

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

Members' Council

PAPER
MC 09/2011

**Minutes of a meeting held on 8 February 2011 at
6.15 p.m. at Aylesbury College, Aylesbury, Buckinghamshire**

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

Jane Amies
Carol Bannister
Steve Bell
Julia Besooijen
Jacqui Bourton
Chris Brearley
Maureen Cundell
Pauline Fair

David Geaney
Stewart George (*part meeting*)
Mark Hancock
Ian Jones
Heather Mintern
Martin Phillips
Liz Turvey
Alan Webb (*part meeting*)

In attendance:

Graeme Armitage
Caroline Attard
Mike Bellamy
David Bradley
Stephen Cass
Anne Grocock
Justinian Habner
Mike Hobbs
Gareth Kenworthy
Helen Millar
Cedric Scroggs
Julie Waldron
Lyn Williams

Director of Human Resources
Transformation Team (*part meeting*)
Non-Executive Director
Chief Operating Officer
Director of Infrastructure Development
Non-Executive Director
Trust Secretary (*Minutes*)
Medical Director
A/Director of Finance
Assistant Chief Operating Officer
Non-Executive Director
Chief Executive
Non-Executive Director

MC 01/11	Introduction and Welcome	
a	The Chair welcomed Governors, Directors, Members of the Trust and the public to the meeting.	
MC 02/11	Apologies for Absence	
a	Apologies had been received from: Dana Scott, Mike Alexander, Jayne Champion, Paul Cann, Meg Barbour, Graham Whitwell, Andrew Friend, Anthony Monaco, Arash Fatemian, Fiona Lomas, Pauline Scully, Jackie Thomas, Jeanette Hocking	
MC 03/11	Declarations of Interest	
a	The Council confirmed that no amendments were required to Register of Governors' Interests.	
MC 04/11	Minutes of the Previous Meeting –16 November 2010	
a	<p>The Minutes of the meeting were approved as a true and accurate record, and the Chair signed a copy, subject to the following amendments:-</p> <ul style="list-style-type: none"> • MC 57/10 c – replace 'where' with 'was' (third line). • MC 57/10 n – reword to read: 'With reference to item k, Martin Phillips did not believe that removing the name 'Buckinghamshire' from the brand name would be an extra draw card and the residents of Buckinghamshire would not consider 'Oxford' to be more associated with excellence than Buckinghamshire.' • MC 60/10 f – include 'Littlemore and Fiennes Centre' after 'Warneford Hospital'. <p>Matters Arising</p>	
b	Item MC 55/10 b – Quality: The Assistant Chief Operating Officer provided an update on the work being undertaken to look at the way quality was measured within the Trust. A	HM

c	<p>meeting with interested Governors had been held to start working on this.</p> <p>Item MC 56/10 f – Payroll: The Chief Executive reported that progress had been made in addressing concerns with the Trust's payroll providers (and the Trust's internal processes associated with payroll). Chris Brearley welcomed the improvements but requested that further assurances be provided at future meetings when the issues were all resolved.</p>	GA
MC 05/11	Report from Board of Directors	
a	Mike Bellamy presented the written report which set out the main issues discussed by the Board during November 2010 to January 2011. The report also highlighted the main decisions taken by the Board.	
b	Noting that the Board received a presentation on the patient activities on Vaughan Thomas Ward, Jacqui Bourton said that she thought the working being undertaken there was excellent and that it should be spread to other wards. Mike Bellamy said that the Board shared that view. The Chief Executive said that extending the pilot would depend on the finding made available from commissioners. The Council discussed the merits of such programmes and the difficulty funding such within the current economic constraints. Service directorates needed to be encouraged to make all efforts to fund such activities given the benefits they had for service uses. The Chair said he would ensure that the views of the Council and Board were made clear to commissioners and MPs.	
c	<p>The Council noted the report.</p> <p><i>Alan Webb joined the meeting at this point.</i></p>	
MC 06/11	Quality Report	
a	The Chief Executive presented the Quality Report which was considered by Board and set out a range of quality and safety indicators.	
b	Steve Bell noted that the new electronic patient record system (RiO) was being implemented and said that this may impact	

c	upon the reliability of data in the short-term (given problems with data migration). The Chief Executive said that this was recognised.	
d	Jane Amies queried the number of ward-to-ward transfers. The Assistant Chief Operating Officer explained the causes behind such transfers and noted that many were due to bed pressures.	
d	The Council noted the report.	
MC 07/11	Finance Report	
a	The A/Director of Finance presented the report which provided an overview of the Trust's financial position. He confirmed to the Council that the Trust was performing in line with the plan submitted to Monitor.	
b	Carol Bannister asked for an update on the Manor House re-development. The A/Director of Finance explained that there was a slippage in this scheme due to a change in the design of the re-build. The Chair added that the Board and Finance and Investment Committee had discussed the slippage and confirmed that the re-build was still firmly within the Trust's capital programme. Liz Turvey asked if the Trust was incurring interest on the loan associated with the re-build. The A/Director of Finance said that the load had been part drawn down but interest would only be incurred once the full load had been drawn down.	
	<i>Steward George joined the meeting at this point.</i>	
c	Steve Bell set out his understanding of the savings to be made by services within Buckinghamshire over the next four years. He added that he was concerned that the re-build of Manor House would be affected by the savings required. The Chair said that the re-build was firmly on the Trust's agenda.	
d	David Geaney asked whether the Board understood how the government intended to use the 'efficiency savings' from the NHS. He set out his concerns that the government seemed to want to invest in the provision of services for milder mental health issues (to help people get back into employment) which would divert resources from severe mental illness. The	

e	<p>Medical Director said that he shared the general concerns about divesting from mental health services but added that the government's invest in 'IAPT' services was new money and he challenged the view that they treated 'mild' mental illness. In terms of the utilisation of efficiency savings, the Chair said that the Trust was not aware how the government intended to use such.</p> <p>The Council noted the report.</p>	
<p>MC 08/11</p> <p>a</p> <p>b</p> <p>c</p> <p>d</p>	<p>Transformation Programme</p> <p>The Chief Operating Officer and Caroline Attard from the Transformation Team provided a presentation on the Trust's 'transformation programme'. In particular, the presentation focused on the 'productive wards initiative' which was designed to eliminate waste and improve care on wards. Importantly, this initiative put staff in the driving seat of making the changes to their working environments.</p> <p>Pauline Fair asked whether the productive wards initiative improved staff sickness absence. Caroline Attard said that statistics were currently being collected and that following analysis of the second year figures she would then be in a position to comment on this.</p> <p>Steve Bell said that it was important that the initiative simply did not move inefficiencies from one area to another (i.e. the community setting). The Chief Operating Office agreed and said that the Transformation Team was established to ensure that this did not happen.</p> <p>The Council noted the presentation and asked that further updates be provided in due course.</p>	
<p>MC 09/11</p> <p>a</p>	<p>CHO Integration</p> <p>The Director of HR presented the report which provided an overview of the progress with the proposed Community Health Oxfordshire (CHO) integration. He explained that Monitor had now completed its assessment of the Trust's business case and that the Trust Board had met the Monitor Board to discuss</p>	

<p>b</p> <p>c</p> <p>d</p>	<p>the proposal. The Trust was awaiting the formal outcome of Monitor's assessment (which would provide what the Trust's Financial Risk Rating and Governance Rating would be should the transaction go ahead). The Director of HR said that the Trust would want a FRR of 3 or above before it considered proceeding with the transaction. The Board would take the formal decision whether or not to proceed at its meeting in March 2011.</p> <p>The Council noted the update and awaited the formal advice from Monitor.</p> <p><i>Membership Constituencies</i> The Trust Secretary explained that the Trust had submitted to Monitor on 30 November 2010 a number of proposed amendments to the Constitution as part of the CHO integration. The changes approved by the Board were as presented to the Members' Council on 16 November 2010 with one exception. The Board took note of the comments of some Governors that the proposed number of Service User Governors was too low and, accordingly, had increased this number by 1 to a total of 4 (with a corresponding reduction in the number of Public: Rest of England & Wales Governors by 1 to a total of 1). In late January 2011, Monitor had informed the Trust that all proposed amendments would be accepted with the exception of one relating to the proposed Patient Constituency. The report to be considered by the Members' Council set out a proposal to address Monitor's concerns so that Monitor could provide final formal approval of all proposed amendments.</p> <p>The Trust Secretary reminded the Council that, under section 23 of the Constitution, the Trust could amend its Constitution with the approval of Monitor. A proposal to amend the Constitution could only be put to Monitor if it had been agreed by the Board of Directors which must have consulted the Members' Council.</p> <p>The Trust Secretary presented the report which set out proposed changes to the Trust's 'Patient' Membership Constituencies and Governor representation. Monitor had rightly informed the Trust that the November 2010 proposal of two classes within the Patient Constituency would not be in line with the National Health Service Act 2006 which required three or more classes. Accordingly, the report proposed adding an additional class to the proposed Patient Constituency such that the class structure and corresponding Governor representation</p>	
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	<p>would be:-</p> <ul style="list-style-type: none"> • Service Users (Mental Health) 3 • Patient (Community Services) 1 • Carers 3 	
e	<p>The report clearly set out the rationale for the proposed amendment and Governor representation. The Trust Secretary reminded the Members' Council that the need to amend Constituencies arose from the need to ensure that CHO staff, and people interested in CHO services, could join as Members of the Trust. Importantly, the need to adjust the Constituencies and, in particular, representation on the Council was to assist in growing a representative Membership (as required by the National Health Service Act 2006) and ensure equal representation on the Council. Despite the significant efforts to grow the Service User and Carer Members, growth had been minimal and, as such, given the number of Governors they were over represented on the Council (when compared to Public and Staff Governors).</p>	
f	<p>Chris Brearley asked if the Board would consider the following class structure and corresponding Governor representation:-</p> <ul style="list-style-type: none"> • Service Users (Mental Health) 4 • Patient (Community Services) 1 • Carers 4 <p>He said that his proposal would help ensure that the service user voice remained strong on the Members' Council.</p>	
g	<p>Pauline Fair, Jane Amies and Julia Beesoijen all agreed with the suggestion presented by Chris Brearley. It was suggested that many service user Governors could not attend Council meetings or participate in Governor activities due to the nature of their illnesses. Therefore, decreasing the overall number of service user Governors would increase the likelihood that some Council meetings would have no explicit service user representation.</p>	
h	<p>The Chief Executive said that the proposal presented by Chris Brearley would be considered by the Board alongside the one set out in the report. However, she reminded Governors that Chris Brearley's proposal would not help in addressing the issue with an unequal representation on the Council. Some Governors said that rules about equal representation on Councils and growing a representative Membership were not appropriate for mental health NHS foundation trusts. They asked whether these concerns could be made known to</p>	

i	<p>Monitor and others. The Chair and Chief Executive understood the concerns and said that they would continue to use opportunities, particularly through the Foundation Trust Network, to raise these.</p> <p>Liz Turvey noted that some NHS foundation trusts did not have a Patient Constituency at all and asked why OBMH had opted to have a high number of Service User Governors in the first place. The Chief Executive said that, in developing its NHS foundation trust model, the Trust was very ambitious in its plans to recruit Service User and Carer Members. However, despite sustained campaigns the actual growth in numbers had been very low. She reminded Governors that many service users had opted to join the Public Constituency. Additionally, the Trust had a range of ways for services users to be involved, at different levels, such that many felt that Membership / being a Governor was not for them.</p>	
j	<p>The Chair thanked Governors for their comments. He said that the proposal set out in the report alongside the proposal made by Chris Brearley would be put to the Board.</p>	
k	<p>The Board would consider the proposed Constitutional amendments relating to the Patient Constituency at its meeting on 9 February 2011. The Board's decision would then be reported to Monitor for consideration. The Council would receive an update in due course.</p>	
MC 10/11	<p>Questions from Public</p>	
a	<p>None</p>	
MC 11/11	<p>Any Other Business</p>	
a	<p>Duncan Smith The Chief Executive reported that Duncan Smith had resigned as Director of Finance. She reminded the Council that Duncan had taken up a secondment opportunity with Milton Keynes Hospital NHS FT and had, more recently, been offered the substantive post there. The Trust would look to recruit to the</p>	

b	<p>director of finance post in the coming months and Gareth Kenworthy would continue to act-up in this role for the interim.</p> <p>AGM</p> <p>The Chair confirmed that the Trust's AGM would now be held on 8 September 2011. This would replace the 21 July 2011 meeting.</p>	
	<p>The meeting was closed at 8.14 p.m.</p>	

Signed:

Chair

Date: