**Oxford Health NHS Foundation Trust**

**Members’ Council**

Minutes of the Meeting held on 9 February 2012 at

6.00 p.m. at Learning and Development Centre, Littlemore, Oxford, Oxfordshire

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

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| Pat Armstrong | David Geaney |
| Lynda Atkins | Gautam Gulati |
| Julia Besooijen, | Heather Mintern |
| Jacqui Bourton | Pam Norton |
| Paul Cann | Neil Oldfield |
| Karen Campbell | Rob-Michael Phillips  |
| Lynda Colvin | Paul Rogerson *(part meeting)* |
| Juliet Dunmur *(part meeting)* | Frances Tammer |
| Pauline Fair | Peter Tankard |
| Sarah Gardner | Liz Turvey |

In attendance:

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| Ros Alstead | Director of Nursing and Clinical Standards  |
| Graeme Armitage | Director of Human Resources |
| Mike Bellamy  | Non-Executive Director *(part meeting)* |
| David Bradley | Chief Operating Officer |
| Alyson Coates | Non-Executive Director |
| Anne Grocock  | Non-Executive Director *(part meeting)* |
| Justinian Habner | Trust Secretary *(Minutes)* |
| Mike McEnaney | Director of Finance |
| Clive Meux | Medical Director |
| Julie Waldron | Chief Executive  |
| Lyn Williams | Non-Executive Director |

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| **MC 01/12**ab | **Introduction and Welcome**The Chair welcomed everyone to the Council meeting. The Council was informed that the Vice-Chancellor of the University of Oxford had nominated Professor William James to be the University’s appointed Governor on the Council. |  |
| **MC 02/12**a | **Apologies for Absence**Apologies had been received from: Vivian Lanzon-Miller, Jayne Champion, Meg Barbour, Fiona Lomas, Maureen Cundell, Arash Fatemian, Stewart George, Moira Gilroy, Fiona Mackay Perkins, Dana Scott, Soo Yeo, William James. |  |
| **MC 03/12**a | **Declarations of Interest**The Council confirmed that the interests listed in the Register of Governors’ Interests remained correct.  |  |
| **MC 04/12**abcde | **Minutes of the Previous Meeting – 17 November 2011**The Minutes of the meeting were approved as a true and accurate record.**Matters Arising****Item MC 47/11 g – Board Visits:** the Chair said that following David Geaney’s suggestion that the Board should explore learning from ‘creative’ organisations, he and the Chief Executive were exploring options with the BBC.**Item MC 51/11 b – Patient Experience Update:** the Director of Nursing and Clinical Standards confirmed that she had discussed David Geaney’s concerns about the interpretation of survey data out-of-session and he now agreed that the position reported in the report was correct.**Item MC 56/11 a – CHO:** the Chief Executive said that the Board had now agreed with the Oxfordshire PCT board that an evaluation of the integration of Community Health Oxfordshire would take place after the end of the current financial year (so after a full twelve months of integration). The evaluation would be based on the criteria used by the PCT to select its preferred partner with the outcome expected in May/June 2012. |  |
| **MC 05/12**abcdefghi | **Report from Nomination and Remuneration Committee*****Non-Executive Director Appointment***Lynda Atkins presented the report which set out the Committee’s decision to recommend that the Members’ Council re-appoint both Anne Grocock and Mike Bellamy for three year terms each.She explained that the Committee met on 24 January 2012 to consider the Chair’s recommendation that both be re-appointed. The meeting did not have a quorum for its entirety but Stewart George joined those present via telephone to ensure that the Committee did have a quorum such that it could make a formal recommendation to Council. In addition to the report on both candidates, the Chair provided additional information which set out the non-Trust experience / background of both candidates. On the basis of the report provided and the Chair’s comments, Lynda Atkins said that the Committee unanimously recommended that both candidates be re-appointed.**The Council approved the re-appointment of Mr. Mike Bellamy and Dr. Anne Grocock as Non-Executive Directors of the Trust. Both would be appointed for three-year terms from 1 February 2012.*****Non-Executive Director Remuneration***Lynda Atkins said that the Committee had also considered an initial report on Chair and Non-Executive Director remuneration. The Committee informed the Director of Human Resources that work to present the information in different ways would be helpful and that proposals for change should be presented to a Committee meeting in March 2012.***Lead Governor Appointment Process***Noting the concerns raised by a couple of Governors about the current appointment process for the Trust’s Lead Governor, the Chair said that the Council should consider implementing a new process for future appointments. Lynda Atkins proposed that the Council’s Nomination and Remuneration Committee be given the task to examine the process and make a recommendation to Council. She explained that in addition to Governor members on the Committee, the Chair, Chief Executive, Director of Human Resources and Trust Secretary also attended therefore bringing the non-executive, executive and corporate governance views. **The Council supported the proposal and asked that the Committee report back when appropriate.*****Nomination and Remuneration Committee Membership***The Chair said that the Committee had discussed its membership. It recalled that, in the past, the Lead Director had sat on the Committee (when Chris Brearley was Lead Governor) and this was found to be very beneficial. The Committee came to the view that it would be good to have the new Lead Governor involved either as a full member or in attendance. Accordingly, the Chair spoke to Stewart George to seek his views; Stewart George supported the idea and said that he would be willing to step down from the Committee to allow Fiona Mackay Perkins (who is the Lead Governor) to formally join the Committee. The Chair explained that it was a matter for the Council as to who sat on the Committee (in line with the approved Terms of Reference). He reminded the Council that the Committee was comprised of a representative from each constituency; both Stewart George and Fiona Mackay Perkins were members of the Appointed Governors constituency.**The Council agreed to appoint Fiona Mackay Perkins, Lead Governor, to sit on the Nomination and Remuneration Committee as the Appointed Governor representative.***Mike Bellamy and Anne Grocock joined the meeting at this point.* | **MGH / GA / JCH** |
| **MC 06/12**a | **Mental Health Act Managers**Cedric Scroggs provided an overview of the role of Mental Health Act Managers and said that any Governor who wished to apply for the role would be most welcome. Mental Health Act Managers hear appeals from patients against their detention under the Mental Health Act and renewals of lengthy detentions. Pat Armstrong, who was also a Mental Health Act Manager, endorsed Cedric’s comments and encouraged interested Governors to apply. Any Governor interested in applying should contact either the Trust Secretary or the Trust’s Mental Health Act Office.*Paul Rogerson joined the meeting at this point.* |  |
| **MC 07/12**ab | **Report on Governor Elections**The Trust Secretary presented the report which set out the Members’ Council 2012 election process. Of those Governors who were up for election both Pauline Fair and David Geaney could not re-contest the election because both will have served two consecutive terms. Accordingly, this would be the last formal Council meeting for both.On behalf of the Council, the Chair thanked both Pauline and David for their work and efforts since being elected to the Council in 2008. Both Pauline and David thanked the Council, Chair and others for the support during the past four years and wished the Council every success for the future. |  |
| **MC 08/12**abcdef | **Report from the Board of Directors**Alyson Coates presented the report which set out the main issues discussed by the Board between November 2011 and January 2012. In presenting the report, she provided her views of the Trust and Board given her experience as a Non-Executive Director with the SHA. In particular, Alyson Coates highlighted the complex nature of the Trust and its services combined with all the rigours of being an NHS foundation trust.Frances Tammer asked what the Board did in order to gain an understanding of frontline services. Alyson Coates said that the reports considered by Board were detailed and provided clear data on frontline services. In particular the quality reports provided much by way of quantitative and qualitative information on services. In addition the Executive and Non-executive directors regularly undertook visits to frontline services. The Chief Executive added that all Non-Executive Directors have been assigned to take a special interest in a particular service division and, as such, they sought out information on those services to feed in to Board debates. The Chief Executive added that the top three tiers of management (which included Executive Directors) were required to participate in a ‘back-to-the-floor’ exercise which saw them work with staff on frontline services at least two days each year. Noting the Board focus on Delayed Transfers of Care (DTCs), Frances Tammer said it was crucial that this was addressed. The Chair and Chief Operating Officer agreed and outlined the work occurring to address the problem. The Council was advised that the main concern was community health services in Oxfordshire. In Buckinghamshire, the small number of mental health DTCs were mostly due to waiting for PCT funding; social care funding was not an issue in Buckinghamshire. Lynda Atkins noted that the Clinical Commissioning Group in Oxfordshire was taking a lead to find system-wide solutions to DTCs in the county. Frances Tammer said that it was crucial that DTCs in Buckinghamshire were also addressed.Paul Cann asked what the main causes of DTCs were. The Chief Operating Officer said that the issue in Oxfordshire seemed to be a problem with the systems / processes of each organisation not joining-up. The result was extended delays in resolving problems. He explained that a programme was in place to try and bring the numbers down by the end of March 2012. Paul Rogerson asked that the number and direction of DTCs in Buckinghamshire be circulated.**The Council noted the report.** | **DB** |
| **MC 09/12**abcdefghi | **Update Report from Council Sub-groups*****Audit***Neil Oldfield presented the report and said that a meeting was held on 24 January 2012 to discuss the appointment of new auditors. The Government Procurement Service Framework would be followed. Heather Mintern asked why a number of large firms appeared to be missing from the Framework’s list. The Director of Finance said that, surprisingly, through the selection process KPMG and Ernst & Young failed to be included on the list. That said, he was confident with the ability of the firms included.***Staff Survey***The Director of Human Resources presented the report and said that the first meeting of the new sub-group had been held on 2 February 2012. The sub-group would meet quarterly to scrutinise proposed actions stemming from the staff survey results and monitor progress against action plans. Terms of Reference for the Sub-group were being drafted and would be presented to Council in May for ratification.Pat Armstrong said the meeting was very positive and that the action plan appeared to be very good.The Council noted that the 2011 staff survey results would be published in the coming months.***Quality***The Director of Nursing and Clinical Standards said that the first meeting of this sub-group was scheduled for 20 February 2012.***Council Information Requirements***The Director of Finance said that no meeting had been planned because further members were required to join the sub-group. He reminded the Council that the purpose of the sub-group would be to consider what type of information the Council would like to receive. The following Governors agreed to join the sub-group:-* Lynda Atkins
* Paul Rogerson
* Rob Michael- Phillips

**The Council noted the report.** | **GA****MMcE / JCH** |
| **MC 10/12**abcdefghi | **Update Report on Staff Survey**The Director of Human Resources presented the report which provided detail on the Trust’s 2010 staff survey results and corresponding action plan. The report had been written following discussion at the November 2011 Council meeting. He noted the work taking place to address concerns raised by staff but warned the Council that the results of the actions may not be seen in the 2011 survey results; many of the actions required a longer period to time to be fully effective.Noting that the 2011 staff survey results would include the views of both community health and mental health staff, the Director of Human Resources said that these results would be used as the Trust’s base-line from which progress would be measured.Frances Tammer noted the poor result in terms of the percentage of staff reporting satisfaction with the quality of care provided. She asked how this was being addressed. The Director of Human Resources said that the results of the patient survey had also been taken into account when developing actions to address concerns. He said that the concentration on staff performance management and appraisals combined with the roll-out of the Productive Ward initiative (which was designed to allow staff to focus on the primary role to provide care) was designed to tackle problems. The Director of Nursing and Clinical Standards added that clinical supervision was also an important tool to identify and address areas of concern. Pam Norton said that it was important to remember that it was the nature of many staff never to be happy with the level of service provided; many always wanted to do/provide much more and better services.Paul Rogerson asked if the results indicated if there were particular pockets of dissatisfaction. The Director of Human Resources said that this appeared to be the case and added that he would ask for the data for the 2011 results to be presented in such a way so as to allow problem areas to be easily identified.Karen Campbell noted that the number of community health staff reporting experiencing aggression from patients was increasing and that a main reason for this was dealing with patients with dementia. She said that since the integration of services was allowing community health staff to more readily seek the support of mental health staff in managing these patients and situations.Jacqui Bourton highlighted the importance of the Productive Ward initiative. It appeared to make a real different to the lives of staff members and had a positive impact on the service delivered. She hoped that implementation would continue. Neil Oldfield asked if the survey data was compared with other data and information (such as staff turnover). The Director of Human Resources said that such comparisons were made and the Board regularly reviewed HR data. Interestingly, the HR data did not appear to correlate with the survey results. For example, staff turnover had continued to decrease over the past 4/5 years.In terms of addressing team effectiveness concerns, Neil Oldfield asked whether training and support occurred through working with the teams in situ and the Director of Human Resources confirmed that this was the case.**The Council noted the report.** |  |
| **MC 11/12**abcdefgh | **Briefing Paper: New Mental Health Facility for Buckinghamshire on the Manor House Site in Aylesbury**The Chief Operating Officer and Director of Nursing and Clinical Standards presented the report and provided a presentation which set out the Trust’s proposed £23.5m investment in a new mental health facility in Buckinghamshire. They said that the facility’s completion and handover would take place in January 2014 (not 2013 as stated in the report). They explained that a stakeholders group for the project was in place and that any Governor could join that if ~~so~~ interested. The presentation provided put the proposed new build into context and set out the services that would be provided from the building. Elevations and site plans were also shown.They explained that the business case was currently being assessed by Monitor in line with the *Compliance Framework*. Monitor’s view on the proposed investment would need to be taken into account by the Board when it considered the Full Business Case in March 2012.Neil Oldfield asked whether the new building needed to be referred to as a ‘hospital’. The Director of Nursing and Clinical Standards said that there was no requirement for it to be called a hospital; indeed there was a growing desire to find a new name and move away from the old ‘Manor House Hospital’ name. Neil Oldfield welcomed this and said that a more positive name should be found. All Governors were invited to submit ideas and suggestions. Liz Turvey asked why the project only scored an amber-green rating through the Gateway Review. The Director of Nursing and Clinical Standards said that the rating was in line with what was expected. The report from the Gateway Review team showed that there were possible risks that could materialise when the project went live. Importantly, these risks had already been identified by the Trust’s project team and work was in place to put in place mitigation plans. David Geaney noted the proposal was for single gender wards and asked if there was any flexibility in the building design to change the format to mixed gender ward environment. Whilst accepting that single gender wards were the current requirement, he noted that there was a growing view among consultants that mixed gender wards were more appropriate and he raised the possibility of a change in policy in the future. The Director of Nursing and Clinical Standards said that the building was designed to be flexible and adaptable.Paul Rogerson noted that the Trust had presented to the Buckinghamshire Public Health Overview and Scrutiny Committee (PHOSC) in January 2012 on the proposals. The presentation was well received but the PHOSC had asked how the ‘performance’ of the new facility would be measured; would it be possible to show the benefits to patients. The Director of Nursing and Clinical Standards said that this was an important observation and that the new build should improve the service user and carer experience and improve the outcomes of care. More work was required to explore this.**The Council noted the report.***Juliet Dunmur left the meeting at this point.* | **All** |
| **MC 12/12**a | **Update Reports****The Council received and noted the following update reports:-*** **Finance**
* **Performance**
* **Quality and Safety**
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| **MC 13/12** | **Matters Raised by Governor for Discussion***Item withdrawn.**To ensure that sufficient time remained for the following item, Frances Tammer agreed to circulate a paper out-of-session to seek Council views.* | **F Tammer** |
| **MC 14/12**abcde | **Update Report on Trust Strategy**The Medical Director presented the report which set out the Trust’s developing strategic framework with a particular focus on the strategic drivers and enablers. The Medical Director noted that a seminar on strategy had been convened on 31 January 2011 specifically for Governors. The two and a half hour seminar had proved to be very helpful with those present providing useful comments which were being taken into account in the development of the strategy. Given the success of the seminar, the Medical Director asked if additional seminars should be held (which would provide more time for Governors to probe the detail of the strategy and input). The Chief Executive supported this suggestion and, noting comments from some Governors about the need to hold more sessions in Buckinghamshire, asked if a session could be held in that county or Thame. She said that April would be an ideal month for the seminar as it would also allow Governors to feed in to the Trust Annual Plan development.The Board had agreed that the Trust’s strategy would be ‘Outstanding Care Delivered by Outstanding People’. The strategic drivers, which included detailed objectives, were:-* Driving Quality Improvement
* Delivering Operational Excellence
* Delivering Innovation, Learning and Teaching
* Developing Our Business

The Medical Director explained that the framework would now ~~not~~ be disseminated to the Divisions to support them in developing detailed business plans. Those plans would then be used to drive the Trust’s broader strategic plan.**The Council noted the report and welcomed the opportunity for a further seminar on the topic.** | **CM** |
| **MC 15/12**a | **Questions from Public**None. |  |
| **MC 16/12**a | **Any Other Business**None. |  |
|  | **The meeting was closed at 8.12p.m.** |  |

**Signed:**

Chair

**Date:**