

**Oxford Health NHS Foundation Trust**

**CoG 11/2019**

(Agenda item: 06)

**Council of Governors**

Minutes of the Meeting on 20 March 2019 at

18:00 at the Spread Eagle Hotel

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

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| **Present:** | |  | |
| Chris Roberts (Lead Governor) (CR)  Madeleine Radburn (MR)  Mark Bhagwandin (MBh)  Caroline Birch (CB)  Geoff Braham (GB)  Maureen Cundell (MC)  Vicky Drew (VD)  Gill Evans (GE)  Tom Hayes (TH)  Karen Holmes (KH) | | Alan Jones (AJ)  Davina Logan (DL)  Richard Mandunya (RM)  Dr Mary Malone (MM)  Paul Miller (PM)  Neil Oastler (NO)  Abdul Okoro (AO)  Gill Randall (GR)  Sula Wiltshire (SW)  Soo Yeo (SY)  Reinhard Kowalski (RK) | |
| **In attendance:** | |  | |
| Stuart Bell  Mark Hancock  Dominic Hardisty  Mike McEnaney  Tim Boylin  Kate Riddle  Kerry Rogers  Martyn Ward  Chris Hurst  Sue Dopson  Aroop Mozumder  John Allison  Dellisha Strain    Liz Williams  Britta Klink  Jeff Parker  Jennifer James  Mandy Cox | | Chief Executive  Medical Director  Chief Operating Officer  Director of Finance  Director of HR  Acting Director of Nursing & Clinical Standards  Director of Corporate Affairs/Company Secretary  Director of Strategy & CIO  Non-Executive Director  Non-Executive Director  Non-Executive Director  Non-Executive Director  Corporate Governance Officer  Service Director, Learning Disability services  Deputy Director of Nursing, Mental Health  Service Manager  Ward Manager, Ruby Ward  Team Manager, Learning Disability services (observer) | |
| **1.**  a  b | **Introduction and Welcome**  The Trust Chair (MGH) brought the meeting to order and welcomed all those present.  A warm welcome was extended to attending staff team members; to Paul Martin, the Director of Corporate Governance for the Northamptonshire Healthcare Foundation Trust who was observing the meeting, and to Mandy Cox who was attending due to her interest in standing in the impending governors’ elections. | | **Action** | |
| **2.**  a  b  c  d | **Apologies for absence and quoracy check**  Apologies were received from: Allan Johnson, Gordon Davenport, Tina Kenny, Debbie Richards, Lawrie Stratford, Andrea McCubbin, Kelly Bark and Jacky McKenna.  Absent without formal apology was: Adeel Arif and Lin Hazell  Apologies had been received from the following members of the Board of Directors: Jonathan Asbridge, Non-Executive Director; Lucy Weston Non-Executive Director; and Bernard Galton, Non-Executive Director.  The meeting was confirmed to be quorate. | |  | |
| **3.**  a | **Declarations of Interest**  Lead Governor, Chris Roberts declared his Trustee appointment with the charity Second Step which it was confirmed had been reported and recorded on the Register of Interests. | |  | |
| **4.**  a  b  c  d  e  f  g  h  i  j  k  l  m  n  o  p  q  r  s  a  b  c  d  e  f | **Patient Experience Presentation**  **Autism Strategy –** It was highlighted that the process for development of the strategy had offered practical experience from the Trust’s Carer Governor (Oxfordshire), Alan Jones (AJ), who presented his own experience of services in connection with his son whom he described as having a clinic diagnosis of Autism.  He gave an emotional and very personal account of the difficulties faced when dealing with Autistic Spectrum Disorder. He stressed the need to break down barriers and to understand, support and work together with individuals at the Kingswood Post Diagnostic care service where he believed there was opportunities for improvement.  Alan confirmed he was encouraged by the intention to involve service users and carers in the development of the strategy for the Trust which he was supportive would assist in getting care right first time, ensuring consistency and making sure staff are appropriately trained to handle all aspects of the care the service covers.  For the future, he identified the importance of:   * Improved post diagnostic care; * Recruitment targeted at those with a genuine vocation; * The need to impress upon all the importance of quality of service delivery, and * Overnight responses needing to be more personal to be effective.   The Service Director, Learning Disabilities (LW) presented slides covering priorities and highlighted all the work progressed in partnership with the Autistic community, including carers (such as AJ).  Presented to the Governors was information which included new research from Australia illustrating the main causes of death in relation to people with autism.  The research underscored that the elevated mortality for autistic people is primarily health access related. It was explained, by way of example, how for an unwell autistic person going to a GP can prove to be a challenge when sometimes even the physical building prevents someone on the spectrum from accessing what they need, i.e. health care.  The Trust’s autism taskforce (consisting of several staff from within the Trust, some people on the spectrum and also Autism Oxford who are the Trust’s lead local training provider) has progressed into an implementation group. Besides gathering feedback from a series of monthly workshops, the taskforce has started looking to explore the situation and needs in Buckinghamshire.  The implementation group has fashioned a series of commitments allowing agencies to work together towards common aims as listed below:   1. Access to best practice diagnosis; 2. Reasonable adjustments; 3. Learning from poor practice, including learning from when people die; 4. Co-production/involvement; 5. Consistent excellence of care; 6. Forensic services that meet the needs of autistic people; 7. ‘Preventative’ mental health care; 8. Reducing self-harm and suicide; 9. Partnership working; 10. Post-diagnostic support; 11. Mental capacity; and 12. Making services local.   Further, the following high impact actions were described in detail.  **High Impact Action 1** is to support mental health services to work with autistic adults. Work has already been carried out to assess whether the Trust’s mental health services are adjusted appropriately to support people with learning disabilities and autistic people. Our Mental Health Liaison Nurse, working with several mental health colleagues, carried out “case consults” monitoring six people on a regular basis, one of whom being AJ and his family.  **High Impact Action 2** – Focusing on workforce specialisms and ensuring the current workforce has the skills to support the learning disability team to be trained in diagnostic assessment.  **High Impact Action 3** – Starting the multi-agency implementation group in Oxfordshire and focusing on maximising partnership working. Examples include working with the Neuro Developmental children’s team, the County Council, joint commissioners, the service director Liz Williams and Ally Pride in Oxfordshire County Council. Also, the Trust is working with Kingswood, a provider for diagnostics. The named Non-Executive Director and the named Governor: Aroop Mozumder and Alan Jones respectively, were sighted as important developments. Again, it was clarified that the 12 commitments would roll into Buckinghamshire.  **High Impact Action 4** – Drawing on funds from NHS England to form a specialist advisory team across a wide geography to oversee Autistic people coming out of forensic placements after finishing their treatment and assisting them back into their community.  **High Impact Action 5** – The Autism Experience Group goes live in March 2019 to get the public to think positively about people on the Autistic spectrum and link this to the Parliamentary Strategy Group for Autism and the partnership opportunities that brings.  **High Impact Action 6** – Learning & Development have given funding to develop a Level 1 training video by a clinical lead for each of the user groups from epilepsy, learning disability and Autism. Blending the training and clinical input would assist in developing a Level 2 training package to balance and work within NICE guidelines.    It was emphasised that ongoing research suggests that 11% of those that die by suicide in the UK may be autistic, despite representing around 1% of the population. The Trust’s Lead Nurse Consultant in suicide is closely linked with the Autistic Group in recognition of the high-risk posed.  Further emerging actions and focus described included out of hours support, research, sexual identity and gender. Strengthening links into other strategies and the BOB workforce plan, to maximise resources available in LD to offer support around Autism, particularly around Oxfordshire were each highlighted.  *Liz Williams left the meeting.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Ruby Ward Update –** By way of update on improvements following a challenging period on the ward, there was a presentation from the former Matron, Adult Directorate Management Team and the Ward Manager.  The former Senior Matron of Ruby Ward, a 20-bedded female admission ward, reported on developments and explained the complexities in terms of high numbers of patients often with complex personality disorders. As there had been a high number of incidents of self-harm and aggression on the ward by a particular cohort of patients, this meant on occasion staff were not able to properly focus on care for all the patients in their care. Although there was good evidence of staff thinking of ways to overcome this, they were not able to sustain focus when regularly managing the crisis of self-harm happening on the ward at the time.  Another factor affecting the ward at the time was the issue of leadership, and relationships with the wider team. Junior staff felt disconnected and the quality of the management of care could be inconsistent. The decision to recruit a Senior Physical Healthcare Nurse to support all the four wards at the Whiteleaf Centre, including the Ruby Ward had proven to be a successful intervention.  Other positive interventions were described which included a short-term reduction in beds which helped staff to pause and refocus their attention towards the other patients and their needs. The improvement process highlighted the importance of involving ward staff in decision making and risk management which supported the developing standards for management of the more challenging patients with EUPD.  Having provided a very useful summary of the impact of change and the attendant improvements, in particular in the incidents reported on the ward, the governors queried aspects of the improvement journey and encouraged the Trust to ensure any learning was extended to other areas but to also be mindful of the signs of stress within a team that can lead to the same occurring on Ruby ward.  **The Council of Governors noted the presentation and the positive improvements achieved.**  *Jeff and Jennifer left the meeting.* | |  | |
| **5.**  a | **Minutes of the Last Meeting on 22 November 2018 and Matters Arising**  The Minutes of the meeting held on 22nd November 2018 were approved as an accurate record of the meeting. | |  | |
| **6.**  a  b  c  d | **Update Report from Chair**  The Trust Chair (MGH) took the opportunity to welcome two new Governors, Mr Paul Miller, representing Public: Buckinghamshire and Dr Mary Malone representing Oxford Brookes University and the Oxford School of Nursing.  He also thanked and bid farewell to Matt Bezzant, Claire Sessions and Terry Burridge who had each resigned since the last meeting. Special mention of thanks was given to Madeleine Radburn who would step down from her role as Deputy Lead Governor on 31st May. Gratitude was also expressed to those governors affected by the impending elections, who may as part of the process, not be successful in being re-elected to their positions, which would make this their last governor meeting.  Formal mention was made of Lucy Weston’s appointment as Non-Executive Director following a decision taken by the Governors in extra-ordinary session in February.  **The Council of Governors noted the oral update.** | |  | |
| **7.**  a  b  c  d  e  f  g | **Update Report from Non-Executive Director**  Chris Hurst (CH) introduced his update by reminding Governors of his two-year tenure as a Non-Executive Director and outlining his:   * chairing the Finance and Investment Committee; * sitting on the Audit and the Charity Committees; and * his role as Senior Independent Director.   His journey to joining the Trust began with carrying out due diligence on the organisation describing his personal assessment being that the organisation is well run.  He described the Board as an independent-minded and competent group of people, facing challenges of increased demands for services, impacting on staff, capacity and workload. He reflected how this has influenced the way he made contributions to the Board.  Notably a long-term observation, was his view of Non-Executives in ensuring a balance in the discussions so that the longer term outlook and strategies get adequate discussion to which he stated he had been very keen to contribute. Particularly important in the response to strategic challenges is the ambition to provide better services with the numbers of staff we have now, especially with the workforce recruitment challenges faced across the country.  Amongst other areas of focus, he highlighted the Governor’s Finance sub-group which, although still in early days, had been developing reasonably well. A testing time was described when the Board faced the development of a credible financial plan for the year ended March 2019. Everyone acknowledged the risk faced because it was set in the context of very challenging times in the NHS. Chris confirmed he saw it as a sign of strength and honesty to have some quite difficult discussions about whether that would require us to recalibrate our plans later in the year which the Trust eventually had to do.  That to him was the sign of the Board working effectively in the interest of patients. He was pleased to be a part of this and hoped that he had made a proportionate contribution.  **The Council of Governors noted the oral update.** | |  | |
| **8.**  a  b  c  d | **Update Report on Key Issues from Chief Executive**  The Chief Executive (SB) presented an update of the paper previously circulated with the agenda and drew attention to some specific issues which included intentions regarding constructive engagement with the Oxfordshire CCG in describing the extent of the issue of mental health underfunding in Oxfordshire. He was pleased to say there had been acknowledgement of the issue and recognition that the funding gap for mental health services in Oxfordshire stood between £16-28 million.  Also highlighted was the need to make the best use of available resources to create an integrated system of care, in which all parties involved would need to collaborate closely. It was acknowledged not be without its complications because the statutory framework remained relevant to the ‘old’ regime.  Referencing the ongoing importance of viewing care as a joint endeavour between practitioners, patients/service users, carers and their families and, indeed the wider public, the Chief Executive commented how the concept of the Council of Governors had proven a real asset in particular because its composition helped bring all aspects together. Nevertheless, the role and the responsibilities of the Council of Governors would no doubt be revisited, in relation to the future of Foundation Trusts as they increasingly move away from a competitive market into one that is about collaboration and integration. The Chief Executive suggested it would be a real opportunity to develop views of our own about how to shape that, both as a Council of Governors in this Trust and also working as part of a system with other partners.  **The Council of Governors noted the report.** | |  | |
| **9.**  a  b  c  d  e | **Performance Reporting**  **Operational Plan 19/20**  The Strategy and Business Development Manager gave a brief introduction to the Operational Plan and presented the NHSI feedback to the Trust’s February plan submission.  The initial one-year plan for 2020 was produced on 14 January 2019. The second detailed Plan, presented to members of the Council of Governors at the Governors’ strategy session in February, was the first draft subsequently presented to Board in February.  The meeting heard that the deadline for the final draft was 01 April. The revision to the summary priorities covered in the introduction were described to have considered the feedback taken from the governor to include less emphasis on financial priorities by balancing focus also on the clinical priority aspect.  As well as other general comments and minor amendments identified, the main changes to the Operational Plan were confirmed to have been made with the final version to be presented to Board on 27 March.  **The Council of Governors were supportive of the developments to the operational plan submission and that the Trust had given regard to their views.** | |  | |
| **10.**  a  b  c  d  e  f  g | **Finance Report**  The Director of Finance (McME) presented the report CG 04/201, describing the underlying deficit as detailed in the paper.  As mentioned earlier by the Chief Executive, he confirmed part of the issue is the significant funding gap for mental health and went on to describe also the impact of out-of-hours placements across Buckinghamshire and Oxfordshire, where insufficient beds are ultimately an issue with the added complexity of not having the benefit of crisis resolution teams in the communities. By the end of the year, this accounted for between £2.7m-£3m overspend.  Agency spend despite concerted effort this year, was explained still to have increased related in particular to the Trust’s workforce challenges. Being one of the outliers in the southern region of England, it was explained the Trust would continue to target reduction in this spending  CB encouraged that the Trust might change the way it worked and use technology more effectively. MMcE acknowledged there were always opportunities for further efficiency but explained in Oxfordshire it had been recognised that we get less money per head of population than average in England and gaps in funding are fundamental.  The Chief Executive requested clarification on the reduction in the capital programme between the original budget and the forecast of £4million. MMcE explained that the largest amount related to the Low Secure Unit (Learning Disability) for which there was a delay in getting the capital from NHS England. This was adjusted through to next year with the remainder being Cash Management, with conscious deferral of less urgent capital spend on the basis that the Trust conserve cash pending conclusion of contract settlements. He also stated that having reached the deficit position the Trust had, were it to continue to the same level it would result in the Trust experiencing cash problems at some stage in the future.  Governors asked about the cost of securing cost improvements in terms of manpower costs and if they outweighed the savings. In conclusion, MMcE assured the meeting that as we have such high agency costs, we can turn off temporary staff spend much more easily and the scale and scope of the CIP plans did not suggest the cost of delivery would outweigh the benefits.  **The Council of Governors noted the report.** | |  | |
| a  b  c  d  e  f  g  h  i  j  k  l  m  n  o  p  q  r  s  t  u  v  w  x  y  z  aa  bb  cc | **Quarterly Workforce Report**  The Director of HR (TB), supported by presentation slides, began his reporting of paper CG 05/2019 by sharing some of the results of the staff survey. He explained the Trust was in the process of sharing the analysis with leadership teams across the whole of the Trust.  The key message was that very little had changed since the last survey. Comparing historical results, across a clear majority of questions, results had not proved to be significantly different from prior years. He highlighted a few issues that had worsened with others that had improved. Unfortunately, even after significant effort to address bullying and harassment, the Director of HR expressed disappointment at not having had the impact intended. It was acknowledged that the results showed a clear picture of the few areas where we are worse than other Trusts and that this would be a focus for improvement activity.  Following questions from the governors, the HR Director described his frustration that efforts to address bullying and harassment had not had the intended results. Despite collaboratively working in the last couple of years with our staff side colleagues, our Freedom to Speak Up Guardian, unfair treatment at work ambassadors and having made several videos on stress and bullying and improved the Staff Support Hub on the intranet on how to get support, the problem remained an intractable one.  TB concluded that this is a very stubborn problem, both for our Trust and the wider NHS. Stress remains a very significant issue, along with workload and caseload. There is a project running under the new CIP programme for next year and a meeting held where we are focusing on units with the highest usage of agency staff. Feedback from our substantive staff revealed that very often having a very high proportion of agency staff on the wards adds to their pressure.  He explained the Trust is focussing on retention, leadership, grievances, culture, discipline, discrimination, whistleblowing cases and the insights we have found from the investigations done into those cases. The HR Team, the Operations Team, the Nursing Leadership Team and a few specialists – like the Equality and Inclusion Lead and Freedom to Speak Up Guardian, are each lined up to help with this work. In doing so, it is expected this attention will help also to get a better handle on the bullying issue.  It was recognised that the Trust should learn from other organisations on this issue. Work was taking place to understand developments at East London, Berkshire, Sussex partnership and other Trusts.  TB described how the Trust is currently working with the RCN, who has deployed a programme which they refer to as “cultural ambassadors” that might help with some elements of bullying that have a racist tone and in particular how we handle abuse from patients, which includes racist abuse.  AJ commented that TB mentioned not using agency workers anymore and how they had been brought on board as bank staff. Therefore, he questioned the percentage of agency staff we were still using.  TB explained this programme affected healthcare assistants only at this stage, so mainly Band 3 and Band 2 in the community, where the Trust took a policy decision to employ individuals in order to be more confident in the training, the standards, the supervision and the support they get. It is, therefore, economically appropriate in addition to improving quality, as this results in saving the premium that goes to an agency and the VAT that we pay. We have, however, hired more than 300 new people that have gone onto the bank and, as they have not gone through their training, they have not all been deployed on to shifts as quickly as intended. Additionally, there remains quite a number of agency staff in nursing, allied health professions and other areas.  AJ thanked TB for his frank presentation expressing no doubt that TB’s team will resolve this. TB explained his Department might be able to shine light on issues through data or exit interviews (which they are doing more of), but stated it is leaders at all levels that will make the difference.  RK questioned TB regarding an update on the mindfulness project that was trialled a while ago. TB said that he didn’t know about that trial but explained the work taking place to address health and wellbeing which would be enhanced by the Employee Assistance Programme soon to be implemented. He described developments such as Schwartz rounds and ongoing resilience training;  MBh suggested a lot of the initiatives that TB discussed seemed to be coming from top down processes and from all the reviews he had read online from people who had left employment, they indicated problems with people’s working relationships with their managers. He suggested that we probably need to be getting staff to tell us how to progress these issues from their perspective. According to the reviews, these are not due to staffing pressures, but seemed to be issues dealing with the relationships between Managers and how they treat their staff, including the way the managers talk to their staff; things they are expected to do; and when they do not, what happens as a result.  MBh asked therefore, if we should have a robust review of bullying through staff surveys specific to the issue, not as part of the wider strategy, but something that also looks at the definition of bullying and how we define it. He suggested a separate taskforce that comprises mostly staff members (specifically not managers), who may be able to come up with innovative solutions.  TB replied that he would like to continue to explore this as part of a stress programme already implemented under the domain/workstream “Relationships”. He explained staff are involved and, it was with the staff’s initiatives that this framework of management standards was considered to be the right way to approach stress. He described reluctance to start a new and separate group or project at this stage, preferring to build on the existing approach as there are frameworks for measuring progress.  NO (Governor) referred to TB’s chart presentation and posed an enquiry about the challenges of establishing whether the presented changes are positive or negative, or are statistically significant when you take the size of the Trust. He queried how some of these may be sampling aberrations.  TB stated as an example, that although scoring only 52% with regard to response rates, there had been discussions with the Board about whether that was an acceptable rate of return. TB confirmed that 50% was the average for our peer group and it was just under 50% for the NHS as a whole but the Board intended to continue to encourage a higher rate of response. TB favoured the survey, despite statistical limitations, because the questions were constant, being roughly the same 90 questions for the past six or seven years. This meant that we may be able to track what might be a blip one year to the next, as well as track several years’ worth of data. Referring to the question posed by MBh about doing a specific survey on bullying/harassment, TB described the need to go back to data. He stated full knowledge of the issues but what was required was real effort and drive to do something about it. To launch another survey might be perceived as defensive when people have been telling us loud and clear through this national survey.  PM - Being new to the NHS, he was surprised when he found the “scary” statistics on the proportion of people who think bullying and harassment goes on in the NHS. The NHS is still a hierarchical organisation and there are deep cultural issues that will not be changed overnight.  RH – agreed that a hierarchical structure within the NHS exists and was more rigid top down. He echoed MBh’s remarks that the scores assessing involvement were likely related to these strong hierarchical structures and may be due more to top-down bullying resulting in people not wanting to get involved or people not feeling they can get involved, so RK felt this was interconnected. TB agreed stating that in certain parts of the Trust we have gaps which means our substantive staff pick up the extra work and the agency staff come in to cover, but do not do the whole job. This results in the substantive staff being very stressed and stories of casework and workload being much higher surfaces and, hence, the opportunity to get involved in things that they might previously have been involved in, or might like to be involved in, is quite minimal and that is the reality of what we have today.  KB referred to the actions that the Trust had taken and given all those actions, why it was that the Trust only knows now that it has not worked as intended – and why wasn’t progress monitored as they were being implemented. TB explained that impacts were monitored. For example, from the Staff Hub set up on the intranet, we are aware of how many hits this gets and how many people looked at the support and where they navigated from there.  All were reminded the survey is an annual reflection and TB thought we should continue to rely on and share results because it bore relevance through being data collected directly from staff. It was published in February having heard from more than half of our staff and he pointed out that bullying and harassment is one topic amongst many important areas covered in the staff survey requiring attention.  KH – referenced that for the last couple of years, when staff surveys are published, the Governors have asked questions predominantly about three things: (i) bullying and harassment, (ii) appraisals and the Trust’s appraisal rates; and (iii) how staff feel about the quality of care that they are delivering, which she stated the Trust had dropped down in score. In defence of some of the managers, she underscored some of the results about how the people felt about their managers was quite good. TB agreed and went on to state that the question with regards to people feeling fairly paid took a bit of a leap this year no doubt reflective of the public sector pay restraint being lifted, such that there were improved pay increases through 2018.  CB – relayed discontent particularly in terms of retaining staff, feeling that people have clearly stated for the last three years that if they are not able to do a good job, then they will leave. We also know that appraisals are an important element of retaining staff.  TB responded to state the Trust has had a huge focus on appraisals, where the COO, the Acting Director of Nursing & Clinical Standards, HR too, and other leaders have had a real push to achieve a target of 95% in relation to staff who would have had an appraisal by the end of March.  CB – challenged it must have been known before the staff survey came out that the appraisal result was poor as this is a performance measure and that 25% of staff did not have their appraisals would not have been a surprise. TB acknowledged this but explained that what the Trust has focused on in previous years is quality of the appraisal and ensuring that the quality of the conversation is good, the objectives are ‘SMART’ concluding that the Trust performed reasonably better on that having comparably scored better than average. But if the quantity is dropping all the time, that would absolutely concern him in the same way it does anyone else. It should be the foundation of a good working relationship and understanding whether somebody is content in their job, feeling well supported and having the development opportunities they needed and if we do not conduct them with sufficient regularity that will be missed.  KH expressed how she received numerous emails asking to get 100% results for training on information governance and she is aware we need to achieve this for compliance statistics. She asked why it was not possible to include this same process for appraisals. TB stated that there is a difference because information governance is an individual thing; everybody can do it; it is about a 15-minute online task. Appraisal is a leadership and relational matter and we should expect our leaders to do the appraisals and, if the leaders are not taking it on as a leadership responsibility, it would be unfair to keep chasing staff to complete one.  KH highlighted that the Oxford University Hospitals’ results are published and they are exactly in the same position as the Trust, and asked if the Trust was working with them to join up with what they were doing and pick up their ideas too. TB confirmed what the Trust was doing in this regard with Berkshire, the RGH, Buckinghamshire and SCAS, as the entities that make up the footprint of the STP. More definitely, in Oxfordshire, with Sula Wiltshire’s support, he explained the Trust has been doing more local collaboration within the Oxfordshire system which has gained pace in the last nine months, including social care and not just the NHS entities. He acknowledged the Trust to be comparing relatively well locally, but the Trust was looking further afield, to test if best practice is further afield, in order that we improve what we do.  CR – suggested the challenges of defining what bullying is and how anyone could fully understand what the staff are highlighting in the survey which for some might be considered as bullying and for others not and queried if the range of definition is so great that it does not mean anything. TB responded that because this is an anonymous survey, it is challenging to get to any real understanding at an individual level, but that it is of course in the eye of the beholder, what a person thinks bullying is. He went on to say it would be complacent of us to say it is hard for us to define, therefore, we cannot do anything, but acknowledged it is also hard to convince one person what might seem a very reasonable management instruction, when to the recipient it might well have been perceived as bullying. It was agreed it is very tricky to unpick all of this when dealing with the data extrapolated from an anonymous survey, but that much is being done to address the areas in which the Trust needs improvement.  The chairman brought the item to a close concluding how the Board and the Trust recognise the issues and were determined to improve the experiences of staff across the Trust.  **The Council of Governors noted the update and the responses to questioning.** | |  | |
| **12.**  a  b  c  d  e | **Quarterly, Performance Report**  The Chairman acknowledged the quarterly performance report as read and requested questions from governors following presentation of brief highlights.  The Director of Strategy and Performance (MW) introduced the paper CG 06/2019 and commented particularly on the overall Trust performance of around 75%, highlighting this was a credit to the staff given the relentless pressure in terms of the demands put on the services. The next area highlighted was performance against national targets and how this could be seen in the exceptional performance of some of the teams in terms of Minor Injury Units, the Improving Access to Psychological Therapies and the EIP (Early Intervention in Psychosis) access targets.  Some of the highlights and issues from the directorates themselves were drawn out highlighting the impact of the lack of workforce, sufficient funding, as well as the out of area placements. Demand and capacity was described as a significant issue affecting all service areas of the Trust and again credit to the staff was conveyed who are working above and beyond to deliver quality services.  With no further questions from the governors, the Chairman thanked MW and expressed how he welcomed the way in which the report is developing and the informative nature of presentations over the last six months.  **The Council of Governors noted the report.** | |  | |
| **13.**  a  b  c  d  e  f  g  h  i  j  k  l  m  n  o | **Oxfordshire Night Team Report**  The Chief Operating Officer (DH) opened the item presenting paper CG 07/2019 and reminded those present that the performance of the team had been discussed on several occasions, including through the governor sub-group and also at the Board’s Quality Committee.  He suggested that complexity existed in that the Trust is trying to reconcile two different things. One is that there is the service, as it is currently commissioned and thereby designed to deliver, and then there is what the recognised service need is and what we would do if we had a differently funded/commissioned expectation.  He highlighted what was very clear from the evidence gathered from the survey of patients, the results presented no fundamental issues with the service as it is designed, but all are supportive it does not meet the needs everybody wants it to which he acknowledged correlated with the point raised earlier on the agenda by the Chief Executive about the gaps in funding for mental health services. Notwithstanding that, the COO underscored the number of improvements recognised that could be made within the existing system to make it better.  AJ expressed he felt that the bigger picture is more important. If the poor experience can happen to him and his Autistic son, it can happen to anybody. He understood the funding issue but said he would like to get to a stage where we have one named clinician that could be in a flexible role with a central switchboard where calls come into and only then could we be in a better position to help our patients. The present system as far as he is concerned is not working with care at its core.  MR related a very recent incident where she experienced a nurse working in the Older Adult Mental Health Team in the Out of Hours Service, found it was impossible to meet the demands that were being made. It was felt two personnel covering just Oxfordshire County could not have managed this without the support of the police. She strongly felt we needed to acknowledge colleagues within the County and how dependent we are on them. Furthermore, it was queried whether teams exercised judgement earlier in the working day, so that problems out of hours if anticipated could be avoided. The stress the staff member conveyed about the things she goes home worrying about has to be contributing to the wellbeing areas discussed in the meeting.  GE followed up on what MR had been saying about the police and commented it had been her experience service users have been increasingly told to call the Samaritans, instead of using the Out of Hours Night Team. This is probably appropriate in some cases, but as a public health service provider, referring people to a listening organisation when we are an interventionist service is not good enough.  DH reiterated that as a Trust we did not disagree with what had been said and that we all wanted a completely different kind of service model and to deliver well what we are commissioned to do.  The Chairman acknowledged the Board’s understanding of the frustration and the points had been well made. He suggested that DH is saying we need a different way of serving this population group and that he agreed the matter should remain an area of focus until satisfactorily concluded.  SB reiterated that essentially, what all were saying is that the Night Team is not doing things it is neither set up nor resourced to be able to do, which is not surprising. He went on to say it is trying to do what it can within the limits of its capability. The issue is that we need a much more comprehensive Out of Hours response, not only in Oxfordshire, but the same is true in Buckinghamshire. He explained this is now recognised as part of the contract discussions as to how things should change going forward and particularly, the actions of a properly staffed crisis team determining which intervention is needed and what is the required appropriate response. He agreed there remain questions about what we can do now, and what could be better handled earlier in the day or earlier in the week because if you have a bottleneck, then it will create another and problems further down the line.  CR queried if the Governors could help influence change to the system, and in response SB stated there is a clear recognition of the developments needed and suspected that what was helpful might be reinforced messages from the CCG’s perspective. This is fundamental and, if the Governors can support the CCG in recognising this as a priority for investment that could only be a good thing. The message to the CCG is that the governing body here has a very clear view of this as an important priority issue and that at every opportunity this view needs to be mobilised and heard, maybe even at the CCG governing body if SW could explore this.  SW highlighted that she did not feel that it is the best forum for governors to take this matter. She explained the CCG board meeting was to take place the following week and in presenting our performance report, it would be appropriate to make the point. She underlined the CCG are very aware of the issues.  The Chairman stressed were SW able to make it a point that this is becoming an issue with OH’s governing body, this would be helpful in understanding the broader ramifications for the Trust in terms of getting this resolved satisfactorily.  MR pointed out that the matter of the night team service was first raised last July, and now nine months on, she felt they had got nowhere so far. She felt extremely upset about this and would like to accompany SW if required. SB interjected, given the focus both from a current service quality perspective and in terms of negotiations with commissioners to provide a more suitably designed service model for the future. SW suggested the whole system needs to be bolstered.  The chairman brought the matter to a conclusion underscoring the need to keep the matter under review.  **The Council of Governors noted the report.** | |  | |
| **14.**  a  b  c  d  e | **Membership Strategy**  The Trust Chair invited the Director of Communications and Engagement (LoN) to report on CG 14/2019 which had been previously circulated with papers. Essentially, he explained this was a refreshed membership strategy that sets up the activity for the next five years of membership recruitment and involvement including working to double membership numbers. He commented this strategy was underpinned with enhanced infrastructure to include digital resources holding membership and customer relationship management systems that allow the Trust to begin to stratify members according to category to enable targeting people more effectively, particularly in issues such as under-representation.  The bigger challenge he described as recruitment of members, and said there will be a concerted drive around membership. Along with an approved strategy, he explained a detailed communication and implementation plan would be presented to the Membership Involvement Group (MIG). It was highlighted that the strategy was the result of research and collaboration including understanding best practice in other organisations.  KR thanked all those that had been involved in its development, not least the members of the MIG and requested that the governors approve the recommendation of MIG to adopt the strategy such that her team could get on with delivering it.  In response to questioning about linking efforts with the voluntary sector LoN stated if not explicit in the document, we already have the partnerships working well as a way to engage with the interested population, but he would ensure amplification of this via the implementation plan.  **The Council of Governors noted the report and APPROVED the Membership Strategy.** | |  | |
| **15.**  a  b | **Governor Elections**  It was explained that the 2019 elections had commenced with announcements that nominations are open and publicised over digital channels and in the media via press release. Efforts were continuing to promote participation and the meeting heard that nominations opened on 18 March and would close in April with voting and election to seats concluding on 30 May. LON confirmed he would appreciate current governors coming forward to promote what it is like to be a governor in support of publicising the benefit derived from the role.  CR reminded all Governors whose term is coming to an end that they must re-nominate themselves because it is not an automatic process. | |  | |
| **16.**  a  b  c  d  e | **Lead and Deputy Lead Governor Elections**  The Director of Corporate Affairs & Company Secretary (KR) presented the paper previously circulated and remarked that given only one nomination had been received for each of the two roles, then there was no necessity for a vote. It was agreed there was no need therefore for the prescribed five-minute address, and members were asked to agree or otherwise on the two nominations for Lead and Deputy Lead Governor respectively.  CR confirmed he had been reluctant to put himself forward again for a further year considering it potentially being close to too many years for one person to be Lead Governor. He will not do so after this term, but thought it was important that, with a new Chairman coming in, there was some sense of continuity were he to remain.  The Chairman thanked CR as this would be very helpful from a continuity point of view. It was supported by the governors present that CR be reappointed Lead Governor for a further twelve months as Lead Governor; and that GB be appointed for his first term of 12 months as Deputy Lead Governor.  The Chairman repeated his gratitude to MR for her dedication to the Deputy Lead Governor role from which she had chosen to stand down.  **The Council of Governors voted unanimously to re-appoint Chris Roberts as Lead Governor and Geoff Braham as Deputy Lead Governor for twelve months.** | |  | |
| **17.**  a  b  c  d  e  f  g  h | **Update Report from Council Sub-groups and Governor Forum**  **Nomination and Remuneration Committee**  There was nothing to report from the Nomination and Remuneration Committee which had not met since the last Council meeting.  **Finance Sub Group**  Geoff Braham informed the Council of Governors that the areas of focus were covered sufficiently through MMcE’s Finance presentation, therefore, nothing additional to report.    **Membership Involvement Group**  In Kelly Bark’s absence, MR provided an update on the Membership Involvement Group highlighting she felt that the Director of Communications and Engagement had covered most of its focus.  She did choose to add commentary on the commendable work of Julie Pink, who is responsible for volunteering across the Trust proposing Julie had been doing a great job in rolling out volunteering across the Trust. MR also encouraged everyone to visit the new Charity website which is up and running and particularly useful in conveying its work.  **Patient and Staff Experience**  Gill Randall reported that in terms of the last meeting much had been discussed during the evening’s agenda and as such had nothing further to add.  **Safety and Effectiveness**  Madeleine Radburn reiterated also that the Council meeting had covered most of the topics but that there was one issue the Governors were concerned about. She stated that the Trust’s vision is caring and excellent, but she would like evidence that it is effective and that would be one area the Governors will be looking to understand better in the year ahead.  **Governor Forum**  The Lead Governor expressed particular thanks to the Non-Executive Directors for their increased contributions to the Sub-Groups which have proven to be very successful. The key items of interest raised at the meeting had all been covered at the Council meeting; in Finance in particular the concerns about the financial situation had been conveyed.  **The Council of Governors noted the oral update.** | |  | |
| **18.**  a  b | **Questions from the public**  The Chairman invited members of the public present to raise questions. Paul Martin, the Director of Corporate Governance at Northamptonshire Healthcare NHS Foundation Trust thanked the Chair for the opportunity to attend the meeting. He had spoken with KR, who had kindly invited him as he and his Chairman have been visiting a number of Trusts to observe and compare the various approaches to running Council of Governor meetings.  KR considered it worth highlighting that this year, Northamptonshire had received an outstanding rating and that she would be hoping to observe their Council of Governors in future, to which Paul Martin responded favourably, welcoming the idea. | |  | |
| **19.**  a  b  c  d  e  f  g  h  i | **Any Other Business**  NO, staff governor wished to raise the fact that staff no longer had canteen facilities at Littlemore, Witney and Abingdon. He and constituents were concerned, particularly with his dental background, these have been replaced with vending machines packed full of sugary drinks, fatty and sugary snacks, with no water alternative available, which did not send out a very good health message.  He asked for the background behind the decision taken and whether the Board would consider approaching a third party, like Yellow Submarine, to see if it were able to offer substitute services and dispensers.  DH, Chief Operating Officer responded to say that in the longer term, there was a project to revamp catering arrangements and to stock healthy options, and that the Trust was anticipating being able to get service users involved in the provision of the café services. In the short term, due to unacceptable contract negotiation outcomes, it had proven impossible to continue with provision in these areas. So, the solution was to provide the vending machines pending a longer term plan. It was agreed that whilst there may be limited flexibility about directing what is stocked the Trust should look into healthier provision via vending machines.  McME assured the meeting that this would be followed up. CR informed the meeting that in mental health wards, the canteen is a therapeutic area for service users as it is useful to have some flexibility when they are on the wards to go somewhere else other than the wards and encourage early resolution to the café space.  CR also wished on behalf of the Governors to thank Madeleine Radburn for being Deputy Lead Governor and for her attention to getting the Sub-Groups into shape which had been very valuable.  As it was the Chairman’s last meeting before retiring at the end of the month, the Lead Governor offered his heartfelt thanks to the Chairman for his support to him and to the Council over the years. The meeting applauded him, for being the Chair of both the Council of Governors and the Board of Directors, which the Lead Governor acknowledged would be a very difficult act to follow.  The Chairman in turn thanked the Lead Governor for his comments and he took the opportunity to thank the Council of Governors for appointing and then re-appointing him twice acknowledging that nine years was a long time to be the Chair, but how he had been happy to fulfil the role. He felt particularly in the last three years, as a Council, a lot of progress had been made. From the Trust’s perspective, he felt it had not always been easy and that is exactly as it should be because this Council had raised with the Board some difficult issues.  CR, as Lead Governor, was acknowledged by the Chairman for playing a significant role including his robustness at times in making sure that the messages coming from the Forum appear on the agendas and that we do tackle, jointly, those difficult issues, He acknowledged however, that we do not always succeed. He went on to say that we have a Council and a Board which are open, where the issues are out on the table and we can discuss them in a constructive, positive and robust way. He relayed his pride in leaving the Council in the sense that he leaves a legacy, with a feeling of satisfaction as to where the Council has got to.  The Chairman closed the meeting by thanking everyone and wished the Council and the Trust the best for the future and said he would watch with interest developments at the Trust. | |  | |
| **20.** | **There being no further business the Chair declared the meeting closed at 21:30.** | |  | |
| **21.** | **Date of Next Meeting:**   |  |  |  | | --- | --- | --- | |  |  |  | | **Council of Governors** | Wednesday, 12 June 2019 18:00-20:00 | Spread Eagle Hotel, Cornmarket Thame OX9 2BW | | |  | |