

**Oxford Health NHS Foundation Trust**

**CoG 02/2019**

(Agenda item: 5)

**Council of Governors**

[DRAFT] Minutes of the Meeting held on

22 November 2018 at 18:00

Spread Eagle Hotel, Thame, Oxon OX9 2BW

In addition to the Trust Chair, and Non-Executive Director, Martin Howell, the following Governors were present:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Kelly | Bark | **(KB)** | Allan | Johnson | **(AJo)** |
| Mark | Bhagwandin | **(MB)** | Alan | Jones | **(AJ)** |
| Caroline | Birch | **(CB)** | Tina | Kenny | **(TK)** |
| Terry | Burridge | **(TBu)** | Davina | Logan | **(DL)** |
| Maureen | Cundell | **(MC)** | Neil | Oastler | **(NO)** |
| Gordon | Davenport | **(GD)** | Maddy | Radburn | **(MR)** |
| Vicky | Drew | **(VD)** | Gill | Randall | **(GR)** |
| Gillian | Evans | **(GE)** | Chris | Roberts | **(CR)** |
| Tom | Hayes | **(TH)** | Sula | Wiltshire | **(SW)** |
| Karen | Holmes | **(KH)** | Soo | Yeo | **(SY)** |

*Trust officers in attendance:*

|  |  |  |  |
| --- | --- | --- | --- |
| Stuart | Bell | **(SB)** | Chief Executive Officer |
| Tim | Boylin | **(TBo)** | Director of Human Resources |
| Terri | Brunne | **(TBr)** | Corporate Governance Officer (*minutes*) |
| Dominic | Hardisty | **(DH)** | Chief Operating Officer |
| Imogen | Hardy | **(IH)** | Corporate Governance Administration Assistant |
| Donna | McKenzie | **(DMc)** | Patient Experience & Involvement Manager |
| Aroop | Mozumder | **(AM)** | Non-Executive Director |
| Kerry | Rogers | **(KR)** | Director of Corporate Affairs & Company Secretary |
| Martyn | Ward | **(MW)** | Director of Strategy & Performance |
| Lucy | Weston | **(LW)** | Associate Non-Executive Director |

|  |  |  |
| --- | --- | --- |
| **1.** | **Welcome**  The Chair brought the meeting to order and welcomed all those present confirming the meeting to be quorate. | **Action** |
| **2.** | **Apologies for absence**  Apologies for absence were received from Geoff Braham; Lawrie Stratford; Abdul Okoro; Andrea McCubbin; Astrid Schloerscheidt; Claire Sessions; Richard Mundunya; Reinhard Kowalski, Matt Bezzant and Jacky McKenna.  **Board Members:**  Chris Hurst; Jonathan Asbridge; John Allison; Bernard Galton; Mark Hancock; Ros Alstead and Mike McEnaney  A warm welcome was extended to David Walker, incoming Trust Chair from 1st April 2019  No members of the public were present. |  |
| **3.** | **Declarations of Interest**  There were no declarations of interest pertaining to matters on the agenda. |  |
| **4.**  a  b  c  d | **Patient Experience Presentation by Patient Experience and Involvement Manager**  To demonstrate how a Trust service is caring for a patient as told from a patient’s perspective in the context of stretched resources, in this instance Speech and Language Therapy, DMc read out a letter from the mother of a little girl. Home-based therapy sessions were taking place every 6-8 weeks following a 6-month wait. The mother expressed worry concerning the sufficiency of the duration of these sessions. The daughter was making good progress but had plateaued. Mother and family have been anxious.  The mother is helping the service to understand what support can be given to parents while they are waiting, and how best to communicate with them. She is also helping with advice on aids that the child uses to communicate with the therapist and her parents. The mother worried that when these were used in public the child could be viewed as being disabled and stigmatised and so consideration is being given to development of an app to be used instead.  MB suggested sharing this story and others of interest on the Trust public website. Other governors suggested the use of Makaton, examples were cited where this has helped individuals.GE asked whether 6 months is a typical waiting time and this was confirmed.  **The Council of Governors noted the oral report and the opportunity to understand care from the perspective of a carer/family member.** |  |
| **5.** | **Equality and Diversity Presentation by Head of Inclusion**  MP explained that focus is given to specific areas of inclusion periodically in order to ensure all areas receive due attention. In 2017 and 2018 the focus has been on Lesbian Gay Bi-Sexual and Transgender (LGBT) and Disability equality. Events that have been held have attracted considerable interest thereby helping the Trust improve its understanding of the issues and improvement opportunities.  Separately MP read out an email from a member of staff with hearing difficulties enthusing how he was inspired by a Linking Leaders Event through the presentation of a personal experience conveyed by a Trust staff member. This had inspired the person to admit for the first time they had the same problem and they wanted MP to know this had prompted action which was life changing.  MB that MP for this moving staff story and suggested again that it be placed on the public website for all to appreciate.  **The Council of Governors noted the oral report and thanked MP for presenting the story welcoming the connection to staff experience.** |  |
| **6.**  a  b  c  d | **Minutes of 05 September 2018 and Matters Arising**  Separate to the meeting agenda and papers, the Minutes had been circulated a few days prior to the meeting and so it was requested that they in future be circulated at least 5 clear days in advance (per Constitution).  The minutes of the meeting were approved as a true and accurate record of proceedings.  ***Matters Arising:***  **Item 7(b) 13 June 2018 Minutes**: ***Joint Governor/Non-Executive Director session***  It was confirmed that in accordance with the Governor Training and Development Programme a meeting was being organised for early 2019.  The Council of Governors confirmed that the remaining actions from the Summary of Actions had been completed, actioned or progressed: Item 2(c) Carenotes’ functionality in community services – booking of appointments; and item 17(d) Oxfordshire Adult Mental Health ‘Night Team’ report which had been escalated and discussed further at the Quality Committee and Governors’ Safety & Effectiveness sub-group meetings in July 2018. | **KR** |
| **7.**  a  b | **Update Report from Chair**    The Chair explained that the local healthcare system was experiencing challenging times with inadequate financial resources available while demand for services is rising. He underscored Stuart Bell’s paper about NHS Improvement (NHSI) stating they had been found to be constructive and understanding about the Trust’s position in not currently meeting its financial plan, a reflection he felt of the relationship that has been developed between the parties through frank discussions. The importance of meeting the Trust’s plan remained of critical importance.  **The Council of Governors noted the oral update.** |  |
| **8.**  a  b  c  d  e | **Update Report from Non-Executive Director**  AM described in brief his career history and experience. AM had an earlier career in the Royal Airforce where his specialism was medical governance focussing on quality, safety, and performance. Since retirement he has been teaching at the University of Oxford and is an advisor to the Care Quality Commission (CQC).  He became a Non-Executive Director of OHFT in September 2017, sits on the Trust Board of Directors and on the Quality Committee and the Governors’ Patient and Staff Experience Group.  He described a particular interest in the importance of healthcare organisations learning from patient experience and amongst the other areas referenced he highlighted specific focus on progress with:   * Care Notes for district nurses * Interoperability amongst electronic healthcare systems * Pressure and demands on staff   He noted the high cost of living in the Oxford area and expressed empathy for healthcare staff facing this challenge and how it affects the capability of local healthcare organisations to recruit sufficient numbers of staff in particular at lower pay grades.  **The Council of Governors noted the oral update.** |  |
| 9.  a  b  c  d  e  f  g  h  i  j  k  l  m  n  o  p  q  r  s  t  u  v  w | **Update Report on Key Issues from Chief Executive**  The Chief Executive presented report CG 32/18 previously circulated with papers and highlighted the independent external advice commissioned by Oxfordshire Clinical Commissioning Group to compare the level of mental health expenditure in Oxfordshire with other similar areas nationally. Early findings have validated that funding levels are comparably lower against the national picture although results of the study are yet to be published. Specialist mental health locally requires a greater proportion of the overall budget available as compared to acute or community in order to rectify historic underinvestment.    How best to spend the funding that is available was also examined comparing the Trust to others nationally. OH was found to be about 8% more efficient. However, this efficiency is not enough to close the gap between the local situation and other more generously funded areas or more importantly the level of need.  Going forward the Chief Executive highlighted the growing financial pressure on the Trust given it is starting from a position of being efficient which will make it more difficult to generate even greater efficiencies. It was welcomed that NHS Improvement (NHSI) was empathetic and supportive to help develop a plan based on acknowledging the already efficient starting point.  It was noted that an upcoming change to the NHS architecture would see NHSI and NHS England (NHSE) collaborating in future. This would require the development of new relationships with different individuals and the requirement to support development of their knowledge of the local situation.  Integrated care systems which are in development for each health economy nationally will be instrumental in sorting out how challenges can best be addressed at a system level. Locally, all partners including the Trust will make contributions to support this work both through strategic planning and operationally.  The CQC has supported the proposition that problems with providers often result from wider problems in the local health economy, therefore their powers to inspect the whole system in order to achieve quality improvements will be widened.  The Chief Executive underscored the importance of the right balance between demand and capacity for services to inform resource allocation decisions and to be able to deliver safe, efficient services.  AJ raised the question whether demand and capacity are adequately matched in the Trust’s community mental health services in particular. SB acknowledged that, for the system to be effective, community services will contribute more under an integrated care system and, as part of forward planning, specific consideration will be given to them to ensure they are fit for purpose. The Trust bed base is already comparably low.  AJ asked whether there is risk that mental health funding might be reduced in future. In response, SB explained that the challenge is more around the type of contract that the Trust holds with its commissioners, in this instance a block contract. In this type of contract, funding is fixed regardless of having undertaken more activity to meet actual demand or progressing innovation, Additional funding will not follow, unlike payment by results which rewards more activity. The Trust has been invited to present a proposal to NHSI about how to address this because it is particularly challenging in our geographic footprint.  CR asked whether constraints on funding as compared to demand might lead to the Trust having worse performance. SF acknowledged that demand is making patient waiting times longer although locally they are better than nationally.  TB asked whether the Trust has enough beds and a shortage has led to the necessity to place some patients out of their area of residence. SB responded that out of area placements are a case for strengthening community services so that not as many beds are needed. Crisis resolution and early intervention services in particular might help to avoid the requirement for beds.  It was acknowledged that mental health is attracting more media attention recently which may be creating more demand from patients presenting who might otherwise have passed by as unmet need.  MB asked about the robustness of the Trust’s Winter preparedness plan. The Chief Executive referred to his report and recognised the positive impact of the winter preparedness work which had taken place, including through the appointment of a Winter Director in Oxfordshire who had been seconded from the Trust; and a similar post in Buckinghamshire which had also helped to coordinate NHS and social care organisations in a collective response to winter pressures.  He explained an escalation/alert system across the whole of health and social care so that pressure points can be immediately identified. He referenced that workforce will continue to be the greatest challenge potentially exacerbated in the event of staff illness should there be a significant flu outbreak. Winter planning is given significant priority at a national level from which the Trust benefits and local plans are undertaken collaboratively in particular with the acute Trust. It remains an ongoing challenge to meet demand and to care for people in the right place.  DH asked for an update on the post-acute reablement service collaboration with Oxford University Hospitals Foundation Trust (OUHFT) where there have been quality issues in the system. SB explained that work is underway to put a single discharge pathway in place to mitigate risk.  GD asked whether the withdrawal of services that were previously available for children and young people were impacting on demand for Children’s Acute Mental Health services. SB explained that school nurses are trying to offset some of the impact through providing a route for communication with children and families in schools.  A question was raised whether an increase in complaints from patients and families and incidents was being experienced. SB reassured that no specific changes in trends and themes had been identified and that currently staff are working tirelessly to cope in spite of an increase in workload. Particularly rewarding at such times was the CQC having rated services as Good.  SY asked how the Board will gain assurance around the well led domain particularly in light of workforce challenges. SB acknowledged that workload and acuity is at the root of staff stress which links back to the work that is underway quantifying demand and capacity and what is a reasonable expectation in terms of staff capacity. Our risk registers accentuate that this is a critical issue as does our focus and attention to mitigation.  A question was raised around the accuracy of forecasting the planned deficit pointing to how the unexpected can unbalance a plan. Estates and infrastructure were referenced by way of example having the potential to create large unanticipated costs.  SB confirmed risks and opportunities were part of planning and that capital investments in particular are being tightly constrained at present because of the necessity to protect cash reserves for the future. Spending capital now, on the Wantage Community Hospital repairs was an example of a presently unwise investment especially until the future service models for community hospitals had been decided.  Regarding the Warneford site, governors were reminded of the joint exercise with Oxford University to re-imagine its best use and development given it is one of the oldest hospital sites in the NHS. The intention is to build a new state of the art hospital on the site. A postgraduate education campus may also be developed using the old buildings for some of this repurposing. Fundraising to contribute toward this work is being sort as part of a wider financing proposal. The exciting prospect of the Life Sciences also being part of the development was described which could create an opportunity to also earn income from the site that would over time help defray costs and bring with it a substantial future income stream.  A Memorandum of Understanding will be developed between the parties over the coming months to agree how this might best progress and further updates to the Council of Governors would follow.  **The Council of Governors noted the written report and congratulations were offered on the Trust’s CQC rating of Good.** |  |
| **10.**  a  b  c  d  e | **Finance Report**  The Director of Finance presented the report CG 33/18 which summarised the financial performance of the Trust for September (Month 6, FY19). He highlighted financial performance and the ongoing operational pressures in services, in particular OAPs (despite the significant work which had taken place to reduce these, especially in Learning Disability services. He referred to work taking place regarding contract negotiations to cap activity in Oxfordshire mental health services which were overstretched, already over-performing and yet underfunded. This work would also pave the way for the position which may need to be taken in the coming financial year if appropriate contractual income for Oxfordshire services could not be achieved. Discussions were taking place with Oxfordshire CCG in relation to use and investment of a wider system surplus.  The Month 6 position was an I&E deficit of £5.9 million which, after adjustments, was an underlying performance deficit of £6.3 million. EBITDA (Earnings Before Interest, Taxation, Depreciation and Amortisation) was £0.5 million which was £3.9 million adverse to plan. Cost pressures continued, and OAPs had not yet reduced as planned, although the impact of these had been offset in month by a business rate rebate.  The cash balance was £16.7 million which was £0.3 million behind plan. Capital expenditure was £0.5 million which was £0.8 million behind plan. The Use of Resources risk rating had become an overall ‘4’ (where ‘1’ was the best rating/low risk and ‘4’ the worst/high risk).  Due to the ongoing operational pressures, the lower than planned commissioner income and the risks of under delivery on CIP, the financial recovery work has been established as a formal Financial Recovery Plan. A re-forecast year-end position was submitted to NHSI at Q2. The re-forecast position is a deficit of £8.0m, £7.6m adverse to Control Total, excluding Provider Sustainability Fund (PSF), and £9.9madverse to Plan when including PSF.  **The Council of Governors noted the report**. |  |
| **11.**  a  b  c  d  e  f  g | **Quarterly Workforce Report**  The Director of HR presented paper CG 34/18 sharing with governors that preliminary analysis of the staff survey has revealed stress as an issue including specific issues around workload and feeling a lack of control.  An Employee Assistance Programme (EAP) is being invested in to give staff the opportunity to seek counselling and supportive advice on a range of both work and life issues which it was hoped would help tackle stress and health and wellbeing.  A retreat for staff was offered last year proving to be successful and it is anticipated will be repeated giving the opportunity to explore stress related issues. Also available will be an opportunity for clinical staff to discuss in safe supported spaces particular stress related issues that affect the quality of care.  More hours have been carried out through the Bank recently than through agencies. This gives better control over quality, supervision and training as well as cost reduction. Nursing associates are currently in training and focus is on ensuring they are supported to ‘land well’ in ward environments in order to avoid stress for them or the teams that they join.  MB flagged that the staff survey indicated that 25% of staff reported they had experienced bullying and asked what measures the Trust was putting in place to address it. A discussion was held about some of the potential reasons that bullying is experienced which could be various around pressure of workload, feeling under stress, or inadequate leadership skills. Expectations on staff may cause them to feel under pressure and to do more out of goodwill than they feel prepared to do. Equally bullying may be poorly defined and staff may be confused with other management processes. It was acknowledged that bullying is sometimes inadvertent and that it may stem from staff toward a manager and not solely hierarchically. These subtleties cannot be identified from the staff survey alone.  It was emphasised that bullying is not to be tolerated and establishing a culture where bullying is not acceptable is key so that staff feel supported to speak up; a range of initiatives are underway to improve the culture.  The Freedom to Speak Up Guardian was explained to be helping with this.  **The Council of Governors noted the report and update.** |  |
| **12.**  a  b | **Quarterly Performance Report**  The Director of Strategy and CIO presented paper CG 35/18 and set the Trust’s performance in context explaining that services were experiencing increasing demand and workforce challenges, with high levels of OAPs across Oxfordshire and Buckinghamshire. Although efficiencies and improvement activities continued across services, without further investment then some services would not be able to achieve targets.  **The Council of Governors noted the report and the work to safeguard performance against target.** |  |
| **13.**  a  b  c  d | **Changes to the Constitution**  The Director of Corporate Affairs and Company Secretary presented paper CG 36/18 explaining that as a consequence of changing the directorate structure it was necessary to review the Constitution in order that the staff constituency classes remained consistent. This will enable a compliant election process to run for 2019 against the correct staff structure.  The proposed changes protect the position of existing governors with transitional arrangements in line with the unexpired terms of office, allowing for the election of new staff governors to new classes on a staggered basis. An explanation of the journey to 2021 was set out in the accompanying paper.  The Director of Corporate Affairs highlighted that there remained an ambition to review the number of governors on the Council and the Governance Working Group would revisit this during 2019.  **The Council of Governors approved the changes to the Constitution acknowledging the requirement also for Board’s approval at its next meeting. A minor typo on page 2 was highlighted for correction.** |  |
| **14.**  a  b  c  d  e | **Electronic Health Record Update**  The Director of Strategy and Performance presented an update underlining the wider objective to deliver interoperability across a range of electronic clinical systems in the local health economy to enable implementation of electronic health records for patients. The various systems highlighted included Adastra, Ulysses, Ascribe, EMIS, Systm One, each used by a particular service or for a specific purpose in addition to OH’s Care Notes. The current phase of implementation of CareNotes was described to be focussed on community nursing.  The difficulty of achieving a solution to a complex set of systems was emphasised however it was noted that with developments in technology in the past few years and building on the experiences of the past it is much more achievable than it was previously. It was acknowledged that when new systems were introduced in the past there were few choices available on the market and compromises had to be made.  It was described that end users have been consulted on the proposed solutions and support is strong albeit change is always challenging. Lessons would be learned from past experiences and it was important that a balance be struck between allowing end user modifications and overall consistency and effectiveness of the implementation.  MW clarified that he hoped the presentation helped clarify the journey by way of a road map and project plan setting out how full implementation will be achieved with a forecast end date of 2020/21.  **The Council of Governors noted the presentation and progress made to-date.** |  |
| **15.**  a | **Update Report from Council Sub-groups and Governor Forum:**  Oral update reports were provided on the last meetings of the governor sub-groups. It was highlighted that following discussion regarding the developments with the membership strategy would lead to presentation of a final draft to the next meeting of the Council. |  |
| **16.**  a | **Questions from the public**  No members of the public were present. |  |
| **17.**  a | **Any Other Business**  The lead governor, Chris Roberts, on behalf of the Council thanked Ros Alstead, retiring Director of Nursing for her service and everything she has done to support governors. |  |
|  | **With no further business to discuss, the meeting closed at 20.34** |  |

**Council of Governors**

**Member attendance 2019**

*To be published in the Annual Report*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Term Ends** | **13 June**  **2018** | **05 Sept** | **22 Nov** | **28 Feb**  **2019 pvt** | **20 Mar** |
| Terry Burridge | Left Dec18 |  |  | ✓ | n/a | n/a |
| Matthew Bezzant | Left Dec18 |  |  |  | n/a | n/a |
| Caroline Birch | 31/05/19 |  |  | ✓ | ✓ |  |
| Chris Mace | Deceased 9/18 |  |  | n/a | n/a | n/a |
| Geoff Braham | 31/05/20 |  |  |  | ✓ |  |
| Mark Bhagwandin | 31/05/19 |  |  | ✓ | ✓ |  |
| Abdul Okoru | 31/05/20 |  |  |  | x |  |
| Adeel Arif | 31/05/19 | x | x | x | x | x |
| Allan Johnson | 31/05/20 |  |  | ✓ | x |  |
| Madeleine Radburn | 31/05/19 |  |  | ✓ | ✓ |  |
| Richard Mandunya | 31/05/19 |  |  |  | x |  |
| Gill Evans | 31/05/21 |  |  | ✓ | x  voted +ve as NRC |  |
| Tom Hayes | 31/05/21 |  |  | ✓ | x |  |
| Jacky McKenna | 31/05/21 |  |  |  | x |  |
| Claire Sessions | 31/05/21 |  |  |  | x |  |
| Gill Randall | 30/05/19 |  |  | ✓ | ✓ |  |
| Chris Roberts | 30/05/19 |  |  | ✓ | ✓ |  |
| Alan Jones | 31/05/21 |  |  | ✓ | ✓ |  |
| Reinhard Kowalski | 30/05/19 |  |  |  | x |  |
| Kelly Bark | 30/06/19 |  |  | ✓ | x  voted +ve as NRC |  |
| Karen Holmes | 30/05/19 |  |  | ✓ | ✓ |  |
| Soo Yeo | 31/05/20 |  |  | ✓ | x |  |
| Maureen Cundell | 31/05/21 |  |  | ✓ | ✓ |  |
| Neil Oastler | 31/05/20 |  |  | ✓ | x |  |
| Gordon Davenport | 31/05/21 |  |  | ✓ | x |  |
| Vicky Drew | 31/05/21 |  |  | ✓ | x |  |
| Lawrie Stratford | 31/06/20 |  |  |  | x |  |
| Astrid Schloerscheidt | to 12/18 |  |  | n/a | n/a | n/a |
| Marie Malone | 01/03/19 | n/a | n/a | n/a | n/a |  |
| Andrea McCubbin | 31/12/21 |  |  |  | ✓ |  |
| Davina Logan | 01/05/19 |  | ✓ | ✓ | x  voted +ve as NRC |  |
| Sula Wiltshire | 31/12/20 |  |  | ✓ | x |  |
| Lin Hazel | 31/07/20 |  |  |  | x |  |
| Debbie Richards \* | 01/09/20 |  |  |  | x |  |
| Tina Kenny | 31/10/20 |  |  | ✓ | x |  |
|  |  |  |  |  |  |  |
| Martin Howell | 31/03/2019 (3rd) |  |  | ✓ |  |  |
| Sir Jonathan Asbridge | 30/06/2020(2nd) |  |  |  | n/a |  |
| Sir John Allison | 31/03/2021(2nd) |  |  |  | n/a |  |
| Alyson Coates | 31/03/2020 (3rd) |  |  | n/a | n/a | n/a |
| Professor Sue Dopson | 31/05/2021 (3rd) |  |  |  | n/a |  |
| Bernard Galton | 31/01/2021 (1st) |  |  |  | n/a |  |
| Chris Hurst | 31/03/2020 (1st) |  |  |  | n/a |  |
| Dr Aroop Mozumder | 31/01/2021 (1st) |  |  | ✓ | n/a |  |
| Lucy Weston (Assoc) | 31/08/2020 (1st) |  |  | ✓ | n/a |  |

*\*Aylesbury Vale and Chiltern CCG merged with Buckinghamshire CCG (need constitutional change for incl BCCG*