

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

Members' Council

PAPER
MC 21/2011

**Minutes of the AGM held on 22 July 2010 at
6.00 p.m. at Unipart Conference Centre, Cowley, Oxfordshire**

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

Jane Amies
Carol Bannister
Meg Barbour
Tricia Birchley
Jacqui Bourton
Chris Brearley
Jayne Champion
Maureen Cundell
Pauline Fair

Stewart George
Mark Hancock
Ian Jones
Fiona Lomas
Dana Scott
Pauline Scully
Jackie Thomas
Liz Turvey
Alan Webb
Graham Whitwell

In attendance:

Graeme Armitage
Mike Bellamy
Caroline Birch
David Bradley
Anne Grocock
Justinian Habner
Mike Hobbs
Roger Reed
Cedric Scroggs
Duncan Smith
Julie Waldron
Elaine Whittaker
Lyn Williams
Julie Waldron

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



MC 27/10	Introduction and Welcome	
a	The Chair welcomed Governors, Directors, Members of the Trust, Staff and the public to the AGM.	
b	<p>Since the last meeting new Governors had joined the Council, either through election or appointment:-</p> <ul style="list-style-type: none"> • Heather Minter – Public Buckinghamshire • Liz Turvey – Carers Oxfordshire • Paul Cann – Age Concern • Arash Fatemian – Oxfordshire County Council <p>Additionally, Fiona Lomas had been re-elected for a three year term representing Service Users Buckinghamshire.</p>	
c	<p>The Chair provided an overview of the new format for the AGM. The new style had been developed to make the day shorter and more manageable whilst still meeting statutory requirements. The focus of the AGM was to present the Annual Report and Annual Accounts to the Governors. Given this, two 'annual review' events would be held later in the year. These events would be more informal in style and provide an overview of the highlights of the last year with a focus on the two major estates projects, Manor House in Buckinghamshire, and the Highfield Child and Adolescent Unit in Oxfordshire. The first event would be held in Oxford on 13 September 2010 and the second event would be in Buckinghamshire on 14 October 2010. Further details would follow in due course.</p>	
d	<p>Depending on how the new format of the AGM went, the Chair said that he was considering moving the AGM next year to a later date. Under Monitor guidance, the Trust was not able to hold its AGM until the Annual Report and Accounts had been laid before Parliament. Holding the AGM later in the year would give more time to Governors to consider the Annual Report and Accounts prior to the AGM and, therefore, ask questions of them. In recognition that Governors had only just received the Annual Report and Accounts (as they were laid before Parliament on 20 July), the Chair said that time would be set aside at a Council meeting later in the year for Governors to ask</p>	

	questions about the Report and Accounts.	
MC 28/10	Apologies for Absence a Apologies had been received from: Anthony Monaco, Mike Alexander, Jeanette Hocking, Heather Minter, Arash Fatemian, Julia Besooijen, Graham Whitwell, Andrew Friend, David Geaney, Paul Cann, Steve Bell	
MC 29/10	Declarations of Interest a The Council received a copy of the Register of Governors' Interests and confirmed that interests listed remained correct.	
MC 30/10	Minutes of the Previous Meeting – 20 April 2010 a The Minutes of the meeting were approved as a true and accurate record, and the Chair signed a copy. Matters Arising b Item MC 21/10d – Forensic Services Contract: the Director of Finance reported that the contract relating to Forensic Services has still not been agreed. It was hoped that agreement would be reaching in the coming week. An update would be provided to the next Council meeting. Item MC 18/10c – HIEC: the Medical Director said that workshop on HIEC had been held and Governors who attended found it useful.	EDS
MC 31/10	Minutes of the Last AGM – 22 July 2009 a The Minutes of the AGM were approved as a true and accurate record, and the Chair signed a copy.	

MC 32/10	Summary of the Year including Presentation of OBMH Annual Report 2009/10	
a	The Chief Executive presented the Annual Report of the Trust to the Governors. She confirmed that the Report had been written in line with Monitor's guidance and that it had been formally laid before Parliament on 20 July 2010.	
b	In presenting the Report to the Council, the Chief Executive provided an overview of the year as part of her annual report to the Council, setting out the challenges faced in 2009/10 and the achievements made. She also used the presentation as an opportunity to highlight some of the potential issues in the year ahead.	
c	<p>In terms of the challenges faced, the Chief Executive highlighted the following:-</p> <ul style="list-style-type: none"> • A larger number of patients had been seen than in previous years; however, there had not been much additional income to help support this increase. • The Care Quality Commission (CQC) had changed its assessment process during the year which required the Trust to alter its internal processes. A number of reports focusing on quality had been released by CQC during the year which the Trust had considered in detail and developed action plans in order to address issues that had been identified in other trusts. • The quality of a number of the buildings continued to be of concern; many did not allow for the provision of modern mental health services. There was a large estates programme to redevelop buildings, where possible, but with limited resources it was difficult to achieve the changes as quickly as the Trust would like to. • Whilst most targets had been met during the year, the Trust did struggle to meet some targets including hand hygiene and early intervention in Buckinghamshire. 	
d	<p>In terms of the achievements, the Chief Executive highlighted the following:-</p> <ul style="list-style-type: none"> • The Trust's action plan (developed following consideration of the reports about failings at Mid-Staffordshire NHS FT) provided the opportunity to focus on improving quality. Some good progress had been made in areas. 	

e	<ul style="list-style-type: none"> • The Trust had received unconditional registration with the CQC. • The Complex Needs Service had made good progress in empowering friends and family of service users, and assisting their involvement where appropriate. • The planning application for the redevelopment of the Highfield Unit had been approved. This had been a struggle, with some opposition, but the Council had approved it following careful consideration. The Chief Executive thanked Governors who had written to the Council and helped support the application. • Single sex accommodation had been implemented across the Trust. • The Productive Ward initiative had been rolled out across some inpatient settings in the Trust which was allowing key staff to free up time from administrative tasks to focus on working with service users. • The Trust had led a group of partners in developing the Thames Valley HIEC application which had been accepted. <p>In terms of the year ahead, the Chief Executive highlighted the following:-</p> <ul style="list-style-type: none"> • The difficult financial position would require the Trust to think carefully how to eliminate waste whilst improving productivity and quality. Whilst the income available is not likely to increase over the coming years, the Trust would still be expected to meet its contracts. • The Trust was still committed to the Manor House development but it will need to be reconsidered to ensure that it provides the best value for money. • The Highfield redevelopment would really get moving during 2010/11. As part of this redevelopment, the Trust had just been informed that the Oxford Hospitals Charitable Trust had agreed to provide OBMH with £220,000 for the development of a music room within the new unit. The Council welcomed this good news and asked that its thanks and appreciation be passed back to the Charitable Trust. • The recently released government White Paper on the NHS along with the new mental health strategy (due to be released later in the year) would require careful consideration. • The proposed Community Health Oxfordshire (CHO) integration as part of the national Transforming Community Services policy would require significant 	
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f	<p>efforts and planning to ensure any integration was successful and delivered benefits to patients and the populations served.</p> <p>The Council received the Trust's Annual Report for 2009/10.</p>	
MC 33/10	Presentation of Annual Accounts 2009/10	
a	The Director of Finance presented the Annual Accounts to the Council. In presenting the Accounts he confirmed that they had been prepared on a going concern basis and in line with directions given by Monitor and HM Treasury. They had been audited by the Audit Commission (appointed by the Members' Council) whose report would be presented to the Council later in the year. The Audit Commission had issued an unqualified opinion on the Accounts. Along with the Annual Report, the Accounts had been laid before Parliament on 20 July 2010.	
b	In presenting the Accounts, the Director of Finance highlighted the key financial indicators, including achievement against plan (as submitted to Monitor), financial efficiency, and the cash position. The Accounts also set out the delivery against the capital programme plan.	
c	Looking forward, the Director of Finance said that it would be financially challenging for OBMH and all NHS organisations in 2010/11. The Trust would be required, along with other trusts, to deliver efficiency savings well above what had been seen before. The Trust was on target for meeting its plans but it would require continued and dedicated work throughout the year.	
d	The Council received the Annual Accounts for 2009/10	
MC 34/10	Questions on the Annual Report and Annual Accounts	
a	Recognising that time for considered questions would be put aside at the next Council meeting, the Chair asked whether or not there were any immediate questions on the Report and Accounts, or the report presented by the Chief Executive and Director of Finance.	

b	Tricia Birchely noted the proposal relating to CHO and asked what this would mean for Buckinghamshire and why the Trust had decided to pursue the option. The Chief Executive reminded Governors that CHO had been discussed at the last Council meeting and that, at the meeting, it was made clear that the Trust would continue to provide the best services it could to Buckinghamshire. The Chief Executive said that the Trust was firmly committed to meeting the requirements of the contract in Buckinghamshire; integration with CHO would not diminish this.	
c	In terms of Tricia Birchley's second point, the Medical Director outlined many of the reasons why the Trust was keen to pursue integration with CHO. He reminded the Council that the Trust had submitted an application to integrate with Community Health Buckinghamshire which, unfortunately, was not accepted. Broadly, the reasons for seeking integration with CHB were the same in the case with CHO. Significantly, the desire to better integrate mental and physical care was a crucial factor.	
d	Building on the Medical Director's response, Pauline Fair asked how the Trust would work to overcome problems of working with social care in Buckinghamshire. The Medical Director said that the Trust would work closely with Buckinghamshire Hospitals NHS Trust (which was taking on CHB) to ensure that links between mental health, community health and social care were built on. Pauline Fair said it was important that the Trust continued to focus on establishing closer ties and integration with social care services.	
e	Liz Turvey noted the data relating to meeting the Early Intervention service targets in Buckinghamshire and asked what this meant for the future of the service. The Chief Operating Officer said that the problem with the service was not to do with quality (indeed, the service had won awards) but the issue was with meeting the target of number of patients seen as set by the Department of Health. Work had occurred to address this specific issue but there were no plans to amend the actual service which was working well and providing a good quality service.	
f	A member of the public asked if the Trust planned to close Assertive Outreach Teams in Oxfordshire. The Chief Operating Officer confirmed that the Trust was looking at how best to structure its community mental health teams in Oxfordshire and	

<p>g</p> <p>h</p>	<p>that a proposal was to integrate the AOT within the CMHT to make better use of resources and integrate administrative functions. This did not amount to stopping the services provided by AOT.</p> <p>A member of the public said that there was not enough offered in the way of advocacy services in Oxfordshire. The Chief Operating Officer said that the Oxfordshire PCT commissioned advocacy services. Alan Webb provided an update on what advocacy services were commissioned in Oxfordshire.</p> <p>Pauline Fair asked if the plans for the new Manor House hospital would allow for any increase in population. The Chief Executive confirmed that the models did allow for an increase in population.</p>	
<p>MC 35/10</p> <p>a</p> <p>b</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 from April to June 2010.</p> <p>The Council noted the report.</p>	
<p>MC 36/10</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. In presenting the report, the Chief Executive drew attention to the Service User and Carer Experience section and said that the Board had been focussing on this area. In particular, the Board had been seeking assurance that targets associated with CPA were being met.</p> <p>Chris Brearley noted that the report showed that CPA performance between Buckinghamshire and Oxfordshire differed; Buckinghamshire's performance was not as good. He asked why this was the case. The Chief Operating Officer said that the Trust's CPA policy applied across both counties so the issue was to do with implementation of the policy. He added that he had asked the Director of Operations, Eddie</p>	

c	McLaughlin, to focus on lifting the performance of Buckinghamshire.	MH / DB
d	Noting that a new CPA policy was being agreed by the Trust, Fiona Lomas said that service user involvement in the process should be sought because the current system was not always 'patient-friendly'. The Medical Director welcomed this suggestion and said that involvement in developing the new CPA leaflet would be particularly welcomed. The Chair asked that involving Governors and particularly service user Governors in redrafting CPA literature be considered.	
e	A member of the public noted that the report showed that there were very few ward-to-ward transfers as a result of non-clinical issues. She congratulated the Trust on this because ward transfers were very disruptive to patients.	
f	Finance Update The Director of Finance provided tabled a report which set out the key points relating to 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.	
g	The Director of Finance noted that four services were experience difficulty in staying in budget. Action was being taken to address problems in each.	
	The Council noted the report.	
MC 37/10	Progress Report on Community Health Oxfordshire (CHO) Integration	
a	The Chief Executive an oral update on the work surrounding the proposed integration with CHO. She explained that work was occurring so that the Board could take a formal decision around Christmas 2010 to proceed or otherwise with the integration; the formal integration would then occur on 1 April 2011. In order to get to that point, the Trust needed to go through a number of formal stages, including presentation to the Co-operation and Competition Panel (which would consider whether the integration impacted upon patient choice), and assessment by Monitor. Monitor's assessment would set out what the governance and financial risk ratings would be for the integrated organisation. The Board would be required to consider Monitor's assessment before coming to any final	

<p>b</p> <p>c</p>	<p>decision.</p> <p>The Chief Executive explained the how the programme was being managed by the Trust and said that work was focusing on preparing the business case for presentation to Monitor. This business case would also include plans for how the integrated organisation would work. A key part of this would be how the CHO and OBMH services integrated and worked together. She added that the Trust's Constitution would be amended to allow the integration to occur. Key changes would include a new name for the organisation and amendment to Membership constituencies to ensure that CHO staff and people interested in CHO services could become members. It was anticipated that the Members' Council would be formally consulted in November 2010 on any proposed changes.</p> <p>The Council noted the update.</p>	
<p>MC 38/10</p> <p>a</p> <p>b</p>	<p>Re-appointment of Non-Executive Directors</p> <p>The Chair presented the report which proposed extending the terms for three Non-Executive Directors to 31 March 2011. The terms of all three were due to expire on 30 September 2010 but extending them by six months would give sufficient time for the Chair to consider any impact of the integration with CHO. The proposal had been discussed and supported by the Council's Nomination and Remuneration Committee.</p> <p>The Council noted the report and approved the appointment of the following to continue of Non-Executive Directors until 31 March 2011:-</p> <ul style="list-style-type: none"> • Cedric Scroggs • Lyn Williams • Elaine Whittaker <p>The Council also noted that, with the resignation of Jim Couchman, a replacement Governor representing Appointed Governors was needed to sit on the Nominations and Remuneration Committee. Stewart George had indicated that he would be prepared to sit on this Committee and the Council endorsed this.</p>	

<p>MC 39/10</p> <p>a</p>	<p>Questions from Public</p> <p>None.</p>	
<p>MC 40/10</p> <p>a</p>	<p>Any Other Business</p> <p><i>Issue from Service User Governor Meeting</i></p> <p>Fiona Lomas explained that a recent Service User Governor meeting had discussed the need for the Trust to continue to focus on the recovery of care (and not just crisis management). Where necessary, staff should be offered training to ensure that they have the skills to support this model of care. The Chief Executive agreed and added that the recovery model of care was a key tenet of the New Horizons mental health strategy.</p>	
	<p>The meeting was closed at 7.50 p.m.</p>	

Signed:

Chair

Date: