Long-Term Financial Plan to be scheduled. Discussions with NHSE have confirmed

	assurance on progress and recovery actions. Sept 23 (M5) – I&E forecast is to plan of £3.2m surplus. Capital expenditure forecast currently to plan with potential slippage. **Level 3: independent** - Internal Audit reviews; - External Audit review pf financial statements; - Monthly reporting to, and monitoring by, NHSE and the Integrated Care System (ICS).	funding into the system which continues next year. There is uncertainty on the level of new funding for mental health going forward due to the end of the 5-year LTP plan for mental health funding. Pressure on the ICS position, currently in a system deficit, may translate to restricted funding for the Trust. Agency spend – the Trust's workforce challenges are leading to excess agency usage and spend which puts pressure on ability to remain within budget	MHIS will continue in at least a reduced form. Medium term financial planning to be taken to FIC for consideration and planning. (a) Community Services Strategy to be completed, followed by (b) costs analysis, and (c) structured discussions about funding gaps with Commissioners. Improving Quality Reducing Agency (IQRA) work programme aimed at addressing underlying drivers of agency use. This programme is underway but not yet embedded. Owner: Chief Nurse

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3.6: Governance and decision-making arrangements

Date added to BAF	Pre-Jan 2021
Monitoring Committee	Audit Committee
Executive Lead	Director of Corporate Affairs & Co Sec
Date of last review	15/02/23
Risk movement	↔
Date of next review	May 2023

	Impact	Likelihood	Rating
Gross (Inherent) risk rating	4	4	16
Current risk rating	**4**	**3**	**12**
Target risk rating	2	2	4
Target to be achieved by			

Risk Description:
Failure to maintain and/or adhere to **effective governance and decision making arrangements**, and/or **insufficient understanding of the complexities of a decision** may lead to: poor oversight at Board level of risks and challenges; (clinical or organisational) strategic objectives not being established or achieved; actual or perceived disenfranchisement of some stakeholders (including members of the Board, Governors and/or Members) from key strategic decisions; or damage to the Trust's integrity, reputation and accountability.

Controls	Assurance	Gaps	Actions
	Level 1: reassurance		

In accordance with the NHS Code of Governance, the delivery of good governance is controlled through an effective Board of directors, with an appropriate balance of skills and experience to enable them to discharge their respective duties and responsibilities effectively. The purpose of the organisation and the vision set by the Board are the starting point for the system of governance. Board and Executive Team Development programme to ensure balanced and collaborative relationship and to question status quo. Honest self-reflection through such as True for Us curiosity and Well Led Framework self-assessments; Policy and Procedure frameworks to include: - Trust Constitution and Standing Orders for the Board and Council (CORP01); - Standing Financial Instructions and Scheme of Delegation; - Integrated Governance Framework (IGF); - Engagement Policy (significant transactions); - Procurement Policy (CORP04) and Procurement Procedure Manual; Investment Policy (CORP10), Treasury Management Policy (CORP09); - Trust Strategic Objectives and setting of key focus	The Nominations, Remuneration and Terms of Service Committee (NEDs) and Nominations and Remuneration Committee (Governors) review the composition, balance, skills and experience annually as per minutes of meetings and Board refresh. Board self-assesses (and CoG) against various statements and declarations with evidence of compliance to include – AGS, Corporate Governance Statement, Annual Report declarations, Code of Governance comply or explain, EPRR statement and various Annual Reports – H&S, Infection Control, Safeguarding, Quality Accounts etc **Level 2: internal** - Annual Governance Statement reviewed by Audit Committee and Auditors; - Strategic Objectives approved by Board, with progress against objectives reported to Board Committees and Board; - Quality Committee, Finance & Investment Committee, People, Leadership & Culture Committee and Audit Committee review management of significant risks and key governance issues; - Escalation reports from the Sub Committees to Board Committees and on to Board;	GAP (assurances and review/oversight): delays to Psychiatric Intensive Care Unit (PICU) project may suggest issues with oversight mechanisms or lack of understanding of complexities of project. Risk that there might be a lack of specialist knowledge and/or expertise amongst decision makers in relation to a significant decision or transaction. PICU project was paused in June 2021; subject to external review December 2021; actions monitored through Finance & Investment Committee (FIC), Audit Committee and Board) during 2022. Missed original target of May 2022; new target of completion after March 2023. GAP (controls): systemic tendency towards short-termism and not looking ahead/peering around corners to see what could be coming. Not resolving longer term issues around operational performance management or taking a longer view of achievement of Strategy (rather than fire-fighting issues). Potential gap in governance structure and not yet being plugged by improved Integrated Performance Reporting to the Board since 2021/22 – discussion can still focus on way the data is presented rather than	Current risk rating increased in November 2021 to overall rating of 12, pending assurance that gaps resolved. Internal Audit (PwC) report on PICU received and reviewed by Audit Committee, December 2021; actions monitored through Finance & Investment Committee (FIC), Audit Committee and Board) during 2022 and assurance received that programme and project governance strengthened. Monthly Programme Board now in place. Major Capital Projects risk also included on the BAF at 3.14 to monitor PICU and Warneford redevelopment (see 3.14 for more detail). OWNERS: Director of Corporate Affairs & Co Sec, and Executive Director for Digital & Transformation Executive Director of Strategy & Partnerships in post from April 2022 and has refocused BAF risk 3.7 on ineffective business planning arrangements which may lead to the Trust failing to achieve its strategic ambition etc. Draft Trust Annual Plan 2023/24 provided to the Board in private in January 2023, bringing together draft Directorate service priorities and financial position. Once finalised by the end of March 2023, the Annual Plan will provide a single view of the Trust's key priorities

areas for achieving objectives (New Strategy approved April 2021); - Maintenance of key Trust registers (e.g. declarations of interest, receipts of gifts); - Processes for capturing meeting minutes to log: consideration of discordant views, discussion of risks, and decisions; - Risk Management Strategy/Policy; - Board Assurance Framework; - Trust Risk Register and local risk registers at directorate and departmental levels; - Business continuity planning processes and emergency preparedness; - Council of Governors (COG), COG Working Groups; - Membership Involvement Group, Membership Development Strategy, and membership development responsibilities through the Communications function; - Speak up systems embedded – whistleblowing, F2SUG, Wellbeing Guardian (NED), PALS & Complaints, compliments, surveys, IWGC, governors.	- Annual Report and reports for Council of Governors to demonstrate engagement with FT members. **Level 3: independent** - Internal Audit review of governance arrangements; Internal Audit reviews have included reviews of Quality Strategy & Governance, Clinical Audit, Electronic Health Record Programme Governance, the Research Governance Framework, Information Governance, the Board Assurance Framework, Risk and Quality Governance; - Annual External Audit (including review of governance); - Well Led inspection (CQC) March 2018; and - Well Led review focused on Quality Governance, conducted by the Good Governance Institute (reported in December 2022, presented to the Board in December 2022-January 2023)	what it says in terms of issues or sub-optimal performance. Lack of Board discussion on long-term operational impact upon services of performance issues or risks may lead to lack of decision around whether or how to continue to run certain services. Risks could cycle and stall on risk registers. GAP: Control – Risk Appetite Statement agreed by Board to support sound decision making and avoid inopportune risk taking or overly cautious approaches stifling growth/development. COG working groups paused for COVID-19 pandemic	for 2023/24 to inform internal decision-making and better influence the healthcare systems in which the Trust operates. The finalisation of the strategic planning work with the Board will drive reviews of the BAF and the IPR including the focus of the Board on variance/exception. OWNERS: Director of Corporate Affairs & Co Sec, and Executive Director of Strategy & Partnerships. TARGET DATE: APRIL 23 Operational Plans; JUNE 23 Strategic Plan; BAF review against agreed strategic plan JUNE/JULY 23 Risk Appetite considered with Board and Audit Committee (last in March 21) and to be revisited in Q1 22/23 beginning with AC in Feb23. OWNER: Director of Corporate Affairs & Co Sec/Board of Directors TARGET DATE: April 2023 COG working groups being reinstated during 2022 and being re-formulated for 2023. Invitations to Board Committees will continue with the potential to make old subgroup structures redundant. OWNER: Director of Corporate Affairs & Co Sec. TARGET: March 2023

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3.7: Ineffective business planning arrangements

Date added to BAF	Risk description revised July and September 2022
Monitoring Committee	Finance and Investment Committee
Executive Lead	Executive Director of Strategy & Partnerships
Date of last review	23/10/23
Risk movement	↔
Date of next review	January 2024

	Impact	Likelihood	Rating
Gross (Inherent) risk rating	4	4	16
Current risk rating	**4**	**3**	**12**
Target risk rating	3	2	6
Target to be achieved by	2024		

Risk Description:
Revised risk description, September 2022 (removed reference to performance management, as at July 2022 description had been "Ineffective business planning arrangements and performance management may lead to"):
Ineffective business planning arrangements may lead to: the Trust failing to achieve its strategic ambition; problems and issues recurring rather than being resolved; reactive rather than pro-active approaches; decision-making defaulting to short-termism; and inconsistent work prioritisation, further exacerbated by the challenge of limited resources, impacting upon staff frustration and low morale.

Potential enablers in order to mitigate the risk:
- develop a strategic plan and an integrated business plan for the organisation;
- realign performance management metrics to these plans; and
- monitor and align the delivery of strategic programmes across the Trust.

Previous wording:
Ineffective business planning arrangements and/or inadequate mechanisms to track delivery of plans and programmes, could lead to: the Trust failing to achieve its annual objectives and consequently being unable to meet its strategic objectives; the Trust being in breach of regulatory and statutory obligations.

Controls	Assurance	Gaps	Actions
- Strategic Framework including 5-Year Strategy 2021-26 and Digital Health and Care Strategy 2021-26; First iteration of Strategy Delivery Plan being finalised for use by Trust Leadership Team to guide delivery of current strategy and as basis for engagement process with staff, patients, carers and partners to develop next Trust's strategy. Strategy team mostly resourced as of October 23 and able to put in place	**Level 1: reassurance** 1 year cycle of strategy development completed with Trust Board resulting in first iteration of Strategy Delivery Plan being finalised. **Level 2: internal** Integrated Performance Report to the Board in public – on delivery against the strategic objectives, key focus areas and Objective Key Results.	Service Change and Delivery (SCAD) Team disestablished (Oct 2023) following consultation process and resources now embedded in directorates. Data outage means that planning work for 2024/25 will not include robust and systematic trajectory-setting process for all directorates and that objectives will not be as SMART as required. Although process to make plan more quantitative will	Track delivery of 2023/24 Annual Plan and report to the Board, aim to iterate this reporting process so it becomes more quantitative in 2024/25 and 2025/26. OWNER: Exec Director of Strategy & Partnerships and Chief Finance Officer. Develop Annual Plan for 2024/25, iterate process for 25/26 aiming to embed trajectory setting and more quantitative approach. OWNER: Exec

strategic delivery approach for the Trust. Second round of Annual Planning process started in September 2023, jointly led by Finance and Strategy and involving: Performance & Intelligence, HR, Capital and Business Services team.	Integrated Annual Planning Process co-lead by Finance and Strategy and reporting to Executive Management Committee Level 3: independent	start as part of 2024/25 planning process, it will require further trajectory and metrics development work as part of 2025/26 planning process. ICS Planning process not established, also limiting ability to progress this work in the Trust. Workforce Planning function and leadership is a gap. Need to clarify performance processes, resources and leadership. Trust could benefit from medium term (3 year) plan to tie together finance and service improvement/sustainability, workforce planning etc. (particularly in the context of operating within ICS) more clearly and create an implementation for the Trust strategy.	Director of Strategy & Partnerships and Chief Finance Officer. Support development of ICS Planning process (link with BAF risk 3.1). OWNER: Exec Director of Strategy & Partnerships. Put in place Strategic Delivery approach to identify and align strategic programmes of work to current Strategy Delivery Plan and report to Trust's Leadership and Board. Put in Place new Board Strategy development cycle and governance. OWNER: Exec Director of Strategy & Partnerships. Following disestablishment of SCAD team, develop new reduced central approach for Change and Programme Management oversight and implement it. OWNER: Exec Director of Strategy & Partnerships and relevant Executive Leads for each delivery area. Workforce Planning approach and leadership to be identified. OWNER: Executive Tea Proposal for Performance processes, resourcing and leadership to be developed. OWNER: Executive Director of Strategy & Partnerships. IPR to be iterated to reflect Strategy development and performance work.

			OWNER: Executive Director of Strategy & Partnerships.

Strategic Objective 3: Make the best use of our resources and protect the environment

3.10: Information Governance & Cyber Security

Date added to BAF	12/01/21
Monitoring Committee	Finance & Investment Committee
Executive Lead	Chief Finance Officer
Date of last review	09/11/23
Risk movement	↔
Date of next review	January 2024

	Impact	Likelihood	Rating
Gross (Inherent) risk rating	5	4	20
Current risk rating	**4**	**3**	**12**
Target risk rating	3	3	9
Target to be achieved by			

Risk Description:

Failure to protect the information we hold as a result of ineffective information governance and/or cyber security could lead to: personal data and information being processed unlawfully (with resultant legal or regulatory fines or sanctions); cyber-attacks which could compromise the Trust's infrastructure and ability to deliver services and patient care, especially if loss of access to key clinical systems; data loss or theft affecting patients, staff or finances; and reputational damage.

Controls	Assurance	Gaps	Actions
- Mandatory IG training for all staff Trust wide, plus ad hoc training with clinical focus on sage info sharing; - Information assets and systems are risked assessed using standard Data Protection Impact Assessment (DPIA) tool; - Membership of Oxfordshire Cyber Security Working Group; - 'Third Party Cyber Security Assessment' (checklist & questionnaire) developed, to provide a systems requirement specification and to ensure any new Information Systems	**Level 1: reassurance** - Information Management Group (IMG); - Monthly Cyber Security activities review via Oxford Health Cyber Security Working Group. **Level 2: internal** - Finance & Investment Committee receives reports from IMG - Monitoring of IG training attendance; - Incident management and response process (enhanced to meet DSPT requirements) -- NHS Digital Data Security and Protection	In August 2022, IT failure with patient record systems provided and externally hosted by a third-party supplier led to staff being unable to access patient record systems and clinical information, thereby leading to risks to staff and patient harm. Trust internal operational and cyber security not compromised. The clinical system outage, which resulted from the failure with third party supplier-hosted patient record systems, has prevented the Trust from submitting mandatory data-set	Major incident response set up to manage contingency plans, resolve the technical issue and provide alternative access to clinical information. Patient safety risk and more detailed incident-related risks maintained at Trust Risk Register level. Cyber assessments for alternative solutions fast tracked. The Trust has initiated a project working with a third party to support the recovery of reporting (project runs May 2023 - January 2024); the priority is to enable prompt recovery of reporting whilst ensuring that robust processes are in place when restarting automated data reporting. The recovery work

being procured adhere to DSPT Cyber Security standards; - Systems access control and audit managed by way of: programme of penetration testing (annually from 2020); cyber security assessed and tested prior to 3rd party contracts being awarded; Implementation of new Security information and event management system (SIEM) has taken place. Event logs are now being automatically monitored for suspicious activity; Microsoft Defender for mobile has been applied to mobile devices managed by InTune. Those devices now have malware and web filtering applied.; Privileged Access Management (PAM) has been implemented which controls and constrains access to elevated administrative accounts on the network; USB device controls; use of external cyber security scoring and scanning tools and services (e.g. NHS Digital's BitSight, VMS Vulnerability Management Service, Nessus Vulnerability Scanning, Microsoft Defender Advanced Threat Protection); - Mail filtering system to flag or block suspicious, malicious of unsafe communications, to limit the flow of phishing	Toolkit (DSPT) annual self-assessment. - Programme of Phishing simulation/testing of all staff and subsequent report (annual from 2023) **Level 3: independent** - Improved NHS Digital's BitSight cyber rating, which exceeds peers in benchmarking and is in top 30% of organisations globally. - VMS Vulnerability Scanning, and NSCN WebCheck Service, with identified vulnerabilities monitored and remediated or mitigated; -Independent, annual penetration test planned for July 2023; Independent DSPT annual audit for external assurance; -Microsoft Defender ATP Threat & Vulnerability Management (TVM) tools and process. - Secure messaging accreditation achieved (NHS Digital DCB1596);	information and contractual information to commissioners, which could lead to contractual and reputational consequences. R&D Trials are also facing delays due to gaps in data. Penetration testing undertaken in May 2022 (with OUH), July 2022 (NHS Digital) identified a few low to medium risk information system and user account weaknesses; the issues were addressed by the IT team. With the rise of AI, there is an increasing reliance on staff proficiently handling suspicious Web, Teams, and Email content, Staff awareness of such threats is only partially mitigated via existing guidance. The Trust needs a dedicated mandatory customisable targeted Cyber Security Awareness Training solution, providing audited participation, knowledge validation and success metrics and reporting, to significantly mitigate the risks from	will report on the data available but some gaps in data will continue because: **(i)** whilst mitigations have been put in place to ensure that the data that was captured during the outage is accessible to clinicians, it will not be possible to use this data for external reporting; and **(ii)** reduced functionality of the new systems RIO and EMIS, due to the pace at which these needed to be implemented, means that some data will not be available for reporting and analysis purposes until the full functionality is implemented. Funding and approval to recruit to enhance the cyber security team has been secured and recruitment has started. ICO Data Protection audit (achieved 'Reasonable' assurance), November 2021. ICO published Audit completed. BAU for partially accepted actions. Lack of Cyber Security specific awareness training has been raised at ICS level to explore the potential for a joint approach and will be a subject covered by the ICS collaborative working group. Direction and guidance is being sought from the SIRO before any work begins on an awareness training solution, which would likely need to be a collaborative effort between L&D and Cyber. Phishing Simulation Report (Aug 2023) produced for the SIRO and next steps being

emails, malware and/or unsafe URLs; - Implementation of Multi-Factor Authentication (MFA) has significantly reduced Office 365 user compromises; - Cyber Security Awareness and Cyber Security SharePoint sites.		poor cyber security behaviours. Desktop Third Party Software Patch Management is currently reactive only via ATP and internal resource fails to keep pace with the requirements. IG Data Security Awareness Training and awareness. Maintenance of 95% training completion. As Cyber Security hardening such as assessments, penetration testing and other enhancements continue to be developed. Cyber team resources available to ensure the trust is able to meet the increasing demands for cyber security and compliance is inadequate.	discussed for IMG, Execs and Audit Committee awareness. OWNER: Head of IT User account deletion process is being strengthened to ensure timely disablement and deletion of leavers accounts. A new process ensuring NHSP provided resources are known and all have end dates supplied at the beginning of their assignments has been created. Further analysis and actions to ensure all leavers are identified and removed is taking place. OWNER: Head of IT All Trust managers ensure mandatory Training completed. OWNER: Head of IG

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3.12: Business continuity and emergency planning

Date added to BAF	19/01/21
Monitoring Committee	Emergency preparedness, resilience and response committee (sub-group to Executive Management Committee) and Audit Committee
Executive Lead	Director of Corporate Affairs & Co Sec
Date of last review	05/09/2023
Risk movement	↓
Date of next review	April 2024

	Impact	Likelihood	Rating
Gross (Inherent) risk rating	5	3	15
Current risk rating	3	3	9
Target risk rating	3	3	9
Target to be achieved by			

Risk Description:
Failure to maintain adequate business continuity and emergency planning arrangements in order to sustain core functions and deliver safe and effective services during a wide-spread and sustained emergency or incident, for

example a pandemic, could result in harm to patients, pressure on and harm to staff, reputational damage, regulator intervention.

Key Controls	Assurance	Gaps	Actions
- Accountable Emergency Officer (currently Director of Corporate Affairs & Co Sec), supported by a clinical director; - Designated Emergency Planning Lead, supporting the executive in the discharge of their duties; - Emergency Planning Group 3 x per year oversees emergency preparedness work programme with representation from directorates, HR, and estates & facilities. - Psychosocial Response Group (subgroup reporting to Emergency preparedness resilience and response committee. - Trust wide Pandemic Plan first approved 2012, updated annually, and updated multiple times in 2020 to reflect Covid-19 workstreams, operational changes and learning from Covid-19 pandemic; - EPRR Response Manual incident response plan - (updated September 2023) provides emergency response framework; - On call system; - Directorate/service specific Business Continuity Plans (BCPs) in place for services, in respect of: Reduced staffing levels (for any reason e.g., pandemic); evacuation;	**Level 1: reassurance** - Emergency Preparedness Resilience and Response (EPRR) Committee 3 x per year; - Psychosocial response group (sub-group of Emergency Planning group); - Service Business Continuity Plans signed off by heads of service via relevant directorate/corporate committee. **Level 2: internal** - Annual Emergency Planning, Resilience and Response report (most recently to the Audit Committee and the Board in Nov 2022); - EPRR Committee ensures that learning from EPRR Exercises, and live incidents, are incorporated into policy / procedure / practice. This is in addition to learning being incorporated into major incident plans, business continuity plans and shared with partners; - Self-assessment against NHSE/I EPRR Core Standards. 2022 Full compliance - Self-assessment against NHSE/I EPRR Core Standards Based on the quality of response to the following, reputation and resilience have been safeguarded through 'no surprises' – No serious harms from Major Incident of IT clinical	On 2020 Self-assessment against NHSE / I EPRR Core Standards, Trust had been only partially compliant with 4 of 54 standards (fully compliant with other 50). The Trust Sept 2023 is fully compliant against NHSE / I EPRR Core Standards. - No Further GAPs identified.	Further to improvement plan for actions against the 4 core standards against which the Trust had not been compliant (actioned over 2020-21), by October 2022 reporting, Trust had achieved full compliance with NHSE core standards for EPRR (as set out in annual report to the Audit Committee and the Board in November 2022). Self-assessment 2023 (for submission to BOB integrated care board) currently being undertaken and will be completed by November 2023 OWNER: Director of Corporate Affairs & Co Sec, & Emergency Planning Lead

technology failure; interruption to power supplies (gas & electricity); severe weather; flooding/water leak; water supply disruption; fuel shortage; lockdown; infection control; food supply; pharmacy supply; - Completion and updating of BCPs supported and monitored by Emergency Planning Lead, with register of BCPs held centrally; - BCPs are reviewed annually or following an incident; - Training for directors on call (strategic and tactical), heads of service (tactical), key staff with operational responsibility for hazmat/CBRN response - Undertaking of exercises (live exercise every three years, tabletop exercise every year and a test of communications cascades every six months (NHS England emergency preparedness framework, 2015)). Lessons incorporated into -incident response plans, business continuity plans and shared with partner organisations; - training scenarios on intranet for services to use to exercise business continuity plans; - Engagement with Local Health Resilience partnerships, and Membership of Oxon & Bucks Resilience Groups;	systems outage; from Strike Action; from COVID response, from OOH business continuity incident, from locality floods etc **Level 3: independent** - Self-assessment examined and accepted by CCG on behalf of NHSE/I; - Improvement plan for actions against the 4 core standards with which Trust was not compliant was presented to CCG. Trust had achieved full compliance by October 2022 with NHSE core standards for EPRR (as set out in annual report to the Audit Committee and the Board in November 2022). - There is no formal mechanism in place to obtain assurance from any independent third parties that take place in EPRR exercises. If the Trust participates in a multi-agency exercise, then other participants can make comment during any verbal or written debrief process. In June 2023, KPMG governance risk and compliance services inspected a total of 13 assertions from a total of 33 mandatory assertions in the data security and protection toolkit. All four assertions relating to EPRR were rated as substantial.	When the Trust participates in a multi-agency exercise, then other participants can make comment during any verbal or written debrief process. No formal independent third-party mechanism is available to obtain assurance on multi-agency EPRR Exercises.	

- Horizon scanning and review of National and Community Risk registers by Emergency Planning lead.			

Strategic Objective 3: Make the best use of our resources and protect the environment

3.13: The Trust's impact on the environment

Date added to BAF	09/02/21
Monitoring Committee	Finance & Investment
Executive Lead	Chief Finance Officer
Date of last review	09/11/23
Risk movement	↔
Date of next review	December 2023

	Impact	Likelihood	Rating
Gross (Inherent) risk rating	3	4	12
Current risk rating	3	3	9
Target risk rating	3	1	3
Target to be achieved by	2023		

Risk Description:

A failure to take reasonable steps to minimise the Trust's adverse impact on the environment, maintain and deliver a Green Plan, and maintain improvements in sustainability in line with statutory duties, national targets, the NHS Long Term Plan and 'For a Greener NHS' ambitions (30%, 50% and 80% reduction in emissions by 2023, 2025 and 2030 respectively, and net zero carbon by 2040), could lead to: a failure to meet Trust and System objectives, reputational damage, loss of contracts, contribution to increased pollution within the wider community, and loss of cost saving opportunities.

Key Controls	Assurance	Gaps	Actions
- Trust Green Plan/Strategy 2022-25; - Executive Lead for Sustainability Chief Finance Officer; - Commitment by Board to Zero Carbon Oxford Charter (Jan 2021); - Full time Sustainability Manager post within Estates & Facilities Team;	**Level 1: reassurance** - Monitoring of deliverables by Sustainability Manager via dashboards; - Sustainability Building & Travel sub-groups (which report on to Green Task Force. **Level 2: internal** - Green Task Force Group to deliver Green Plan	Trust is on track for but not yet meeting carbon targets for energy and travel. Progress in last FY may be reversed if new ways of working are not extended/ maintained post- Covid-19. Approach to limit business miles and use of cars to get to work.	Sustainable travel Trial (EV for Community Nursing Team) commenced in May 2023, data from trial will be used to inform Trust long term sustainable travel plan Executive team have approved Target temperature for non-inpatient areas of 20 degree C ¨During

- Sustainability Group; - Benchmarking and annual emissions reporting; - Active Travel Plan to transfer vehicle fleet to 100% electric by 2028 (required date by NHSE); - Procurement Policy – sets out sustainability commitments required by suppliers; - Green Energy Supplier for electricity via CCS, - Developments to BREEAM (building sustainability assessments) and Part L (building regs).	chaired by Chief Finance Officer; meets Quarterly. - Buildings & Transport Sustainability Group meets quarterly; - Annual Travel Survey monitoring against base-line; - Annual C02 emissions against previous year (to measure trend); - Building Energy Surveys to identify areas of improvement; - FY23 saw 19% reduction in carbon emissions when compared to the 2019 baseline year Overall Energy (fossil Fuel Heating & Power) consumption has reduced mainly attributed to mild winter conditions. Travel related emissions have increased by over 15%. The modal shift of staff travel into more sustainable alternatives will be focus of the next iteration of Green Plan in 2025. **Level 3: external** - BOB ICS Net Zero Program Board - Total Carbon Footprint Plus now reported by NHS England (54,000Tco2) Trust is leading on the BOB ICS Sustainable Travel Group . - The Trust is also part of ZCOP sprint group with Oxford University to review how to adapt our building estate to climate change risk e.g., extreme heat, floods.	GAP: current resource may be insufficient to implement Green Plan.	September 2022, proposals developed for the installation of energy efficient LED lighting, building insulation and Solar PV. LED installation plan to be developed , survey of all building insulation completed with recommendations . Feasibility study for Solar PV to be completed Q4 – FY24 Trust considering applying for Public sector Decarbonisation of heat funding in October 2023. OWNER: Director of Estates and Facilities/Sustainability Manager. New ways of working to be extended/maintained. Flexible working policy is being drafted. OWNER: Head of Property Services & Head of organisational Design. Additional resources to be considered (Sustainable Travel Officer / Sustainability Coordinator) OWNER: Director of Estates & Facilities

Strategic Objective 3: Make the best use of our resources and protect the environment

3.14 Major Projects

Date added to BAF	20/09/22
Monitoring Committee	Finance and Investment Committee
Executive Lead	Chief Finance Officer
Date of last review	08/11/23
Risk movement	↔
Date of next review	December 2023

	Impact	Likelihood	Rating
Gross (Inherent) risk rating	5	4	20
Current risk rating	**4**	**4**	16
Target risk rating	3	2	6
Target to be achieved by	December 2024		

Risk Description (revised June 2023)**:**
Insufficient capacity and capability to deliver major projects effectively or to support a necessary control environment and adherence to governance and decision-making arrangements may lead to: poorly planned and ultimately compromised projects; inability to proceed with projects; failure of projects to complete or to deliver against preferred outcomes; and unplanned expenses, delays and wasted resources.

Key Controls	Assurance	Gaps	Actions
- Programme Boards for key projects. - Standing Financial Instructions and Scheme of Delegation. - Senior teams' leadership of change and focus on ensuring delivery. - In-house and contracted in expertise in managing projects where deployed.	**Level 1: Reassurance** Capital Programme sub-committee (reviews project progress and capital spend, can escalate issues to the Finance & Investment Committee); and - Warneford Park Programme Board with partners chaired by Non-Executive Director of Trust **Level 2: Internal** - FIC receives updates on level of risk exposure associated with Major Projects. **Level 3: Independent** - Internal audit reviews of PICU project and of SCAD methodologies completed in 2022/23 plan.	There have been gaps in the capacity and capability of the Trust to deliver major projects with our most significant projects dependent on external resource. The current risk rating reflects the gap against the Trust's objectives to have strong change leadership capabilities rather than a series of known gaps in delivery against specific projects. Methodology for major capital programmes investment appraisal and project management not yet clearly laid out although direction of travel agreed by FIC. Lack of PMO oversight of major programmes and key change projects to feed into Exec and Board scrutiny and no resource yet in place to	- Renewed focus at Board, Committee and Exec level on developing our capacity and capability to plan for, prioritise and deliver change. - Deliver SCAD team restructure ensuring change expertise sits with the accountable directorates (Exec Dir Strategy & Partnerships – Q3 2023/24). - Consider and implement resourcing strategy for ongoing capital projects as their progress is confirmed (CFO - timing as appropriate) - Develop and roll out methodology, guidance and templates for investment appraisal and project management for major capital and for significant service change programmes. (CFO – Q4 23/24)

		deliver (Some oversight is in place via CPSC where projects are capital funded and an Estates PMO approach has been recently updated)	- Develop oversight reporting mechanisms for major capital programmes to the Board. (CFO and Exec Dir Strategy & Partnerships – Q1 2024/25)

Strategic Objective 4: Become a leading organisation in healthcare research and education

4.1: Failure to realise the Trust's Research and Development (R&D) potential

Date added to BAF	Pre-Jan 2021
Monitoring Committee	Quality Committee
Executive Lead	Chief Medical Officer
Date of last review	20/10/23
Risk movement	↔
Date of next review	March 2024

	Impact	Likelihood	Rating
Gross (Inherent) risk rating	3	3	9
Current risk rating	**3**	**2**	**6**
Target risk rating	3	1	3
Target to be achieved by			

Risk Description:
Failure to fully realise the Trust's academic and Research and Development (R&D) potential may adversely affect its reputation and lead to loss of opportunity.

Controls	Assurance	Gaps	Actions
- Director of R&D; - NIHR Infrastructure Managers meetings provides an opportunity for managers of the OH hosted NIHR awards and the R&D Director to meet regularly to ensure alignment and discussion future opportunities. On a quarterly basis these meeting will be augmented by the OUH BRC and CRF Managers. - Clinical Research Facility (CRF) steering committee - Biomedical Research Centre (BRC) Steering Committee and Partnership Board; - Oxford Applied Research Collaboration Oxford and Thames Valley (OxTV) (ARC);	**Level 1: reassurance** **Level 2: internal** - Research updates and R&D reporting into the Quality Committee; - R&D reports to Board (at least twice a year), - BRC reports to Board on a regular basis Toronto - Oxford Psychiatry Collaboration also provided to the Board **Level 3: independent** - The BRC, CRF, ARC and MIC report annually to the National Institute for Health Research (NIHR); - Annual Statement of Expenditure Reports are submitted to DH for the BRC, CRF, ARC and MIC	GAP: The clinical system outage from August 2022, which resulted from the failure with third party supplier-hosted patient record systems, has prevented the Trust from submitting data-set information and contractual information which could lead to contractual and reputational consequences. R&D Trials will also face some delays due to gaps in data. GAP: Owing to the clinical system outage and issues with migration and recording of diagnosis within RIO the ability to produce accurate recruitment lists has caused severe delays in meeting recruitment	The loss of CareNotes and the move to RiO has the potential to impact all areas of research from set-up and participant recruitment through to study delivery. The Head of Research Informatics is part of the RiO programme board.

- ARC Management Board; - The R&D Director sits on the OUH Joint R&D committee (JRDC). - Toronto – Oxford Psychiatry Collaboration under a Memorandum of Understanding between the Trust, University of Oxford, the University of Toronto and the Centre for Addiction and Mental Health in Toronto - Joint Research Office (JRO) - is a collaboration between Oxford Health NHS Foundation Trust (OH), Oxford University (OU), Oxford University Hospitals NHS Foundation Trust OUH), and Oxford Brookes University (OBU). It brings together the teams responsible for supporting clinical research across both NHS Foundation Trusts and both Universities in Oxford, as part of an initiative supported at the highest level in all organisations and by the Board of the Oxford Academic Health Partners The JRO reports into the JRDC. OH have recently been in conversation with the BOB ICS to discuss how research with the 5 NHS Trusts OH has links with OBU in relation to the development of the research element of NMAPS.	- Annual Report of Research Capability Funding (RCF) is submitted to DH - R&D is audited by the Thames Valley & South Midlands Clinical Research Network (TV&SM- CRN) annually;	targets for national trials. Diagnosis migration issues should be resolved by end of September 2023. GAP: The Trust 'Count me in (CMI)' programme paused following the CareNotes outage. Recruitment reverted to a consent model and direct clinician referrals. This remains on hold as a Trust research recruitment strategy, awaiting new research forms in RIO and the ability for appointment letters with CMI leaflet attached, to be sent direct from RIO. If CMI service resumes, it will require a relaunch to staff and patients. We have no date for this to be resolved GAP (Controls): Warneford redevelopment – to progress. Complicated capital project and is being carefully monitored by the Finance & Investment Committee and with regular updates to the Board in private session. GAP (Controls): R&D Strategy in development. Includes Monitor and Improve study set-up times, Sustain and expand existing Research Clinics, Develop Clinical Academic posts, support early adoption of innovation to reduce waiting lists and increase productivity, Review / re-launch "Count me in"	Monitoring through reporting into the Finance & Investment Committee (FIC) and the Board. FIC also monitoring BAF risk 3.14 on delivery of Major Projects, such as the Warneford. The R&D operational plan will be developed as part of the OH Planning process.

APPENDIX 1 TO BAF: RISK SCORING GUIDANCE

Table 1a: Risk Matrix

		Likelihood				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost certain
Impact/severity	5 Catastrophic	5	10	15	20	25
	4 Major	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	2	4	6	8	10
	1 Negligible	1	2	3	4	5

Table 1b: Likelihood scores (broad descriptors of frequency and probability)

Likelihood score	**1**	**2**	**3**	**4**	**5**
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost certain**
Frequency How often might/does it occur	This will probably never happen/recur	Do not expect it to happen/recur but it is possible	Might happen or recur occasionally	Will probably happen/recur, but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently
Probability Will it happen or not?	<0.1%	0.1-1%	1-10%	10-50%	>50%

APPENDIX 1 TO BAF: RISK SCORING GUIDANCE

Table 1c - Assessment of the impact/severity of the consequence of an identified risk: domains, consequence scores and examples

	Consequence score (severity) and examples				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment No time off work	Minor injury or illness requiring minor intervention Increase in length of hospital stay by 1–3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4–15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Incident resulting serious injury or permanent disability/incapacity Requiring time off for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident resulting in fatality Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/ Complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major safety implications if findings are not acted upon	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints / independent review Low performance rating Critical report Major patient safety implications	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Human resources / organisational development / staffing / competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective / service due to lack of staff Unsafe staffing level or competence (>1 day)	Uncertain delivery of key objective / service due to lack of staff Unsafe staffing level or	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence

APPENDIX 1 TO BAF: RISK SCORING GUIDANCE

			Low staff morale Poor staff attendance for mandatory/key training	competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory / key training	Loss of several key staff No staff attending mandatory training / key training on an ongoing basis
Statutory duty / inspections	No or minimal impact or breach of guidance / statutory duty	Informal recommendation from regulator. Reduced performance rating if unresolved.	Single breach in statutory duty Challenging external recommendations / improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity / reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage– long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives / projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage of a week	5–10 per cent over project budget Schedule slippage of two to four weeks	10–25 per cent over project budget Schedule slippage of more than a month Key objectives not met	>25 per cent over project budget Schedule slippage of more than six months Key objectives not met
Finance including claims	Negligible loss	Claim of <£10,000 Loss of 0.1-0.25% of budget	Claim of between £10,000 and £100,000 Failure to meet CIPs or CQUINs targets of between £10,000 and £50,000 Loss of 0.25-0.5% of budget	Claim of between £100,000 and £1million Purchasers fail to pay promptly Uncertain delivery of key objective / Loss of 0.5-1.0% of budget	Loss of major contract / payment by results Claim of >£1million Non-delivery of key objective/loss of >1% of budget

APPENDIX 1 TO BAF: RISK SCORING GUIDANCE

Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss / interruption of >8 hours Minor impact on environment	Loss / interruption of >1 day Moderate impact on environment	Loss / interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment
Additional examples	Incorrect medication dispensed but not taken Incident resulting in bruise/graze Delay in routine transport for patient.	Wrong drug or dosage administered with no adverse effects Physical attack such as pushing, shoving or pinching causing minor injury Self harm resulting in minor injury Grade 1 pressure ulcer Laceration, sprain, anxiety requiring occupational health counselling (no time off work)	Wrong drug or dosage administered with potential adverse effects Physical attack causing moderate injury Self-harm requiring medical attention Grade 2/3 pressure ulcer Healthcare acquired infection (HCAI)	Wrong drug or dosage administered with adverse effects Physical attack resulting in serious injury Grade 4 pressure sore Long term HCAI Loss of a limb Post-traumatic stress disorder	Unexpected death Suicide of patient know to the service in the last 12 months Homicide committed by mental health patient Incident leading to paralysis Rape/serious sexual assault Incident leading to long term mental health problem

Oxford Health
NHS Foundation Trust

☑ **Communications & Engagement**

Board Report September and October 2023

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Board Report September and October 2023

Staff engagement

We marked World Mental Health Day in October with a wide range of social media coverage about the importance of the day in raising awareness of mental illness and tackling stigma – our staff contributed stories. We have also marked World Suicide Prevention Day, Patient Safety Awareness Week, Freedom To Speak Up Month, Learning Disabilities Nurses Day, Infection Prevention Awareness Week, and Allied Health Professionals Day. Staff from across our services held events, hosted webinars, contributed articles and led discussions about how each of these topics plays an important role in the work we do.

Staff recognition over September and October included our **Exceptional People Awards** event where both teams and individuals were recognised for their work, having been nominated by other staff.

The staff survey was promoted widely as a way to make colleagues views about working at Oxford Health heard, and used as a basis for future actions. 875 staff members completed the survey in 2022 so the aim is to improve on that number in 2023. Staff roadshows have been held in Trust sites with colleagues from health and wellbeing, equality and diversity and HR, where the survey was a topic of conversation.

Media

In October our Abingdon Keystone Mental Health & Wellbeing Hub opened in the centre of the town. This walk-in service is staffed by mental health professionals including peer support workers, and aims to make it simple for the public to access mental health support and advice on the high street. It will also offer care to people with a long-term mental health condition when and where they need it. This follows the successful opening of a similar service in Banbury earlier this year. This generated positive media coverage.

BBC online covered the opening of the Meadow Unit Oxford mental health unit to open for young people - BBC News which came about as a result of hosting the media there for an open day. We are now working with BBC South to secure a patient story reflecting the type of care the Meadow will provide.

Stakeholder engagement

Trust Chair David Walker and Chief Executive Grant Macdonald thanked staff for their commitment and compassion at the Trust's Annual Members Meeting and Annual General

Meeting (AMM and AGM) at the Earth Trust, Little Wittenham, recognising the challenges the Trust has faced in the last 12 months and those upcoming. Personalised invitations went to local Council members, at a district, county and city level across all of our counties, together with partners in the voluntary and charitable sector, and neighbouring NHS organisations. Attendance was high and feedback positive.

September saw engagement continue with the residents' associations around the Warneford site in Headington. They visited the site to see how services are delivered in our current building and hear about our plans for a new hospital alongside a research facility.

Since then informal updates have been provided to the Oxfordshire MPs, and county council cabinet, regarding not just our proposals for the Warneford, but also how we hope to bring together our outpatient community services into three city centre hubs.

Work has continued on the public engagement on the future of services at Wantage community hospital, ahead of a presentation to Health Overview and Scutiny in November. This included online surveys, face to face public events, online events and a presence in the town centre to encourage debate.

Corporate documents

The Trust's stakeholder database has been refreshed and is now ensuring that stakeholder communications are tailoired and targeted to the right audiences. The Trust website has been through a process of work to ensure it meets accessibility guidelines.

Charity and Involvement Team – Impact and Updates, November 2023

- Oxford Health Charity
- Volunteering
- Oxford Health Arts Partnership
- Involvement

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Recent Projects – Oxford Health Charity

- Charity Impact and Fundraising reports are circulated at each Charity Committee and highlights have also been added to the new impact portal on the intranet:
  - Charity Impact (sharepoint.com)
- The new Charity Strategy Frameworks for delivery are being presented to the Committee on 22 November and will demonstrate performance against the 2023-28 Strategy to date as well as actions for the remainder of the year

- A 2024 Fundraising Events calendar is under development and will be launched in December to encourage engagement and team fundraising
- The Art Auction (postponed from October 2023) plans are underway and a new venue is being researched to increase community engagement with the event – in aid of the Meadow Unit
- Lucy's Room landscaping days with Chiltern Rangers and Johnson&Johnson took place on 16 and 21 November

Recent Projects – Volunteering

- Assemble Onboarding process is progressing well and new system should be ready to launch for volunteer use in the New Year – providing a one-stop approach for volunteer recruitment, training compliance data, recording of voluntary hours and accomplishments and information sharing
- Celebration of International Volunteer Managers' Day - Celebrating International Volunteer Managers' Day (sharepoint.com)
- The initial end of project report for the Volunteer to Career (VtC) project has been received from HelpForce – showing an improvement or consistent response in all areas surveyed and a 40% increase in VtC conversations
- New Potential Role under discussion – piano teacher, Lambourn House, Littlemore

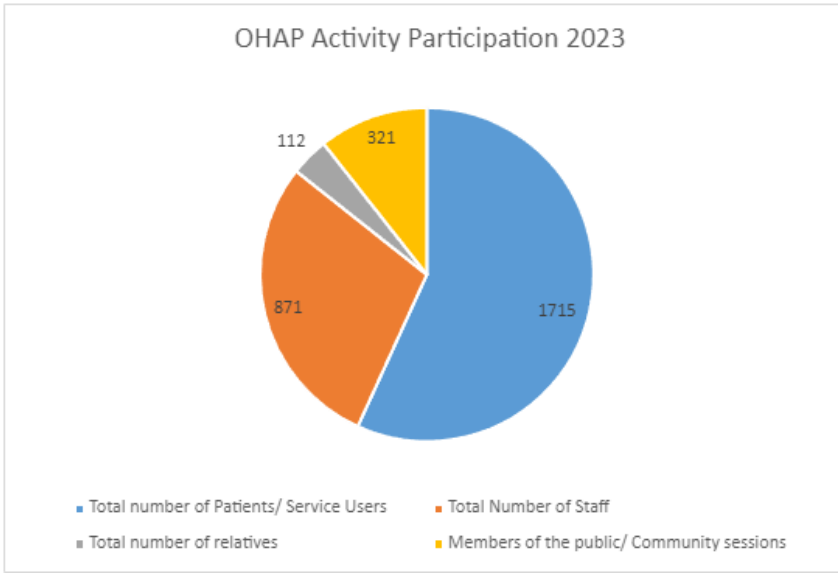
- Currently recruiting for:
  - Memory Clinic Volunteer: Saffron House, High Wycombe
  - Keystone Hub Volunteer: multiple locations, Abingdon (Bury Street), Banbury (Castle Key)
  - Patient Advice and Liaison Service (PALS) Volunteer: Cotswold House, Marlborough, Wiltshire and Marlborough House, Swindon
  - Conversation Club Facilitator: L&D
  - Walking With You Parent Support Group: CAMHS
  - Ward Support: Didcot Community Hospital
  - Telephone Feedback Volunteer – Abingdon & Banbury

Recent Projects – Oxford Health Arts Partnership

- Approximately 300 sessions have been delivered since January 2023 with over 3000 attendees (over ¾ of whom are patients or carers), more info in graph below:
- Ongoing delivery of Recovery College courses

- one of the most popular courses in Oxfordshire Recovery College

- Didcot is Brilliant project has received support from the League of Friends to extend for another six months
- New Green Spaces Coordinator in post from November – initial work to scope active projects across the Trust and support existing projects like Lucy's Room, PICU, Saffron House and Littlemore
- Review of funding outside of Oxford Health Charity and Trust, shows approximately £12,000 worth of external grants and almost £14,000 of in kind support for inpatient related arts projects in 2023
- Meeting with BOB Social Prescibing lead to feed into the BOB Green Plan and impact of art programmes on preventative healthcare



Recent Projects – Involvement Focus

- Corporate Support for Green Spaces – Johnson and Johnson/ Chiltern Rangers corporate days in support of the Lucy's Room landscaping
- Ongoing discussions with Wallingford League of Friends related to joint charity projects – St Leonards Ward Mural and End of Life Suite potential appeal
- Liaison with South Oxon District Council on potential grant opportunities for community hospital projects in Abingdon, Didcot, Wallingford and Wantage
- Discussions with TWIGS on extending green spaces engagement with young people at Marlborough House, Swindon
- Attended the BOB Sustainability engagement session to support work through whole team approaches
- Nature Based Interventions facilitator training with NatureWell for up to 16 people under discussion and agreed for initial course of 8 from Kennet Ward
- Working with Estates to mark National Tree Week with the planting of 50 trees from the NHS Forest
- Attended the BOB VSCE session to support engagement across volunteering

Looking Ahead

- New Grants Framework for charitable funding to be implemented in the New Year, in line with Charity Strategy
- Set of guidance for ward and team managers to be compiled and sent to all relevant staff highlighting the importance of appropriate donation management and fundraising guidance
- Two members of the team are undertaking apprenticeships – 1 level 7 senior leadership and 1 level 5 operational management
- Initial conversations taking place with the BOB Social Prescribing lead regarding volunteer and art programme engagement
- Christmas funding for inpatient wards and services open over the Christmas period out for approval at present – distribution for presents and food to be made in December
- 2024 Fundraising Event calendar to be published in the New Year to encourage increased engagement
- Upcoming Fundraising Events –
  - Lucy's Room Ball (November)

Oxford Health
NHS Foundation Trust

Report to the Meeting of the Oxford Health NHS Foundation Trust

Quality Committee

9th November 2023

QC 59/2023
(Agenda item: 03(a))

Quality and Safety Dashboard
For Information and Assurance

Executive Summary
The information in the Quality and Safety Dashboard is up to 30th September 2023. The purpose of the dashboard is to bring together data and to help identify wards/teams that might be struggling and need more support.

From reviewing a range of quality and workforce indicators the below wards and community teams are highlighted by exception as flagging with an area of concern based on position in September 2023 and a review of any trends from the last 3 months (July-Sept 2023). Data on activity indicators such as bed occupancy, referrals and waiting times have been unavailable since August 2022 but will be reintroduced into the dashboard when the data is available from the electronic patient systems.

See accompanying excel sheet for the full detailed dashboard for the inpatient wards.

Following feedback the dashboard is currently under review, the aims of the review are shared in the paper. The review will include how to bring further trend information into the analysis. The current inpatient part of the dashboard is being replicated in the quality and safety app in TOBI which should help address some of the feedback, the next step will be to bring in the community team side of the dashboard into TOBI.

The following wards/teams have been highlighted, split into 2 groups; to keep a watching eye and alert status.

Highlighted wards/teams by exception:

	Alert Status	Keep a Watching eye
Community Teams	• Podiatry • District Nursing • Minor Injury Units • Oxon City and NE AMHT • Bucks Aylesbury AMHT	• GP OOH • Oxon N&W AMHT
Inpatient Wards	• Ruby	• Vaughan Thomas • Wintle • Ashurst • Highfield • Sapphire

The report includes further detail about each of the wards/teams at 'alert status' and the mitigations and actions being taken.

There is also information included in the report about wards/teams with vacancies levels above 30%, although quality indicators are not showing any concerns. Vacancies are based on data provided by finance which is linked to ESR.

Governance Route/Approval Process
The Dashboard is a regular paper, developed with input from the Clinical Directorates and discussions at the Quality and Clinical Governance Sub-Committee on 26th October 2023.

Statutory or Regulatory responsibilities
We are required to report on the inpatient staff fill rates to Trust Board members which has been delegated to the Quality Committee, see accompanying excel sheet.

Recommendation
The Committee is asked to note the report and the actions being taken to support the teams highlighted.

Author and title: Jane Kershaw, Head of Patient Safety
Lead Executive Director: Marie Crofts, Chief Nurse

1. *A **risk assessment has been undertaken around the legal issues** that this report presents and there are no issues that need to be referred to the Trust Solicitors.*

2. ***Strategic Objectives/Priorities and strategic Board Assurance Framework (BAF) risk themes** - this report relates to, or provides assurance and evidence against, the following Strategic Objective(s)/Priority(ies) of the Trust;*

   Quality - Deliver the best possible clinical care and health outcomes
   Strategic risk themes: Triangulating data and learning to drive Quality Improvement (QI); Unavailability of beds/demand and capacity (Mental Health inpatient and LD); and demand and capacity (Community Oxfordshire).

3. *This report satisfies or provides assurance and evidence against the requirements of the following **Terms of Reference of the Quality Committee**;*

   - *to oversee the effective development of the Trust's **corporate and clinical governance** arrangements;*
   - *to ensure that there is an objective and systematic approach to the **identification and assessment of risk and delivery of the organisation's priorities** in the context of all national standards;*
   - *to ensure effective **interfaces between the quality sub-committees and the co-ordination of risk management** processes across the Trust, both clinical and non-clinical;*

Main report

1. Introduction

The information in the Quality and Safety Dashboard is up to 30th September 2023.

From reviewing a range of quality and workforce indicators the below wards and community teams are highlighted by exception as flagging with an area of concern based on position in Sept 2023 and a review of any trends from the last 3 months (July-Sept 2023). Data on activity indicators such as bed occupancy, referrals and waiting times have been unavailable since August 2022 but will be reintroduced into the dashboard when the data is available from the electronic patient systems.

The inpatient staff fill rates are included, although further work continues to validate the accuracy as this often differs to the daily SITREP reports on staffing levels.

See accompanying excel sheet for the full detailed dashboard for the inpatient wards.

2. Review of Dashboard

Following feedback the dashboard is currently under review being led by the Head of Patient Safety, to:

- Develop more local ownership and input from Clinical Directorates, including how escalations work
- Increase frequency of reporting and automation
- The Quality Committee has also asked to look at how trend information can be included

The current inpatient part of the dashboard is being replicated in the quality and safety app in TOBI which should help address some of the feedback about access/frequency of data being updated, local ownership and reviewing trends. We are aiming for this to be ready to launch shortly. Stage 2 will be to replicate the community team side of the dashboard in TOBI.

The Clinical Effectiveness Decision Group have also requested to develop a tool to help monitor the work they are overseeing. Some of the indicators will be the same as those in the overarching quality and safety dashboard but there will be a greater focus on activity, flow and patient outcomes. At the moment the development of the tool is affected by the access we have to data from the patient electronic systems.

3. Highlighted wards/teams

The following wards/teams have been highlighted, split into 2 groups; to keep a watching eye and alert status. A watching eye means the area has workforce challenges such as vacancies and 1 quality indicator flagging, whereas alert status means the areas has workforce challenges and at least 2 quality indicators flagging.

Highlighted wards/teams by exception:

	Alert Status	**Keep a Watching eye**
Community Teams	• Podiatry • District Nursing • Minor Injury Units • Oxon City and NE AMHT • Bucks Aylesbury AMHT	• GP OOH • Oxon N&W AMHT
Inpatient Wards	• Ruby	• Vaughan Thomas • Wintle • Ashurst • Highfield • Sapphire

The rest of the report provides the detail for the each of the wards/teams at 'alert status' and the mitigations and actions being taken.

4. Teams with High Vacancies

In addition, to the teams/wards highlighted above there are a number of areas with a significant number of vacancies although the quality indicators reviewed are not showing any concerns. Vacancies are based on data provided by finance which is linked to ESR. The teams with high vacancies are listed below to show a complete picture.

The Trust has an improvement programme of work called 'Improving Quality, Reducing Agency use' which has eight workstreams, each implementing a number of Trust-wide recruitment initiatives. In addition each month the wards and teams with the highest vacancies are discussed with the HR recruitment campaign consultants.

Areas with High Vacancies - 30% or above (data source Finance and ESR)	
Inpatient Wards	Community Teams
• Wintle 34% (no change) • Phoenix 30% (no change) • Ashurst 35% (no change) • CAMHS Highfield 37% (no change) /Meadow Unit (new- due to open shortly) • Ruby 53% (no change) • Sapphire 39% (decline from last month) • Woodlands 36% (improvement from last month) • Glyme 32% (improvement from last month) • Kestrel 31% (no change) • Kingfisher 32% (decline from last month) • Lambourne House 33% (decline from last month) • Evenlode 31% (no change)	• LD Intensive support team 42% (no change) • LD Reasonable adjustment team 34% (no change) • Oxon SCAS & Street Triage 45% (no change) • Oxon CRHT 32% (improvement from last month) • Oxon CAMHS Neuro 43% (decline from last month) • Oxon CAMHS SPA 32% (decline from last month) • Wiltshire CAMHS SPA 33% (decline from last month) • Oxon CAMHS Crisis 45% (no change) • Oxon City and NE AMHT 38% (improvement from last month) • Wiltshire Eating Disorder services 35% (no change) • Bucks Aylesbury AMHT 37% (no change) • Bucks Chiltern AMHT 44% (no change) • Bucks PIRLS 35% (no change) • Bucks SCAS & Street Triage 50% (no change) • Bucks OA South CMHT 38% (decline from last month) • Bucks CAMHS Neuro 37% (improvement from last month) • Bucks CAMHS SPA 34% (decline from last month) • Rapid Access Care Unit 35% (no change) • GP OOH 67% (no change) *this is being checked*

5. Wards Highlighted at Alert Status

One ward has been highlighted, Ruby ward, with further details below and the actions being taken.

Ruby ward

Reason for highlighting:

- Staff vacancies (53%, unchanged for last 2 months), agency use (24%) and sickness (12%). Although fill rates have been met.
- At this point no quality indicators in the safe domain are particularly flagging a concern.

Key actions being taken:

- Recruitment initiatives continue and there is a strategy being used to combine recruitment and efforts for all the wards at the Whiteleaf Centre.
- A number of B5 roles have been offered for Ruby ward and are currently going through the recruitment process. A new Ward Manager is in post. There are still vacancies for 3 out of the 5 deputy Ward Managers.
- Aim of work currently to reduce barriers to students being employed, attending nursing and AHP recruitment fairs across the UK and holding Trust-wide roadshows in November.

6. Community Teams Highlighted at Alert Status

Five services/teams have been highlighted which are particularly struggling; Podiatry Service, District Nursing Service Minor Injury Units, Oxon City and NE AMHT and Bucks Aylesbury CMHT.

Podiatry Service

Reason for highlighting:

- High vacancies 28.6%, although this has improved from last month. High turnover 21%. Ongoing chronic national and local staff shortages in podiatry
- Service in critical position due to combination of high staff vacancies, rise in demand and increasing acuity. Delays in seeing new referrals and almost all patients on caseload who require regular follow up and treatment, including some high-risk patients. This is leading to delays in identification of deterioration. Service having to work reactively rather than preventatively.
- 3 PSIs identified in the last 3 months (July-Sept 2023) about delays in identification of deterioration resulting in patient harm.

Key actions being taken:

- Transformation project in place with workstreams around: workforce, clinical pathway, communication, corporate enablers, partnership working and process review. Work has included the introduction of new roles for example podiatry foot assistants, and developing relationships with OCDEM including developing a clear referral criteria.
- Caseload review and weekly huddles reintroduced to discuss complex patient cases.
- The care to the highest risk patients on the caseload are currently being reviewed and allocated to a named podiatrist.
- Admin processes reviewed to support patient attendance and recall rates.
- Support to staff and escalation processes strengthened through clinical supervision and structured clinical development meetings, as well as a team newsletter to support improved communication.
- Focused recruitment support in place; success with B5 newly qualified staff due to start in 2023/early 2024, Spanish international recruits hoping to start in Oct 2023 depending on exam results (delayed from July), and golden handshake and relocation expense incentives agreed to attract new staff.

District Nursing Service

Reason for highlighting:

- Significant mismatch between capacity and demand in District Nursing- service has been operating in Level 1 Red Escalation OPEL 4 since 17th Dec 2022. Average caseload 5,000, with around 1,800 referrals received a month.
- Staff establishment in service is inadequate for the high demand seen. The service benchmarks at lowest establishment per population across the BOB ICSand at 80% of the national average.
- Vacancies range by team, City has highest vacancies at 20%.

Key actions being taken:

- There is a clinical prioritisation document in place, agreed with commissioners and GP leads in Oxfordshire to guide the service in the prioritisation of patient care whilst in OPEL 4 escalation. Monthly meetings in place to monitor. Lower priority care includes continence assessments, continence reviews, and routine blood tests. Waiting lists are operating for this care.
- In addition care is also being deferred with around 700 patient visits being rolled over each week. These patients include those receiving wound care (which make up around 40% of the District Nursing workload). Very high-risk patient care is protected daily, which includes end of life care, daily medication administration (e.g., insulin, heparin, IV antibiotics) and urgent interventions such as blocked urinary catheter care.
- There is a comprehensive District Nursing Improvement Programme in place that focuses on increasing nursing capacity, managing patient demand and improving quality.
- NHSE Safer Staffing Tool Census is being carried out to help evidence shortfall in staffing establishment.
- Review of all pressure ulcers developed in service to identify learning.

Minor Injury Units (Abingdon and Witney)

Reason for highlighting:

- Significant demand and pressures on service as with the GP OOH service. OOH service has significant vacancies at 67% mostly for sessional GPs.
- No new PSI identified in last 3 months, July to Sept 2023. Although 5 PSIs identified between April to July 2023, where learning has been identified around; training and competencies, clinical leadership, support and supervision, and staffing structure across OOH and MIUs.
- 9 complaints in the last 3 months (July-Sept 2023), with 7 related to diagnosis failure. The service also received 7 informal concerns with a similar theme.

Key actions being taken:

- Safety actions from PSI learning.
- An internal thematic learning review has started to pull together key themes from across the PSIs identified.
- Review of staffing model and senior clinical support in service.

Oxon City and NE AMHT

Reason for highlighting:

- Vacancies at 38%, small improvement. Sickness at 9%.
- 2 PSIs in July 2023 both unexpected deaths/suspected suicides.
- 5 complaints in the last 3 months (July-Sept 2023) about 2 deaths, direct payments and record keeping issues, and 13 informal concerns.
- Capacity to meet increasing demand is a concern. The team has a caseload of around 1300 patients at any one time. Number of referrals received has slightly dropped July, Aug and Sept to around 150 a month.

Key actions being taken:

- Agency workers being used on long lines.
- Recruitment campaign in progress, focused on B6 vacancies. Work is continuing with providing incentives including looking at introducing relocation packages to attract staff. Regular review of recruitment plan. Indeed campaign being used to promote B6 nurse vacancies.
- Offering sessional staff to offer weekend assessments to cover the assessment waiting list.
- Transformation work in progress in line with the Community Mental Health Framework including new health and wellbeing hubs and primary care mental health teams.
- OT team set up to support recovery and discharge for those on the caseload.
- Regular leadership meetings and actions to support ongoing development in the team. Team are prioritising the work they can complete based on resources available.

Bucks Aylesbury AMHT

Reason for highlighting:

- Vacancies at 37%, similar to last month.
- 2 PSIs in July and Aug 2023, 1 treatment delay and 1 suspected suicide.
- 4 complaints in the last 3 months (July-Sept 2023) and 15 informal concerns; 6 related to insufficient/quality of care in the community and 5 related to staff attitude/behaviour.
- Capacity to meet increasing demand is a concern. The team has a caseload of around 800 patients at any one time. Number of referrals received is around 120 a month.

Key actions being taken:

- Agency workers being used on long lines.
- Recruitment in progress and greater focus to be offered by the Trust's Recruitment Campaign Consultants. Broad Trust-wide initiatives include internal careers bulletin, roadshows and regularly attending local job fairs.
- Caseload review carried out.
- Transformation work in progress in line with the Community Mental Health Framework.

Audit Committee
Minutes of the meeting held on
14 September 2023 at 09:30
Hybrid – MS Teams and
Warneford Boardroom, Warneford Hospital, Headington, Oxford

AC 62/2023
(Agenda item: 3)

Present[1]:

Lucy Weston	Non-Executive Director (the **Chair/LW**)
Chris Hurst	Non-Executive Director (**CMH**)
Mohinder Sawhney	Non-Executive Director (**MS**) – *attended virtually over MS Teams*

In attendance:

External Audit - Ernst & Young LLP (EY)	
Maria Grindley	External Audit – Partner, Ernst & Young
Claire Mellons	External Audit - Senior Manager, Ernst & Young
Internal Audit and Counter Fraud - KPMG	
Constance Choi	Counter Fraud – Manager, KPMG – *part meeting*
Neil Thomas	Internal Audit – Partner, KPMG
Oxford Health NHS FT	
Attending Board members	
Charmaine De Souza	Chief People Officer (the **CPO/CDS**) – *part meeting, attended virtually over MS Teams*
Kerry Rogers	Director of Corporate Affairs & Company Secretary (the **DoCA/CoSec /KR**)
Heather Smith	Chief Finance Officer (the **CFO**/**HS**)
Other Trust staff in attendance	
Brian Aveyard	Risk, Assurance & Compliance Manager (**BA**)
Ben Cahill	Deputy Director of Corporate Affairs (the **Deputy DoCA/BC**)
Alison Cubbins	Head of HR Policy, Reward & Projects (**AC**) – *part meeting, attended virtually over MS Teams*
Will Harper	Head of IT (**WH**) – *part meeting*
Peter Milliken	Director of Finance (the **DoF/PM**)
Hannah Smith	Assistant Trust Secretary (**HaS**) (Minutes)

The meeting followed private pre-meetings between: (i) the Committee members; and (ii) the Committee members and Auditors and Counter Fraud.

[1] The quorum is 3 members (all Non-Executive Directors) and may include deputies.

1.	**Welcome, Apologies for Absence and confirmation of items for Any Other Business**	
a	The Chair welcomed attendees to the meeting.	
b	There were no apologies for absence from Committee members. Apologies from non-Committee members were received from: Rob Bale, Executive Managing Director for Mental Health and Learning Disabilities; Grant Macdonald, Chief Executive; and Karl Marlowe, Chief Medical Officer.	
2.	**Minutes of the Meeting on 16 June 2023 and Matters Arising**	
a	The minutes of the Audit Committee meeting on 25 April 2023, at paper AC 51/2023, were approved as a true and accurate record subject to: i. creating an action at item 7 for the Clinical Audit team to formally report back earlier to the Committee and more tailored to the Committee's requirements; and ii. creating an action at item 8(b) for External Audit to provide a 'lessons learned' report to the Committee.	
b	***Matters Arising*** The following actions were noted as in progress: *June 2023* • item 4(c) Health & Safety training as highlighted in the Internal Audit on Health, Safety and Staff Security; • item 5(e) People, Leadership & Culture Committee oversight and further review of the Internal Audit of Learning & Development; • item 6(a) Risk Management policy; • item 13(a)-(b) Audit Committee self-assessment; *April 2023* • items 2(a) from June and 5(c)-(d) from April, BAF risk 1.6 (Sustainability of Primary, Community & Dental Care Services) to review the risk rating and consider articulating the challenges of partnership work; and • items 2(a) from June and 5(h) from April, BAF risks around Workforce Planning and Recruitment.	
c	The remaining actions were noted as complete (with supporting detail in the Summary of Actions document) or on the agenda for this meeting: • item 5(d) confirmation that the Learning & Development Internal Audit of Learning & Development's findings of non-compliance were consistent with records; • item 5(n) report on the Data Security & Protection Toolkit audit; and • item 12(b) updates to the Performance Report in the Annual Report.	
3.	**Committee workplan**	
a	No comments were received.	

RISK MANAGEMENT		
4.	**Risk Management update**	
a	The Deputy DoCA presented the report at paper AC 52/2023 and summarised the areas of focus set out in the report including: review of Board Assurance Framework (**BAF**) risks; consideration of the connectivity of key risk documents including the BAF, Trust Risk Register and Directorate Risk Registers; development of a common risk language; risk appetite and ownership; system risks or 'risks in common' shared with other organisations; and review of the Risk Management Policy to commence from autumn 2023.	
b	Chris Hurst emphasised the potential for risks to support and inform decision-making, especially around the longer-term distribution of resources and support for priorities. However, the way in which information was presented to the Board was crucial as it would not be helpful for Board decision-making to be presented with a significant amount of information that had not already been synthesised or for the Board to be left joining the dots in order to see the whole picture or recognise the impact of a decision upon key risks.	
c	Mohinder Sawhney agreed and added that there needed to be consideration of the aggregation of risk, or how individual risks being dealt with through individual silos or organisational units may connect together and potentially benefit from being addressed through a more joined-up approach. For example, she commented that it was potentially unhelpful to view Workforce risks as mainly an HR activity or area of responsibility.	
d	The Chair agreed, commenting upon the helpful Workforce Risk Workshop which had taken place on 12 September 2023 and involved senior leaders from other areas outside of HR; this had allowed for different nuances to be discussed and synthesised in new ways. She added that culture was therefore an overriding consideration and without addressing the organisation's culture, risk management processes would become the end point rather than a tool to enable more efficient business practice and drive decision-making. Chris Hurst agreed and noted that although risk management was part of good governance, that should not be its primary purpose compared to supporting decision-making by using insights and anticipating potential challenges for the better running of the organisation. The Chair commented that there may be an emerging risk around the governance architecture of the Trust and the extent to which it may be helping or hampering change, in particular in the context of comments made during the Workforce Risk Workshop on difficulties in making change happen.	
e	The Chief Finance Officer emphasised the importance of: (i) risk management being an Executive-led process; and (ii) linking to the strategic discussions already taking place on ownership, leadership and empowerment of leadership as the Trust continued to develop its Strategy and annual plan. The Chair clarified that risk management should be owned by the Executive collectively rather than as individuals.	
f	**The Committee noted the report.**	

5.	**Board Assurance Framework (BAF) - risk deep dive on BAF 3.4 (delivery of the financial plan and maintaining financial sustainability)**	
a	The Chief Finance Officer presented the report at AC 53/2023 and explained that the controls, assurances and actions for the risk had been updated, as set out in detail in the report, but she was not proposing that the risk ratings be changed. The financial position was healthy and agency spend was reducing but it could still be premature to reduce the current risk rating. BAF 3.4 would also be presented to the Finance & Investment Committee (**FIC**), its monitoring committee, next week when the FIC may also be able to undertake a more in-depth review having also considered the Medium-Term Financial Plan and the current in-year financial position at its meeting.	
b	Chris Hurst noted that it was important not to risk complacency, despite current financial stability, especially as the Trust operated in a potentially uncertain environment and could be impacted by the demands of the wider system. The financial modelling work which was taking place, including the work in the medium term to refresh the Trust's financial plan, would be useful. Although the Trust may not be able to entirely influence its external environment, it could control its internal practices not only in relation to seeking to control agency spend but also in internal management and those areas which could influence Reference Costs. The FIC would be looking for increased clarity on the potential pressure points internally as well as externally in order to assess long-term financial stability.	
c	Mohinder Sawhney referred to the controls and actions in BAF 3.4 and noted that whilst she supported financial culture as the first control listed, there was some discrepancy between that and the actions listed which did not seem to go into the opportunities to strengthen financial culture. The Chief Finance Officer replied that, although she may need to reflect upon the way in which the actions had been set out and improve the detail on the work being done to change financial culture, financial culture was her primary personal objective. The meeting commented upon the importance of behaviour to changing financial culture and shifting recognition of the finance function as a more crucial service to the business. The Chief Finance Officer added that the new Chief Executive had also recently held a helpful session with the Executive on holding to account and embedding financial culture.	**HS**
d	The meeting discussed the opportunity which the Trust currently had to improve its efficiency and shift from past ways of operating. The Chair commented that the Trust could recognise that issues were not just due to underfunding and there may be areas where it could take control to achieve improvements, which may ultimately put the Trust in a better position to make a case for more resources. The Chief Finance Officer supported this and noted that this approach also aligned to ambitions to become a system leader.	
e	The Chair requested that a revised version of BAF 3.4 be presented back to the Committee in due course, after review by the FIC.	**HS**
f	**The Committee noted the report and that it would review BAF 3.4 again after the FIC.**	

EXTERNAL AUDIT, INTERNAL AUDIT & COUNTER FRAUD		
6.	**External Auditor's annual report to support the 2022/23 External Audit process and including commentary on Value For Money arrangements**	
a	Maria Grindley presented the report at paper AC 54/2023 on the External Audit FY23 which also included the commentary on Value For Money (**VFM**) arrangements. She noted that there were no changes from when the External Audit findings had already been discussed with the Committee, an unqualified opinion had been issued on the financial statements, but the VFM commentary was now available. No risks of significant weaknesses in the Trust's VFM arrangements for FY23 had been identified and there were no matters to report by exception in the audit report on the financial statements but more detail was included in the report; the Trust had in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources. She commented that the discussions during the meeting on workforce, planning, culture and driving outcomes were consistent with the more detailed findings in the report.	
b	The Chair commented that it would be useful if the External Audit could help the Trust to learn from best practice in other organisations and reminded External Audit of the action at item 8(b) from the last meeting in June 2023 for External Audit to provide a 'lessons learned' report to the Committee.	
c	**The Committee noted the report and that a 'lessons learned' report would be provided to the next meeting.**	
7.	**Internal Audit updates**	
a	***Internal Audit Plan to 31 March 2025*** Neil Thomas presented the report at paper AC55(i)/2023 which set out the proposed Internal Audit Plan for the next 18 months, including suggested topics for completion by 31 March 2024 and 2025. He invited the Committee's comments and noted that the topics could also be developed to be more risk-focused. The Chief Finance Officer also acknowledged Internal Audit's engagement with the Executive to develop the new Internal Audit Plan and confirmed that in principle the Executive was content with the Plan.	
b	Chris Hurst supported the proposed Internal Audit Plan as a sensible proposition. For broader consideration, he reminded the meeting of the importance of supporting teams to enable them to work effectively and efficiently; improvements to the way in which permanent staff were working should have a significant multiplier effect, especially in the context of continuing efforts to reduce agency spend.	
c	The Chair noted that she still recommended that compliance and clarity around the architecture of compliance be addressed at some point, even if not explicitly through the Internal Audit Plan. The Chief Finance Officer replied that more time may be needed to think through how to respond on this point. The DoCA/CoSec added that Neil Thomas had	

	already previously commented upon the potential breadth of this subject such that it would need to be compartmentalised in order to be addressed meaningfully. However, the work she and the Deputy DoCA were planning to review the Integrated Governance Framework (as presented at paper AC 58/2023 and item 10 below) may provide a means of mapping out compliance. Further to a request from the Chair, the DoCA/CoSec agreed that the Integrated Governance Framework review would be ready by February 2024.	**KR**
d	The meeting discussed the proposed review of Health & Safety and the Chair reminded the meeting of the recent Internal Audit review into this area and which still had some outstanding actions which remained to be completed. Neil Thomas noted that this area had been raised again in the scoping discussions and was one of a few topics which could be assessed as part of an overall assessment of risk management. The Chief Finance Officer added that the Health & Safety review was proposed for FY25, not FY24, and she supported its inclusion for FY25 especially as a new technical lead had only recently started in post.	
e	The Chair referred to the proposed FY25 review on operation of data quality systems and suggested that it should also include consideration of how data was used at Trust level. Mohinder Sawhney added that it should assess the Trust's ability, including at Board level, to understand and use data and to improve data literacy.	**KPMG/ HS**
f	The DoCA/CoSec asked if any of the proposed Internal Audit reviews might become more pertinent in light of the recent Letby conviction. Neil Thomas replied that this consideration would link more to Counter Fraud or Whistleblowing but KPMG would use its initial Counter Fraud work to understand how these channels functioned in the Trust. Mohinder Sawhney added that the conviction and its implications should be discussed separately and potentially as part of a Whistleblowing discussion which should also consider whether there were any concerns that potential whistleblowers might experience detriment or reprisals for speaking up.	
	Internal Audit progress report, including legacy actions	
g	Neil Thomas presented the report at paper AC55(ii)&(v)/2023 and noted that work had been taking place to work through outstanding recommendations from PwC's reviews. This reporting format would be trialled for the next few meetings and would outline the status of actions and provide a rolling total of overdue actions. The Chair added that there would also be an outstanding action to include on Health & Safety training, further to the action from the April meeting at item 4(c) (and referred to above at item 2(b).	
	Data Security & Protection Toolkit (DSPT) review	
h	The Head of IT joined the meeting. Neil Thomas introduced the DSPT review at paper AC55(iii)/2023 and confirmed that this had been a positive review which had achieved significant assurance with minor improvement opportunities identified. There was one medium priority recommendation in relation to timely revocation of leavers' access. The	

	Head of IT provided assurance that appropriate action had now been taken, including a clean-up of user accounts and implementation of a new IT process to automatically disable accounts after 30 days of inactivity (followed by a further 30 days before such accounts would be deleted). Automatically disabling accounts after 30 days acted as a safeguard to pick up accounts of staff who may not have substantive contracts on the Electronic Staff Record and so that the IT team were not reliant on managers or HR reporting leavers. The Head of IT acknowledged that these workarounds had been required in order to address issues with the quality of workforce data especially in relation to bank or agency staff rather than substantive staff.	
i	The Chair asked about the completeness of leavers' processes and the suite of actions which may be required to remove leavers' access from systems as well as sites; she noted that the issues for bank and agency staff had been addressed through the DPST review but asked about the position for substantive staff. The Chief Finance Officer replied that this would be the responsibility of the Chief People Officer but would also involve interaction between a number of different teams including HR, IT and Estates.	**CDS/HS**
j	**The Committee:** • **APPROVED the Internal Audit Plan to 31 March 2025, subject to the comment at item 7(e) above on the review of the operation of data quality systems including consideration of the Trust's ability to understand and use data, and requested that it be kept informed of any slippage in timescales as it was noted that the Recruitment review was due to commence in September 2023; and** • **noted the Internal Audit progress report and the DSPT review report** *The meeting took a break for 10 minutes until 11:05.*	**KPMG/ HS**
8.	**Counter Fraud update**	
a	***Counter Fraud Plan FY24*** Constance Choi presented the Counter Fraud Plan FY24 (including a strategic plan to 2028) at paper AC 56(ii)/2023, confirming that it included the mandated programme. A Counter Fraud progress report would be available for the next meeting.	
b	***Updated Counter Fraud, Bribery and Corruption Policy & Response Plan*** The DoF presented the policy at paper AC 56(iii)/2023and noted that it had been updated with assistance from Constance Choi who confirmed that it met requirements. There were no material changes to highlight.	
c	**The Committee APPROVED: (i) the Counter Fraud Plan FY24; and (ii) the updated Counter Fraud, Bribery and Corruption Policy & Response Plan.**	

GOVERNANCE & ASSURANCE		
9.	**Cyber Security report**	
a	The Head of IT presented the report at paper AC 57/2023 and provided a further update on the risks and mitigating activities listed. In relation to Cyber Security Team resources, recruitment was in train and should be complete by the end of the year. In the meantime, actions were still progressing in relation to cyber security and ransomware protection and to migrate to a new VPN (Virtual Private Network) system. He was also working with system partners across the Buckinghamshire, Oxfordshire and Berkshire West (**BOB**) Integrated Care System (**ICS**) on cyber security and the first formal meeting of a collaborative working group with cyber leads in the BOB ICS would take place in mid-September 2023. He concluded that the Trust was in a good position and reported that there had been no system cyber breaches in the last quarter of the year.	
b	The Chair suggested that future reporting be clearer on the distinction between the risk description and the activity taking place to address it, as well as the revised risk profile after activities had been taken and next steps.	**WH/HS**
c	The Chair asked what third party assurance or best practice framework was available in order to assess the Trust's cyber security preparedness. The Head of IT replied that this was provided by the DSPT review, as discussed at item 7(h)-(i) above, which covered cyber security, compliance and records management. He also confirmed that the Trust's approach was in line with guidance from NHS Digital and the National Cyber Security Centre; the Trust also used Cyber Essentials Plus which involved an audit of IT systems. Neil Thomas confirmed that use of Cyber Essentials Plus was consistent with other organisations.	
d	**The Committee noted the report**. *The Head of IT and Constance Choi left the meeting*.	
10.	**Integrated Governance Framework (IGF) – approach for revision and update**	
a	The Deputy DoCA presented the report at paper AC 58/2023 on the approach to refresh the IGF. As the IGF was still fundamentally accurate and valid, it could be subject to a housekeeping refresh or a more fundamental overhaul which could potentially capture escalation and other processes. The DoCA/CoSec noted that a housekeeping refresh could be available by November 2023 but a more fundamental overhaul would take longer. As discussed at item 7(c) above, the DoCA/CoSec had agreed that the IGF review would be ready by February 2024. The Chair suggested that there be willingness to dismantle some of the existing structure.	
b	**The Committee noted the report and that a housekeeping refresh of the IGF could be available by November 2023 with a more fundamental overhaul by February 2024.**	**KR**

11.	**Single Action Tender Waivers report – 01 June to 31 August 2023**	
a	The DoF presented the report at paper AC 59/2023 on Single Action Tender and Quotation Waivers over the reporting period. He highlighted that the reduction in waivers set out in the table on p.3 suggested that more appropriate routes were being used instead. Internal Audit were also shortly to commence review of financial controls which would take into account procurement controls, including in Estates and IT procurement. The Chief Finance Officer added that the Head of Procurement had been making good progress with purchase to pay processes.	
b	The Chair commented that the progress being made was encouraging and commended the evolution of the reporting with more context and detail, as well as the work of the Head of Procurement. She also commented positively upon the culture and clarity of purpose which was demonstrated through this report; clarity of purpose was crucial as process users needed to be able to appreciate the purpose of procurement processes rather than seeking to circumnavigate them if they found them challenging.	
c	**The Committee noted the report.**	
12.	**Losses & Special Payments report – 01 April to 31 August 2023**	
a	The DoF presented the report at paper AC 60/2023 and highlighted that the claims for ex gratia payments to be made to staff whose cars had been damaged by sub-contractors had nearly all been resolved. The Board would be updated once all these claims had been paid. The Chief Finance Officer emphasised that the situation had been exceptional and the Trust had been keen to ensure that staff were not disadvantaged due to the actions of sub-contractors.	
b	**The Committee noted the report.**	
13.	**Whistleblowing arrangements report**	
a	The Chief People Officer and the Head of HR Policy joined the meeting and presented the report at paper AC 61/2023 which provided an annual report on whistleblowing arrangements and assurance as to their efficacy. She emphasised the importance of the Trust's Freedom to Speak Up arrangements especially in the light of the Letby conviction. She set out that whistleblowing cases were reported to Executive meetings during their investigation and at conclusion with any recommendations. In her capacity as Lead Executive for Freedom to Speak Up, she also worked closely with the Chief Finance Officer in her role as Lead Executive for Whistleblowing.	
b	The Head of HR Policy commented upon the actions which were being taken in response to the cases raised and also the actions by the Freedom To Speak Up Guardians proactively	

	to reach out to staff and encourage them to speak up. The Guardians had made a particular effort to contact staff groups who may not have regular access to email.	
c	Chris Hurst asked about the impact of the increase in capacity in the Guardians' team. The Chief People Officer replied that there had been benefits to increasing the capacity, a Freedom to Speak Up policy was now in place and new eLearning would be added to staff training matrices. She was also considering whether the Trust could benefit from adding Freedom to Speak Up Champions who could provide more local first points of contact. The meeting discussed how including more people in the team could mitigate against the risk of the power of individual personalities and noted that anecdotal evidence suggested that local Champions may help to increase referrals.	
d	Mohinder Sawhney reflected upon the outcome of the Board's Freedom to Speak-Up assessment work in March and July 2023 and noted that staff concerns about detriment or negative impact from speaking up may be barriers to creating a speaking up culture. She commented that evidence from grievance cases may not be sufficient assurance that staff were not experiencing detriment from speaking up and she recommended that the organisation become more curious and challenging about this in order to be assured. The Chair agreed and, referring to a reported case, noted that not being able to substantiate allegations perhaps should not automatically equate to there being no actions which could be taken as there could still be some cultural issues to consider and address. The Chief People Officer replied that this was a fair challenge and where they would like to be able to develop.	
e	The DoCA/CoSec added that, in the context of the Letby conviction, it may be useful for reporting to become more sophisticated and: (i) challenge what evidence there may be that the interventions listed had made a positive difference; (ii) consider what patterns, themes or trends may be being raised by cases considered collectively; and (iii) understand what management or leadership processes may have failed and led to the need to use speak up processes. The Deputy DoCA added that it would also be useful to include information from complaints and triangulate these with information from Freedom to Speak Up and Whistleblowing.	
f	Chris Hurst added that more use could potentially be made of early indicators including encouraging teams to speak up as teams or flag concerns about other teams; he commented upon a culture which could develop to contain issues within teams. The Chief Finance Officer added that the Safety & Quality Dashboard, reviewed at the Quality Committee and made available to the Board in public as part of supporting information in the Reading Room, also usefully brought together various sources of information at team level including quality and workforce indicators; the Dashboard was the beginning of the work which could take place to triangulate data. The Chief People Officer noted that the Freedom to Speak Up Guardians already had quarterly meetings with HR and regular meetings with Service Directors where it was possible to discuss potential hotspots but using anonymised data.	

g	The Chair noted that the report had been based upon a useful template developed by the DoCA/CoSec but that it could be developed further. The Head of HR Policy replied that the report to the Board meeting in public in September 2023 would provide more commentary in the wake of the Letby conviction.	
h	**The Committee noted the report and was assured that proper arrangements were in place with regard to the Trust's Whistleblowing and Speak Up procedures.**	
Any Other Business		
14.	**Any Other Business**	
a	None.	
15.	**Review of the Meeting**	
a	The meeting commented positively upon the experience of having met in person.	
	Meeting Close: 12:05	
	Date of next meeting: 21 November 2023	

Oxford Health
NHS Foundation Trust

Meeting of the Audit Committee

Tuesday, 21 November 2023
09:30-12:30[1]
Hybrid meeting over Microsoft Teams and in person
Ascot Room/CS Boardroom, Trust Headquarters, Corporate Services Building, Littlemore Mental Health Centre, Sandford Road, Oxford OX4 4XN

Apologies to Hannah Smith, Assistant Trust Secretary, hannah.smith@oxfordhealth.nhs.uk

AGENDA

1.	Welcome and Apologies for Absence[2]	LW	09:30
2.	Confirmation of items for Any Other Business	LW	
3.	Minutes of the Audit Committee Meeting on 14 September 2023 and Matters Arising (paper AC 62/2023)	LW	
4.	Committee workplan (see overview plan at the end of this agenda)	LW	
Risk & Assurance			
5.	Clinical Audit report (paper AC 63/2023)	KM[3]	09:40
6.	Board Assurance Framework – risk deep dives (paper AC 64/2023):	KR	09:55
	a. BAF 1.5 on Unavailability of Mental Health beds;	(RB)	
	b. BAF 1.6 on Sustainability of Primary, Community & Dental Care Services;	(BR)	
	c. BAF 2.1 and 2.2 Workforce Planning and Recruitment risks	(CDS)	
7.	Update on Employee Data Audit recommendations (leavers' process report) (paper AC 65/2023)	HeS/ CDS	10:25

[1] 09:00-09:15 Non-Executive Directors only pre-meeting;
09:15-09:30 Auditors and Non-Executive Directors' pre-meeting; and
09:30 main meeting starts.
[2] Apologies from: None
[3] Karl Marlowe will need to leave before 10:30

External Audit

8. External Audit FY23 'lessons learned' report (paper AC 66/2023)	EY/HeS	10:35
9. External Audit progress report (oral update)	EY	
10 mins break (if required)		11:00

Internal Audit

10. Internal Audit updates (paper AC 67/2023):	KPMG/	11:10
a. progress report (including legacy actions); and	PM/	
b. review reports	HeS	

Counter Fraud

11. Counter Fraud progress report (paper AC 68/2023)	KPMG/ HeS	11:25

Governance & Assurance

12. Governance Framework – update on development, including compliance assurance (paper AC 69/2023)	BC/KR	11:35
13. Emergency Planning annual report (paper AC 70/2023)	KR	11:50
14. Audit Committee self-assessment (paper AC 71/2023)	KR	12:00

Internal Auditors and Counter Fraud to leave – Committee to meet in private

FY23 Annual Audit review

15. FY23 Annual Audit review report (paper AC-pvt 72/2023)	MW/HeS	12:10

Any Other Business

16. Any Other Business (oral discussion)	LW	12:20

17. Review of the Meeting (oral discussion)
    a. any escalations to the Board or any risk escalations to the Trust Risk Register or Board Assurance Framework; and
    b. content and behaviours.

Meeting Close 12:30

Date of next meeting: 22 February 2024 09:30-12:30

Audit Committee – overview plan for 2023/24[4]

Item	Owner(s) or function	Q4 Feb 2023	Q1 April 2023	Q1 June 2023	Q2 Sept 2023	Q3 Nov 2023	Q4 Feb 2024	Q1 April 2024	Q1 June 2024
INTERNAL AUDIT									
Internal Audit progress report, action tracker and review reports	KPMG (formerly PwC during FY23)	x	x	x	x	x	x	x	x
Internal Audit Plan	KPMG (formerly PwC during FY23)	x			x		x		
Internal Audit annual report and Head of Internal Audit Opinion	KPMG (formerly PwC during FY23)		x	x				x	[x]
EXTERNAL AUDIT									
External Audit progress report	Ernst & Young (from Grant Thornton)	x	x	x	x		x	x	x
External Audit Plan and Informing the Audit Risk Assessment	Ernst & Young	x	x				x	x	
External Audit report on the financial statement audit (including draft letter(s) of representation)	Ernst & Young			x					x
External Audit findings report	Ernst & Young				x				
External Audit Value For Money/ 'Auditor's Annual' report	Ernst & Young				x				
COUNTER FRAUD									
Counter Fraud progress report	KPMG (formerly PwC during FY23)	x	x		~~x~~	x	x	x	
Counter Fraud Work Plan and Risk Assessment	KPMG (formerly PwC during FY23)	x			x		x		

[4] Summarises the Committee's more detailed Work Plan

Item	Owner(s) or function	Q4 Feb 2023	Q1 April 2023	Q1 June 2023	Q2 Sept 2023	Q3 Nov 2023	Q4 Feb 2024	Q1 April 2024	Q1 June 2024
Counter Fraud annual report	KPMG (formerly PwC during FY23)		x					x	
YEAR-END & FINANCE REPORTING									
Timetable for Annual Report & Accounts	Finance / Heather Smith	x					x		
Financial Statements and Accounts	Finance / Heather Smith		x	x				x	x
Going Concern Statement	Finance / Heather Smith		x	x				x	x
Annual Report and Annual Governance Statement	Corporate Governance / Kerry Rogers		x	x				x	x
Losses & Special Payments Report	Finance / Heather Smith	x	(x)		x		x		
Single Action Tender Waivers Report	Finance / Heather Smith	x			x		x		
RISK MANAGEMENT									
Board Assurance Framework and Trust Risk Register report and/or deep dive. Forward look: • April 2023 – Demand & Capacity, Workforce and Recruitment • June 2023 – Major Capital Projects • September 2023 – Financial Plan	Neil McLaughlin / Hannah Smith / Kerry Rogers	x	x	x	x	x	x	x	
OTHER ASSURANCE FUNCTIONS AND MANAGEMENT REPORTING									
Assurance from Committee Chairs on themes previously identified in audits	NED Committee Chairs	x	x		x	x	x	x	
Clinical Audit update report	Karl Marlowe					x			
Clinical Audit annual report	Karl Marlowe			x				x	
Cyber Security	IT/Heather Smith		x		x		x		
Whistleblowing arrangements	HR/ Charmaine De Souza				x	[x]			

Item	Owner(s) or function	Q4 Feb 2023	Q1 April 2023	Q1 June 2023	Q2 Sept 2023	Q3 Nov 2023	Q4 Feb 2024	Q1 April 2024	Q1 June 2024
new Emergency Planning annual report	Emergency Planning/ Kerry Rogers				[x]	x			
POLICIES & STRATEGIES									
Standing Financial Instructions (on a 2 years cycle, last done 2023 – next due 2025)		[x]							
Scheme of Delegation	Corporate Governance / Kerry Rogers			x					
Risk Management Strategy & Policy	Neil McLaughlin / Hannah Smith / Kerry Rogers				~~x~~		[x]	x	
Counter Fraud Policy	Finance & KPMG				x				
GOVERNANCE									
Minutes	Corporate Governance / Kerry Rogers	x	x	x	x	x	x	x	x
Audit Committee annual report	Corporate Governance / Kerry Rogers			x				[x]	[x]
NHSE self-certifications (draft of Board paper) [*Self-certifications no longer required under revised NHS Provider Licence published March/April 2023*]	Corporate Governance / Kerry Rogers							[x]	[x]
Quality Committee annual report	Corporate Governance / Kerry Rogers				x				
Charity Committee annual report	Charity/Kerry Rogers				[x]	x			
Other Committee annual reports may be more optional/depending upon when/if called for – all will in any event always be available as part of Board packs									

Item	Owner(s) or function	Q4 Feb 2023	Q1 April 2023	Q1 June 2023	Q2 Sept 2023	Q3 Nov 2023	Q4 Feb 2024	Q1 April 2024	Q1 June 2024
OTHER REQUESTED ITEMS									
Psychiatric Intensive Care Unit (PICU)	Estates	x							

Minutes of the

Oxford Health Charity Committee – Development Meeting

Tuesday 12th September 2023 11.00-12.30pm, held via. Microsoft Teams

Present:

Lucy Weston (LW)	Non-Executive Director (Chair)
Charlotte Evans (CE)	Executive Assistant (Minutes)
Jane Appleton (JA)	Associate Director of Communication & Engagement
Michelle Evans (ME)	Development Manager – Oxford Health Charity
Chris Hurst (CH)	Non-Executive Director
Chris Langridge (CL)	Oxford Health Charity Administrator
Emma Leaver (EL)	Service Director, Primary, Community & Dental Services
Julie Pink (JP)	Head of Charity & Involvement
Kerry Rogers (KM)	Director of Corporate Affairs & Company Secretary
Olga Senior (OS)	External Non-Voting Member

Guests – present for relative agenda item:

Emma Garratt (EG)	Clinical Lead Physiotherapist

Apologies:

Katrina Anderson (KA)	Service Director, Oxon & BSW Mental Health
Amelie Bages (AB)	Executive Director of Strategy & Partnerships
Ellyn Carnall (EC)	Operational Support Officer
Donna Clarke (DC)	Service Director, Buckinghamshire
Marie Crofts (MC)	Chief Nurse
Claire Dalley (CD)	Director of Estates & Facilities
Charmaine DeSouza (CDS)	Chief People Officer
Rose Hombo (RH)	Deputy Director of Nursing
Zoe Moorhouse (ZM)	Head of HR, Mental Health & Specialised Services
Ben Riley (BR)	Executive Director, Primary, Community & Dental Care
David Walker (DW)	Chair - Oxford Health NHS FT

1	**Introductions and Apologies**	
	Lucy Weston (LW) welcomed the group and acknowledged apologies for absence received as above. The meeting was confirmed to be quorate.	
2	**Declarations of interest**	
	No declarations of interest were received pertinent to matters on the agenda.	
3	**Minutes of the Meeting on 8th February 2023 and Action Updates**	
	The minutes of the Development meeting held on 20th June 2023 and the Action Log were reviewed in the earlier meeting (Oxford Health Charity Committee – Governance Meeting, Tuesday 12th September 2023 10.00-11.00am, held via. Microsoft Teams).	
4	**Directorate Case Study**	
	Emma Garrett (EG) was invited to today's meeting to discuss the recent fundraising at OSRU as it was felt the Committee would benefit from hearing from the OSRU team directly. The case study will help to celebrate how the charity supports different areas and how the OSRU team have come together for fundraising, as well as how the fundraising will be spent and the impact this will have on patients. EG advised that the national clinical guidelines for stroke had made the team really ambitious about what they offer on the ward and the technology used. They had a great new aspirational target of patients being active for 6 hours a day but needed funding for new equipment of around £7,500. EG got in touch with the charity team to start the fundraising process. The OSRU team had some good ideas on how to fundraise and the charity team helped them to get organised and ensure they were doing things correctly. For example, a JustGiving page was set up for people to donate too. The OSRU team fundraised by various means, including a sponsored cycle (with patients cycling on assisted bikes up to a target of 150 miles over 5 days). They also held a bake sale, a raffle and another sponsored cycle. It created a really good atmosphere on the ward and helped to build a sense of community on the ward. The fundraising was hugely beneficial for the team and enjoyable. EG noted that the generosity was overwhelming, with family members donating, as well as patients donating once they were	

	discharged home. The fundraising led to the OSRU team being able to buy some specific equipment. EG reflected on the fundraising process and involvement with the charity team. EG advised the charity team were helpful in terms of assisting with the JustGiving page and the legal requirements of a raffle. The charity team will also be using the OSRU fundraising as a case study on how teams and the charity team can work together. Olga Senior (OS) advised that when donating, the thank you comes from the charity team and not the specific team (OSRU in this instance). It was felt if it was something more personal it would help with engagement. It was advised a thank you will be sent when the equipment has been brought by the OSRU team. Jane Appleton (JA) spoke about the importance of a patient story so that those donating can connect to an individual's success and potentially continue to donate. There was also discussion about whether the charity could become someone's 'Christmas Charity'. Emma Leaver (EL) reflected about the positive use of Amazon Wishlist with QR codes on posters on other wards. This will be considered for more wards/areas in the future. **ACTION: A more personal thank you to be looked into, coming from the specific team donated to rather than generic. JP/ME** **ACTION: A Amazon Wishlist with QR codes on posters to be rolled out for more wards/areas. EL?/JP/ME**	**JP/ME** **EL/ JP/ME**
5	**Strategy Approval**	
	Julie Pink (JP) advised the 2023-28 Oxford Health Charity Strategy has been presented to the Charity Committee for approval. The draft strategy had been presented at the June Charity Committee meeting, and the updates/changes required have now been made. The operational delivery plans and KPIs have been removed. They will be brought back to the committee once re-drafted to ensure there is a strong framework for strategy delivery. This strategy has been written as a result of consultation, engagement and research with stakeholders, Fund Advisors, Corporate Trustee members, More Partnership and the wider charity and involvement team. Kerry Rogers (KR) wanted to highlight the difference that dedicated fundraising activity can bring in terms of income and staff moral.	

	There was discussion about the period of time the strategy covers and whether the 5-year period should start from 2024. This was rejected as work had already commenced. It was advised there will be a fundraising strategy that spans the same time period. Part of this framework will come to the next meeting in November with a plan for the rest of the framework to follow in 2024. The draft KPIs will also come to the meeting in November for agreement. These will be linked to objectives that can be tracked/show progress against. The committee approved the strategy. Following approval by the Charity Committee, the strategy will be presented for approval to the Corporate Trustees in late September. There was discussion about how the committee can measure progress against the strategy. **ACTION: Delivery of Strategy, framework and draft KPIs to be brought to the next meeting in November. JP**	**JP**
6	**Project and Impact Reporting**	
	Michelle Evans (ME) provided a summary of project and impact reporting. Over June, July and August there were 61 charity funding requests received totalling £67,000. 31 of these were approved, 21 are being worked through and 9 were declined. Reasons for declining included: • Items that should be covered by Trust funds. • Not adhering to IPC guidance. • Not within the charity's remit. • High-value training costs for individuals. • An offer that turned out to be a scam. 20 impact reports have been received, with an average score of 4.94/5 for the charity experience. Recent projects have included: • Body composition scales. • Wimbledon themed patient event at The Whiteleaf Centre. • Online meditation sessions for carers. • Various events for the NHS 75 celebration, including a staff picnic at The Warneford Hospital, unfortunately participation at the picnic was low. In regards to specific fundraising appeal plans, the portacabin has arrived for Lucy's Room. The fixings for inside and meetings with occupational therapists have been scheduled for September. The landscaping will start on 9th October. There are future planned activities and fundraising	

	events to continue securing donations for the appeal, including a masked ball, runners in the Oxford Half and a 24hour exercise event. The PICU (Meadow Unit) Appeal has secured some alternative funding from OHFT and NHS England so that some items can be purchased before the unit opens. Items include the gym building and equipment, artwork, garden furniture and items for the sensory room. The unit is due to open in September. There are future planned activities and fundraising events to continue securing donations for the appeal, including a Brush Party and Art Auction. Looking at future projects, there is the End-of-Life Room Appeal at Wallingford. The purpose is to redevelop a room in the Community Hospitals into a two room (with ensuite and garden access) End-of-Life Suite. The charity team are awaiting confirmation from the Community Directorate that the project has full support for progression. There are other larger projects currently being worked through for possible charity funding, including: • Ruby Ward Garden -£9.7k • Highfield Music Lab updates -£6.3k • Long Covid Support Research Project -£5k • Nature Therapy Training -£TBC • Grippabletherapy aids -£6.8k • Jaundice therapy equipment -£14.8k • EOL Suite Wallingford Appeal -£150k The Impact Report and Fundraising/Income Generation presentations from today's meeting will be circulated within the next couple of weeks.	
7	**Fundraising Activities**	
	ME provided a summary of fundraising activities, there are some grants in process from the Blue Light Card Foundation and The Prince of Wales's Charitable Fund. There is also the consideration of a grant through the Masonic Charitable Foundation. There are also opportunities (including potential opportunities in 2024) through NHS Charities Together. There have been fundraising activities including the Bike Oxford event in June which raised over £2,100. There has also been a ROSY volunteer stand at the Wilderness Festival where Microsoft match funded the money raised, to a total of £3,411 for the ROSY fund. There is also the Box of Hope appeal, and there has also been the fundraising for OSRU that was discussed earlier in the meeting.	

	ME gave a summary of upcoming opportunities to fundraise. These opportunities include: • Brush Party • Art Auction • Oxford Half There is now also the opportunity to use Easy Fundraising. Easy Fundraising partners with over 7,000 brands who will donate part of what is spent to a choice of causes (including Oxford Health Charity). This will not cost the individual any extra as the cost is covered by the brand. ME ended the presentation with a challenge for committee members. The challenge is to become one of the top ten supporters through Easy Fundraising by the next charity committee meeting in November. The Impact Report and Fundraising/Income Generation presentations from today's meeting will be circulated within the next couple of weeks.	
8	**Any Other Business/Close**	
	There was no other business raised at today's meeting.	
9	**Date of Next Meeting**	
	Wednesday 22nd November 2023, 11.30 – 12.30pm, held via. Microsoft Teams.	

Attendance – Development Sub-group

	Mar 2022	June 2022	Sept 2022	Nov 2022	Feb 2023	June 2023	Sept 2023
Lucy Weston	✓	✓	✓	✓	✓	✓	✓
Non-Executive Director	*Chris Hurst attended*	*Philip Rutnam and Andrea Young*	*Rick Trainor*		*Chris Hurst*		*Chris Hurst*
Amelie Bages		✓		✓			
Marie Crofts			✓	✓	✓	✓	
Kerry Rogers			✓		✓	✓	✓
Ben Riley							
David Walker		✓		✓		✓	
Julie Pink	✓	✓	✓	✓	✓	✓	✓
Michelle Evans	✓	✓	✓	✓	✓	✓	✓
Michael Williams		✓	✓	✓		✓	
Olga Senior		✓	✓		✓	✓	✓
Donna Clarke					✓		
Donna Mackenzie/ Beth Morphy							
Zoe Moorhouse	✓	✓			✓		
Learning & Development			✓				
Jane Appleton/Comms		✓		✓			✓
Mark Waring/Ellyn Carnall		✓			✓	✓ *& Claire Dalley*	

Minutes of the

Oxford Health Charity Committee – Governance Meeting

Tuesday 12th September 2023 10.00-11.00am, held via. Microsoft Teams

Present:

Lucy Weston (LW)	Non-Executive Director (Chair)
Charlotte Evans (CE)	Executive Assistant (Minutes)
Jane Appleton (JA)	Associate Director of Communication & Engagement
Charmaine DeSouza (CDS)	Chief People Officer
Michelle Evans (ME)	Development Manager – Oxford Health Charity
Chris Hurst (CH)	Non-Executive Director
Chris Langridge (CL)	Oxford Health Charity Administrator
Emma Leaver (EL)	Service Director, Primary, Community & Dental Services
Julie Pink (JP)	Head of Charity & Involvement
Kerry Rogers (KM)	Director of Corporate Affairs & Company Secretary
Olga Senior (OS)	External Non-Voting Member
Michael Williams (MW)	Financial Controller

Apologies:

Katrina Anderson (KA)	Service Director, Oxon & BSW Mental Health
Amelie Bages (AB)	Executive Director of Strategy & Partnerships
Marie Crofts (MC)	Chief Nurse
Claire Dalley (CD)	Director of Estates & Facilities
Ben Riley (BR)	Executive Director, Primary, Community & Dental Care
David Walker (DW)	Chair - Oxford Health NHS FT

1	**Introductions and Apologies**	

	Lucy Weston (LW) welcomed the group and acknowledged apologies for absence received as above. It was noted that there were no representatives from the mental health directorate. Kerry Rogers (KR) will raise this as an issue. David Walker has also raised the issue and will speak to Grant MacDonald about looking at attendance. The meeting was confirmed to be quorate.	
2	**Declarations of interest**	
	No declarations of interest were received pertinent to matters on the agenda.	
3	**Minutes of the Meeting on 20th June 2023 and Action Updates**	
	The minutes of the Governance and Development meetings held on 20th June 2023 were approved as a true and accurate record of the meeting. The Action Log was reviewed. The Governance Action Log has the following actions outstanding: • Investment Report – Dexter Baum is currently on leave but Michael Williams (MW) has done a broad template which can be viewed in the management accounts document. There will be a conversation with Dexter about replicating something similar. It was noted that the template should include underlying performance in that quarter and in year to date, and perhaps a longer period pulled out so the overall performance of the fund and benchmarking can be seen. • Annual Committee Report – Request made for some extra information to be added to cover the impact report. To be included on agenda for discussion on 22nd November. • Financial Management Accounts/Additional Information – Action can be closed. • Investment Portfolio Proposal – Item put on hold, will be included on agenda for discussion on 22nd November. • Terms of Reference Review – To be included on agenda for discussion on 22nd November. The Development Action Log has the following actions outstanding: • ROSY – Paper included for today's meeting, issues align with fundraising income and acting far enough ahead for	

	these to be managed (including any service problems or contractual staffing risks). • Meadow Unit/PICU – On agenda for today's meeting. All remaining actions are green/closed and were included for information only.	
4	**Annual Impact Report (DRAFT) & Annual Financial Report (DRAFT)**	
	Julie Pink (JP) advised the reports are in two parts, the front is narrative that has been put together by JP, Michelle Evans (ME) and Chris Langridge (CL). It details appeals throughout the year, including HealthFest. In relation to the draft annual statement and income, we are down by about 45% over the course of the year (£300,000). It is worth nothing that donations and voluntary grants held up, but legacies and grants went down. It was noted that legacies are very fluid Our expenditure didn't decrease as much as the income but fell by 14%. Investment losses over the course of the year are around £64,000. The report will be due to go to auditors after this meeting, with the plan to return to the committee in November for formal approval. Olga Senior (OS) requested that the second paragraph on page 38 is changed as it is a bit clunky and does not quite make sense. It was also noted that annual accounts and reports require certain pieces of information, and we need to ensure someone has been through the requirements and made sure the 'front end' parts are included. **ACTION: Relevant changes to be made to the Annual Income Report and Annual Financial Report as discussed and brought back to meeting in November. JP/MW**	**JP/MW**
5	**Financial Management Accounts**	
	MW provided an overview covering April to July 2023 Management Accounts and Fund Summaries. Overall, there has been a net decrease in funds of about £29,000 in the first four months of the new financial year. It was noted that salary and admin costs have been included to be transparent. As mentioned earlier, MW has done a broad template which can be viewed in the management accounts document. It was noted that the template should include underlying performance in that quarter and in year to date, and perhaps a	

	longer period pulled out so the overall performance of the fund and benchmarking can be seen. Chris Hurst (CH) commented that with the reported losses on investments last year and in the first 4 months, that it would be helpful to understand a bit more about them. The proposed template would help to give a better understanding. The template will help expose any issues with control, judgements, classes of assets etc. It was noted that as well as the template we would need a narrative as part of routine reporting. LW commented about having something that shows opening balance, sales, purchases, and a percentage of increase/decrease. It may also be helpful to see how it benchmarks against sector wide performance and against others. OS asked about 2 legacies in the top 10 of amounts and balances, totally £145,000 and the need to be assured of a plan for spending that amount of money. OS also asked about £30,000 sitting in inactive funds, which is money that needs to be released to be used. There was also a question about the pledged legacy for Littlemore – it was advised that we do not know when we will receive this. Wantage was also discussed as there are some sensitive around this. Things are progressing but there are ongoing issues as a very specific legacy. There is currently a plan being devised for use in pain management. It was also requested that a short report on legacies and what they are being used for (a general legacy follow up document) is produced, as well as a report on inactive funds and what the plan is for them. **ACTION: To produce a general legacy follow up document and inactive funds report for the next meeting. JP/CE**	**JP/CE**
6	**Legal and Regulatory Update**	
	KR gave a verbal update. We are continuing with our checks based on the charity commission website, none of which we are currently at risk to but it is interesting in terms of challenging ourselves in terms of controls we have in place. Olga Senior (OS) asked if there were any risks in light of the issues around the Captain Tom Foundation. It was advised there is currently no risk in terms of expecting money back, and that funds were given prior to the investigation taking place. However, it could impact in levels of donations due to impacting the trust people have with NHS charities. It was noted that any direct association is non-existent.	

7	**Terms of Reference Review**	
	To be carried over and included on agenda for discussion on 22nd November as no paper had been tabled due to workload pressures. It was noted there is a proposal to merge the two meetings (currently split into governance and development) into one meeting. The Terms of Reference also includes the proposal to extend our independent membership. **ACTION: To be carried over and included on agenda for discussion on 22nd November. KR/CE**	**KR/CE**
8	**ROSY Update**	
	JP provided an update on the future plans for ROSY fund management, following on from changes in the ROSY fundraising team and discussions with the Community Directorate service delivering ROSY care. Unfortunately, the trigger was met with 18 months' worth of funding left in reserves, which triggered a conversation about how to move forward. Craig Milner (current ROSY Chair) has confirmed that the fundraising team are no longer in a position to continue managing the day-to-day fundraising for ROSY following a 12 month trial approach. However, key members of the ROSY team wish to stay involved as patrons/supporters and events like the ROSY Walk will ideally still continue. The administration and fundraising management will pass to the charity team with ongoing monitoring of income over the next 6-12 months to actively manage any requirements for service reductions/changes if income does not reach previous levels. The Fundraising Coordinator will have dedicated time built into their week for ROSY fundraising, engagement and comms and the rest of the team will undertake activities to support the ROSY appeal in line with their general remits. Finance already manage the main ROSY account and all reporting requirements, the sub-account currently held by the ROSY team will be closed and all funds transferred to the main account in October. LW requested that ROSY will be the large risk due to income stream and being tied to a provision of a service and employment of staff. This is to be added to the risk register. It was also requested that an SLA between the charity and the Trust is produced, and once drafted to be brought back to the committee.	

	ACTION: The administration and fundraising management of ROSY moving to the charity team will be added to the risk register due to the large risk (income stream and being tied to a provision of a service and employment of staff. This is to be added to the risk register). An SLA between charity and the Trust to also be produced. JP	**JP**
9	**Risk Register**	
	JP advised there will be a corporate affairs risk register introduced, but this has not been finalised yet. The current risk register has a new risk added regarding the increased level of requests requiring prioritisation. The risk covers a lack of support available for fundraising, fund managers and project management/support, meaning slower response rates or ability to engage with requests, invoicing and procurement, and a lower levels of donor engagement. The effect of this risk is a loss of confidence with OHC and reduction of engagement both internally and externally. Control measures are in place as follows: • Resource review undertaken annually; • Activity agreed in line with current staffing capacity; • Guidance document reviewed to ensure all projects have oversight required; All other risks remain the same as previously. JP did share information around a scam, the identification of the scam came around when requests for payment were coming from an organisation that would not provide official invoicing. This has now been addressed, meaning official invoicing has been added as a control measure for the procurement risk.	
10	**Any Other Business/Close**	
	• Resource Update – due to time pressures and the meeting needing to close, this item was not formally discussed. However the committee were made aware of the current resourcing issues within the charity team and the impact this is having.	
11	**Date of Next Meeting**	
	Wednesday 22nd November 2023, 10.00 – 11.30am, held via. Microsoft Teams.	

Attendance – Governance Sub-group

	Mar 2022	June 2022	Sept 2022	Nov 2022	Feb 2023	June 2023	Sept 2023
Lucy Weston	✓	✓	✓	✓	✓	✓	✓
Non-Executive Director	*Chris Hurst attended*	*Philip Rutnam and Andrea Young*	*Rick Trainor*		*Chris Hurst*		*Chris Hurst*
Amelie Bages		✓		✓			
Marie Crofts			✓	✓	✓	✓	
Kerry Rogers			✓		✓	✓	✓
Ben Riley							
David Walker		✓		✓		✓	
Julie Pink	✓	✓	✓	✓	✓	✓	✓
Michelle Evans	✓	✓	✓	✓	✓	✓	✓
Michael Williams		✓	✓	✓		✓	
Olga Senior		✓	✓		✓	✓	✓
Donna Clarke					✓		
Donna Mackenzie/ Beth Morphy							
Zoe Moorhouse	✓	✓			✓		
Learning & Development			✓				
Jane Appleton/Comms		✓		✓			✓
Mark Waring/Ellyn Carnall		✓			✓	✓ *& Claire Dalley*	

Meeting of the Oxford Health Charity Committee – Development

Wednesday 22nd November 2023 11.30am – 12.30pm via. Microsoft Teams

Apologies to Charlotte Evans (charlotte.evans1@oxfordhealth.nhs.uk)

AGENDA & PAPERS

	Agenda Item	Lead / Paper	Indicative Time
1	**Welcome and apologies for absence**	LW	11.00
2	**Declarations of interest/related party transactions**	LW	11.00
3	**Charity Funding Requests > £10k** • Soundproofing for Clinic Rooms in the Mental Health Building at Abingdon Hospital CCD003i23_Soundproofing Over 10k Fundir CCD003ii23_CareDisplay proposal v2 for ac	Joanne Finch & Philippa Cuttell *Papers CCD003i23 & CCD003ii23*	11.05
4	**Charity Strategy** • Framework CCD004i23_Strategy Framework and Actio CCD004ii23_2023-28 OHC Strategy Frame • Performance Report CCD004iii23_2023-28 Strategy Performance CCD004iiii23_2023-28 OHC Strategy - Pe	JP *Papers CCD004i23, CCD004ii23, CCD004iii23 & CCD004iii23*	11.20
5	**Project and Impact Reporting**	ME/JP *Presentation*	11.35
6	**Fundraising Activities**	ME *Presentation*	11.50
		LW	12.00

7	**Any Other Business/Close**		

Tentative Date of Next Meetings:

- Wednesday 7th February 2024 (exact timings to be confirmed), via. Microsoft Teams
- Wednesday 1st May 2024 (exact timings to be confirmed), via. Microsoft Teams
- Wednesday 4th September 2024 (exact timings to be confirmed), via. Microsoft Teams
- Wednesday 4th December 2024 (exact timings to be confirmed), via. Microsoft Teams

Attendance – Development Sub-group

	Mar 2022	June 2022	Sept 2022	Nov 2022	Feb 2023	June 2023	Sept 2023
Lucy Weston	✓	✓	✓	✓	✓	✓	✓
Non-Executive Director	*Chris Hurst attended*	*Philip Rutnam and Andrea Young*	*Rick Trainor*		*Chris Hurst*		*Chris Hurst*
Amelie Bages		✓		✓			
Marie Crofts			✓	✓	✓	✓	
Kerry Rogers			✓		✓	✓	✓
Ben Riley							
David Walker		✓		✓		✓	
Julie Pink	✓	✓	✓	✓	✓	✓	✓
Michelle Evans	✓	✓	✓	✓	✓	✓	✓
Michael Williams		✓	✓	✓		✓	
Olga Senior		✓	✓		✓	✓	✓
Donna Clarke					✓		
Donna Mackenzie/ Beth Morphy							
Zoe Moorhouse	✓	✓			✓		
Learning & Development			✓				
Jane Appleton/Comms		✓		✓			✓
Mark Waring/Ellyn Carnall		✓			✓	✓	

						& Claire Dalley	

Meeting of the Oxford Health Charity Committee – Governance

Wednesday 22nd November 2023 10am – 11.30am via. Microsoft Teams

Apologies to Charlotte Evans (charlotte.evans1@oxfordhealth.nhs.uk)

AGENDA & PAPERS

	Agenda Item	Lead	Indicative Time
1	**Welcome and apologies for absence**	LW	10.00
2	**Declarations of interest/related party transactions**	LW	10.00
3	**Minutes of the Meeting on 12th September 2023** (1) **and Action Updates** (2) CCG003i23_Charity Committee Governanc CCG003ii23_Charity Committee Developm CCG003iii23_Charity Action Updates As Of	LW *Papers CCG003i23, CCG003ii23 & CCG003iii23*	10.00
4	**Annual Report and Accounts** • Sign Off and Audit Response CCG00423_OXFORD HEALTH CHARITY ANI	MW *Paper CCG00423 and verbal*	10.05
5	**Financial Management Accounts** CCG005i23_OHC Charity Committee Fin CCG005ii23_Apr to Oct Management Acc CCG005iii23_07 October 2023 Valuatic • Investment Report *Paper to follow*	MW and DB *Papers CCG005i23, CCG005ii23 & CCG005iii23* *Paper CCG005iiii23 to follow*	10.20
6	**Annual Committee Report** CCG00623_Charity Committee Draft Annu	KR *Paper CCG00623*	10.35

7	**Terms of Reference Review** CCG007i23_Terms of Reference cover shee CCG007ii23_TCC ToR 2023 - Draft Version i CCG007iii23_TToR 2022.docx	KR *Papers CCG007i23, CCG007ii23, CCG007iii23*	10.45
8	**Legacies and Inactive Funds** CCG00823_Legacy and Inactive Fund Mai	JP *Paper CCG00823*	10.55
9	**Risk Register** CCG00923_Risk Register - Nov 2023.x	JP *Paper CCG00923*	11.05
10	**Fundraising Regulator Compliance** CCG01023_Fundraisin g Regulator Novembe	ME *Paper CCG01023*	11.10
11	**Legal and Regulatory Update**	KR *Verbal*	11.15
12	**Any Other Business/Close** • Investment Portfolio Options – Confidential Item CCG012i23_OHC Charity Committee - Ir	MW *Paper CCG012i23*	11.20

Tentative Date of Next Meetings:

- Wednesday 7th February 2024 (exact timings to be confirmed), via. Microsoft Teams
- Wednesday 1st May 2024 (exact timings to be confirmed), via. Microsoft Teams
- Wednesday 4th September 2024 (exact timings to be confirmed), via. Microsoft Teams
- Wednesday 4th December 2024 (exact timings to be confirmed), via. Microsoft Teams

Attendance – Governance Sub-group

	Mar 2022	June 2022	Sept 2022	Nov 2022	Feb 2023	June 2023	Sept 2023
Lucy Weston	✓	✓	✓	✓	✓	✓	✓
Non-Executive Director	*Chris Hurst attended*	*Philip Rutnam and Andrea Young*	*Rick Trainor*		*Chris Hurst*		*Chris Hurst*
Amelie Bages		✓		✓			
Marie Crofts			✓	✓	✓	✓	
Kerry Rogers			✓		✓	✓	✓
Ben Riley							
David Walker		✓		✓		✓	
Julie Pink	✓	✓	✓	✓	✓	✓	✓
Michelle Evans	✓	✓	✓	✓	✓	✓	✓
Michael Williams		✓	✓	✓		✓	
Olga Senior		✓	✓		✓	✓	✓
Donna Clarke					✓		
Donna Mackenzie/ Beth Morphy							
Zoe Moorhouse	✓	✓			✓		
Learning & Development			✓				
Jane Appleton/Comms		✓		✓			✓
Mark Waring/Ellyn Carnall		✓			✓	✓ *& Claire Dalley*	

FIC 67/2023
(Agenda item: 2)

Oxford Health NHS Foundation Trust

Meeting of the Oxford Health NHS Foundation Trust
Finance and Investment Committee

Minutes of a meeting held on
Tuesday 19 September 2023 at 09:00
Via Microsoft Teams Virtual Meeting

Present:
Core members and attending Board members included in quorum

Chris Hurst	Non-Executive Director (**CMH**) (the Chair)
Rob Bale	Executive Managing Director for Mental Health & Learning Disability Services (**RB**)
Amélie Bages	Executive Director of Strategy and Partnerships (**AB**) - *part meeting*
Marie Crofts	Chief Nurse - *part meeting*
Kerry Rogers	Director of Corporate Affairs & Company Secretary (**KR**)
Philip Rutnam	Non-Executive Director (**PR**)
Heather Smith	Chief Finance Officer (**HeS**)
David Walker	Trust Chair (**DW**)

In attendance:

Brian Aveyard	Risk, Assurance and Compliance Manager (**BA**)
Mark Byrne	Oxford Pharmacy Store, General Manager - *part meeting*
Laura Carter	Head of Service Change and Delivery (**LC**)
Simon Cook	Warneford Park Programme Director (**SC**) - *part meeting*
Matt Edwards	Director of Clinical Workforce Transformation (**ME**) - *part meeting*
Peter Milliken	Director of Finance (**PM**)
Hannah Smith	Assistant Trust Secretary (**HaS**) (Minutes)
Helen Vincent	Senior Programme Manager – Strategic Delivery (**HV**)
Paul Vincent	Head of Costing (**PV**) - *part meeting*

1.	**Apologies for Absence**	
a	Apologies were received from members and attending Board members: Grant Macdonald, Chief Executive.	
b	The Chair welcomed all to the meeting and confirmed it was quorate.	
2.	**Minutes of the Meeting held on 04 July 2023 and Matters Arising**	
a	The minutes at FIC 52/2023 of the Finance and Investment Committee meeting held on 04 July 2023 were approved as a true and accurate record, subject to some minor amendments to be provided after the meeting by the Chief Finance Officer.	**HeS**
	Matters Arising	
b	The Committee noted that the following actions were on hold: • 3(h) update on the Mental Health Provider Collaborative to be provided to the November meeting; and • 5(b)&(d) (February 2023) Capital Programme Planning document – being tracked through the BAF risk on Major Projects and through Capital Programme Sub-Committee reporting but action on hold pending recruitment.	
c	The Committee noted that the following actions were completed and on the agenda: • 3(o) contingency plan – on the agenda as part of the Medium Term Financial Plan; and • 11(h) (March 2023) Supply Chain risk – analysis included in the Operational and Strategic Risks report at FIC 65/2023 (agenda item 12 below).	
FINANCIAL MANAGEMENT		
3.	**Review of current financial performance**	
	Financial Report	
a	The Chief Finance Officer presented the report at FIC 53/2023 on Month 4 financial performance and which also provided early sight of Month 5 performance which was £0.4 million better than plan. As set out in more detail in the report, the Month 5 position had been impacted by: • an overall benefit from the FY24 pay award for Medical & Dental staff; • the release of deferred income from Provider Collaboratives to fund capital spend; and • year-to-date average agency figures being used for Month 5, pending a year-to-date adjustment to the agency figures for Month 6 reporting following the resolution of system issues which had prevented accurate agency shift details being available for Month 5.	
b	The Director of Finance provided an update on the system issues further to the transfer of agency booking and reporting to a third party. However, accurate agency shift details	

	were now available and all agency spend information from the start of the year, and also from February 2022 as well if required, could be checked and anticipated agency performance for this year could be reforecast. This would not impact the volume of agency usage but the unit costs. Ultimately, agency usage had reduced and the Trust's position may have improved by £2.1 million, as would also be explored in the paper at FIC 57/2023 on the 'Improving Quality, Reducing Agency' (**IQRA**) benefits realisation update at item 4 below. Although the Trust's agency spend remained high compared to other providers, some positive reduction in that spend had been achieved and was on track to meet the target reduction by year-end. The Chair commended the progress which had been made and emphasised the importance of meeting the target on agency reduction or getting as close to it as possible, albeit acknowledging that next year's target may be tighter still.	
c	Further to queries from Philip Rutnam, the Chief Finance Officer: i. acknowledged that the Non-Pay Expenditure Analysis table on slide 12 was new and may require further work especially to check the totals; ii. explained that Estates budgets would need to be reset but this work had not yet been able to take place. Although there were some overspends relating to increased costs on: (i) transport and ambulance contracts; and (ii) rising inflation leading to increased property costs including leases, Estates budgets would need to be reset before a comprehensive view could be taken on overspends. In addition, the reference to general contracts amongst overspends on premises costs was an error in financial reporting which would be corrected in the next round of reporting. **The Chair asked the Chief Finance Officer to keep the Committee updated on progress with the Estates budgets' re-setting, even if via an oral update to the next meeting if the action remained ongoing**;	**HeS**
	iii. explained potential options in relation to forecast underspends on the Secure and Child & Adolescent Mental Health Service Provider Collaboratives (although overspend was forecast on the Adult Eating Disorders Provider Collaborative). Provider Collaboratives were an area where underspends could be deferred and carried forward into the next financial year for re-investment, depending upon the medium term strategy. The overall forecast for the Trust's Provider Collaboratives was on plan; and iv. confirmed that the Productivity Improvement Programme (**PIP**) target remained important but acknowledged the full year forecast variance from target. She emphasised the importance of continuing to reduce agency spend and to move from use of temporary staffing towards permanent staffing. She noted the difference between performance against the PIP target (only a reduction in agency spend which resulted in an overall cost saving to the Trust counted as a PIP saving) from performance against the agency spend target (any reduction in agency spend would count towards the target). The PIP saving was challenging to achieve as even if spend transferred from agency to bank usage, if there was no reduction in overall costs then it would not count as a PIP saving.	

d	The meeting discussed the challenge of reducing agency spend. The Trust Chair commented upon the pace of the IQRA centralised approach in delivering results and queried whether there should be more focus instead upon enforcing budgetary controls and driving agency cost reduction through enhanced budgeting. The Chief Finance Officer noted that the IQRA and financial management approaches were beginning to show benefits but these were at times being offset by the operational performance of some of the third party providers. She reported that a financial management workshop had taken place with budget holders which had focused upon taking responsibility for budgets, with agency spend as the most significant issue with which to contend. The Director of Finance added that the cultural piece which the Chief Finance Officer was leading was crucial to achieving reduction on agency spend, especially as staffing was an HR rather than a financial process and financial controls were limited to emphasising the importance of maintaining expenditure within agreed budgetary envelopes.	
e	The Chair set out that the following levers could have an impact upon reducing agency spend: • cost/price – if agency spend could be sourced more locally or best value rates achieved through using particular frameworks; • volume – if fewer agency hours could be used, depending upon ways of working; • skill mix – especially if there could be options to cover a gap through using a lower banded role but with more support or supervision; and • flexibility across the organisation if staff could be moved between areas. He noted that as the clinical arguments for agency usage would be compelling, the Trust needed to explore the opportunities for influencing the cost/price, volume and skill mix of the agency staff used in order to achieve an overall reduction in agency usage whilst still appropriately staffing services.	
f	Philip Rutnam emphasised that reducing agency usage was the most strategic issue facing the Trust, not only in terms of the cost implications but also the quality of care implications. If existing programmes such as IQRA were beginning to achieve traction then he cautioned against changing course at this stage as the Trust should look to build upon progress which was being made.	
g	Philip Rutnam recommended that the Committee consider: (i) the financial risks and opportunities associated with Provider Collaboratives; and (ii) the governance of Provider Collaboratives and how their issues may impact upon the Trust. **The Chair agreed and noted that a report on Mental Health Provider Collaboratives which had been unavailable for this meeting had been rescheduled for the November meeting**. The Chair confirmed that the Trust needed to be confident with: (i) the governance (including decision-making frameworks), risks and ways of working of the Provider Collaboratives it participated in; and (ii) its accountability as lead provider and custodian of their resources.	**HeS**
h	The Chief Finance Officer referred to the report and the overspend which continued to be forecast for the Buckinghamshire, Oxfordshire and Berkshire West (**BOB**) Integrated Care System (**ICS**); the position had not improved at Month 5 and the Trust may be	

	asked to increase its target surplus in order to contribute to the system position. The Trust Chair commented upon this, especially in the context of underfunding from the ICS of Community and Mental Health services and the potential overprovision of certain services in the acute sector. The Chief Finance Officer noted that through a combination of assistance from the BOB ICS and the Trust's own management actions, the Trust had been able to improve sustainability of Community and Dental services so that they were closer to breaking even this year than last year but were still not delivering to target; additional activity could not be taken on in these services in particular without the further funding in support. The Executive Director of Strategy and Partnerships added that the ICS had commenced workshops and discussions on shifting funding from the acute to the community sector; she and the Executive Managing Director of Primary, Community & Dental Care Services had attended a workshop on this last week. The meeting discussed the Trust's relationship with the wider system, ambitions for long-term sustainable improvement and noted that the Board may need to take a strategic view of the approach to be taken, having given due consideration to potential consequences, costs, benefits and risks. *Mark Byrne, Oxford Pharmacy Store General Manager, and Matt Edwards, Director of Clinical Workforce Transformation, joined the meeting*. ***Medium Term Financial Plan*** The Director of Finance and the Chief Finance Officer presented the report at FIC 54/2023 which set out the Medium Term Financial Plan (together with key assumptions, risks and opportunities) and provided assurance on medium term financial sustainability. The report represented an important improvement in the Trust's financial management culture. The Director of Finance confirmed that, in the medium term, the Trust: (i) overall had balanced budgets which would allow it to maintain a breakeven position; (ii) could manage within those budgets, albeit with agency spend as a key risk and key opportunity; and (iii) had reasonable levels of efficiency in order to be able to support the above two points and maintain a stable position. The meeting commented upon the reassuring message in the report but the Trust Chair noted that for medium term sustainability, it would be particularly useful to have certainty on commissioning system intentions in respect of the Trust's key contracts and whether there were plans to put these out to tender or whether there could be any long-term guarantee of the Trust's position on these contracts before it made further investments. Philip Rutnam added that it would also be useful to consider: missed opportunities/opportunity costs; possible plans to realise more value; or the ongoing progress of projects such as Jordan Hill and Digitisation. The Chief Finance Officer replied that the Medium Term Financial Plan did include aspirational ideas and considered potential strategic enablers such as Jordan Hill and Information Management & Technology. However, the development of the Trust's overall Strategy needed to progress further in order to assist with prioritising aspirational ideas and strategic enablers. The Executive Director of Strategy and Partnerships added that although the work to further develop the Strategy was progressing, it was not yet possible to fully incorporate this into the Financial Plan or systematically track outcomes.	i j

k	The Chair acknowledged the two-way dynamic process of exchange between the Financial Plan and the Trust's Strategy. Although the Medium Term Financial Plan could provide broad indicators of future financial health and set challenges for the Strategy by highlighting pressures on resources, the ongoing work on the Strategy (and in particular the Annual Planning process) would generate options for focus and investment. He recommended using modelling scenarios as part of the Annual Planning process in order to explore the sensitivities of assumptions and projections. The Chief Finance Officer agreed and noted that there would be some exploration of this at the upcoming Board Strategy Workshop on 10 October 2023 and in future Workshops. *The Chief Nurse and the Head of Costing joined the meeting*. ***Planning and Costing – Costing Submission 2022/23 including National Cost Collection Index*** The Chair introduced the report at FIC 55/2023 and explained that this set out a declaration of costs and service activities which the Trust was required to submit annually. He commented that the report was also a reminder of the challenges which the Trust had experienced in understanding its activity over the last year as a result of the impact of the clinical systems outage further to the cyber-attack upon a third-party supplier; as a result, estimates had needed to be made on activity information although costing information had remained readily available. He noted that the time for an in-depth conversation on the costing data would be when the Trust and other organisations had made their submissions and comparative data would be available in the National Cost Collection Index. The Head of Costing agreed.	
l		
m	The Chair thanked the Head of Costing. The Committee was assured that processes in place were sufficient to complete the mandated costing submissions for 2022/23 and APPROVED the Director of Finance to submit the Costing Submission 2022/23. *The Head of Costing left the meeting*. ***Oxford Pharmacy Store (OPS) performance report*** The OPS General Manager presented the report at FIC 56/2023 which included the regular OPS performance report and a business justification for additional capital funds for a new warehouse fit-out. He explained that the warehouse fit-out costs had increased further to delays in the lease negotiations and agreement for a power upgrade, as well as changes to the scope of the project in order to benefit from local system and national opportunities (details in the report including plans to offset the increased costs). Whilst FY24 was noted as a transitional year for OPS, which would focus upon the warehouse relocation, this would provide for further business development and revenue growth from FY25.	
n		
o	The Committee confirmed that it had previously approved the original business justification and that the additional capital funds now anticipated were within the scope of the Capital Programme Sub-Committee (**CPSC**) to approve. The Committee acknowledged that the CPSC had already scrutinised and approved the business justification for the additional capital funds and noted that it was also appropriate that	

	this be brought to the Committee as well for information. The Committee noted that: (i) the delays to the project and changes to the scope had been largely outside of OPS's control; and (ii) the increased capacity in the warehouse would support increasing volume of work and corresponding revenues. The Committee supported the business justification for additional capital funds for the new warehouse fit-out, as already supported and approved by the CPSC.	
p	**The Committee noted the reports. The Committee was assured that processes in place were sufficient to complete the mandated costing submissions for 2022/23 and APPROVED the Director of Finance to submit the Costing Submission 2022/23.**	
q	**The Committee also supported the business justification for additional capital funds for the new warehouse fit-out, as already supported and approved by the Capital Programme Sub-Committee.**	
	The OPS General Manager left the meeting.	
PRODUCTIVITY & INNOVATION		
4.	**Improving Quality Reducing Agency (IQRA) - benefits realisation update**	
a	The Director of Clinical Workforce Transformation presented the report at FIC 57/2023 which provided an update on the IQRA programme and agency management, including monthly run rates of spend against performance targets and FY24 projections. Further to the discussion at item 3(b) above, he confirmed that agency usage had reduced and the Trust's position was £2.1 million better than previously reported. He also highlighted that the Trust's performance since August 2023 had become aligned to the NHS England target and was on an improvement trajectory.	
b	He provided updates on the two main contracts which the Trust had with external providers of agency staff; the most recent contract for medical staffing was anticipated to overperform against target but the main contract, which covered nursing staffing, was not yet performing to target although performance had improved since the start of that contract. Overall however, there was still a high level of assurance that the Trust would be able to operate within the NHS England target for agency spend.	
c	In terms of other Key Performance Indicators, he reported that international nursing recruitment remained on plan and Healthcare Assistant recruitment was above target. The Chief Nurse added that there was still work to do on clinical workforce transformation as a healthy pipeline of nurses would be key to addressing staffing challenges. However, the progress to date and the reported reduction in agency spend represented a significant milestone for the first time since she had joined the organisation.	
d	**The Committee noted the report and the progress which had been made.**	
	The Director of Clinical Workforce Transformation, the Chief Nurse and the Executive Director of Strategy and Partnerships left the meeting. Simon Cook, Warneford Park Programme Director, joined the meeting.	

CAPITAL INVESTMENT		
5.	**Capital Programme** ***FY24 Capital Report – spend against budget and forecast*** a The Chief Finance Officer presented the report at FIC 58/2023 and summarised that although it was still early in FY24 for capital expenditure, progress was broadly to plan although there was some overspend which had been contributed to by OPS. Overspend on agreed capital programmes this early in the financial year was unlikely to be a cause for concern as some slippage was anticipated by year-end along with options to defer capital spend. ***Estates Projects update*** b The Chief Finance Officer provided an oral update and noted that there would be work to do in order to ensure that the capital investment process was clear and understood by colleagues as it had transpired that some Community Mental Health Hubs, which were a core part of the Trust's Strategy, had not been budgeted for in the capital plan and their investment justifications would need to be presented to this Committee. The anticipated overspend was still not a cause for concern at this point in FY24. **The Chair requested an update on the implications of the capital spend for the Community Mental Health Hubs and consideration of the staffing implications of providing services from Hubs.** He commented that the capital spend was likely to be manageable but the Board may need assurance on the staffing implications in due course. c **The Committee noted the report and that an update would be due on the implications of the capital spend for the Community Mental Health Hubs with consideration of the staffing implications of providing services from Hubs.** *The Chief Nurse rejoined the meeting.*	**HeS**
6.	**Warneford Park Hospital Project** a The Chair referred to the report at paper FIC 59/2023 and noted that it should not be for the Committee to approve or recommend the Conditional Options Agreement (**COA**) to the Board. Instead, the Committee could comment and provide observations upon it for the Board's assurance. b The Chief Finance Officer introduced the report and reminded the meeting that the Warneford hospital was a key part of the Trust's mission and strategy to deliver high quality care to inpatients; she emphasised the importance of it being of a high standard. She reminded the meeting of the opportunities which the Warneford redevelopment project provided for: securing a future for the wards on the site; consolidating wards from other sites; and developing commitment to research and innovation, with particular opportunities in brain science and life sciences. Further to negotiation over the summer with the Joint Venture (**JV**) and the University, she noted that the latest iteration presented included a 'Building Together' option in the COA, which would assist all parties to make the fastest possible progress and share benefits from working	

	together. The Chair commented that it would be important to consider the proposal from the perspectives of all partners as it would only work if it worked for all parties.	
c	Simon Cook, Warneford Park Programme Director, presented the slides on consideration of a revised 'Building Together' COA and explained that this was a pivotal moment in order to make a financial and relationship commitment with partners on the project. The Warneford Hospital Internal Programme Board had recommended the first option, to give delegated authority to the Chief Executive and the Trust Chair to sign the COA, subject to any changes requested by the Board, final internal due diligence and completion of the JV agreement and final legal documents.	
d	Simon Cook took the meeting through the 'Building Together' Option (the **BTO**) which had been developed through negotiations in order to improve the COA and better align the construction programmes of the hospital and the research building. The BTO would allow for simultaneous construction programmes which would deliver benefits in relation to: reduced impact on site and disruption; better management of the current POWIC building; and maintain momentum on the project despite a currently uncertain funding climate. Key differences of the BTO compared to the previous version of the COA, as at May 2023, were set out in more detail in the slides together with the expected financial commitments of the COA for the JV and the Trust. There had generally been parity in cost sharing between the JV and the Trust to date and costs were in line with expectations for a scheme of this nature and profile. The key, medium and low risks of the COA, with mitigations, were set out in more detail in the slides.	
e	The next major milestone was the planning application. The Trust needed to understand: (i) its financial commitment before deciding whether or not to start work on the Outline Business Case; and (ii) its potential financial liabilities if it pulled out of the project or if the project were otherwise terminated. These risks needed to be balanced with the potential rewards and achievement of objectives.	
f	The meeting discussed the revised COA. The Chair commented that the COA, as currently proposed, represented progression from where it had been before and the BTO approach also created the potential for the Trust to reclaim benefits in terms of economies of scale on a joint construction. However, he emphasised the importance of a joint and shared message from the Trust and the University about the need to redevelop the Warneford hospital.	
g	The Director of Corporate Affairs & Company Secretary commented that the option to proceed was more significant than set out as it encompassed the Board approving a significant variation to the COA, as well as delegating authority to the Chief Executive and the Trust Chair to sign the revised COA. There also needed to be clarity on the impact of signing the COA upon documentation which the Board had previously signed up to, such as the Memorandum of Understanding (**MoU**). If documents such as the MoU were to be superseded by the new COA and would no longer be in existence, then this needed to be made clear. She also drew the meeting's attention to the first of the medium risks of the COA (listed on slide 17), that the research building may be built but without the new hospital, which could undermine the Trust's case to secure funding for the new hospital. She set out that this risk may have a more significant impact.	

h	Further to a question from the Director of Corporate Affairs & Company Secretary, the meeting clarified that if the Outline Business Case was achieved then it would mean that the project had secured funding.	
i	Simon Cook clarified that the MoU still set out how the parties would work together (with their shared vision and objectives) and would remain extant alongside the revised COA. The work of the Chief Medical Officer who was leading on the Research & Development workstream of the programme would also support relationship-building.	
j	The Executive Managing Director for Mental Health & Learning Disability Services added that a concern may be whether the Trust could operate the Warneford hospital/the relevant inpatient wards whilst a new research centre was being built in the vicinity and especially if it ultimately failed to achieve funding to substantially improve or develop the existing hospital. If this was a low risk then it could be tolerated but not if it was a high risk. The Chief Finance Officer replied that she believed it to be a low risk because in order to have achieved the Outline Business Case, with funding agreed, the Trust would already have gone through the planning permission process; after that point, there was a low risk that funding would be removed. The hospital would also be able to operate on site whilst the research centre was being built and without needing to decant the patients.	
k	Philip Rutnam agreed that there was a low risk that the research building would be built without a new hospital. The proposal was complicated and complexity could be a source of risk but the key risk was ability to secure funding for the new hospital. Nonetheless, he supported signing the COA and progressing with the project, whilst also recognising that the project was also likely to continue to change and evolve. The Board should recognise that agreeing to delegate authority to sign the COA was not the final step or financial closure but a significant step forward, with further negotiations likely to take place as the project continued to evolve.	
l	The Chair agreed with Philip Rutnam's points and confirmed that the Committee's assessment of the revised COA was positive, overall.	
m	**The Committee confirmed that the revised BTO COA represented a progressive position from the previous version and should be presented to the September Board meeting for final consideration.** *Simon Cook, Warneford Park Programme Director, left the meeting.*	
INFORMATION GOVERNANCE, FINANCIAL GOVERNANCE & OTHER MATTERS		
7.	**Strategic dashboard draft proposal**	
a	Helen Vincent, Senior Programme Manager – Strategic Delivery, and Laura Carter, Head of Service Change and Delivery, presented the report at FIC 61/2023 and explained that the Objective Key Results included in the Integrated Performance Report (**IPR**) to the Board were being reviewed in order to: give more strategic focus to the IPR and the Annual Planning process; and better define what the Trust wanted to achieve by the end	

	date of its current Strategy, March 2026. For each of the current 4 Strategic Objectives, the lead Executive and Non-Executive Director had participated in defining an ambition and outcome measures; ultimately the final outcome measures would be brought together in a Strategic Dashboard to sit at the front of the IPR. The draft proposed Sustainability ambitions and outcome measures were presented for the Committee's review.	
b	The Chief Finance Officer noted that the proposed strategic outcome measure on reducing agency usage to the NHS England target may sit better under the 'People' rather than the 'Sustainability' Strategic Objective, especially as this may require cultural support in order to achieve change which would not be as apparent if it was viewed mainly as a financial performance metric. The Chair agreed.	
c	The Chair recommended that the proposed ambitions and strategic outcome measures not become too dense, noting that these needed to be manageable at Board level. The Executive Managing Director for Mental Health & Learning Disability Services added that although this information could provide useful assurance and reassurance for the Board, it required frontline staff to input data into systems in order to generate this information and reporting. In order to avoid generating an additional burden for staff, he recommended more automation in creating reporting. The Chair agreed and noted that the ambitions and outcome measures should also have some practical utility for staff not just provide reassurance to the Board.	
d	The Chair suggested that the Sustainability Strategic Objective potentially incorporate an ambition related to financial sustainability and the Trust's long-term financial health, with a strategic outcome measure linked to the Committee's role to ensure that the Long Term Financial Model and multi-year Capital Programme gave assurance that the financial outlook was reasonably stable and secure having taken into account the requirements of the Trust's Strategy. In response to comments from the Chief Finance Officer, the Chair added that there may also need to be some supporting footnotes or details setting out other factors underpinning this potential ambition and strategic outcome measure, such as whether there was sufficient investment to deliver goals.	
e	**The Committee noted the report and, subject to the comments above, supported the draft Sustainability ambitions and outcome measures.**	
8.	**Information Management Group (IMG) highlight and escalation report**	
a	The Director of Corporate Affairs & Company Secretary took the report at FIC 62/2023 as read. In response to a question from the Chair, she noted that it was still unclear for how much longer paper health records would be in use in Community locations. However the IMG had already specifically asked that this be addressed at the next IMG meeting.	
b	**The Committee noted the report.**	

9.	**Information Management & Technology (IM&T) Capital and Revenue Plan, 5 Year Plan and project update**	
a	The Chief Finance Officer presented the report at FIC 63/2023 and highlighted progress being made with Frontline Digitisation and the optimisation of the new clinical systems implemented during the clinical systems outage. In addition, further to the successful pilot of an electronic Prescribing and Medicines Administration (**ePMA**) system on a number of wards, a larger scale rollout of ePMA was now planned.	
b	**The Committee noted the report.**	
10.	**Standing Financial Instructions (SFIs)**	
a	The Director of Finance tabled and presented to the meeting a revised version of the SFIs at FIC 67/2023. He explained that although the SFIs were not yet due for their regular annual review, which had been done less than 12 months ago, updates were recommended due to changes to the structure and processes in the Procurement and Research & Development (**R&D**) teams, in particular to bring the sign-off processes for Single Action Tender Waivers and R&D grants and financial approvals in line with the most recent structures. He took the meeting through the proposed changes to the SFIs. The Chair confirmed that he had already discussed the updates to the SFIs with the Director of Finance prior to this meeting and he was assured that the proposed changes were appropriate and necessary to ensure that the SFIs remained up-to-date. The updated SFIs would also be circulated to the Committee after the meeting for reference and before they were formally presented to the Board for final approval.	**PM**
b	**The Committee RECOMMENDED the updated Standing Financial Instructions to the Board for final approval.**	
11.	**Treasury Management Annual Report & Policy**	
a	The Director of Finance presented the report and the policy at FIC 64/2023 and drew the Committee's attention to the Treasury Management Policy and the Trust's cash options going forwards. No updates had been required to the core policy but the Committee was invited to consider whether, in light of the prevailing national interest rates and the Trust's cash balance, the Trust should: (i) recommence the investment of surplus cash in 'safe-harbour' investments (as determined by NHS England) and in accordance with the Trust's Treasury Management Policy; and/or (ii) repay liabilities early (details in the report). The Trust could continue its current approach, which minimised Public Dividend Capital payments, or take a more proactive approach to pay back some longer-term liabilities and consider investment options.	
b	The Chair confirmed that although the Trust was not involved in financial market trading, it was important to ensure that its cash was held securely and earned appropriate interest in order to maintain its real value. However, the Committee may need to review more detailed proposals before agreeing to pay back any longer-term liabilities. Philip	

	Rutnam agreed that more detailed work would need to be done and recommendations made to the Committee before a decision could be made on the cash options; in particular, the consequences of repaying liabilities early as opposed to other uses for any additional cash surplus would need to be explored.	
c	**The Committee noted the Treasury Management Annual Report, ratified the existing Treasury Management Policy and noted the cash options but no decision was made upon the cash options until more detailed proposals were available.**	
12.	**Operational and Strategic Risks: Trust Risk Register (TRR) and Board Assurance Framework (BAF)**	
a	The Committee took the report at FIC 65/2023 as read and considered the proposal to include a new risk at an operational level on the TRR, rather than at a strategic level on the BAF, in relation to potential failure of the Trust to ensure organisation-wide Supply Chain Resilience. The Committee noted that the Head of Procurement had completed a previous action (item 11(h) from March 2023, as referred to at item 2(c) above), to undertake a review and risk assessment of Supply Chain Resilience. The Chief Finance Officer supported the inclusion of the Supply Chain Resilience risk on the TRR and highlighted that, at an operational rather than strategic level, this was relevant for the Trust as had been demonstrated recently in some of the Trust's food contracts; monitoring could appropriately be done through the TRR. The Committee discussed the potential application of the Supply Chain Risk to the Trust's IM&T contracts, especially in light of last year's clinical systems outage further to the cyber-attack upon a third-party IM&T supplier. The Trust Chair highlighted, and the Committee agreed, that there was a mismatch between the financial value of these IM&T supplier contracts and the potential risk which they could introduce to the Trust, especially if those contracts included low liability caps for the suppliers. The Chief Finance Officer noted that the Trust was receiving legal support in relation to the relevant IM&T supplier contracts.	
b	The Committee reviewed the strategic BAF risks which it was responsible for monitoring and confirmed that: • BAF 3.4 (Financial Plan and Financial Sustainability) – the red/extreme current risk rating should remain as a precautionary measure, despite the reassuring message in the Medium Term Financial Plan, pending factors such as: (i) more information about the next financial year's planning assumptions; (ii) sustained improvement in agency usage reduction; (iii) more information about the impact of service pressures across the organisation, including demand, capacity and recruitment; and (iv) consideration of whether resources should be used to fund activities that may not be sufficiently funded; • BAF 3.7 (Ineffective business planning) – the orange/high current risk rating should remain but the Chair recommended that the risk potentially be reviewed in more detail by the Committee from January 2024 as that could be a reasonable time to take stock of the latest Annual Planning process; • BAF 3.10 (Information Governance & Cyber Security) and BAF 3.14 (Major Projects) – the current risk ratings to remain; and • BAF 3.13 (Trust's impact on the environment) – to be updated.	**BA/ HaS**

c	**The Committee noted the report, reviewed the risks it was responsible for monitoring and APPROVED the inclusion of a new risk on the TRR (Failure of the Trust to ensure organisational wide Supply Chain Resilience).**	
13.	**Committee Terms of Reference**	
a	The Committee reviewed its revised Terms of Reference at paper FIC 66/2023 and noted that some final further amendments would be included and circulated after the meeting.	**HaS**
b	**Subject to final further amendments being circulated to the Committee after the meeting, the Committee APPROVED its revised Terms of Reference and RECOMMENDED them to the Board for final approval.**	
14.	**Any Other Business (AOB)**	
a	It was recognised that the updated SFIs at item 10 above had been tabled as an item of AOB.	
15.	**Brief reflections on today's meeting**	
a	None.	

Meeting close: 12:42
Date of next meeting: 23 January 2024 09:00 -12:00 via Microsoft Teams

Meeting of the
Finance and Investment Committee

Thursday, 16 November 2023
09:00 – 12:00
Microsoft Teams virtual meeting
Apologies to benjamin.cahill@oxfordhealth.nhs.uk

AGENDA

			Start time	Allocated time (mins)
1.	Apologies for Absence,[1] and quoracy check	CMH	09:00	
2.	Minutes of Meeting held on 19 September 2023 FIC and Matters Arising (paper – FIC 67/2023) – *to note*	CMH		5
	Financial Management			
3.	Review of current financial performance:			
	a) Financial Report (paper – FIC 68/2023) – *to note*	PM/HeS	09:05	30
	b) Working capital, including cash flow (paper – FIC 69/2023) – *to note*	PM/HeS		
	• *Finance Report supporting papers - see **Reading Room/Appendix (paper – RR/App 19/2023)***			
	• *Oxford Pharmacy Store (OPS) performance report – see **Reading Room/Appendix (paper – RR/App 20/2023)***			
	Productivity and Innovation			
4.	Improving Quality Reducing Agency benefits realisation update (paper – FIC 70/2023) – *to note*	ME/PM/ MC/HeS	09:35	10
	Capital Investment			
5.	Capital Programme			
	a) FY24 Capital Report – spend against budget and forecast (paper – FIC 71/2023) – *to note*	HeS	09:45	10
	• *Supporting information: Capital Programme Sub-Committee minutes (to note) - see **Reading Room/Appendix (papers – RR/App 21/2023)***			
	b) Estates Projects update – to include update on ICB Infrastructure Strategy Engagement (oral update) – *to note*	CD/HeS	09:55	10

[1] *The quorum for the committee is three members to include at least two non-executive directors (which could include the Chair of the Trust) and at least one executive director to be the Chief Finance Officer or nominated Deputy.*
Apologies: Kerry Rogers, Director of Corporate Affairs & Company Secretary

6.	Primary, Community and Dental Care Transformation: Oxford Estates project (paper – FIC 72/2023) – *for approval* *Supporting information: Appendices – see **Reading Room/Appendix (papers – RR/App 22/2023)***	BR/SB/ WH/KB	10:05	15
7.	Warneford Park Programme: update on the Conditional Options Agreement (COA) (paper – FIC 73/2023) – *to note* *Information to note: Warneford Park Internal Programme Board minutes - see **Reading Room/Appendix (papers – RR/App 23/2023***	SC/HeS	10:20	10

Break 10:30 – 10:40 (10 minutes)

Information Governance, Financial Governance & Other Matters

8.	Provider Collaboratives (paper - FIC 74/2023) – *to note*	AS/HeS	10:40	10
9.	Inquests and Claims (Legal) annual report (paper - FIC 75/2023) – *to note*	NMcL/KR /BC	10:50	25
10.	Information Management Group (IMG) highlight and escalation report (paper - FIC 76/2023) – *to note* • *Supporting information: IMG Minutes – see **Reading Room/Appendix (papers – RR/App 24/2023)***	KR/BC	11:15	05
11.	IM&T update including update on Frontline Digitisation programme (paper - FIC 77/2023) – *to note*	AC/HeS	11:20	10
12.	Procurement & Supply Chain Resilience update (paper - FIC 78/2023) – *to note*	JL/HeS	11:30	5
13.	Single Action Tender Waiver (SATW) (paper - FIC 79/2023) – *to note*	JL/AC/ PM/HeS	11:35	5
14.	Operational and Strategic Risks: Trust Risk Register (TRR) and Board Assurance Framework (BAF) - including verbal update on recent Quality Committee risk discussions (paper - FIC 80/2023) – *to note*	KR/HeS/ HaS	11:40	10
15.	Any Other Business: *to include matters referred to FIC from Audit Committee*	CMH	11:50	
16.	Brief reflections on today's meeting	CMH		
Meeting Close			12:00	

Date of next meeting: 23 January 2024 09:00 - 12:00 via Microsoft Teams virtual meeting

READING ROOM/APPENDIX

- supporting reports to be taken as read and noted -

17. Finance Report supporting paper (to note) (paper – RR/App 19/2023)

18. Oxford Pharmacy Store (OPS) performance report (to note) (paper – RR/App 20/2023)

19. Capital Programme Sub-Committee minutes: 08 August and 12 September 2023 (to note) (paper – RR/App 21/2023)

20. Primary, Community and Dental Care Transformation: Oxford Estates project Appendices (to note) (paper – RR/App 22/2023)

21. Warneford Park Internal Programme Board minutes: September-October 2023 (to note) (paper – RR/App 23/2023)

22. Information Management Group minutes: 20 June 2023 (to note) (paper – RR/App 24/2023)

FIC Attendance 2023/24

FIC - Core members (Quorum)	May-23	Jun-23 *(Extraordinary)*	Jul-23	Sep-23	Nov-23	Feb-24	Mar-24
Chris Hurst	✓	✓	✓	✓			
Amélie Bages*	✓	✓	✓	✓			
Nick Broughton	☒	✓	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Grant Macdonald	✓	✓	✓	*Apols*			
Philip Rutnam	✓	✓	✓	✓			
Heather Smith	✓	✓	✓	✓			
Rob Bale	*N/A*	*N/A*	*N/A*	✓			
Attending Board members (voting & non-voting included in quorum)							
Kerry Rogers*	✓	✓	✓	✓			
David Walker	✓	✓	✓	✓			
Regular Attendees (non-voting)							
Peter Milliken	✓	✓	✓	✓			
Hannah Smith	✓	☒	✓	✓			

* = non-voting

FIC – overview plan for 2023 – 2024

Key: ✓ on agenda
x item planned
x deferred

Item	Owner(s) or function	Q1 May 2023	June 2023 Extraordinary meeting	Q2 July 2023	Q2 Sept 2023	Q3 Nov 2023	Q4 Jan 2024	Q4 March 2024
FINANCIAL MANAGEMENT – Review of the current financial performance								
Financial Report *(to include most recent FY Month reporting)* *(see below areas included)*	Heather Smith	✓		✓	✓	x	x	x
Financial Report RR:								
• Working capital, including cash flow *(update on latest position and outlook)*	Michael Williams/Peter Milliken/Heather Smith	✓		✓	✓	x	x	x
• OPS performance report	Mark Byrne/Heather Smith	✓		✓	✓	x	x	x
Annual Planning & Budget setting *(rolling update to plan each meeting in Financial Report)*	Peter Milliken/Heather Smith/Amelie Bages	✓					x	x
PRODUCTIVITY & INNOVATION								
Improving Quality Reducing Agency benefits realisation *(Management update)*	Matt Edwards/Marie Crofts Peter Milliken/Heather Smith	✓		✓	✓	x	x	x
Cost Improvement Programmes/ Product Improvement Programmes (CIPs/PIPs)	Laura Carter/Debbie Cakmak/Amelie Bages	x		*(to be included in Financial Report)*	x	x	x	x
CAPITAL INVESTMENT (Including IM&T)								
FY Capital Programme (Plan) and YTD spend against budget *(financial*	Michael Williams/Heather Smith	✓		✓	✓	x	x	x

Item	Owner(s) or function	Q1 May 2023	June 2023 Extraordinary meeting	Q2 July 2023	Q2 Sept 2023	Q3 Nov 2023	Q4 Jan 2024	Q4 March 2024
update - Estates, IT & transformational projects)								
Capital Programme RR:								
• Estates Projects update	Claire Dalley/Heather Smith	*(included in Finance Report & FY24 Plan)*		✓	✓	x	x	x
• Capital Programme Sub-Committee minutes	Maureen Collins/Heather Smith	✓		✓	✓	x	x	x
Psychiatric Intensive Care Unit (PICU) *(to be included in Estates Project update)*	Heather Smith	x		*(to be included in estates update)*	x	x	x	x
Development of Warneford Park Business Case	Claire Dalley/Heather Smith	✓	✓	~~x~~	✓	x	x	x
Warneford Park Internal Board minutes		✓		✓	✓			
Capital Plan (Estates)	Heather Smith	x				x	x	x
Capital Programme Board annual report	Claire Dalley/Heather Smith			✓				
INFORMATION GOVERNANCE & FINANCIAL GOVERNANCE								
IMG – Information Management Group RR IMG minutes	Maureen Collins/Mark Underwood/Kerry Rogers	✓		✓ ✓	✓ ✓	x	x	x
IM&T update *(to include Digital Strategy)*	Alison Corfield/Will Harper/Heather Smith	✓ *(included in Capital plan)*		✓	✓	x	x	x
Strategic Procurement Update	Peter Milliken/Heather Smith	x		✓		x	x	

Item	Owner(s) or function	Q1 May 2023	June 2023 Extraordinary meeting	Q2 July 2023	Q2 Sept 2023	Q3 Nov 2023	Q4 Jan 2024	Q4 March 2024
Single Action Tender Waiver (SATW) (*end of quarter and included in procurement)*	Jane Little/Amanda Crawford/Peter Milliken/Heather Smith	x		✓		x	x	
Treasury Management annual report	Michael Williams/Heather Smith				✓			
Review of National Reference Costs	Paul Vincent/Heather Smith			✓ *(update in Financial Report)*	✓		x	x
Operational and Strategic Risks: Trust Risk Register (TRR) and Board Assurance Framework (BAF)	Brian Aveyard/Hannah Smith/Neil McLaughlin/Kerry Rogers	✓		✓	✓	x	x	x
GOVERNANCE								
Minutes of the FIC	Corporate Governance Office/ Kerry Rogers	✓		✓	✓	x	x	x
FIC annual report	Corporate Governance Officer / Kerry Rogers	x		✓				
Inquests and Claims (Legal) annual report	Neil McLaughlin/Kerry Rogers				x	✓		
POLICIES								
Treasury Management Policy *(Renewal 30.09.23)*	Peter Milliken				✓			
Procurement Policy *(Renewal 30.09.25)*	Peter Milliken				x			
Investment Policy *(last reviewed Feb 23)*	Heather Smith			x				
Budgetary Control Policy *(Renewal 30.07.25)*	Alison Gordon/Paul Pattison			x				
Acquisition & Disposal Policy for Land & Property *(Renewal 30.09.25)*	Wayne Heal				x			

Item	Owner(s) or function	Q1 May 2023	June 2023 Extraordinary meeting	Q2 July 2023	Q2 Sept 2023	Q3 Nov 2023	Q4 Jan 2024	Q4 March 2024
Data Protection Act 2018 Appropriate Policy Document *(Renewal 31.07.25)*	Mark Underwood			x				
Integrated Information Governance Policy *(Renewal 31.07.24)*	Mark Underwood			x				
Standing Financial Instructions *(Nov'22 approved, and recommended to AC)*	Peter Milliken				[x]	x		
OTHER ITEMS								
TV Prisons Integrated Mental Health Service Partnership contract	Jude Deacon/Grant Macdonald	✓						
Capital Projects planning improvement document *(05.07.23 - CFO confirmed being tracked through BAF risk on major projects and CPSC reports)*	Claire Dalley/Heather Smith	x			~~x~~			
Capital Plan FY24	Claire Dalley/Heather Smith	✓ *(including IMT plan)*						
Jordan Hill	Wayne Heal/Claire Dalley/Heather Smith	✓	✓		x	[x]		
Frontline Digitisation Business Case	Alison Corfield/ Heather Smith	✓	✓					
Major Capital Projects (BAF 3.14 deep dive)				✓				
Information Governance & Cyber Security (BAF 3.10 deep dive)				✓				
Medium Term Financial Plan				~~x~~	✓			
Provider Collaborative					x	✓		
Procurement Review/ supply chain BAF update (action)					✓			

MINUTES of the Mental Health & Law Committee meeting held on Tuesday 18 July 2023 at 0900 hrs via Microsoft Teams

Present:	
David Walker (**DW**) (**Chair**)	Trust Chairman
Gerladine Cumberbatch (**GC**)	Non-Executive Director
Karl Marlowe (**KM**)	Chief Medical Officer
Kerry Rogers (**KR**)	Director of Corporate Affairs & Company Secretary
Mark Underwood (**MU**)	Head of Information Governance

In attendance:	
Nicola Gill	Executive Project Officer (*minutes*)
Amy Allen	Mental Capacity Act and LPS Lead

Apologies:	
Britta Klinck	Deputy Chief Nurse

Item	**Discussion**	**Action**
1.	**Welcome and Apologies for Absence (DW)**	
a	The Chair welcomed members of the Committee present and extended greetings to those observing.	
b	Apologies received from Britta Klinck, Deputy Chief Nurse.	
2.	**Minutes of previous meeting held on 16 May 2023 (DW)**	
a	The minutes of the meeting held on 16 May 2023 were approved as a true and accurate record.	
3.	**Matters Arising (DW)**	
a	DW noted that the only matter arising was the Annual Report which was on the agenda for the meeting.	
4.	**Trends in Mental Health Act (MU)**	
a	MU presented the Trends in Mental Health Act report, highlighting that there had been two invalid detentions year to date and lapses in detention had started to fall to a level expected following the IT outage.	
b		

c d e f g h	KM sought clarification on whether the IT outage had led to any significant impact on patient harm or duty of candour. MU commented that patients were routinely written to if their detention had lapsed, he noted there was no evidence of clinical harm and they had not received any legal challenges against any periods of unlawful detention therefore the committee could be assured that no harm had occurred as a result. He noted that CTOs were around 100 and the overall number of managers hearings had fallen by 20-25% over the last five to six years. At the last managers meeting they had highlighted an issue with Oxfordshire County Council and the way that in older adult services the social work presence was now based within a dedicated discharge team who provided the social circumstances reports rather than the Care Co-ordinators. Discussions ensued regarding the fact that Care Co-ordinators no longer prepared these reports and the change in practice and whether there was a process that could be implemented to keep improving this. MU highlighted that there had been an improvement in training, with most sessions being held virtually via MS Teams with attendance levels set at 200. MU reported that there had been four CQC visits so far this year at Marlborough House (CAMHS), Kennet Ward, Wintle Ward and Vaughan Thomas Ward. All the actions from Marlborough House and Kennet Ward had been completed. He provided an update on duration of detentions noting that the Section 3s from 2018/2019 was significantly higher than it was currently. There had been a perceived change in practice which had influenced the duration of detention evidenced in his report. DW asked whether the increase in duration of detention reflected higher acuity. MU responded that there had been a decrease in duration of detention over that period, but that it did reflect acuity and the acute approach to the way the treatment was implemented. DW noted this felt like a productivity gain that should be registered. KR asked about the empowerment and involvement section of the CQC reports, which as a percentage of the total actions was relatively high, and asked what themes were coming out in the reports. MU responded that it was around care plans and IMHAs. It was agreed to invite Rose Hombo to a future meeting to discuss the IMHA service. GC asked whether the level of training had increased sufficiently to no longer need executive intervention. MU responded that the level was still too low as the target level for mandatory training was 95% and we were	**NG**

	currently 25% off that. AA noted that she had recently met with MU to discuss training, the content, delivery and how to improve figures as this was to be a focus of her plan moving forward. GC asked if this would include agency staff or just substantive staff. MU commented that the contractual relationship had changed and the duty for agency staff to undertake their training was NHSP's responsibility.	
5.	**Oxevision Update (BK)**	
a	KM provided an update and noted that Oxevision was being rolled out across all the Trust's general adult wards. He noted that despite the ethical questions/discussions that had taken place with the 17 trusts already using it, the decision had been taken that it was better to have an accurate observation than not. He highlighted that the resolution of the video camera was exceptionally low so there were no issues with privacy being breached. MU noted that the Trust had received some Freedom of Information requests regarding this.	
b	KM also noted that the Trust was considering an early implementation of Oxevision for observations on the wards to reduce impact on disturbance of sleep for patients who had 1:1 observation. MC was looking into this at a national level to see how we may be able to implement this in a more generalised way for nursing observations.	
6.	**Draft Annual Report 2022-2023 (KR)**	
a	KR noted that this would be going to the Board meeting on Wednesday on the understanding the committee were happy with their reflections. She highlighted the attention given to risk and the need for this to be scheduled twice yearly to allow the risk register to be scrutinised. KM noted that risk was discussed and mitigated on a regular basis in his meetings with Neil McLaughlin. MU commented that good mitigations were in place and that the risk was as low as it could go, 2 by 2 i.e., likelihood 2, impact 2 and did not feel this could be 1-1 as there was the occasional event.	
b	DW commented on the Strathdee report and her recommendation that the board should contain a patient by experience and that this should be considered. It was agreed that Rose Hombo be invited to a future meeting to discuss the Patient Participation Group and whether there were any links with this group that could be utilised.	**NG**
7.	**Legal & Regulatory Update (KR) (if required)**	

a	KR noted the Strathdee report and highlighted training and the need to think about the regularity of training for Non-Executive Directors as we were at risk of them only receiving this as part of their induction, she requested AA think about this moving forwards.	
b	AA introduced herself and provided her reflections as a new recruit to the Trust as Mental Capacity Act Lead within the Safeguarding Team. She had previously worked at the County Council for 14 years managing the Deprivation of Liberty Safeguards team, during which time she undertook liberty protection safeguards planning for Oxfordshire. She noted that all the Mental Capacity Act training, recording, and embedding planned would be a good foundation for the Trust for any future changes. DW requested that at a future meeting AA provide an overview of the joint responsibilities of the County Council and the NHS. KM requested that she also include the difference between the AMPs across the organisation.	
c	KM commented on the consultant strike due to take place on 20 and 21 July noting that a letter had been received from the Mental Health Tribunals judge; to lessen the impact on patients' tribunals would be scheduled outside of these dates where possible. KM and MU would work on any Section 2s to lessen impact on patients' liberty and access to appeals. The coroners had decided there was no derogation regardless of striking. No significant impacts were expected by the Trust over the strike period.	
d	KR noted the following changes to the workplan: • removal of the deep dive by Howard Ryland, as this was a one off; • AA to provide an MCA and LPS update at every meeting; • the adequacy of guidance information training on the Mental Health Act Legislation be reported on once a year in Q3 by MU; and • assessment of the application of the human rights principles regarding ethnicity to be merged into MU's Trends in Mental Health Act report.	
e	DW highlighted the need to have a deputy attend the meeting if a member of the Committee was unable to attend.	
OTHER BUSINESS		
8.	**Any other business**	
a	None.	

9. a	**Meeting Review (ALL)** DW welcomed AA to the committee and thanked her for attending the meeting.	
10. a	**Meeting Close** There being no other business the meeting closed at 10:00 hrs.	

The next meeting is scheduled to be held on Tuesday, 17 October 2023 at 0900 hrs via Microsoft Teams

Meeting of the Mental Health & Law Committee

Tuesday, 17 October 2023
0900-1100 hours

Microsoft Teams Virtual meeting (invitation only)

Apologies to Nicola Gill, nicola.gill@oxfordhealth.nhs.uk

AGENDA

1.	Welcome, apologies for absence and quoracy check *(defined as 4 of the membership to include at least one Non-Executive Director and at least one Executive)*	Chair	09:00
2.	Minutes of the Previous meeting (paper – MH&LC 10/2023)	Chair	09:00
3.	Trends in Mental Health Act (paper – MH&LC 11/2023) *To include updates on:* • *Mental Health Act Managers* • *CQC Activity/Compliance* • *Adequacy of guidance/training on MHA legislation*	MU	09:05
4.	Trust Risk Register update (paper – MH&LC 12/2023)	KM/BA	09:35
5.	Co-PACT update (oral update)	KM/Roisin Mooney	09:55
6.	Mental Capacity Act & Liberty Protection Safeguards Update (oral update)	Amy Allen	10:05
	Restrictive Practice update (oral update)	BK	10:30
7.	Legal & Regulatory Update (if required)	KR	10:45
Any Other Business			
8.	Any Other Business (oral discussion)	All	10:50
Meeting close			11:00

Date of next meeting: 05 March 2024 (tbc), 09:00-11:30

Mental Health & Law Committee

Member Attendance 2023 - 2024

Name	16 May 2023	18 July 2023	17 Oct 2023	Feb 2024
David Walker (Chair)	✓	✓		
Geraldine Cumberbatch	Apols	Apols		
Britta Klinck	Apols	Apols		
Karl Marlowe	✓	✓		
Kerry Rogers	✓	✓		
Mark Underwood	✓	✓		

People Leadership and Culture Committee
Minutes of a meeting held on
Thursday 12 October 2023 at 13:30
virtual meeting via MS Teams

PLC
(Agenda item:)

Present:	
Mindy Sawhney	Non-Executive Director (Chair) (**MS**)
Andrea Young	Non-Executive Director (**AY**)
Charmaine De Souza	Chief People Officer (**CDS**)
Dr Ben Riley	Executive Managing Director – Primary, Community and Dental Care **(BR)**
Heather Smith	Chief Finance Officer (**HS**)
Kerry Rogers	Director of Corporate Affairs & Company Secretary (**KR**)
Amelie Bages	Executive Director of Strategy & Partnerships **(AB)**
Apologies:	
Grant Macdonald	Chief Executive (**GM**)
Dr Rob Bale	Interim Managing Director for MH and LD Services (**RB**)
Marie Crofts	Chief Nurse (**MC**)
Neil McLaughlin	Trust Solicitor and Risk Manager (**NMcL**)
Dr Karl Marlowe	Chief Medical Officer (**KM**)
In attendance:	
Ben Cahill	Deputy Director of Corporate Affairs (**BC**) as deputy for KR
Mandy Murch	Head Housekeeper, Wallingford Community Hospital (**MM**)
Kelly Whipp	Facilities Support Manager (**KW**)
Jill Castle	Head of HR, Community & Corporate **(JC)**
Alison Cubbins	Head of HR Policy, Reward and Projects **(AC)**
Sigrid Barnes	Head of HR Systems & Reporting (**SB**)
Matt Edwards	Director of Clinical Workforce Transformation (**ME**)
Hannah Smith	Assistant Trust Secretary (**HSm**)
Brian Aveyard	Risk Assurance and Compliance Manager **(BA)**
Becky Elsworth	Head of Learning and Development (**BE**)
Joe Smart	Head of Organisational Development (**JS**)
Zoe Moorhouse	Head of HR, Mental Health & Specialised (**ZM**)
Dr Tina Malhotra	Clinical Director, Adult MH Assessment & Treatment Team South (**TM**)
Deborah Darch	Executive Assistant (**DD**) *(note taking)*

1.	**Introductions and apologies**	**Action**
a.	The Chair welcomed the Committee members and introductions were made.	

b.	Apologies for absence were noted from: Grant Macdonald, Chief Executive Officer Dr Rob Bale, Interim Managing Director for MH and LD Services Marie Crofts, Chief Nurse, Dr Karl Marlowe, Chief Medical Officer Neil McLaughlin, Trust Solicitor and Risk Manager David Clark, Non-Executive Director had planned to join the meeting as an observer, but was unable to attend.	
c.	The Chief People Officer (CPO) advised that members of the HR team who would be presenting papers later in the meeting would also be observing.	
d.	It was noted that the Director of Corporate Affairs & Company Secretary (DCACS) would be attending in part and that Deputy Director of Corporate Affairs (DDCA) would then deputise.	
e.	It was further noted that Dr Tina Malhotra, Clinical Director (CD) would be attending in part as a deputy for the Interim Managing Director for MH and LD Services (IMDMHLD).	
f.	The Chair confirmed meeting quoracy.	
g.	The Chair requested that in future executive colleagues attend or ensure they are represented by deputies and asked the CPO to take this forward. **Action: CPO to take forward.**	**CDS**
2.	**Declarations of Interest** No interests were declared.	
3.	**Minutes of the meeting 4th July 2023**	
a.	The Chair proposed the minutes of the previous meeting were noted as an accurate record.	
b.	The Chair handed over to the CPO to update on the open actions on the log, noting that several appeared on the Agenda for this meeting.	
c.	The CPO explained the log has two tabs, closed and open and will speak to the current open actions.	
d.	**6.r EDSP to take a lead in line with the planning process to review and propose an operating model and agree on our planning units:** The Executive Director of Strategy & Partnerships (EDSP) advised that following discussions at the Executive Committee and Board, a programme of work has been agreed around four key enablers. The first, being led by EDSP and DCACS, will require work to define setting up an operating framework and will include consideration of this action.	

	An update on progress will be shared at the next PLC meeting.	
e.	The Chair commented this is an important piece of work for the Trust.	
f.	**8.d Assistant Trust Secretary to recirculate how the updating process should work:** The CPO advised the Assistant Trust Secretary (ATS) has confirmed that there has been progress in relation to how the process should work.	
g.	The ATS advised there are updates to report into the BAF and TRR reports but did not wish to confirm the action as being complete at this point and would like to see continued regular updates.	
h.	Inputs were assured into this meeting but it was emphasised a sooner response from colleagues is needed so they are not missed.	
i.	The Chair agreed for the action to remain open for the time being and at the next meeting will remove if satisfied of assurance.	
j.	**11.j Gender Pay Gap Reports - statistical analysis to be sourced. Head of OD to follow up with the Performance team:** The CPO explained that we still need to identify the skill set and resource which will need to be outsourced to complete further statistical work to understand what the data is telling us about intersectionality and pay gaps; this is currently limited due to no capability in the Trust and the CPO advised she will work with Head of Organisational Development (HOD) to understand how we can progress. The CPO further advised this year will produce pay gap data on disability and ethnicity in line with NHSE high impact action recommendations.	
k.	The Chair commented that this work will contribute to tailored strategy.	
l.	**AC 53/2022 (item 8a) Mandatory Training - action to remain open until compliance of 95% is reached** **AC / 2023 "Internal Audit identified risks/management actions - 2. Escalation procedure for non-compliance to mandatory training - Control design"** **AC / 2023"Internal Audit identified risks/management actions - 3. Non Compliance to mandatory training - Operating effectiveness"** The CPO explained that the three items in relation to statutory and mandatory training provision are covered in the Agenda item papers.	
m.	The Chair noted that some are due to close and will expect an update in the January PLC.	
n.	There were no further comments.	

4.	**Voice of slot:**	
a.	As the meeting was running slightly ahead of time, the Chair enquired if there was any other business to be raised and to note for later in the meeting – there was none raised.	
b.	The CPO took the opportunity to explain plans in relation to the voice of slot item; this month we are joined by a head house keeper, part of the Estates and Facilities team. Going forward, we need to consider how we use this slot in relation to the staff story slot at Board. We will collate and manage this information to ensure there is a good variety between PLC and Board and a mix of clinical and non-clinical.	
c.	The CPO reported the Community Services Directorate have recently won the contract for the 0-19 aged work and suggested it would be helpful for this meeting to hear from a member of that team; we are also aware of the recent SEND inspection and it may also be helpful to hear from staff in that service, with a view to making them more topical to the challenges and opportunities faced by the Trust.	
d.	The Chair advised that she and Andrea Young had also discussed the objectives and wondered if there was an opportunity under the voice of slot to hear staff experiences in relation to service redesign and the work to join up physical and mental health.	
e.	The Executive Managing Director, Primary, Community and Dental Care (EMDPCDC) advised that some of our Staff have children with special educational needs and/or perhaps are struggling to access services which in that context can blur boundaries. He had observed at a meeting there were often highly expressed emotions and this aspect needs support and working through and we need to consider how we support our staff.	
f.	The Chair welcomed Mandy Murch (MM) and Kelly Whip (KW) to the meeting and invited them to share their experiences of working for the Trust and invited them both to speak freely.	
g.	The Chair also wished to acknowledge the critical role of our housekeepers across the Trust to patient safety, and to patient and colleague experience, and wished to use this conversation to learn if they feel appreciated and valued. The Chair invited KW to make introductions.	
h.	KW is a Facilities Support Manager working at a hub within Estates and Facilities and has been with the Trust for 3 years.	
i.	MM is the Head House Keeper at Wallingford Community Hospital and has been with the Trust for 27 years, starting as an evening cleaner and working her way up.	

j.	MM commented very positively on the "amazing team work" at Wallingford Community Hospital and likened it to a "family" and in that point is very positive.	
k.	There are problems with recruitment due the location as Wallingford is a small town. Currently the roles are advertised with set requirements and MM suggested that parents with young children may be interested in evening work if the hours of the roles were more flexible.	
l.	KW added that the hubs serve multiple Community Hospitals around Bucks and Oxford and vacancies often arise from long standing staff retiring or moving on for progression. It is difficult to recruit locally and the team have had some vacancies for over a year. Set shifts are set as there are patient requirements from 7am to 7pm but agreed that flexible working may attract parents with younger children to consider evening work.	
m.	The Chair commented that flexible working is something that the Trust needs to consider further across all staff groups.	
n.	KW commented on the lengthy process to recruit and onboard, a contributing factor in securing candidates, although she recognised the challenges for the HR team and the fact that it was often the preemployment/DBS checks that took time which were important given the patient facing nature of the roles.	
o.	The EMDPCDC asked how MM found the relationship with the ward manager and matrons, and how we could provide support in terms of access to food and drinks and to improve the team work environment, noting there is a staff/patient garden area on site.	
p.	MM reported positively about the team relationship, the clinicians and ward staff all work well together. There are plenty of rest rooms for staff use and a food van now delivers daily which is good as they used to only have a vending machine selling chocolate and crisps.	
q.	The EMDPCDC reminded PLC that Wallingford Community Hospital is one of the largest sites and the Board had recently met there in July.	
r.	The Chief Finance Officer (CFO) advised Estates is within her portfolio and asked is anything staff could do to make the house keepers work easier?	
s.	MM commented she did not think there was, apart from suggesting asking staff to clear patients tables and wardrobes of items as that makes keeping the ward clean easier. The teams do talk to each other often. The CFO commented on the healthiness of the culture.	

t.	The CPO advised she had visited several sites but had yet to visit Wallingford Community Hospitals.	
u.	The Recruiting process was discussed at an HR team meeting; the reference checking is important and we cannot shorten that process as the roles involve working with vulnerable people and in a patient setting with close contact.	
v.	The Recruitment team are reviewing preemployment checks for those who may not have been working recently or have had a break in employment with a view to removing any barriers to them taking up employment; other recruiters looking for the same skill set do not necessarily require the same levels of checks and we are competing for the same candidate pool.	
w.	KW commented she recognised the difficulties faced by HR colleagues and advised she meets weekly with a member of the Recruitment team which is really helpful supportive.	
x.	The CPO advised that services can offer flexible working without HR's permission, although there may be implications to managing this and suggested piloting within teams to understand these.	
y.	The CFO commented on vetting and process checks in other organisations that have recruited at risk with the caveat advising that vetting would follow and candidates would need to be aware of that. This may not be possible in patient facing roles but may be an option for non-clinical roles.	
z.	The Chair drew the discussion to a close but wished to register that the Board and PLC are seeking assurance that notwithstanding the necessity of thorough checks, the recruitment processes are as streamlined as much possible so that we can reduce our time to hire and the burden on hiring managers.	
aa.	The Chair commented that she was delighted to hear of the strong sense of team belonging that they felt their roles are appreciated and valued. She thanked MM and KW for joining and sharing their experiences.	
5.	**People plan priorities:**	
a.	Purpose – To ensure the Committee can be assured: a) Priorities have been identified b) Target performance by end of year formulated c) Duplications/omissions/interdependencies identified d) Ongoing, that progress on track to achieve target performance by quarter and to allow for exception reporting.	

b.	The Chair explained that this was the first attempt to report against the annual priorities and will be developed over time. She requested that any feedback on the format be given offline, and invited colleagues to focus on the content of the papers.	
c.	The EMDPCDC explained that Head of HR, Community & Corporate (HHRCC) and Directorate Leadership Team colleagues reviewed the plans at a recent meeting. The key message was ensuring resource allocation is in place to deliver plans; good progress has been made with an HR Consultant and HR Business Partner (HRBP) now supporting the HHRCC and the Directorate.	
d.	Other key changes are within the Transformation team under the leadership of Sue Butt, members of the SCAD team have now transferred across and the team is in a much stronger position.	
e.	The plan is progressing but not at the pace initially hoped. There were some challenges but plans have been worked up to address Podiatry staff shortages. Some of the organisational changes and development challenges are linked to the wider Trust and our partners and can sometimes be unpredictable.	
f.	There are also some challenges linked to contracts, such as the 0-19 aged tender bid which involved several months' work by the team to redesign the service to meet a reduced financial envelope; winning the contract was very positive, but now there will need to be an intensive period of work to deliver the redesign of the service envisaged in the winning bid in readiness for the start of the new contract in April 2024.	
g.	The HHRCC agreed, we have a plan and are working through the various elements but it is not always easy to identify challenges that may impact on capacity to deliver. There is a lot of work for one HRBP to deliver and they also need to link in with other colleagues such as the retention team. There is a challenge in terms of capacity and prioritising other operational work.	
h.	One significant achievement that HHRCC was involved in was the Continuing Healthcare TUPE of over 90 members of staff across to the ICB; this was a large piece of work, although not transformative it was significant in scale and it was important that we supported staff to transfer with all the information needed for future roles and locations. They are now settled into new roles.	
i.	The EDSP commented that this relates to conversations held recently at Board, there is a lot of work to do in terms of setting out our plans for next year and we need to consider how we plan time to complete. One difficulty is how we coordinate work across services; this will be a large piece of work to align everything and asked that PLC recognise the complexity.	

j.	The Chair was in agreement, noting that the complexity and size of the Trust can lead colleagues to work in silos and this is a challenge to the efficiency and effectiveness of the Trust.	
k.	There were no further comments.	
l.	The Chair observed that there was no Learning Development or Mental Health representation and pointed out the importance of service representation attendance.	
m.	The Chair questioned one objective from their highlight report that had been delayed was a developed approach in terms of team working; is that a trust wide consideration? And is there a specific application in Mental Health services, and our emerging culture?	
n.	The EDSP advised teams will need to link with the four enablers and report their own priorities.	
o.	The CPO advised that the Head of HR, Mental Health & Specialised (HHRMHS) has commented that the notion of teams was something that Oxford teams want to focus on, linked to location and activity, which is different from Bucks.	
p.	The CPO commented that if we are going to have all four enabling work streams, as proposed at the recent Board strategy discussion, we need to address how we support the notion of team work, development and approach to culture change as currently services are not joined up. The Chief Executive (CE) was clear about the importance of team work and his view is that the team is the notional group to focus on.	
q.	The EMDPCDC commented that the message came through strongly in MM's earlier reflection that she does feel part of a team; we need to duplicate this, so that all our staff feel that their contribution is valued for all roles.	
r.	The Chair moved the discussion forward and referred to the People Plan Highlight Report. Slide 10 states that the high level policy statements around key areas such as reward and work culture etc. will be owned by PLC. The update advises that this is complete but has not yet been brought to PLC to review and endorse. **Action for CPO to follow up.**	**CDS**
s.	The Chair also commented on the planned work around EDI, to support other characteristics. She noted that we have not yet made inroads into Gender and Race; our BAME colleagues are still more likely to leave within their first year of joining, are not represented at Band 8 level and still have a gender pay gap.	

t.	The Chair advised that we need to be mindful of capacity when planning to design changes in other areas, this should not impede delivering the changes in Race and Gender areas that colleagues have already invested time in.	
6	**CPO Briefing incorporating:** a) **-**NHS Long term workforce plan b) -Summary Dashboard c) -Workforce Reports (for Reading Room) d) -HR e) -Whole Trust f) -Mental Health g) -Community a) To be assured that the Trust has identified implications for its People Plan, Annual Plan and Strategy b) To ensure the Committee is appraised of key ICS and Trust developments as they impact upon the Trust's ability to realise its strategic and operational aims c) To provide assurance on key people performance activities, and to be assured the Trust is able to identify and respond to emerging and current issues	
a.	The Chair asked the CPO if there were specific areas to draw attention to?	
b.	The CPO explained the focus is on the Long Term Plan (LTP) which was published earlier this year; there is a lot of relevance in relation to the three pillars of train, retain, and reform and we are making significant progress in some areas such as our apprenticeships offer. Reform is more of a challenge as the ambitions of the LTP are wider.	
c.	We will have three sessions with Staffside to cover the different pillars; we discussed at the Reform session the role of physician associates and how that role may or may not be relevant to the Trust.	
d.	The next steps will be engagement with the Executive team to understand which elements we can/should prioritise as a Trust and where we can link to the system. It's clear from the publication that the NHS wishes to lessen its reliance on international staff and to develop its UK pipeline of staff.	
e.	The Chair welcomed questions around the national plan.	
f.	The EDSP raised that we need to consider how we engage with patients and the wider community with the emphasis on domestic recruitment which links with EDI engagement. This is something OUH are working on, and there is an opportunity for us to influence the wellbeing of our patient population and recruitment.	

g.	The EMDPCDC commented that Community Hospitals reflect where we have reached a position of full establishment, with some international nurses and some local recruitment, and wondered if we could develop this for centralised services.	
h.	Mental Health services are run in a more centralised model area and it would be interesting to know if those colleagues feel they are part of the Community hospital team or Mental Health team, which could help in local recruiting.	
i.	In terms of international recruitment, the current cohort are now near the stage where they may be keen to progress in their careers; we need to consider how we retain them, being mindful of their professional skills set and background; whilst they initially take a step back to join the NHS, their training means they are quickly in a position to progress.	
j.	The Chair requested that this is an item for a future PLC, how we support our international workforce including challenges with finding accommodation. We have invested significant resource into international recruitment which has been successful and it would be appropriate to look at the life cycle and look at the turnover rate. **ACTION: To be added to Forward planner**	**SI**
k.	The Chair requested that the CPO updates with a response to the LTP at the January PLC following the consultation events. **ACTION: To provide update**	**CDS**
l.	The Chair also requested for the January PLC agenda an analysis and plan for how Oxford Health draws its own learnings regarding our specific practices from a number of important reviews including Edenfield, the Strathdee recommendations on data literacy, the Fit & Proper person implications from the Letby case, and the new Sexual Safety Charter. She noted the Board had been given immediate assurance around what the Trust has in place on Speaking Up, but there was an opportunity to have more reflective deliberations. **ACTION: to note for workplan**	**SI**
m.	There were no further questions on the Long Term Plan.	
n.	The Chair referred to the additional papers in the meeting pack and invited questions. There were no questions or comments made. The Chair advised she would take her questions up off line.	
o.	The CPO advised that she had discussed with Andrea Young about the wider commentary in relation to Freedom to Speak Up Guardians (F2SUG). The annual report is taken to the Board and wondered if this should include qualitative narrative from the Guardians to bring more life to the report and that programme of work? CPO and AY are the Executive and Non-Executive sponsors respectively and proposed to take forward for the next meeting	

	which the Chair agreed. AY advised a commentary on trends and exception and reporting on plans would be useful to see and endorsed the proposal from the CPO. **Action: FTSUGs to add commentary and analysis to workforce reports**	**FTSUGs /CDS**
p.	The Chair noted that there were a significant number of FTSU cases that were raised in August and asked whether we have an awareness as to the reasons behind the increase? The CPO explained that at that point capacity had increased, and we were not aware of any issues that may have triggered an increase but would need to investigate further to establish if there was anything specific organisationally.	
q.	The Chair commented that this speaks to the usefulness of a narrative in future reports.	
r.	The DCACS commented that relative to the point made, and in reference to the Letby case, should we maybe get a sense from our Guardians why staff members chose to approach them directly rather than through established reporting channels in the first instance? If we review the themes, is there a wider system issue across the organisation? As discussed at Board, this is not just about freedom to speak up, but also about identifying contributing factors, can we use this to broaden our understanding of what is or isn't working? The Chair agreed that this was a good point and requested the CPO to ask for details of any emerging trends. **ACTION: CPO to follow up**	**CDS**
s.	The CPO drew attention to slide 14 within the data pack advising that this shows the main causation for staff seeking help is bullying and harassment, there is a variance monthly but this can be further reviewed and added to the narrative.	
t.	The DCACS emphasised it is important that we understand why staff members chose to reach out to the F2SUGs first. The Chair agreed, contact with F2SUG should be a last resort and we need to understand what might not be working in line management.	
u.	The Chair reflected that there is a lot of data and it can be difficult to work through and pick out the main areas for our attention, there is a need for an analysis of the pack; as a subcommittee, we are seeking assurance that appropriate data have been gathered, triangulated and analysed, it is not for the Committee to do that analysis. **Action: CPO to consider how the analysis of data can be better presented in papers and workforce data.**	**CDS**
v.	The Chair advised that looking across the data pack, she had identified a number of flags around Forensic and Pharmacy service areas e.g. the number of grievances, vacancies, the last staff survey etc. which suggest there may be potential issues. Were colleagues able to say more about these Services?	

w.	AY commented that she had made recent visits to Forensics and observed that there is a strong team work ethos. In terms of the increase in casework and respecting the confidentiality, staff may be dealing with difficult issues, but she agreed there is a need to triangulate the numbers.	
x.	Referring to the FTSU approach, there are now two Guardians that staff are encouraged to approach; we are giving a focus to this which may naturally lead to an increase.	
y.	The CPO advised that we are promoting awareness via the staff survey and on the back of referrals	
z.	The CFO advised that the Chief Medical Officer (CMO) is the lead Executive for Pharmacy and that she is aware that the CMO is working with the Pharmacy team and highlighted that this is a small, localised team.	
aa.	The EDSP commented on the format – as an example, the quality dashboard taken to Quality Committee has red flags and that early warning system is mapped which is helpful. The Chair agreed, advising this had been in discussion for a number of months and that she was hoping this was under development. The CFO added that her preference is for one version of the heat map that covers all of the indicators rather than variances, recognising there is a lead time to develop. The Chair requested this is added to a future work plan to be developed. **ACTION: to add to workplan.**	**SI**
ab.	The Chair referred to slide 7 of the Workforce Whole Trust pack and made an observation that we refer to the metrics for Medics maintaining professional standards, but the data is not actually included in the graph presented. She requested that going forward this is included to provide a consolidated view. **ACTION: to be added to Workforce pack**	**SB/CDS**
ac.	The Chair commented on flexible working in Slide S21 of the Workforce Whole Trust pack, and the figures of WTE vs PT which is perhaps a crude measure. She questioned whether there is an opportunity to have a broader view of flexible arrangements; as a Committee we have discussed sabbaticals, is there an opportunity to consider other options or perhaps this is a separate piece of work?	
ad.	The CPO explained that the Trust has moved forward in developing its offer around flexibility and there are arrangements in place such as work location, long days or nights, but it is unclear if the data allows this to be extracted, some staff work compressed hours for example. There are some restrictions where flexible working wouldn't be appropriate for example some operational roles. There has been positive and negative feedback. The Chair invited the Head of HR Systems & Reporting (HHRSR) to comment.	

ae.	The HHRSR explained that some data could be reported on such as the number of staff taking a career break. The Trust are bidding for some funding for ESR work to enable manager self-service which would allow us to report more easily from ESR to show number of applications requested and authorised. The Chair advised that she was less concerned about the reporting but asked if we are considering this strategically across the Trust?	
af.	The Director of Clinical Workforce Transformation (DCWT) explained that under the long term workforce plan, flexible working is a key element of the retain pillar; a piece of work has been started to understand how flexibility can be offered and the impact on this on our agency spend.	
ag.	The EDSP agreed it would be helpful to be able to report more around plans, and although a lot is happening, she felt initiatives and available options are not being promoted as well as they could be; for example within Corporate services - staff joining her team have given feedback that they were not aware before joining about the flexibility that the Trust offers.	
ah.	The Chair thanked colleagues and summarised the agreement of the importance of flexibility to staff wellbeing and retention. The PLC would like to see plans for the development and communication of this offer in due course. **ACTION: to add to workplan**	**SI**
ai.	The Chair noted that a key area of feedback under the 'One Thing' OD initiative was improving management and management visibility; she questioned whether senior staff working compressed hours and working from home (WFH) may be contributing to the feeling of our front line workers being under led and if we have started a line of enquiry.	
aj.	The CPO explained our strategic intent in relation to our approach to flexible working, that there is a policy which was launched and reflects the national guidance, and managers can see how this may be worked in practice.	
ak.	Referring to the under led point, the CPO advised that for front line services, managers are visible in the workplace. The CPO and the CFO are doing a piece of work around Corporate staff WFH; we need to be clear of expectations of attendance in the Office as Managers are finding this challenging across all sectors.	
al.	The Chair advised it would be useful to triangulate the data and have a more structured conversation at a later meeting. **ACTION: to add to workplan**.	**SI**
am.	The EMDPCDC questioned how do we link all of the components of recruitment and retention strategies together? For OOH GPs for example, where there isn't a pay scale, rates were agreed for time worked and for some areas we have had to take a different approach dependant if they were	

	expected to WFH, work from a base, home visiting or phone triaging. A challenge we have is how the pay schemes and agenda for change relates to options for flexibility and this creates an added complexity as we build in plans. The Chair recognised the unintended consequences and supported the call for a systemic consideration of initiatives.	
an.	The Clinical Director (CD) commented on the flexibility and visibility; there are discussions taking place around Doctors taking sabbaticals. It is an issue for frontline clinicians WFH as there is some disparity as those working in the Crisis team for example are unable to WFH. There is an expectation for some guidance across teams, although some teams have sorted this locally. With regard to management visibility, a narrative would be helpful as to what do we mean by visibility? It is not just management WFH, but also how visible managers are in terms of visiting teams, being present to listen and engage with staff etc.	
ao.	The Chair agreed the need to consider.	
ap.	The Chair wished to acknowledge and celebrate the significant efforts made by teams across the Trust resulting in the highest levels in mandatory training and in PDRs for many years, and the increase in nurse apprentices and the active conversations with BOB around unifying mandatory training and training passporting.	
7.	**IQRA update:**	
a.	Purpose - To ensure the Committee is assured that: a) the multi-year nature of the IQRA programme is foreseen b) appropriately ambitious and resourced financial, quantitative and qualitative targets are identified c) Duplications/omissions/interdependencies identified d) Ongoing, that progress on track to achieve target performance by quarter and to allow for exception reporting	
b.	The Chair requested that the paper is taken as read and invited the Director of Clinical Workforce Transformation (DWCT) to highlight key points.	
c.	The DWCT reported that this is perhaps the most positive update paper he had brought to PLC and explained the workforce targets set against as part of the two year plan, have seen at the end of quarter 2, a close in vacancy gap of 8.79% in HCAs and 4.52% in registered nurses. Slide 2 shows the impact on student nurses. Towards end of quarter 2 we have closed the Band 5 registered nurse vacancy gap by 16.37% which is a significant milestone and this demonstrates that the model is working.	

d.	Discussions have been held at PLC previously in relation to contract difficulties and implementation. All contracts have now been implemented.	
e.	Slide 3 demonstrates the traction we have with the IDM contract around recruiting to vacancies and how we are changing the landscape. There has been an increase in the number of CVs being generated allowing shifts to be filled and closing vacancy gaps, forcing rates to be brought down which historically were high, and to maintain safer staffing numbers. We now have the ability to implement a direct engagement model, particularly for medical colleagues which has led to financial savings in the reduction of VAT liability against these roles. We were able to move 24 medical colleagues within the first month, this intervention will have a financial impact and be sustainable and bring us in line with the majority of other Trusts who have all implemented a Direct Engagement model.	
f.	Slide 4 sets out where it was identified there was a gap in the Meadow Unit, and we were able to have interventions in place and avoid high cost agency. Since the slide deck was produced, we have moved to an improved position and will achieve a full staffing model with a clear plan. In quarter 4 the Trust will start the work around opportunities for agency migration into the substantive workforce. NHSP will also have an active recruitment plan to improve bank fill rates for this service.	
g.	Slide 5 refers to NHSP fill rates up to month 5, although current KPIs are not being met, the Trust is starting to see an improvement month on month of fill rates against all roles.	
h.	The Trust need to review the levels of demand in comparison to planned staffing (budgetary establishments), the CEO has asked for a particular focus on this area.	
i.	For registered nurses, temporary staffing demand is in line with vacancies gap. There is a AHP vacancy gap against temporary staffing requests and therefore the Trust needs to understand the quality impact of this, in particular a review of the care to patients and the outcomes the Trust are aiming to achieve.	
j.	This is the opposite for band 3 HCA roles as the monthly average vacancies is 109 at month 5 against a monthly average temporary staffing demand of 337.	
k.	Slide 8 shows the top wards where temporary staffing demand is significantly higher than the vacancy position.	
l.	Will see the impact of the interventions- appendix 1 shows we were below target in August, three months were above target but for no month were we	

	above last year's position. Month 6 information has now been produced and the trajectory has continued at a faster rate, this will mean that the agency spend at month 6 will be circa £200K better than the monthly NHSE/I target.	
m.	We have not yet seen the full impact of the success of interventions and recruitment activity from the past month, but this year's intake from student nurses and the first cohort of top up degrees will demonstrate some recovery in the recruitment KPIs for the year.	
n.	One risk to flag with clear mitigation in place, shown on-slide 20 which addresses how we improve efficiency and productivity, and is factored into the annual programme of work with regard to e-rostering; it was intended to start this e-rostering work this financial year, the team have now been recruited into and this will now move to start in quarter 4 and will be piloted in community hospitals.	
o.	The Chair invited comments and questions.	
p.	The EMDPCDC referred to the delay in e-rostering work moving to quarter 4; the period January to March is a challenging time for community hospital staffing and our support to the winter inpatient discharge pathway. Although he was pleased to see that community services are on the work programme list, he had hoped that this would have been in Q3 and was not aware it had been delayed to Q4 and will follow up with Head of HR Systems and Reporting (HHRSR). The implications of this in relation to the workplan need to be considered and will have a financial impact.	
q.	The EMDPCDC questioned the accuracy in slide 12 of the variance figure at the end of the row as it seemed much lower than the sum for the month - £229,738, August variance was £300k. **ACTION: DCWT to review, amend, and circulate the corrected version.**	**ME**
r.	The DCWT reported there would be no impact to the KPIs shown on slide 11.	
s.	Andrea Young commented on the variance of staff in post and fill rate which will vary on acuity on the ward. There is a need to understand what flexibility is given to budgets for maternity, or for acuity for example?	
t.	In refence to Doctors moving across to IDM - direct engagement, AY asked for further details and if there is any resistance?	
u.	The DCWT referred to the allowances in budget and explained that under safer staffing, there is a tolerance to absorb one patient per unit as standard. There is no allowance for maternity etc. Work is under way looking at rolling out safe care, and moving forward this will provide the Trust with accurate data to review roster templates to better predict the workforce required to	

	meet patient need, taking into account acuity. Extra staff will be required when more than one patient on a ward requires a 1:1. This will be reviewed moving forward at the 6 month safer staffing reviews.	
v.	Safer staffing review undertaken in 2022 used the working assumption of 23% unavailability, however the wards are currently running at close to 32% unavailability therefore resulting in the need for more WTE to deliver safe and effective care across the inpatient wards.	
w.	This work will be picked up under the 90 day improvement programme work around Healthroster due to commence in January 2024.	
x.	AY questioned whether that does contribute to flexibility?	
y.	The DCWT explained that direct engagement is a payment mechanism, it is not a rate, it is a 20% tax vat reduction and processed through payroll. OHFT are one of the few Trusts who did not operate a direct engagement model, and as such we were an outlier.	
z.	The CPO referred to the NHSE targets and referred to slide 11, advising it was good to see in month 6 that we are £200k better than target in month and questioned if it is anticipated the next six months will be more challenging, with winter pressures for example and if any action is needed to maintain the trajectory?	
aa.	The DCWT advised the timelines of the interventions to date put in place will see impact from that; we will see an increase in demand - seasonal demand at Christmas and in March where people are using up annual leave. The lowest monthly spend reported was in September and over the next few months we will see the impact of recruitment interventions which will offset demand. Work is ongoing around recovery of NHSE fill rates and overall from a resilience perspective the Trust is in a better place and trajectory is on target.	
ab.	The CFO commented we need a culture of ownership and a focussed attention on this, at the Finance workshop at an Extended Executive Meeting, the CEO gave a clear direction around budget responsibilities and the Finance team have issued target letters to Directors. She is aware there are processes in place and work is happening on the agency control panels for example, but asked why some of the work happening is under a separate workstream and not under IQRA - do we need to bring the interventions out more in the programme?	
ac.	The DCWT reported that there is a large programme of work planned, work done previously and work moving forward, and he does not see that as a separate IQRA workstream. IQRA has provided a framework, a freedom to act	

	with clear foundations set. This will be measured by the financial position at the end of the year. Next year we will have similar asks and that will be a challenge to deliver. On the current trajectory, Oxford Health will see a reduction in spend to £32M for this financial year and it is expected that for the next 2 years, the Trust will be required to deliver a 25% equivalent reduction year on year, which will result in an overall target for the Trust of £24M in 2024/2025 and £18M in 2025/2026. If the Trust is successful in delivering this multiple year agency reduction plan, we will see the Trust become comparable with average Trusts across the country.	
ad.	The CFO clarified this was two separate issues; one is the controls in place and secondly is progress against targets. She advised that we need to be assured of the controls in place; Stakeholders will be looking at this closely and she is concerned there is a gap and we may miss opportunities, for example the impact of the Forensic agency spend on the overall target.	
ae.	The Chair advised that the next item is the trust wide approach to shift staffing which will reference some of the points that the CFO has mentioned but agreed both the control environment and the progress does need to be reported and it would be sensible to include within the IQRA update to describe the work. **ACTION: to include within IQRA update**	**ME**
af.	The DCWT advised he would add a slide in to the IQRA update around the controls in place and support to staff.	
ag.	In relation to safer staffing, the DCWT advised that he was aware that the Chief Nurse (CN) and the CPO have had a discussion offline in relation to the Quality Committee and that this dovetails across both; Policies sit in the QC but we can make reference to them in the IQRA slides. We are not providing Allied Healthcare Professionals for example and this needs more consideration.	
ah.	The CFO advised that these are two different risks, the risks are that we do not put controls in place around accountability.	
ai.	The Chair thanked all for their contributions and summarised by agreeing that the IQRA pack will provide a summary of the control environment for both staffing decisions and for accountability for performance against agency budgets.	
aj.	The Chair noted significant benefits are beginning to be generated form the IQRA programme of work and commended the teams on this success.	
ak.	The Chair asked for clarification, that notwithstanding the progress and to ensure that we are in 'problem sensing' not 'comfort seeking' mode, that she was understanding the data correctly in that a) we are at 55% vs 75%	

	targeted of NHSP fill rates, and b) that we are at approx. 40% of target in recruitment and retention.	
al.	The DCWT confirmed that the Chair is reading the data correctly. The gap is closing and it doesn't capture the 16% impact at quarter 2.	
am.	NHSP are away from the planned target, there are contractual penalties and they are compiling a recovery plan with a fully funded team to address this and will provide an update at the next PLC. The KPIs were demanding from the beginning and from a Trust budgeting perspective, underperformance had been factored in, and further explained where savings can be made.	
an.	Recruitment interventions will show more positively in Q3. The DCWT proposed bringing an update to the next PLC on the current position of the nurses recruitment plan and international recruitment which is now in its third year.	
ao.	The Chair thanked the DCWT and agreed that it would be useful for PLC to consider the forward plan on recruitment, incl. international recruitment and requested this come to the January or April PLC. **ACTION: to add to workplan**	**SI**
8.	**Staffing a shift** a) To assure there is a OXH approach and framework for supporting clinical and non-clinical judgment about adequate staffing, and that staff have knowledge of and licence to secure additional staffing from internal, Bank and Agency sources	
a.	The Chair advised the CN had alerted her that elements of this work are being taken through the Quality Committee, and she would look to Andrea Young in her capacity as Chair of QC to help ensure there was no duplication.	
b.	The perspective of PLC is to ensure that we a) have a Trust approach to supporting staff in making staffing judgements rather than relying only on individual professional judgment, and b) that the controls mentioned by the CFO in the previous item were in place and working.	
c.	AY advised there is a clinical process in place which QC have discussed; this runs through using the existing chain of command and accountability and she is assured this is not an individual but a team decision with a set process involving matrons and directors on call in the decision making. They do look at safer staffing, fill rates, and understand the process behind the decision making.	
d.	The EMDPCDC provided an example, as the director on call, he had to approve moving staff around as some staff did not turn up for their shifts. He	

	flagged that this is unsettling for staff and there is a consequence of asking staff to work elsewhere at short notice in relation to staff engagement, even if it does reduce agency spend. He is therefore keen to progress the e-roster work and move to a 6 week plus roster which will be less disruptive to staff.	
e.	The DCWT explained that previously if we wanted to engage Thornbury staff, approval would have been via the CEO who would then delegate, now with IDM 24 hr contract in place, and Thornbury not signing up to the IDM supplier framework agreement, the Trust does not use Thornbury as part of its escalation. This has also had a positive impact on the Trust reducing off framework agency.	
f.	He advised that a key component of the 90 day improvement plan is a weekly "confirm and challenge" meeting looking at the past week, decision making and then looking forward. It is not a QI programme but tracks improvement.	
g.	The Chair concluded that this is being looked at by the QC and controls will be included in the IQRA pack to PLC which AY will also have sight of.	
9.	**Strategic and Operational Risks**	
a.	The Chair noted that in the interest of time, we would look at only two of the three topics namely 1) TRR 1168 and 2) next steps following the workforce risk workshop. Item 3 (the discrepancy in ratings in the BAF and TRR for recruitment and retention) would be looked at in detail in the January PLC. **Action: to be added to workplan**	**SI**
b.	The Committee agreed to close TRR 1168- low PDR compliance. The last PDR season was successful, and we reached over 90% PDR compliance.	
10.	**Workforce Risk Workshop readout**	
a.	The CPO advised the next step is to identify and understand the drivers more fully and then work to understand the gaps and improvements to mitigate the risks going forward. The two groups came up with some solutions and we now need to consider which ones we could implement to change processes and interventions, to mitigate risk and then align that to the BAF.	
b.	The ATS had rightly identified that we need to consider how this is aligned to the BAF.	
c.	The CPO commented the upcoming Culture workshop will be F2F as it does not lend itself to being hybrid.	
	Action: Updated BAF and associated information to come to Jan PLC	**CDS**

11.	**Mandatory training and Supervision deep dive** To assure that: a. A rigorous analysis and learning of what factors drive (non)compliance b. Plan in place to address c. Identification of outlier services/functions and detailed understanding of factors	
a.	The Chair advised that papers were taken as read and noted the work done on the Mandatory training and Supervision deep dive. The Chair invited Head of Learning and Development (HLD) to comment.	
b.	The HLD reported this is broadly a positive paper with 8 pieces out of the 11 meeting the 95% targets. The main risk is for Resus which has an ongoing focus and this is captured on the risk register. Resus is reported at the Quality and Clinical Governance Sub Committee and compliance is improving. We still have a high non-attendance rate on Resus training courses and are looking to understand why as part of a QI programme. We are also working with the Resus team to review and revamp.	
c.	IPC compliance is low, however this is driven by changes made post Covid, in particular to non-clinical staff for non-certification and for frequency of recertification; we are now seeing an increase in compliance and we expect this to get to 95% over the next quarter.	
d.	We are working with our BOB partners around a standardised approach to mandatory training, this is an area of focus and we are working with colleagues to understand the variance and pave the way for passporting. It is interesting to note that Resus compliance is similarly low with our sister Trusts.	
e.	The Chair commented that Resus and IPC may better sit within QC and suggested the work being done to advance these two areas are reported at the QC, with the overall work reporting sitting with PLC.	
f.	AY agreed for the subject matter and suggested that this applies to Safeguarding also, but it may be appropriate to keep as a whole, we would need to be mindful that we do not have separate discussions. The Chair advised that she would be happy to have the subject brought here and it was agreed all mandatory training compliance would be reported together at PLC.	
g.	The Chair reflected that IPC and Resus compliance were of high concern. There are an additional four areas below target – Moving & Handling, Safeguarding (Children and Adults), Diversity and Human Rights, and	

	Preventing radicalisation. In term of organisational compliance, Corporate appears to be a significant outlier, however some Corporate teams are at 95% compliance so the average is clearly masking some disparities. She noted that in the supervision paper there are sub directorate breakdowns to see hotspots and she requested this same approach is brought to bear on Mandatory Training. She invited colleagues to comment on Corporate compliance levels.	
h.	The HLD advised that there is a mismatch in the Corporate data set, clinicians in non-clinical roles for example; it is a large piece of work to unravel role by role and it does skew the results so we do not have a true picture of the statutory mandatory requirement and this is similar for supervision.	
i.	L&D is actively engaging with teams to review, Pharmacy for example had poor compliance but we worked with the team manager to streamline matrices and this has now improved.	
j.	A lack of time given to complete training is also an issue and some staff are unable to complete; in Estates, for example, it is difficult to find cover for housekeepers as there is no relief in budgets to allow time to release staff.	
k.	The Chair was assured of a sense of the work underway for Resus and IPC compliance will recover naturally. For Corporate, the inappropriate matrices issue has been identified and we need to allow time for staff training and not put our staff in the position of mandating an activity but then not making it possible for them to comply. The Chair asked for a timeline and to bring back to PLC. **Action: to note for workplan.**	**SI**
l.	The EDSP commented that once we have done the work on the operating framework, it would be helpful to have a breakdown of the organisational units that are covered by Corporate, as this will be more meaningful.	
m.	The CPO supported the idea for Corporate not to be grouped as one large group but explained it is not straightforward to disaggregate teams. We need to take time and understand how to break this down.	
n.	The Chair commented it was good that supervision and statutory and mandatory training were both included and invited the CPO to decide when to bring back to PLC for a progress update incl. sub-Directorate breakdown. She noted this is not intended as a punitive measure but rather to ensure we understand and address barriers which prevent colleagues undertaking training we describe as mandatory.	
o.	The Chair observed that the Medics' regime is not included and originally had asked for this to provide a complete overview and requested the CPO to	

	ensure that this is included. **Action: HLD to add to next update working with HR colleagues in Medical workforce.**	**BE/AC**
12.	**Wellbeing Guardian Responsibilities Report** a) To provide assurance to the Guardian and to the Board that: - The Organisation understands its Wellbeing obligations - there is a plan of action to deliver these obligations - progress is monitored and corrective action undertaken where necessary - current and target levels of staff wellbeing within the Trust and how these compare with sister Trusts	
a.	The Chair advised that the paper is taken as read and invited questions.	
b.	The CPO commented that one struggle is how the Guardian can provide challenge to the Board? Referring to this gap and the evidence under principle 9, we need to consider how we address this gap in relation to evidence?	
c.	The Chair reported that at Board level we are taking staff health and wellbeing into account but the challenge is evidencing that. The recent formal Board workshop session on FTSU was a helpful, concentrated opportunity for the Board to consider this aspect.	
d.	The Chair referred to the draft Wellbeing strategy (page 4) and suggested it would be helpful to formulate and take to the Board as a way of stimulating a more reflective conversation. The DDCA agreed to work with HOD and CPO offline to progress. **Action: to progress offline**	**BC/JS/CDS**
e.	The Chair referred to the Wellbeing Guardian Responsibilities paper, and specifically to the evidence listed in principles 2 and 6, which states data are triangulated and suggested showing an example of this triangulation. She stated that she is aware of looking at hotspots for Quality, but where is this explicitly being done for Wellbeing and how do we evidence that?	
f.	The Chair noted that the food strategy is also referenced, the provision of hot food for staff is important and asked the CFO when PLC can expect an update?	
g.	The CFO explained that steps have been taken to improve the hot food provision, hot vending at the Whiteleaf Centre for example. She advised that it is a struggle to take this forward as the Director of Estates is currently absent and there is a resource capacity impact on team and she expected to be in a position to update in the new year.	

h. **i.**	Food provision was discussed at a recent Board away day as one of the corporate offers linked to our support to staff; this will be a recurrent cost and funding and savings will need to be considered. We will need to be mindful of the realism attached to the implication of an offer. In terms of the next steps, the Chair proposed to provide a cover note and paper to the Board for assurance of staff welfare and would include details of the offer of support from DDCA around evidencing, the overarching health and wellbeing strategy and the CFO's reference to the food strategy. **Action for Chair and CPO to provide to Board**	 **MS/CDS**
13. **a.** **b.** **c.** **d.**	**Clinical Excellence Awards** To provide: a. Recommendations for 2023/24 b. Direction of travel ahead of new Policy implementation for 2024/25 The Chair advised the paper received was for information only. In the absence of national guidance, the paper recommends the retention of equal distribution for the 2o23/24 round. The Head of HR Policy, Reward and Projects (HHRPRP) advised the next steps would be to seek views from the Medical Advisory Committee (MAC) to consider alternatives before deciding whether to move to a competitive round for 2024/25. In terms of timescales, as the next PLC is in January, a decision would need to be taken quickly in order to take to PLC and to Board before April 2024, as any changes in policy would need to be communicated to the consultant body before the start of the new financial year. The HHRPRP will progress work with Dr Kezia Lange, Deputy CMO and offline will take to the MAC Chair. The CPO advised we may need to circulate outside of the Committee if the date isn't achievable and may be a contentious issue. The Chair noted this and indicated that circulation outside of a meeting would be acceptable. The HHRPRP reported there is no further BMA Industrial Action planned.	
14.	**Leadership development, to also reference Messenger review of leadership in NHS / Support to develop multidisciplinary team/service leadership** To Assure: - Clarity of leadership 'ask' and target state - Trust-wide models/language/concepts - Leadership development offer - Delivery programme	

a.	The Chair reminded members of the mapping work undertaken; although a lot of work has been done, it was difficult to navigate the Trust's leadership development offer and she wished to understand our approach going forward and the request for approval of adoption of the NHSE framework.	
b.	The Chair advised that the paper was taken as read.	
c.	The HLD explained that until now this hadn't been brought together, the recent deep dive into training had led to plans to look at our leadership offer and explained the benefits of adopting NHSE's "Our Leadership Way" as this is linked to the leadership academy and the NHS People Plan.	
d.	The CFO agreed with the approach to follow NHSE standards and was supportive of being part of the academy but questioned the context of the training and the expectations around the training and product content.	
e.	The HLD explained that the plan would be to use this as a behavioural framework, with five clear leader levels – aspiring, new team, service, senior and executive with a framework for each level. It is important to also consider how we develop a coaching and mentoring offer for each level; to increase the longer term programmes such as apprenticeship and to also look at our non-accredited programs – the management toolkit review for example. We need to think through where we pitch the proposal of a leadership offer. The difficulty will be unpicking what is meant under each level, looking at job roles for example, as this will be a large piece of work.	
f.	The CFO questioned if there is an existing training suite, an off the shelf product? The HLD advised that there are some we can use but would need to add in the specific detail and triangulate to meet our needs, there isn't a one size fits all product.	
g.	The CFO asked for assurance that cross checking will be done to ensure it does meet requirements of our strategy and culture. We have not yet had conversations around "everyone is a leader approach" for example not all staff wish to be a leader and we need to be mindful of the language and how we address that.	
h.	The EDSP commented that she was supportive of the planned approach as it is good to start at this level and take forward and develop; she also welcomes the approach around coaching and mentoring, and the offers available which will help address increasing equality of access.	
i.	The CPO commented on the context and agreed it was the correct approach to adopt the leadership way; if we don't adopt this, could be at risk of waiting for many more months for an updated offer from NHSE. It would be	

	beneficial for HLD to link with colleagues across BOB and particularly at Royal Berkshire Trust.	
j.	The Chair advised she would endorse adopting the Leadership Way, as this is a good piece of work. Building on the CPO's point, it would be good to check with our partners, BOB and BSW, to consider our system partners, and look to align.	
k.	The Chair cautioned against beginning with the 5 levels of leader. There is an important prior question which the Trust needs to answer around what acts of leadership does the Trust require, how these relate to our strategy and to our risks; only once this work is complete will we be ready to ask who is best placed to provide these acts of leadership, covering both individuals and teams, and then to understand what support they need to deliver them.	
l.	The HLD advised that this is in line with how our CPD funding is spent as we are not given guidance on how it must be used and it's not set strategically. We need to look at how CPD is allocated and consider what needs to be in place as a whole to include coaching and mentoring that is equitable for example. If this is a priority this is where funding should be allocated.	
m.	The Chair clarified that when she speaks about Strategy, she is referring to the Trust level strategy.	
n.	AY asked if we are clear on the "what, who and the how" and this question sits with the senior Trust leads, as discussed at Board earlier this week and the enabler work that was agreed; this needs to sit in that workstream and is where we see that progress.	
o.	The Chair confirmed it was agreed we would work on defining our cultural DNA to be able to equip our leaders – QI, restorative just leaders, kindness in action etc. we need to ensure we align this with our medical leadership that the CMO and deputy CMO, Dr Kezia Lange are looking at, it needs to be explicit in the Strategy.	
p.	The EMDPCDC reported that he had seen leadership strategy work well where it has been embedded into a wider set of activity such as PDRs, citing medical appraisals as an example, where there is a requirement for leadership activity in training and for 360 feedback. He explained how this works for GPs. As part of our QI training is an opportunity to develop leadership and the hubs are now set up; this can also be included in job plans and provide the opportunity for staff to develop the skills; we need to consider how we map this out to a strategy. The leadership levels model aligns with how the leadership structure in the Corporate directorate has been designed with service leaders and pathway leaders for example.	

q.	The Chair endorsed The EMDPCDC's call for a systemic approach to leadership development activity and the need to be embedded in our HR processes.	
r.	The CPO advised that it is not yet clear how quickly we will be able to progress the four enabling workstreams – where this sits is less well defined, noting with the CN's departure that the CPO and CEO will be leading, it may take longer to have that clarity and suggested that this could be brought back in January.	
s.	The HLD proposed that this is brought back in six months which would be an appropriate marker, other work is happening which will inform the framework and L&D are also looking at introducing senior leadership apprenticeships.	
t.	The Chair also asked for this work to align with the work being undertaken by the CMO and Deputy CMO. These leadership development elements must align and asked that the next update also include this element.	
u.	The Chair agreed the April PLC would be appropriate for a progress report and asked the CPO to confirm once she has discussed with the CEO. **Action: to add to Workplan**	**SI**
15.	**Establishment & Workforce planning** To Assure: a. Agreed establishments in all services/functions b. Congruence between different short-term and long-term workforce planning being undertaken via IQRA and Planning processes c. Trust view of short- and long-term workforce requirements and availability and how this is shared with Services and reflected in service change plans and Contract tendering	
a.	This item was updated in Actions. The Chair reemphasised the importance of this work and looked forward to it being brought to PLC at a future date.	
16.	**Highlight / Escalation Reports** Discussion/Questions	
a.	The Chair thanked Exec colleagues for their work in bringing together the five supporting sub-Committees and welcomed this first formal process to escalate topics to PLC from these Committees. She invited colleagues to ask questions and share reflections arising from the reports.	
b.	a. People Steering Group (HHRMHS) -taken as read.	

c.	b. Learning Advisory Group (HLD) - taken as read – there were no specific comments, however the Chair noted the desire of LAG for Service attendance.	
d.	c. EDI Steering Group (HOD) - The Chair noted the desire to begin considering how to progress other areas of EDI now the discovery phases on the Race Quality QI projects was complete. The Chair added a need for caution before energy is focused elsewhere, given we have yet to see traction on Race. She also noted the Committee's consideration of who manages and has accountability for multi-faith rooms and Estates issues.	
e.	The EMDPCDC observed that the work around Race is in discovery phase, but when this does move to an action phase, we will need to pick up with Estates and identify where support is needed.	
f.	The Chair requested that the papers identify chairs for each of the five Committees and that she would like to meet with them. **Action for CPO to follow up.**	**CDS**
g.	The CFO advised she has an overarching view on Estates and the decisions, we need to engage and this needs to be picked up. Executives to think around governance and support needed. The CFO and CPO to link with HOD.	
h.	d. HR Systems Program Board (HHRSR) – the Chair commented that it is good to see this move forward.	
i.	e. Health & Safety Committee (HHS) – The Chair advised of the need to have a deep dive into the safety of staff. The CFO requested this for April 2024. **Action: to add to workplan**	**SI**
j.	The Chair welcomed reflections and the CPO commented that we are in a much clearer position than previously in relation to the governance of work that feeds into PLC and that most of the Chairs are colleagues in HR team.	
17.	**Any other business** **Review of the meeting**	
a.	The Chair asked members to reflect on the meeting and to consider if we are addressing the right items; are the papers supportive of our deliberations, and do we have an atmosphere where colleagues can speak freely, including saying potentially difficult things?	

b.	The EMDPCDC advised he was pleased to see the leadership element, often the focus is on people and to some degree culture. One challenge is the volume of the papers received and the amount of data to read and it would be helpful to have some analysis and a summary instead.	
c.	AY agreed with the EMDPCDC who had raised an important point, it is difficult to read and absorb the information from all of the papers, we need to review to see if the balance is right from an operational and strategic perspective.	
d.	AY noted the high quality of the papers, but considering the conversations, should they perhaps be happening at Executive level.	
e.	The Chair thanked colleagues for their feedback, in particular she noted the point made about improving the presentation of analysis rather than raw data. Committee members should be providing support and challenges to the analyses and courses of action proposed rather than trying to formulate their own analyses from the raw data. In terms of operational vs strategic content, this would be good for the Board to consider, bearing in mind that sub-Committees are primarily charged with providing assurance to the Board.	
f.	The EMDPCDC advised that we have now reformulated the Joint Operational Management Team meeting (OMT) to a People OMT which the CPO now chairs and suggested that some conversations could be taken there instead?	
g.	The Chair agreed this was a positive step and that this should prompt fresh consideration of how to differentiate the work and roles of these groups; in addition, she would welcome thoughts around what further guidance we can offer colleagues when the Committee commissions papers. Although the papers are improving, we often receive operationally focused papers; how can we strengthen the learning cycle to feedback on papers and how they are developed and to consider should they be taken to Executives or to PLC.	
h.	The CPO agreed there is a need to review the workplan as it is ambitious for the remainder of the year. Looking at the agenda, on reflection perhaps the leadership item should have been taken to Executives. The majority of other items are now on the Executive agenda.	
i.	The Chair agreed is important to avoid repeat of conversations.	
j.	AY commented that in terms of the escalation reports, a composite paper might be more manageable; this is how the equivalent sub-Committees operate – QC considers if we can be more disciplined and decide if we need to bring something back or are we assured enough? The ToR relates to the risks to the organisation; the real added value is brought by looking at where	

	we do not have time and also wondered for the Committees are all operating in the same way?	
k.	The DDCA agreed there is some commonality and some asymmetry.	
l.	The Chair suggested that whilst the meeting is fresh in everyone's mind, we all reflect and she would welcome feedback offline.	
18.	**For information only – Papers in Reading room**	
a.	There were no comments made on the papers in the reading room. The Chair reminded PLC members that they are still formally part of the scope of attention.	
b.	The Chair wished to note she had enjoyed seeing the education report and at a future date would like to have a longer PLC discussion. **Action: to add to workplan.**	**SI**
c.	The Chair also commented that the six the 6-month report on Casework and employee relations is a significant step forward with more rigor and clarity. Of note however, is the disproportionate numbers of BAME staff in formal resolution. The CPO advised that this will be next brought back to the April PLC meeting if the data is available at that point, if not we would defer to July 2024. The Chair requested that once data is available will need to have a deep dive. **Action: to add to workplan**	**SI**
19.	**PLC Workplan (paper PLC54/2023)**	
20.	**Education Quality Report (paper PLC55/2023)**	
21.	**Employee Relations 6-monthly Report (paper PLC56/2023)**	
22.	**ER Suspended Staff Report (paper PLC57/2023)** a) To ensure that PLC has sight of numbers of staff currently suspended; and that their wellbeing is being supported	
23.	**Vaccinations update (Flu/Covid)** (paper PLC58/2023) a) To assure the Committee of arrangements that are in place.	
	Meeting close There being no further business the meeting closed.	**17:21**

Meeting of the Oxford Health NHS Foundation Trust Quality Committee

Minutes of a meeting held on Thursday, 07 September 2023 at 09:00

QC 58/2023
(Agenda item: 02)

virtual Microsoft Teams meeting

Present[1]:

Core members and attending Board members and deputies included in quorum

Andrea Young	Non-Executive Director (Committee Chair) (**AY**)
Geraldine Cumberbatch	Non-Executive Director (**GC**)
Britta Klinck	Deputy Chief Nurse (**BK**) *(deputising for the Chief Nurse)*
Karl Marlowe	Chief Medical Officer (**KM**)
Ros Mitchell	Clinical Director (Dental) and Deputy Chief Medical Officer (Patient Safety and Quality) (**RM**) *(deputising for the Executive Managing Director of Primary, Community & Dental Care)*
Kerry Rogers	Director of Corporate Affairs and Company Secretary (**KR**)
Heather Smith	Chief Finance Officer (**HeS**)

In attendance[2]:

Katrina Anderson	Service Director, Oxfordshire & BSW Mental Health Directorate (**KA**)
Brian Aveyard	Risk Assurance and Compliance Manager (**BA**)
John Campbell	Head of Nursing, Community Services (**JC**)
Laura Carter	Head of Service Change and Delivery (**LC**)
Natalie Cleveland	Associate Director of Nursing, Oxfordshire & BSW Mental Health Directorate (**NC**)
Gillian Combe	Clinical Director for the Thames Valley CAMHS Provider Collaborative (**GC**) - *part meeting*
Lynda Dix	Associate Director of Nursing, Forensic Services (**LD**) - *part meeting*
Rami El-Shirbiny	Clinical Director for Forensic Services (**RES**)
Angie Fletcher	Associate Director of Quality Improvement & Clinical Effectiveness (**AF**) - *part meeting*
Julie Fulea	Associate Director of Nursing, Buckinghamshire (**JF**) - *part meeting*
Rose Hombo	Deputy Director of Quality (**RH**)
Jane Kershaw	Head of Quality Governance (**JK**) - *part meeting*
Lisa Lord	Head of Safeguarding (**LL**) - *part meeting*

[1] Members of the Committee. The membership of the committee will include executive director members and at least two non-executive directors. The quorum for the committee is five members to include the chair of the committee (or the vice chair of the committee in their absence), one non-executive and one executive director. Deputies will count towards the quorum and attendance rates. Deputies for the chairs of the quality sub-committees (the named vice chair of the sub-committee) will attend in an executive's absence. Non-executive director members may also nominate a non-executive deputy to attend in their absence.

[2] Regular non-member attendees and contributors.

Michael Marven	Chief Pharmacist and Clinical Director for Medicines Management (**MM**) - *part meeting*
Stephanie Oldroyd	Clinical and Professional Lead for Psychological Therapies (**SO**) - *part meeting*
Jeff Parker	Service Manager, Adult Services, Oxfordshire & BSW Mental Health Directorate (**JP**) - *part meeting*
Catherine Sage	Head of Service, Urgent Care/Social Care/Adult Eating Disorders, Oxfordshire & BSW Mental Health Directorate (**CS**) - *part meeting*
Hannah Smith	Assistant Trust Secretary (**HaS**) (Minutes)
Bill Tiplady	Director of Psychological Professions (**BT**)
Vanessa Raymont	Director of Research & Development (**VR**) - *part meeting*
Helen Vincent	Senior Programme Manager (**HV**)
Debbie Walton	Associate Director, Adult and Older Adult Integrated Care Pathway and Community Mental Health Framework, Oxfordshire & BSW Mental Health Directorate (**DeW**) - *part meeting*

Observers:

David Clark	Non-Executive Director
Nyarai Humba	Governor representing Patients/Carers

1.	**Apologies for Absence**	**Action**
a	Apologies for absence were received from the following Committee members/Board members: Amélie Bages, Executive Director of Strategy and Partnerships; Rob Bale, Executive Managing Director for Mental Health & Learning Disabilities; Marie Crofts, Chief Nurse; Charmaine De Souza, Chief People Officer; Grant Macdonald, Chief Executive; Ben Riley, Executive Managing Director of Primary, Community & Dental Care; and David Walker, Trust Chair.	
b	Apologies for absence were noted from the following regular attendees: Jude Deacon, Director of Forensic Mental Health; Tina Malhotra, Clinical Director, Buckinghamshire Mental Health; Pete McGrane, Clinical Director, Community Services; Neil McLaughlin, Trust Solicitor and Risk Manager; Kirsten Prance, Associate Clinical Director and Service Director, Learning Disabilities; and Helen Ward, Head of Quality, BOB ICS representative.	
c	The Chair confirmed the meeting was quorate.	
2.	**Minutes of the Quality Committee on 13 July 2023 and Matters Arising**	
a	The Chair welcomed all to the meeting.	
b	The minutes at QC 42/2023 of the Quality Committee meeting on 13 July 2023 were confirmed as a true and accurate record.	
	Matters Arising	
c	The Committee noted that the following action (from May 2023) had been completed and was on the agenda: 11(c) forensic restraint reporting.	

d	The following action (from July 2023) was on hold: 14(c)&(e) for Board Assurance Framework (**BAF**) risk 3.1 (shared planning and collaborative work with partners) to consider governance of Provider Collaboratives, pending evidence of how well processes were working further to recently included controls and actions.	
QUALITY STRATEGY		
3.	**Quality Account – update on Objectives**	
a	Rose Hombo, Deputy Director of Quality, presented the update on the Quality Account objectives for 2023-24 at paper QC 43/2023 and took the meeting through progress against the 10 quality objectives identified (as set out in more detail in the report). She highlighted the ongoing impact of the clinical systems outage, further to the cyber-attack upon a third-party supplier to the Trust last year, in particular to the data sources for objectives around: (i) management of pressure damage; and (ii) measuring and capturing outcomes in Mental Health services. As a result, the Trust was still not able to submit national data set information for Commissioning for Quality and Innovation (**CQUIN**) indicators, especially as development of the replacement software systems was ongoing. The Buckinghamshire, Oxfordshire and Berkshire West (**BOB**) Integrated Care System (**ICS**) was aware and was receiving monthly updates and audit results as the Trust was able to submit data at a local level even if not nationally. Britta Klinck, Deputy Chief Nurse, added that work was progressing to develop the replacement systems but whilst this was ongoing, it had impacted reporting and data capture.	
b	The Deputy Director of Quality and Bill Tiplady, Director of Psychological Professions, provided updates on: • the pilot of Trauma Risk Management (**TRiM**) to support staff who may be affected by a potentially traumatic event, as part of the quality objective to support staff wellbeing and build resilience through TRiM work. TRiM included proactive and preventative elements to support staff to respond to trauma, including peer to peer screening and looking for early warning signs of the impact of trauma. Anecdotal feedback on TRiM had been positive from staff in forensic services who previously may not have accessed this kind of support; • Routine Clinical Outcome Measurement as an area for development in the delivery of Mental Health services. Although work had been underway for some time on this, this had also been impacted by the clinical systems outage as outcome measurements required technological enablers including the ability to report on data. The Director of Psychological Professions cautioned that implementation would represent cultural change and would require dedication and persistence over time; and • the quality objective to improve physical healthcare for people with a serious mental illness via cardiovascular assessment, monitoring and supporting healthy lifestyles. The Lester screening tool was being used to monitor cardiovascular function for patients but reporting of completion rates for use of this tool had been impacted by the clinical systems outage. However locally reported data from directorates had indicated that more physical health clinics were being offered, which was positive.	

c	David Clark, observing Non-Executive Director, voiced his support for TRiM and the ongoing development of Routine Clinical Outcome Measurement, especially the use of Patient Reported Outcome Measures (**PROMS**) which all trusts were encouraged to use. The Director of Psychological Professions acknowledged David Clark's expertise in post-traumatic responses. The Chief Medical Officer added that: (i) the implementation of PROMS was also being overseen in detail through the Clinical Effectiveness Decision Group; and (ii) physical health checks were also being reported by the Trust to the BOB ICS as part of health inequalities reporting.	
d	The Chair commented that the Trust had set itself ambitious quality objectives and therefore had a considerable amount to achieve. It was also significant that 5 out of the 10 quality objectives were being affected by the impact of the clinical systems outage and although this was not preventing productive activity from taking place, the Trust's ability to measure that activity was being hampered. This would also be relevant to consider when the meeting later discussed waiting times and the impact of the clinical systems outage upon the Trust's ability to measure waiting times.	
e	**The Committee noted the report and the impact of the clinical systems outage upon the quality objectives and other outcome measurements.**	
SAFETY & EFFECTIVENESS		
4.	**Quality and Clinical Governance Sub-Committee (QCG-SC) escalation report including Quality and Safety Dashboard**	
a	The Deputy Chief Nurse presented the report at QC 44/2023 which provided a QCG-SC highlight report and the Quality & Safety Dashboard. She highlighted 4 areas for escalation from the QCG-SC: • shortage of substantive nursing, medical and therapy staff across the Trust – no clinical teams were unaffected by this; • timely access to treatment and services, which had also been impacted by the increase in demand for services over the last 3 years. She commented upon the significant amount of pressure on Mental Health inpatient beds and noted that although this was also reflected nationally, the pressure was sustained and had been for some months; this was also a red-rated risk on the BAF at risk 1.5. There was also increased demand for Community services and Minor Injuries Units had reported an increase in Patient Safety Incidents (**PSIs**) during Q1 related to delayed treatment or diagnosis; • booking of temporary/agency staff further to the transition from the internal bank staff system to the systems administered by two external providers. This issue also impacted upon ability to provide assurance on safe staffing; and • safe staffing across Child & Adolescent Mental Health Services (**CAMHS**) wards and the provision of staff for the new Psychiatric Intensive Care Unit (**PICU**)/the new Meadow Unit. Ability to staff the PICU had long been acknowledged as a significant project risk and plans had been put in place to mitigate the risk by moving staff from the Highfield Unit to the Meadow Unit, these were being enacted and in such a way as to ensure that both units could function safely.	

b	The Deputy Chief Nurse reported positively on: • some improvement in compliance with mandatory training and clinical supervision although performance was not yet at target; and • the introduction of new policies focused on reducing restrictive interventions, such as the new Use of Force policy and the new Managing Blanket Restrictions policy. Other supporting policies had been reviewed and revised on seclusion, long term segregation and physical restraint. A new Positive and Safe strategy was also being developed.	
c	The Deputy Chief Nurse commented upon teams which had reported an increase in PSIs and reported that plans were in place for all of these to be reviewed. She reported on the transition to the national Patient Safety Incident Response Framework (**PSIRF**), as set out in more detail in the report, and explained that the Trust's new local Patient Safety Incident Response Plan (which was provided in draft with the proposed local safety areas for focus) was presented for approval prior to sharing with commissioners.	
d	The Deputy Chief Nurse also highlighted from the report that oversight and monitoring of quality of care was still impacted by the clinical systems outage as data was not yet available for analysis from the replacement systems. She cited as examples of affected reporting: waiting times; 72-hour follow-up after inpatient discharge; physical healthcare (completion of the Lester tool and NEWS2); and tobacco dependency Quality Improvement work. In mitigation of the risks that this could present, there was local oversight of these areas and she and the Head of Patient Safety had been working on introducing Trust-wide clinical harm reviews.	
e	The Deputy Chief Nurse referred to the Quality & Safety Dashboard and drew the meeting's attention to the wards and teams which were highlighted on page 1 as on the alert list or as having moved to the 'keep a watching eye' list; issues on inpatient wards related to fill rates and vacancies but assurance on safety for these wards was provided through local situation reports and escalation plans, amongst other means. She also acknowledged that the GP Out Of Hours service was carrying vacancies but added that transformation work was taking place. Although District Nursing teams were not currently an area of concern, demand remained high and was increasing.	
f	The Chief Medical Officer commented positively upon the increase in green-rated areas in the Quality & Safety Dashboard. He also reported briefly upon the work of the Mental Health & Law Committee in supporting the development of the new Use of Force policy.	
g	The Chair reflected upon the 4 areas of escalation from the QCG-SC noting that sustained pressure upon Mental Health inpatient beds should also be highlighted as part of the issue around timely access to services.	
h	**The Committee APPROVED the local safety areas set out in the report for focus in the Trust's new local Patient Safety Incident Response Plan, which was a pre-requisite for transitioning to the national Patient Safety Incident Response Framework (PSIRF), prior to sharing with commissioners.**	

i	**The Committee noted the escalation from the QCG-SC of: (i) shortage of substantive nursing, medical and therapy staff across the Trust; (ii) timely access to treatment and services, including sustained pressure upon Mental Health inpatient beds; (iii) booking of temporary/agency staff; and (iv) safe staffing across CAMHS wards and the PICU.**	
5.	**Restrictive Practice review for the Forensic Service**	
a	Lynda Dix, Associate Director of Nursing, and Rami El-Shirbiny, Clinical Director for Forensic Services, presented the report at paper QC 45/2023 and took the meeting through their supporting presentation on restrictive practice activity across the Forensic Service. The Associate Director of Nursing reported that although last year the service had been an outlier against national benchmarking and when compared to the rest of the Provider Collaborative, there was a clear understanding of the reasons for higher levels of restrictive practice and restraint; work had also taken place to improve the situation. The service was moving in the right direction and there had been a significant reduction in use of restraint and prone restraint, such that the Trust was no longer outlier, and seclusion rates had also reduced overall. Although seclusion rates had reduced, the Trust and one other provider remained the highest users of seclusion across the Provider Collaborative. However, the reasons for this were understood and were driven by levels of seclusion in particular wards, as set out in more detail in the report.	
b	The Associate Director of Nursing took the meeting through the specifics of the ward which had the highest rate of seclusion, noting the challenge in increasing levels of violence and aggression in female services but which were often linked to self-harm; this was challenging for staff who needed to intervene in order to prevent self-harm but upon intervening they could be subject to violence and aggression which would then lead to the use of seclusion in preference over restraint. She also took the meeting through the use of seclusion on three other wards, noting the maintained reduction in the use of seclusion and the positive impact of opening to new facilities to support alternatives to seclusion, such as de-escalation space. In relation to the ward with the highest rate of seclusion, she reported that there was a capital project to provide a better environment on that ward and she explained that the ward had also formerly had a complex patient who had been subject to frequent restraints, the majority of which were low-level holds, which had significantly increased the number of restraints reported. Since the transfer of this patient out of the service, the Trust had reported similar numbers of restraints as other network partners, despite having more beds.	
c	In response to a question from Geraldine Cumberbatch on whether the Trust was becoming a receptacle for challenging patients and whether there were reasons why they were not also at other facilities, the Associate Director of Nursing confirmed that there were clear reasons for each individual case and some units and providers were not best placed to handle patients with a combination of complex physical health needs, violence, aggression and self-harm. Each case was reviewed and there was also discussion across the Provider Collaborative network where appropriate.	

d	The Clinical Director for Forensic Services added that the Trust, as lead provider in the Provider Collaborative for secure inpatient care, had a role to oversee all the regional secure beds and to act as the default provider if all the other units were unable to admit a patient. There were also potentially complex reasons why there may appear to be a concentration of acuity in the area. In response to a question from the Chief Finance Officer on what could be done to reset the balance of skills, capacity and experience amongst the providers in the network, he noted that this may be possible now that another provider had recently undergone a refurbishment and reconfiguration which should enable them to transition from providing a rehabilitation unit to a low secure unit.	
e	The Chair asked whether the Operational Pressures Escalation Levels (**OPEL**) Framework scoring, used in the acute and emergency care sector, could be used to assess the level of risk which was associated with particular patients. The Associate Director of Nursing replied that some work on this was already taking place within the service and consideration was being given to whether it could be introduced across the network via a daily dashboard. John Campbell, Head of Nursing for Community Services added that work was anticipated to commence on how to develop an integrated understanding around OPEL scoring and an associated dashboard between Community and Mental Health services.	
f	**The Committee noted the report and the assurance which had been provided, further to the action from its meeting in May 2023.** *The Associate Director of Nursing and the Chief Pharmacist left the meeting. The Director of Research & Development joined the meeting.*	
6.	**Community Mental Health Services (Oxfordshire & Buckinghamshire) deep dive** ***Oxfordshire Community Mental Health Framework***	
a	Katrina Anderson (Service Director for the Oxfordshire & BSW Mental Health Directorate) and Debbie Walton (Associate Director, Adult and Older Adult Integrated Care Pathway and Community Mental Health Framework) took their slides at Paper AC 46(i)/2023 as read. Debbie Walton highlighted that there had been co-production with experts by experience on the delivery of the service from the beginning and there were already 2 Keystone Mental Health and Wellbeing Hubs in place in Banbury and Abingdon and progress was being made on setting up 8 Primary Care Mental Health teams based in 8 Keystone Hubs across Oxfordshire. These would be easily accessible for people to walk in and seek help and the Hubs would provide fully integrated Mental Health care at a local level for people experiencing serious mental illness as well as providing for the health and wellbeing needs of the local community. The team was also using the EMIS system so as to link more closely with Primary Care. She emphasised partnership work which was taking place with local and national charities to increase provision across Oxfordshire and drew the meeting's attention to the many interventions on offer across Hubs and Mental Health services in general (including clinical and social interventions, support and advice and training offers). The Hubs would become single points of referral for all routine referrals; currently all referrals were being triaged and assessed within 2 weeks. She added that Quality Improvement (**QI**) work was also ongoing in relation to co-produced care planning and this was being piloted across some teams in Oxfordshire.	

	Oxfordshire Crisis Resolution and Home Treatment (CRHT) Team	
b	Catherine Sage (Head of Service, Urgent Care/Social Care/Adult Eating Disorders) took the slides at Paper AC 46(ii)/2023 as read and highlighted that progress was being made on developing a full fidelity CRHT model; phases 1 and 2 were complete and there was full CRHT provision in the city but there was a significant investment shortfall against what would be required for countywide full fidelity CRHT and there were recruitment challenges especially for Band 6 staff. Although the team was carrying vacancies, they were able to maintain a reasonable case load size and a good standard and quality of care. Mental Health Investment Standard funding had been received and would support an extension of the Home Treatment offer in Oxfordshire; the recruitment process would commence shortly. She added that there was an established QI project around improving communication in the team, especially in relation to handovers, and an additional QI project around reducing incidences of missed appointments.	
	Buckinghamshire Community Mental Health Framework	
c	Julie Fulea (Associate Director of Nursing for Buckinghamshire), Stephanie Oldroyd (Clinical and Professional Lead for Psychological Therapies) and Jeff Parker (Service Manager) presented their slides and provided an overview of: • the Buckinghamshire Adult Gateway – to develop a single point of access service for Adults and Older Adults; • the Buckinghamshire Primary Care Mental Health Hubs – there were 3 Hubs in Buckinghamshire and, similarly to Oxfordshire, these linked with Primary Care Networks; • the Rehabilitation Service – to enable patients with psychosis to be supported in the community. A workforce model had been developed and was being recruited to; • the Personality Disorder pathway – an integrated pathway was being considered so that patients could be offered timely and standardised care; and • the Eating Disorder pathway – including delivery of system-wide training on Eating Disorders. They also highlighted Community Mental Health Framework successes including a reduction in referrals to the Community Mental Health Team (**CMHT**) from using the Gateway and the pharmacy advice and guidance line.	
	Buckinghamshire CRHT Team	
d	Jeff Parker (Service Manager) explained that the Buckinghamshire CRHT was in a different position to Oxfordshire as it was fully funded. However, it needed to free up Crisis capacity by redirecting more referrals into the CMHT. There were plans to address this over the next few months with project support joining the team; the aim was for more of these assessments to sit in CMHT than CRHT by January 2024. QI projects were currently ongoing in relation to: engaging and communicating effectively with carers at the start of treatment; involving carers in discharge; risk assessments and safety planning; and effective management of the Personality Disorder pathway.	
e	The Chair thanked the Oxfordshire and Buckinghamshire teams for the slides which presented a picture of significant capacity building. The meeting commended the breadth of work which was taking place, with innovative approaches to support patients	

	to access the right services first time around. **Action to circulate the Buckinghamshire Community Mental Health Framework and CRHT slides after the meeting.**	**HaS**
f	Further to a request from the Chair, the Chief Medical Officer summarised the Trust's approach to the Community Mental Health Framework. Although previous investment in Mental Health services had created many specialist teams, this fragmentation had not improved patient care. The Community Mental Health Framework sought to achieve continuity of care as close as possible to patients' localities and linked to Primary Care and third sector organisations. He emphasised the importance of not creating more fragmentation as services were transformed otherwise even more time would be spent upon triaging patients and determining which services should see them. The aim was also to provide more local, and greater access to, services so that people did not have to travel to hospitals; ultimately this would help to reduce bed usage and length of stay.	
g	**The Committee noted the reports and the presentations.** *Julie Fulea, Stephanie Oldroyd, Jeff Parker, Catherine Sage and Debbie Walton left.*	
7.	**Research and Development (R&D) update**	
a	The Director of R&D presented the report at QC 52/2023 and highlighted that the R&D team had established Standard Operating Procedures for research trial and study set up. She also commented upon changes in national research infrastructure and the importance of fast translation of research into service change. The Trust was relatively unique in supporting the set up of a number of research clinics which helped to leverage research into service change as early as possible, for example (details in the report): • the Oxford Brain Health Clinic – joint governance had been established between the Trust and the University of Oxford to support data sharing and provide for feedback of results directly into relevant patient records. Other clinics were hoping to learn from this; • the Oxford Psychological Interventions in children and adolescents (TOPIC) Research Clinic (AnDY); • the Baseline Biomarker Check (BBC) study for all patients with psychosis (standardised, brief cognition and imaging, physical and blood tests); • Community Clozapine clinic; • TUNE-UP (Treating Unmet Needs in Psychiatry) cognition in psychotic disorders clinic; and • Treatment-resistant depression clinic.	
b	The Chief Finance Officer emphasised the importance of the above research clinics and prioritising the cycle of learning and innovation and tying this into services. This would support the case for more investment in research and achievement of Strategic Objective 2 on being a great place to work.	
c	David Clark asked whether there were plans to develop a Virtual Reality clinic further to research on paranoid psychosis. The Director of R&D and the Chief Medical Officer confirmed that this was being considered. Bill Tiplady, Director of Psychological Professions, added that a post was currently being recruited to which would develop a Virtual Reality clinic model across services.	

d	**The Committee noted the report.** *The Director of R&D left the meeting.*	
8.	**Compliance and Regulation: Care Quality Commission (CQC) Compliance and Regulation update and the Integrated Governance Framework**	
a	The Committee took the reports as read at QC 47-48/2023. The Deputy Chief Nurse highlighted the CQC prison visits in the report at QC 47/2023 and that positive feedback had been received even for services which were under pressure.	
b	**The Committee noted the reports and that the refreshed Integrated Governance Framework would be brought back to the Committee for review.**	
9.	**Clinical Effectiveness: Clinical Effectiveness Decision Group (CEDG) and Clinical Audit and NICE Q2 interim update**	
a	The Committee took the report at QC 49/2023 and the CEDG minutes and actions in the Reading Room at RR/App 10/2023 as read and noted that these triangulated with matters already discussed at the meeting. **Action to circulate the Clinical Audit and NICE Q2 interim update slides after the meeting**.	**HaS**
b	**The Committee noted the report.** *The Associate Director of Quality Improvement & Clinical Effectiveness left the meeting.* *The meeting took a break for 10 minutes over 11:00-11:10.*	
LEARNING FROM PATIENTS, FAMILY & CARERS		
10.	**Experience and Involvement report**	
a	Rose Hombo, Deputy Director of Quality, presented the report at QC 53/2023 which provided an overview of involvement work and activities over May-August 2023. She highlighted the delayed relaunch of the 'I Want Great Care' survey which would impact upon the timeliness of the use of lessons learned to change patient and carer experiences. The Chair asked when reporting against outcomes in the recently approved Experience & Involvement Strategy might be available. The Deputy Director of Quality replied that tracking against the outcomes in the Strategy should commence around November 2023.	
b	The Committee reviewed a question submitted by Nyarai Humba, observing Governor, using the 'Chat' function. She had asked whether the Trust had policies to protect patients and carers of colour from racism from staff members (she noted that the Trust already had policies to protect staff of colour from racism from patients, carers or the public). She also asked what the Trust was doing to reduce the gap in health outcomes between white patients and patients of colour. She recommended the Triangle of Care as tool to help to reduce this gap by enabling the production of individualised and culturally appropriate care. She asked why the Trust was not implementing the Triangle of Care.	

c	The Deputy of Director of Quality responded and referred back to her Quality Account report at paper QC 43/2023 and as discussed earlier in the meeting at item 3 above. She referred to pages 15-17 in the report for the Quality Aim to improve working with families through embedding the Triangle of Care across the Trust and the update on page 16 for the work currently underway on this. She noted that she had a programme plan for the Triangle of Care which she would be happy to share with Governors and that Governor input would be a welcome and necessary part of this. **Action to update Governor Nyarai Humba after the meeting of the response provided by the Deputy Director of Quality and invite her to discuss further at the upcoming Council of Governors' meeting in September 2023 or to schedule a separate meeting to discuss.**	**HaS**
d	**The Committee noted the report.**	
POLICIES & GOVERNANCE		
11.	**Provider Collaboratives – reporting and governance**	
a	Gillian Combe, Clinical Director for the Thames Valley CAMHS Provider Collaborative (**TVPC**), joined the meeting and presented the report at QC 54/2023 on the closure/decant of Taplow Manor (all patients had been found alternative care packages). TVPC had been managing an enhanced quality oversight programme of Taplow Manor further to CQC inspections. Taplow Manor had been the largest CAMHS Tier 4 provider in the South of England and the system was already under pressure. The Chair asked whether the Trust, as lead provider, was taking on more high acuity patients as a result. The Clinical Director replied that this was being managed through the local system and, despite the closure of Taplow Manor, the Trust had maintained a low number of inappropriate Out of Area Placements and low levels of restraint in CAMHS units.	
b	**The Committee noted the report.** *The Clinical Director for TVPC left the meeting*.	
12.	**Safeguarding Service annual report 2022/23**	
a	Lisa Lord, Head of Safeguarding, joined the meeting and presented the Safeguarding Service annual report at QC 55/2023. She highlighted the increase in demand and high levels of referrals to the service. During the reporting period, the Safeguarding Service had: restructured and become a more integrated adult and children service; prioritised input into the Multi Agency Safeguarding Hub (**MASH**) which already covered Oxfordshire and Buckinghamshire and was looking into increasing links with the Wiltshire and Swindon MASHs; participated in multiagency audit work as part of its role in Safeguarding Partnerships/Boards or in partnership with other health providers; participated in the Trust's peer review programme; and reviewed internal audits completed by clinical services for any Safeguarding concerns (no matters of significance had needed to be escalated). The Chair commented upon the impact upon resourcing in the team of taking on more work with the MASHs in Wiltshire and Swindon. The Head of Safeguarding acknowledged this and confirmed that recruitment was being finalised.	

b	The Deputy Chief Nurse noted that it was positive that staff were contacting the Safeguarding Service and seeking advice. She asked what the contact tended to be about. The Head of Safeguarding replied that the top reasons for contact were: emotional abuse; neglect; domestic abuse; and general requests for guidance.	
c	The Chair thanked the Head of Safeguarding and commended the outstanding service which was being provided to staff and partners across the health and social care system.	
d	**The Committee RECOMMENDED the Safeguarding Service annual report 2022/23 to the Board for final approval and was assured that systems were in place to protect service users from abuse and improper treatment.** *The Head of Safeguarding left the meeting.*	
13.	**Strategic Dashboard draft proposal**	
a	Helen Vincent, Senior Programme Manager – Strategic Delivery, and Laura Carter, Head of Service Change and Delivery, presented the report at QC 56/2023 and explained that the Objective Key Results included in the Integrated Performance Report (**IPR**) to the Board were being reviewed in order to: give more strategic focus to the IPR and the Annual Planning process; and better define what the Trust wanted to achieve by the end date of its current Strategy, March 2026. For each of the current 4 Strategic Objectives, the lead Executive and Non-Executive Director had participated in defining an ambition and outcome measures; ultimately the final outcome measures would be brought together in a Strategic Dashboard to sit at the front of the IPR. The draft proposed Quality and Research ambitions and outcome measures were presented for the Committee's review.	
b	The Chair recommended that the outcome measures be kept to a measurable few, rather than being overly ambitious and risking not making progress; reporting should also be streamlined rather than added to. The Deputy Chief Nurse suggested measuring positive activity which was recognised as improving patient safety (such as fewer vacancies, activities on wards, one to one time and access to Crisis services) rather than just negative outcomes such as patient safety incidents. David Clark supported distinguishing between process measures and outcome measures and setting these out separately as process measures could be assessed in order to identify which might lead to change and the achievement of better outcomes.	
c	**The Committee noted the report and supported the draft Quality and Research ambitions and outcome measures.**	
14.	**Operational and Strategic Risks: Trust Risk Register (TRR) and Board Assurance Framework (BAF): deep dive BAF 3.1**	
a	The Assistant Trust Secretary presented paper QC 57/2023 and outlined that the Committee was being asked to: • consider BAF 4.1 (Failure to realise the Trust's R&D potential) in light of the on-going impact of the clinical systems outage, updates to the risk and whether the current 'likelihood' rating should be increased;	

	• consider other areas of potential related risk to explore, such as assurance around visibility of waiting times and risks in implementing/transitioning to replacement Electronic Patient Record systems; • approve taking ownership of TRR 1144 (Montreal Cognitive Assessment Tool risk) from the QCG-SC at the reduced risk rating recommended by the QCG-SC; and • review the TRR and BAF risks for which it was the monitoring committee.	
b	The Committee reviewed BAF 4.1 (Failure to realise the Trust's R&D potential). The Chief Medical Officer reported that mitigations had been put in place to work around the acknowledged delay in the implementation of replacement Electronic Patient Record systems and the Trust had also been open and transparent with its research funders. The Chief Finance Officer commented that it was important that the data issue around R&D was escalated to the Committee's attention although the relative likelihood was a matter of judgement. The meeting considered common themes and related risks across the BAF and TRR in relation to: reporting on waiting times; quality of clinical data; and requirements for local and national information reporting. The Chair reminded the meeting of the discussion earlier at item 3 above of the ongoing impact of the clinical systems outage upon reporting of quality objectives in the Quality Account.	
c	The Chair asked the Chief Finance Officer to consider: (i) whether the data gap risk following on from the clinical systems outage was sufficiently articulated in the BAF, noting that the data gaps were becoming apparent in the R&D risk at BAF 4.1 as well as in issues with reporting around demand and capacity and waiting times; and (ii) whether there were ongoing risks to operational delivery in implementing/transitioning to new Electronic Patient Record systems.	**HeS**
d	The Committee considered whether to change the current risk rating of BAF 4.1. The Chief Medical Officer suggested not changing it as the mitigations were taking effect and patients were participating in clinical trials; the overarching risk may not be any more likely to crystallise. The Committee agreed.	
e	**The Committee noted the report, confirmed that the current risk rating of BAF 4.1 should remain unchanged and APPROVED taking ownership of TRR 1144 (Montreal Cognitive Assessment Tool risk) from the QCG-SC at the reduced risk rating recommended by the QCG-SC.**	
15.	**AOB**	
a	The Committee noted that World Suicide Prevention Day was on 10 September 2023 and World Patient Safety Day was on 17 September 2023.	
16.	**Review of the meeting**	
a	None took place.	
	Meeting close: 12:05 **Date of next meeting:** 09 November 2023 at 09:00 via Microsoft Teams	

Meeting of the Quality Committee

Thursday, 09 November 2023
09:00 - 12:00
Microsoft Teams virtual meeting

(live video streaming – invitation only)

Apologies to nicola.gill@oxfordhealth.nhs.uk

AGENDA

			Indicative Time
1. Apologies for Absence and quoracy check[1]		AY	09:00
Minutes and Matters Arising			
2. Minutes of the meeting of the Quality Committee on 07 September 2023 and Matters Arising (paper – QC 58/2023)	*To confirm & report matters arising*	AY	
Safety			
3. Quality and Clinical Governance Sub-Committee (QCG-SC) escalation reporting including: a. Quality and Safety Dashboard (paper – QC 59/2023) b. Safe staffing report (paper – QC 60/2023) c. Patient Safety Incident report including mortality and homicide reviews (paper – QC 61/2023)	*For assurance*	MC	09:05
4. Quality Compliance & Regulation updates: a. CQC Compliance & Regulation (paper – QC 62/2023)	*To note*	CF/MC	09:20
Caring, Responsive & Effectiveness			
5. Service deep dive including: a. Mental Health, Learning Disability & Autism Inpatient Quality Transformation Programme progress report[2](paper – QC 63/2023); and b. Quality Improvement project/spotlight – Implementation of a MIU escalation tool (presentation)	*For assurance*	MC/RB AF/RC	09:30

[1] Apologies received from Committee members: No apologies received
Apologies received from regular attendees: Angie Fletcher
The quorum for the committee is five members to include the Chair of the Committee (or the vice chair of the Committee in their absence), one Non-Executive Director and one Executive Director.

[2] The Mental Health, Learning Disability and Inpatient Autism Quality Transformation Programme is aimed at addressing the issues raised in Geraldine Strathdee's independent rapid review into mental health inpatient settings.

6. PCREF Framework (paper – QC 64/2023)	*For assurance*	RH/MC	10:00
7. Clinical Effectiveness updates: a. Clinical Effectiveness Decision Group (CEDG) report (oral update) b. Clinical Audit update (paper – QC 65/2023) c. Medicines Management report (paper – QC 66/2023) • *For supporting detail: CEDG minutes & action log in the **Reading Room/Appendix (paper – RR/App 11/2023)***	*For assurance*	KM RM AF MM	10:15
8. Oxford Pharmacy Store update (paper – QC 67/2023)		MB/MM HS/KM	10:35
Break – 10 minutes			10:50
Policies and Governance			
9. Operational and Strategic Risks: Trust Risk Register (TRR) and Board Assurance Framework (BAF) [*to include review of risks re clinical systems outage, waiting times and EPR implementation*] (paper – QC 68/2023)	*To discuss & for assurance*	KR	11:00
10. Health & Social Care gap analysis and IPC BAF (paper – QC 69/2023)	*To discuss*	MC/HB	11:30
11. Annual reports: a. Health & Safety annual report (paper – QC 70/2023) b. Inquests & Claims annual report (paper – QC 71/2023)	*For assurance*	 HS/ NMcL/ KR	11:40
Any Other Business			
12. Any Other Business and summary of matters of interest for the Board, any key risks to escalate or actions agreed, any items to add to the plan for the next meeting.		AY	11:50
13. Review of the meeting		AY	
Meeting Close			12:00

Date of next meeting:
08 February 2024, 09:00 – 12:00 Microsoft Teams virtual meeting

READING ROOM/APPENDIX

- supporting reports to be taken as read and noted –

14. Clinical Effectiveness Group: CEDG minutes & action log (papers – RR/App 11/2023)

Attendance 2023/24

QC - Core membership (Quorum)	May-23	Jul-23	Sep-23	Nov-23	Feb-24
Andrea Young	✓	✓	✓		
Rob Bale	*N/A*	*N/A*	*x*		
Marie Crofts	✓	*Britta Klinck deputised*	*x (Britta Klink deputised)*		
Geraldine Cumberbatch	✓	✓	✓		
Grant MacDonald	✓	✓	*x*		
Karl Marlowe	✓	✓	✓		
Ben Riley	✓	✓	*x*		
Heather Smith	✓	✓	✓		
Kerry Rogers*	✓	✓	✓		
Attending Board members (voting & non-voting included in quorum)					
Amelie Bages*		✓	*x*		
Charmaine DeSouza	*x*	*x*	*x*		
David Walker	✓	✓	*x*		

Quality Committee – overview plan for 2023 - 2024, mapped against Quality Domains

Key: ✓ on agenda
x item planned
x deferred

Item	Owner(s) or function	Q1 May 2023	Q2 July[3] 2023	Q2 Sept 2023	Q3 Nov 2023	Q4 Feb 2024	
SAFETY							
Quality and Clinical Governance Sub-Committee escalation report including Quality and Safety Dashboard *(to include positive and safe each month and May meeting to include ToR and work plan)*	Jane Kershaw/Marie Crofts	✓ *(ToR & workplan included)*	✓	✓	✓	x	
Directorate/Service area 'deep dive' *(Presentation)*	Marie Crofts/Grant Macdonald/Ben Riley	✓ *(New out of Hospital Services)*	✓ *(Forensic – follow up plan)*	✓ Community Mental Health Services	✓	x	
Quality Account (quality priorities) *(May meeting includes annual report)*	Jane Kershaw/Marie Crofts	✓	✓	✓	x	✓	
Patient Safety Incident Report (PSIs) *(to include mortality and homicide reviews)*	Jane Kershaw/Marie Crofts		✓ *(& PSIRF implement ation)*		✓	x	
Safe Staffing	Marie Crofts	x	x	x	✓		
Quality Compliance and Regulation update *(CQC, NHSE/I etc - report as and when required)*	Marie Crofts	✓	✓	✓	✓	x	
Director of Infection Prevention & Control (IPC) – IPC annual report	Helen Bosley/Marie Crofts	✓					

1 The first of the Q2 meetings (July) falls slightly outside of, and too early for, standard quarterly reporting. However, it can be a useful catch-up meeting if reports have missed other meetings, be used for annual reports or deep dives or be cancelled if not required. Standard quarterly reporting should go to September

Item	Owner(s) or function	Q1 May 2023	Q2 July[3] 2023	Q2 Sept 2023	Q3 Nov 2023	Q4 Feb 2024	
Safety of the physical estate – annual report *Ligature update (BK/MC)*	Britta Klinck/Claire Dalley/Marie Crofts/Heather Smith		✓				
Learning Disabilities & Autism Services – access to healthcare annual report	Kirsten Prance/Rob Bale			X	x	✓	
Inquests & Claims – annual report	Neil McLaughlin/ Hannah Smith/ Kerry Rogers			X	✓		
Safeguarding Service annual report	Lisa Lord/Britta Klinck/Marie Crofts			✓			
Health & Safety annual report	Christina Foster/Claire Dalley/Heather Smith				✓		
EFFECTIVENESS							
Clinical Effectiveness Decision Group (CEDG) *(RR minutes from CEDG group, new NICE guidance)*	Ros Mitchell/Karl Marlowe	✓	✓	✓ ✓	✓	x	
Clinical Audit updates	Angie Fletcher/Karl Marlowe		✓	✓	✓	x	
Clinical Audit annual plan and annual report	Angie Fletcher/Karl Marlowe	✓					
Medicines Management	Michael Marven/Karl Marlowe	✓	✓ *(EPMA Implement ation Progress Report)*	✓	✓	x	
Operational and Strategic Risks: Trust Risk Register (TRR) and Board Assurance Framework (BAF)	Neil McLaughlin/Hanna h Smith/Kerry Rogers	✓	✓ *(deep dive – BAF 3.1)*	✓	✓	x	
Oxford Pharmacy Store (OPS) *(quality assurance report around the governance and quality of medicines regulation in OPS)*	Natasha Arif/Nicola Mayes.Mark	✓			✓		

Item	Owner(s) or function	Q1 May 2023	Q2 July[3] 2023	Q2 Sept 2023	Q3 Nov 2023	Q4 Feb 2024	
	Byrne/Heather Smith/Karl Marlowe						
QUALITY IMPROVEMENT							
Oxford Healthcare Improvement Centre update	Angie Fletcher/Marie Crofts	✓		✓ *(linked to Directorate deep dive)*		x	
QI Spotlight presentation	Angie Fletcher/Marie Crofts		✓ *Digitisation pre-assessment forms (Dental)*				
CARING & RESPONSIVE (patient & carer experience)							
Learning from Patients, Family & Carers *(Experience and involvement)*	Donna Mackenzie-Brown/ Rose Hombo / Marie Crofts	*(strategy deferred)*	(*E&I strategy on agenda)*	✓		x	
Experience and Involvement report	Donna Mackenzie-Brown/ Rose Hombo / Marie Crofts		✓	✓			
PCREF Framework	Rose Hombo/Marie Crofts				✓		
Complaints & PALS annual report	Claire Price / Jane Kershaw / Marie Crofts	✓					
RESEARCH							
R&D update (to include NIHR/BRC)	Vanessa Raymont/Karl Marlowe	✓ *(BRC annual report 2021/22)*		✓	x	x	
POLICIES & STRATEGIES							
Nursing Strategy	Marie Crofts	*(presented at March Board 2023)*					
Experience and Involvement Strategy	Donna Mackenzie-Brown/ Rose Hombo / Marie Crofts	x	✓				

Item	Owner(s) or function	Q1 May 2023	Q2 July[3] 2023	Q2 Sept 2023	Q3 Nov 2023	Q4 Feb 2024	
Friends, Family and Carers Strategy *(next June 2024)*	Marie Crofts						
Learning Disability Strategy (2022-2027) *(presented May 2022)*							
Trust Policies *(as and when – new policies for approval and certain policies for review)*							
Legal Proceedings Policy *(renew 31.03.2024)*	Neil McLaughlin/Kerry Rogers						
Research & Development Policy *(renew 28.02.2024)*	Bill Wells/Karl Marlowe						
GOVERNANCE							
Minutes of the Quality Committee	Corporate Governance/ Kerry Rogers	✓	✓	✓	✓	x	
Quality Committee annual report	Corporate Governance/ Kerry Rogers	✓	✓ *(ToRs)*				
Integrated Governance Framework	Kerry Rogers		x	✓	x	x	
Provider Collaboratives	Marie Crofts	✓	✓	✓	x	x	
Partnership update *(frequency tbc)*	Amélie Bages						
Policy Register – annual update	Rose Hombo/Marie Crofts	✓					
Annual Planning Process	Amelie Bages					x	
OTHER REQUESTED ITEMS							
Mental Health Learning Disability & Autism Quality Transformation Programme	Marie Crofts/Grant Macdonald	✓			✓		
Impact of strike action	Alison Cubbins/Karl Marlowe	✓					
Internal Audit Review – Prevention of Future Death notices update	Neil McLaughlin/ Kerry Rogers	✓					

Item	Owner(s) or function	Q1 May 2023	Q2 July[3] 2023	Q2 Sept 2023	Q3 Nov 2023	Q4 Feb 2024	
Health & Social Care gap analysis	Marie Crofts			~~X~~	✓		
Forensic response to Edenfield – follow up *(last November 2022)*			✓ *(Directorate presentation)*				
Deep dive BAF risk 3.1	Amelie Bages		✓ *(Operational & Strategic risks)*				
Suicide Prevention Strategy	Karen Lascelles/Karl Marlowe		✓				
Improving safety, experience, efficiency and sustainability: The digitalisation of pre-assessment forms for patients within a Community Dental Service across Oxford Health NHS FT	Vicki Power/Angie Fletcher		✓ *(QI Spotlight presentation)*				
Forensics restraint reporting – update on action	Rami El-Shirbiny/Karl Marlowe			✓			
Community Mental Health Services	Katrina Anderson/Rob Bale/Natalie Cleveland/Angie Fletcher/Marie Crofts/Karl Marlowe			✓ *(Directorate presentation*			

Note

NHSEI – issues for QC oversight *(Dec 2021)*

- Children & Young People
- Learning from Deaths
- Resuscitation
- Safety & Risk
- Security Management – Violence & Aggression

- Palliative and End of Life Care
- Health & Safety
- Safeguarding