

**Oxfordshire and Buckinghamshire Mental Health NHS
Foundation Trust**

Members' Council

PAPER
MC 17/2010

**Notes of a meeting held on 20 April 2010 at
6.00 p.m. at Wycombe District Council, High Wycombe,
Buckinghamshire**

In addition to the Chair, Martin Howell, the following Governors were present:

Jane Amies
Meg Barbour
Julia Besooijen
Jacqui Bourton
Chris Brearley
Maureen Cundell

Pauline Fair
Stewart George
Mark Hancock
Ian Jones
Dana Scott
Alan Webb
Graham Whitwell

In attendance:

Mike Bellamy
Caroline Birch
Tom Burns
Justinian Habner
Mike Hobbs
Nathan James
Roger Reed
Duncan Smith
Julie Waldron
Elaine Whittaker
Lyn Williams

Non-Executive Director
A/Director of Nursing and Clinical Governance
Non-Executive Director
Trust Secretary (*Minutes*)
Medical Director
Membership Officer
Non-Executive Director
Director of Finance
Chief Executive
Non-Executive Director
Non-Executive Director

<p>MC 15/10</p> <p>a</p> <p>b</p>	<p>Introduction and Welcome</p> <p>The Chair welcomed Governors to the meeting. Noting the results of recent Governor elections, he welcomed Graham Whitwell to his first meeting of the Council.</p> <p>As this was his first meeting as Chair of the Trust, Martin Howell outlined how he wanted to work with the Council. He emphasised that he wanted open and positive discussions with Governors, and that he worked on an 'open door' basis. Governors were encouraged to contact Martin Howell to discuss any matters related to the Council and the Trust. The Chair also explained that he would be working closely with the Lead Governor, Chris Brearley, and that he would aim to talk through the preparation of Council meetings with Chris.</p>	
<p>MC 16/10</p> <p>a</p>	<p>Apologies for Absence</p> <p>Apologies had been received from: Anthony Monaco, Mike Alexander, Jeanette Hocking, Carol Bannister, Jayne Champion, David Geaney, Andrew Friend, Jim Couchman, Tricia Birchley, Steve Bell, Jackie Thomas, Pauline Scully.</p>	
<p>MC 17/10</p> <p>a</p>	<p>Declarations of Interest</p> <p>The Council received a copy of the Register of Governors' Interests and confirmed that interests listed remained correct.</p>	
<p>MC 18/10</p> <p>a</p> <p>b</p>	<p>Minutes of the Previous Meeting – 16 February 2010</p> <p>The Minutes of the meeting were approved as a true and accurate record, and the Chair signed a copy: subject to the following:</p> <ul style="list-style-type: none"> • 05/10 f – include the following: "Noting the feedback about the practices of other foundation trusts, the Council agreed that the Chair and Lead Governor should discuss the preparation of the Agenda before each Council meeting." 	

	<p>Matters Arising</p> <p>Item MC 08/10 e – HIEC: Mike Hobbs said that the proposed workshop on HIEC would be held in the coming months and a proposed date would be circulated shortly.</p>	MH
<p>MC 19/10</p> <p>a</p> <p>b</p> <p>c</p>	<p>Report on Members' Council Elections</p> <p>The Trust Secretary presented the report which provided an update on recent Govern elections. The following Governors had been successful:-</p> <ul style="list-style-type: none"> • Jayne Champion – Service Users: Oxfordshire (re-elected) • Jackie Thomas – Staff: Older Adults • Graham Whitwell – Staff: Adult Services • Pauline Scully – Staff: CAMHS and Specialist <p>In terms of the remaining vacancies (Public: Buckinghamshire, Service Users: Buckinghamshire, Carer: Oxfordshire) elections were currently underway with voting due to finish in mid May 2010. An update would be provided at the next meeting.</p> <p>The Council noted the report and welcomed the new Governors.</p>	
<p>MC 20/10</p> <p>a</p> <p>b</p> <p>c</p>	<p>Report from Board of Directors</p> <p>The Chair presented a written report which set out the main issues considered by the Board of Directors over February and March 2010.</p> <p>Noting the Cost Improvement Programme (CIP), Jane Amies asked what the percentage of CIPs was required across the Trust. The Director of Finance said that the CIP level was 4 per cent.</p> <p>Pauline Fair noted that the Board had considered the 'Six Lives Report' and 'Francis Report' and asked how the action plans to address any gaps were being developed. The Chief Executive explained the process and said that the recommendations from the reports were being considered at internal Trust meetings.</p>	

<p>d</p> <p>e</p>	<p>Where gaps and issues were identified, action plans were being developed. The Board of Directors and Integrated Governance Committee were monitoring the development and implementation of the action plans.</p> <p>In addition to the items listed on the report, the Chief Executive provided an oral update on the following:-</p> <ul style="list-style-type: none"> • On 1 April 2010, OBMH took responsibility for all CAMHS in Swindon, Wiltshire and 'BaNES' (Bath and North East Somerset). Approximately 200 staff would transfer over to OBMH. The value of the services was £10million and included an adolescent in-patient unit in Swindon. • The Manor House redevelopment continued to move ahead with the architect drawing up plans for the new inpatient unit. • Planning permission had been received to re-build the Highfield Unit on the Warneford Hospital site and work was underway to allow this to happen. <p>The Council noted the report.</p>	
<p>MC 21/10</p> <p>a</p> <p>b</p>	<p>Quality Report</p> <p>The Chief Executive presented the report which set out the key quality indicators for the Trust. It was the same report that the Board of Directors considered at its monthly meetings.</p> <p>Pauline Fair noted the section on the patient experience and asked why the Trust had decided to use Customer Research Technology (CRT) even though the CQC also carried out patient surveys. The Chief Executive explained that the Trust had always been keen to gather the views of patients through a variety of means and not just rely on the national survey. In the past, the Trust had used the Dr Foster 'Patient Experience Tracker' but they had not provided the type of information wanted by managers. A new contract had been agreed to use the CRT for a year and it was hoped that the type of information this would provide would allow services to act on patient feedback. Julia Besooijen said it was important to remember that, especially on inpatient wards, some people may be so ill that their responses may not be entirely valid. This needed to be taken into account when analysing results.</p>	

<p>c</p> <p>d</p> <p>e</p>	<p>Finance Update</p> <p>The Director of Finance provided an oral update on the Trust's current financial position. He said that the Trust remained on track to meet its financial plan and that its Monitor assigned Financial Risk Rating was 4.</p> <p>The Director of Finance explained that the contract relating to its Forensic Services had still not been finalised and signed. The Trust continued to negotiate with the specialist commissioner to get this contract finalised. An update would be provided at the next meeting.</p> <p>The Council noted the report.</p>	<p>EDS</p>
<p>MC 22/10</p> <p>a</p> <p>b</p> <p>c</p>	<p>Community Health Oxfordshire</p> <p>The Chief Executive presented the report which provided a background to the proposal that OBMH integrate with Community Health Oxfordshire (CHO). She explained that Oxfordshire PCT had invited OBMH, along with other NHS organisations, to submit an application to integrate with CHO in February 2010. This had been reported to the Council in its February meeting. The application was submitted at the end of March and, based on the strength of the application, the PCT informed OBMH that it was the preferred partner to integrate with CHO. A key part of the application was to focus on developing better patient pathways, which integrated community and mental health care.</p> <p>In order to achieve integration on 1 April 2011, a great deal of work needs to occur up until that point. Importantly, Monitor needs to consider the proposal and provide its view to the OBMH Board of Directors. Once that view has been received that the Board would need to confirm whether or not it wanted to proceed with the integration. To enable Monitor to take a view, a business case would need to be developed and presented.</p> <p>A consultation strategy was being prepared to ensure that all partners, including the Members' Council, FT Members and staff were kept informed on progress. The Chief Executive said that she would welcome views and any concerns on the proposal.</p>	<p>JW</p>

d	Governors said that it would be useful to have a clear summary that provided an overview of the services provided by CHO.	
e	Jane Amies said that the Board and senior managers clearly had expertise in the delivery of mental health services but asked if there was also the experience required to manage community services. The Chair agreed that this was an important point that needed to be considered. The Board required the right balance and skills to ensure that it could manage all the services provided by the Trust. He acknowledged that this would be an area of great interest for the Members' Council given its role in appointing Non-Executive Directors. The Chair explained that a number for the current Directors had had experience in managing community services and this would be taken into account the Board's competency was assessed.	
f	Chris Brearley agreed with the point raised by Jane Amies. He added that taking on this new service could create a diversion from focusing on mental health for the Board and senior managers. This would be an issue that would need to be closely managed. He added that the Board would also need to consider whether or not the integration, in the longer term, would result in the marginalisation of mental health from the business of the Trust. Importantly, the Buckinghamshire mental health component of the Trust would be much smaller than Oxfordshire. Therefore it would be crucial that people in Buckinghamshire were reassured that the Trust would not shift its focus away from them. The Chair agreed with the points raised and said these had also been raised at Board as needing to be addressed.	
g	On the point about the focus on Buckinghamshire, Stewart George reminded the Council that it was the duty of NHS Buckinghamshire to make sure that mental health services were provided within the county. They would keep a watch on this to ensure that an integrated OBMH did not forget Buckinghamshire.	
h	The Chief Executive acknowledged the comments about not losing the mental health focus. She said that, currently, the Trust did not feel that mental health was given adequate priority by commissioners and others in either county. She hoped that with the Trust increasing in size through the integration it would allow more opportunities to raise the profile of mental health services.	

<p>i</p> <p>j</p> <p>k</p> <p>l</p> <p>m</p>	<p>Jane Amies asked what the main motivations were behind submitting the application. The Medical Director explained that there were a number of factors, including:-</p> <ul style="list-style-type: none"> • The desire to create integrated care pathways to ensure that, in particular, mental health service users who also needed physical health care could easily get this (it was an acknowledged problem, across the country, that many people with mental illness were not able to have their physical health needs addressed). • The desire to assist the broader health economy. <p>Jackie Bourton said that she welcomed the proposal to developed integrated care packages and hoped that this proposal would help achieve this.</p> <p>Meg Barbour asked how long the contract to provide community services would be for. The Chief Executive said that this was an issue the Trust was seeking clarification on from the PCT. She said the integration would mean a permanent change to the organisation of OBMH but acknowledged that the PCT could stop commissioning aspects of services should it so wish. Therefore, it was important to understand what the length of the contract would be before integration was finalised.</p> <p>The Chair thanked Governors for their comments and acknowledged the general view that the proposed integration needs careful management given its size. He said that this issue would remain a standing item on the Council's agenda over the coming months.</p> <p>The Council noted the report.</p>	
<p>MC 23/10</p> <p>a</p> <p>b</p>	<p>2010/11 Annual Plan</p> <p>On behalf of the Director of Corporate Management, the Chief Executive presented the report which set out the Trust's proposed vision, aims and objectives for 2010/11. These had been updated since they were presented to the Council in February 2010 and took in account comments received. The report also set out the proposed service strategies and key priorities for 2010/11.</p> <p>The Chief Executive explained that Monitor had changed its</p>	

<p>c</p> <p>d</p> <p>e</p> <p>f</p>	<p>requirements for 2010/11. The report explained what all FTs were required to submit during the annual planning process.</p> <p>Chris Brearley said that the 'service strategies and priorities' document was extremely high-level and it was difficult to know what services would be focusing on through the year. The Chief Executive acknowledged the point. She said that no big changes were planned to services during the year. The focus would be on improving current arrangements.</p> <p>Pauline Fair noted 3A within the 'other priorities in support of service development' and said that all staff should have access to professional support and advice, and not just nurses. The Chief Executive agreed that this area should be amended to ensure that all staff are given equal priority.</p> <p>Meg Barbour said that given its high-level strategic nature it was difficult to comment on the document. The Chief Executive understood the concern and said that, once submitted, a clearer more practical overview of the Trust's plans and intentions during 2010/11 needed to be developed.</p> <p>The Council noted the report and the Council broadly supported the proposed vision, aims and objectives for 2010/11.</p>	
<p>MC 24/10</p> <p>a</p> <p>b</p>	<p>General Election 2010 – Guidance for the NHS</p> <p>The Council received the report which explained the guidance that must be followed by all NHS organisations during an election period. Importantly, the report explained that certain consultation and development activity needed to cease during this period.</p> <p>The Council noted the report</p>	
<p>MC 25/10</p> <p>a</p>	<p>Questions from Public</p> <p>None.</p>	

<p>MC 26/10</p> <p>a</p> <p>b</p>	<p>Any Other Business</p> <p>AGM</p> <p>The Chair confirmed that the AGM would be held on 22 July 2010.</p> <p>Governor Retirements</p> <p>Jim Couchman's responsibilities within the Oxfordshire County Council cabinet had changed such that he needed to step down as Governor. The Chair thanked Jim for his guidance and support during the first two years of the Members' Council. He played a particularly important role during Non-Executive Director and Chair appointments. The County Council would inform the Trust of its new nominee in due course.</p>	
	<p>The meeting was closed at 7.50 p.m.</p>	

Signed:

Chair

Date: