

**Oxford Health NHS Foundation Trust**

**Council of Governors**

Minutes of the Meeting on 4 March 2015 at

6.00 p.m. at The Spread Eagle Hotel, Thame, Oxfordshire

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

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| Lynda Atkins | Lynda Lawrence |
| John Bidston | Samantha Mandrup |
| Tricia Birchley | David Mant |
| Mandy Carey | Jude Randall |
| Maureen Cundell | Chris Roberts |
| Martin Dominguez | Diana Roberts |
| Geoffrey Forster | Pat Ross |
| Gary Gibson | Anwar Soopun |
| Judith Heathcoat | Mark Tattersall |
| Martha Kingswood | Sula Wiltshire |
| Reinhard Kowalski |  |

In attendance:

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| John Allison | Assoc. Non-Executive Director |
| Ros Alstead | Director of Nursing and Clinical Standards |
| Stuart Bell | Chief Executive |
| Alyson Coates | Non-Executive Director |
| Anne Grocock | Non-Executive Director |
| Justinian Habner | Trust Secretary *(Minutes)* |
| Dan Leveson | Head of Programmes and Strategy |
| Mike McEnaney | Director of Finance |
| Clive Meux | Medical Director |
| Yvonne Taylor | Chief Operating Officer |
| Lyn Williams | Non-Executive Director |

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| **COG 01/15**  a  b  c  d  e | **Introduction and Welcome**  The Chair welcomed everyone to the meeting. In particular he welcomed David Mant to his first meeting of the Council; he was nominated to represent Oxford University Hospitals NHS Trust and Sula Wiltshire who had been appointed to represent Oxfordshire CCG. He also noted that Tricia Birchley was the new Buckinghamshire County Council representative, replacing Carl Etholen.  The Chair also noted that June Girvin had been appointed by Oxford Brookes University.  The Trust continued to wait for nominations from Buckinghamshire Healthcare NHS Trust and Chiltern CCG. Both had previously been invited to nominate representatives and the Chair and Trust Secretary would follow up with both organisations in due course.  The Chair noted the recent passing of Cedric Scroggs, Vice-chair, and the Council recorded its condolences.  The Chair also noted that the Trust Secretary would be leaving the Trust in May and he thanked him for his support since the Council establishment in 2008. | **MGH / JCH** |
| **COG 02/15**  a | **Apologies for Absence**  Apologies had been received from: Carol Penny, Taufiq Islam, Maureen Ghirelli, Julia Grinsted, Hafiz Khan, Liz Turvey, June Girvin, David Thurston |  |
| **COG 03/15**  a  b | **Declarations of Interest**  The Council received the written report and confirmed that interests listed in the Register of Governors’ Interests remained correct.  The Council noted that some Governors still needed to submit updated declarations and agreed that these should be submitted, in writing, to the Trust Secretary before the next meeting. | **All** |
| **COG 04/15**  a  b | **Minutes of Last Meeting & Matters Arising**  The Minutes of the meeting were approved as a true and accurate record of the meeting, subject to the following:-   * On COG 42/14 replace ‘commissioning’ with ‘contracting’.   ***Matters Arising***  **COG 46/15 d – Constitution** – the Trust Secretary confirmed that the Board approved the amendments to the Constitution as proposed by the Council. |  |
| **COG 05/15**  a  b  c  d  e  f  g  h  i  j | **Update Report on Key Issues from the Chief Executive**  The Chief Executive provided an oral update on the major items that the Board had been focussing on since the Council had last met.  He provided an overview of recent community hospital developments noting that the new Bicester Community Hospital had opened in December 2014. Unfortunately, there were problems with the new-build over the Christmas period. The problems and the approach to resolving them had demonstrated that NHS Property Services (NHS PS) could not manage the maintenance of the building; as a consequence, the Trust had been forced to close beds to patient admission whilst the Trust’s own Estates and Facilities department worked to resolve the issues with the new building.  The Chief Executive also provided an overview of the Townlands Community Hospital development and the risks to existing services that were emerging as a result of the building work taking place. He reminded the Council that the Trust did not own either building (or controlled the re-development). The experience of the Bicester development alongside that of the Townlands Hospital development meant that the increasingly unsatisfactory positon the Trust was finding itself in with regards NHS PS had been raised with both NHS Providers and Oxfordshire CCG.  The Chief Executive provided an update on the contract negotiations underway with the CCGs and specialist service commissioners. He also provided an account of the wider system in which the Trust’s contracts were being negotiated; the wider financial incentives to treat people out of hospitals were not in place and this resulted in limited funding for community services. Accordingly, the Trust needed to make clear through the negotiations what it could and could not provide for the level of resource being made available.  In terms of service developments, the Chief Executive noted that the Trust had submitted a bid for the Buckinghamshire CAMHS (which it currently provided); the service model proposed was different from the current model and would see the Trust work in close partnership with Barnados. The Trust hoped to learn the outcome of the tender process soon. The Wiltshire Children’s Community Services was also being put out to tender and the Trust was looking at this given the proposal was to integrated mental and physical healthcare.  The Chief Executive provided an overview of the delayed transfers of care position in Oxfordshire, which was one of the worst in the country, and the working being done by all health and social care partners to address this.  Finally, the Chief Executive noted the publication on 3 March 2015 of the Oxfordshire Safeguarding Children’s Board review into the services provided to a number of child victims involved in the Operation Bullfinch case. The report showed what a truly shocking and distressing case this was, with learning for all agencies involved.  Tricia Birchley provided an overview of the delayed transfers of care position in Buckinghamshire; the overall figure was satisfactory however there were issues associated with the availability of nursing home beds and she wondered if there were similar issues in Oxfordshire. The Chief Executive said that domiciliary care appeared to be a major cause of the numbers in Oxfordshire; Judith Heathcoat agreed with the Chief Executive’s point that the numbers due to social care had decreased.  Martha Kingswood noted the Buckinghamshire CAMHS tender and said it was disappointing that this process did not follow what had taken place in Oxfordshire where there was a negotiation between the commissioner and the Trust; developing tender bids took up a lot of staff time. The Chief Executive agreed that frequent tendering was very disruptive and it was questionable if it delivered the anticipated results; however, he noted that commissioners often felt an obligation to tender. He added that contracts with longer terms were really required to allow providers to implement the changes they set out in bids.  **The Council noted the update.** |  |
| **COG 06/15**  a  b  c  d  e  f  g  h | **Update on Trust Financial Position / Finance Report**  The Director of Finance presented the finance report and provided an overview on the Trust’s financial position. As reported at the last meeting, the Trust continued to be behind plan and this continued to be driven by:   * shortfall in delivery against cost improvement plans; * cost pressures from spend on medication and higher than planned Out of Area Treatments (OATs); * higher staffing costs due to higher activity and use of agency staff; and * lower than expected clinical income.   Chris Roberts said, given what was reported, the number of OATs must be high. The Director of Finance said they were not too high but the costs associated with each placement was high and often for a long period; usually OATs were for very difficult and specialist individual cases. OATs were inevitable and there was a budget for them but, in the current year, the Trust was £600k over budget for these placements.  The Director of Finance then went on to provide an overview of the proposed budget and financial plan for the forthcoming financial year. In particular, he explained how the Trust was seeking to negotiate with CCGs to re-set the Trust’s baseline such that income would match the activity expected. Alongside that, he outlined the approach being taken to the Cost Improvement Programme (CIP) for the forthcoming financial year and noted that Deloitte had been asked to look at the Trust’s approach to CIPs. He said the overall financial plan was likely to be a deficit plan with a Monitor ‘Continuity of Services Rating’ of 2; the Trust’s liquidity position would continue to be adequate.  The Chair added that the proposed plan was realistic and that he was aware many other NHS foundation trusts were in similar positions and were preparing similar plans.  Chris Roberts asked whether the proposed CIP target for the forthcoming year had been developed with the benefit of the Deloitte work. The Director of Finance said that it was not as the Deloitte work was only just completed and being reviewed so there was a possibility that this target could be increased. Chris Roberts asked whether the target was realistic given the Trust’s experience in the current year and the Director of Finance confirmed that he thought the £5m target was reasonable.  Tricia Birchley asked whether the Trust would be trying to obtain greater benefit from its suppliers through contract negotiations and tendering. The Director of Finance confirmed that this was the case and the Trust was always trying to reduce costs through tendering.  Geoffrey Forster said that CIPs could be counter-productive and asked whether the Trust was now close to that position. The Director of Finance said that CIPs were always validated against criteria to ensure that they would not impact on the quality and safety of services.  **The Council noted the report.** | **MMcE** |
| **COG 07/15**  a  b  c  d  e | **Oxford Health NHS FT – Operational Plan**  The Head of Programmes and Strategy presented the report which set out the current draft of the Operational Plan for 2015/16. He noted the Governors Seminar on 3 February 2015 at which the plan and the strategic framework were presented and he thanked Governors for their comments. The Council was now provided a further opportunity to comment on the updated draft.  Tricia Birchley noted the Buckinghamshire CAMHS tender and said that the provider, when appointed, would need to work to reduce waiting times. The Chief Executive agreed and said that the Trust’s proposed model would try and reduce waiting times.  Judith Heathcoat noted the graph relating to the Friends and Family Test which seemed to suggest the results fluctuated a lot across each month. The Chief Executive said that the results were broadly steady but the graph was not well presented (as it did not include the full range). He asked that the graph be amended.  The Head of Strategy and Programmes noted the section of the report which set out the Trust’s non-NHS services and provided an overview of the planned approach for these commercial services in 2015/16. The Chair assured that Council that the commercial services plan remained very small when compared to the Trust’s  **The Council noted the Operational Plan and confirmed that it was satisfied that the implementation of the Commercial Services Development programme would not significantly interfere with the Trust’s fulfilment of its principle purpose or performance of its functions.** | **DL** |
| **COG 08/15**  a  b | **Appointment of Trust Auditors**  As chair of the Audit Committee, Alyson Coates presented the report which proposed extending the existing contract for the provision of external audit services by Deloitte for a further two years (until 25 October 2017). She explained the rationale for the proposal and confirmed that the Audit Committee endorsed the proposal.  **The Council approved the report and the two year extension of the external audit contract.** |  |
| **COG 09/15**  a  b | **Agreement of Governors Quality Indicator for Quality Account 2015/16**  The Director of Nursing and Clinical Standards presented the report which proposed that the Governors select the same two mandatory and the same local indicators to be audited this year as in the previous audit. She explained that the proposal had been discussed by the Governors seminar on 3 February 2015 and at the most recent Council Quality and Safety sub-group meeting.  **The Board noted the report and the testing of the following indicators:-**   * **100% enhance CPA patients receiving follow-up contact within seven days of discharge from hospital.** * **Minimising delayed transfers of care in mental health services.** * **Friends and Family Test.** |  |
| **COG 10/15**  a  b  c  d | **Update Report from Council Sub-groups**  The Chair presented the composite report which provided an update on work undertaken by the Council sub-groups. The following were discussed:-  ***Patient Experience Sub-group***  The Medical Director said that the group had agreed it would be good to have additional patient representation at the meeting particularly form physical health care services. Samantha Mandrup agreed to join the Sub-group.  The Medical Director said that the group had also discussed how to have the patient voice heard at the Council; he noted that the Board had recently started to have a 15 minute patient story heard at the start of every Board meeting and the group wondered if a similar approach should be adopted for the Council. The Council discussed the suggested and broadly agreed with it but noted that sufficient time and space must be afforded to allow this to happen and this had to be balanced against an already very full agenda. The Council agreed that the Patient Experience Sub-group should develop a proposal on how the suggestion could work and present it to the next Council meeting for decision.  **The Council noted the report.** | **CM** |
| **COG 11/15**  a  b  c  d | **Quality Account 2014/15 Q3 Update**  The Director of Nursing and Clinical Standards presented the report which provided an update against the Quality Account.  Lynda Atkins said that the report included too many acronyms and asked that these be spelt out in future reports.  Chris Roberts asked whether the data on the expected nursing staffing levels on inpatient wards could show the best and worst shifts across the Trust. The Director of Nursing and Clinical Standards said that this was not possible in this report as the national reporting requirements were being followed; however that information was made available in the report that was presented to Board on safer staffing levels.  **The Council noted the report.** | **RA** |
| **COG 12/15**  a | **2015 Governor Elections**  **The Council noted the report and supported the decision adopt a digital strategy for the 2015 election.** |  |
| **COG 13/15**  a | **Questions from the Public**  None. |  |
| **COG 14/15**  a | **Any Other Business**  ***Smoke-free environment***  The Director of Nursing and Clinical Standards reported that the Trust’s smoke-free policy commenced on 2 March 2015. The Council welcomed this news. |  |
|  | **The meeting was closed at 7.31 p.m.** |  |