

**Meeting of the Oxford Health NHS Foundation Trust  
Council of Governors**

**Minutes of a meeting held on  
11 June 2020 at 18:00  
Via Microsoft Teams Virtual Meeting**

**CoG 06/2020**  
(Agenda item: 07)

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

**Present:**

Chris Roberts ( <b>CR</b> )	Patient: Service Users Carers
Dr Hasanen Al-Taiar ( <b>HAT</b> )	Staff: Specialised Services
Angela Conlan ( <b>AC</b> )	Staff: Community Services
Maureen Cundell ( <b>MC</b> )	Staff: Older People
Gordon Davenport ( <b>GD</b> )	Staff: Children and Young People
Victoria Drew ( <b>VD</b> )	Staff: Corporate Services
Gillian Evans ( <b>GE</b> )	Patient: Service Users Oxfordshire
Benjamin Glass ( <b>BG</b> )	Patient: Service Users Buckinghamshire and other counties
Dr Mike Hobbs ( <b>MH</b> )	Public: Oxfordshire
Alan Jones ( <b>AJ</b> )	Patient: Service Users Carers
Reinhard Kowalski ( <b>RK</b> )	Staff: Buckinghamshire Mental Health Services
Davina Logan ( <b>DL</b> )	Age UK Oxfordshire
Dr Mary Malone ( <b>MM</b> )	Oxford Brookes University
Richard Mandunya ( <b>RM</b> )	Public: Oxfordshire
Andrea McCubbin	Buckinghamshire Mind
Neil Oastler ( <b>NM</b> )	Staff: Children and Young People
Madeleine Radburn ( <b>MR</b> )	Public: Oxfordshire
Chris Roberts ( <b>CR</b> )	Patient: Service Users Carers
Myrddin Roberts ( <b>MRo</b> )	Staff: Community Services
Hannah-Louise Toomey ( <b>HT</b> )	Public: Oxfordshire
Sula Wiltshire ( <b>Swi</b> )	Oxfordshire Clinical Commissioning Group

**In attendance (non-voting):**

Allan Johnson ( <b>Ajo</b> )	Public: Oxfordshire
Neil Oastler ( <b>NO</b> )	Staff: Children and Young People
Abdul Okoro ( <b>AO</b> )	Public: Oxfordshire

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Soo Yeo (**SY**)

Staff: Older People

**In attendance from the Trust:**

John Allison ( <b>JA</b> )	Non-Executive Director
Stuart Bell ( <b>SB</b> )	Chief Executive
Nick Broughton ( <b>NB</b> )	Chief Executive ( <i>part-meeting</i> )
Tim Boylin ( <b>TB</b> )	Director of HR
Marie Crofts ( <b>MC</b> )	Chief Nurse
Sue Dopson ( <b>SD</b> )	Non-Executive Director
Bernard Galton ( <b>BG</b> )	Non-Executive Director
Chris Hurst ( <b>CH</b> )	Non-Executive Director
Aroop Mozumder ( <b>AM</b> )	Non-Executive Director
Mike McEnaney ( <b>MMcE</b> )	Director of Finance
Debbie Richards ( <b>DR</b> )	Managing Director of Mental Health & Learning Disabilities
Kerry Rogers ( <b>KR</b> )	Director of Corporate Affairs & Company Secretary
Hannah Smith ( <b>HS</b> )	Assistant Trust Secretary
Susan Wall ( <b>SMW</b> )	Corporate Governance Officer ( <i>minutes</i> )
Martyn Ward ( <b>MW</b> )	Director of Strategy & Chief Information Officer
Surangi Weerawarnakula ( <b>SW</b> )	Corporate and Claims Officer

**Presenters:**

Karen Lascelles ( <b>KL</b> )	Nurse Consultant
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<b>1</b>	<b>Introduction, welcome and Update from the Chair</b>	<b>Action</b>
a	The Trust Chair welcomed all those present.	
b	The Trust Chair thanked the contribution Geoff Braham had made as a Governor to the Trust as he would no longer be continuing in his role. He also thanked Allan Johnson, Paul Miller, Neil Oastler, Abdul Okoro and Soo Yeo as their terms had expired during the pandemic and they had agreed to continue in their roles with non-voting rights as Governor elections had been delayed owing to the pandemic.	
c	The Trust Chair highlighted this was the last Council of Governors meeting the Chief Executive, Stuart Bell would be attending prior to his retirement. He expressed it had been fortunate for the Trust to have been able to utilise his wisdom and experience during the peak of the pandemic to mobilise contacts and support staff. The Trust Chair highlighted some of his many accomplishments, the opening of the Highfield Unit and Whitefield Centre and the establishment of emergency multi-disciplinary units at Abingdon and Witney. He said he had achieved good collaboration across primary and community care and had a passion for research, working alongside several academic science partners, and notably the second only bio medical research centre with a mental health focus. The Trust Chair stated he had been a crusader, with real passion for mental health services and his influence had been a factor in the Trust achieving a status of 'good' from the CQC. He wished him well in his retirement and he would be missed in the life of Oxford Health.	
<b>2.</b>	<b>Apologies for absence and quoracy check</b>	
a	Apologies were received from the following Governors: Louis Headley; Dr Tina Kenny; Jacqueline-Anne McKenna; Paul Miller; and Cllr Lawrie Stratford.	
b	Apologies received from the Board: Mark Hancock, Medical Director; Ben Riley, Managing Director Primary and Community Care; and Jonathan Asbridge, Non-Executive Director.	

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C	Absent without formal apology were: Tom Hayes; Cllr Lin Hazell; and Chelsea Urch.	
d	The meeting was confirmed to be quorate as over a third of the total number of Governors were present, including at least five Governors representing the public or patients' constituencies.	
<b>3.</b>	<b>Register of interests</b>	
a	No interests were declared pertinent to matters on the agenda.	
<b>4.</b>	<b>Minutes of last Meeting on: 21 November 2019 and Matters Arising</b>	
a	The minutes of the last meetings on 21 November 2019 were approved as a true and accurate record subject to recording the Managing Director of Mental Health & Learning Disabilities being introduced to her second Council of Governors' meeting, and not her first.	
b	<b>The Council noted the update.</b>	
<b>5.</b>	<b>COVID-19 Update</b>	
a	The Chief Executive reported on paper COG 02/2020 COVID-19 Headline Report for Council of Governors, a summary of the Trusts management of the pandemic for the last 12 weeks since lock down, defining three phases. Phase one considered projections of the likely number of COVID-19 cases, with preparations to meet demand across the healthcare and social system. He said Phase two evolved around the end of May when lock down measures had begun to be relaxed, when both locally and nationally there had been a reduction in COVID-19 cases. He stated that the majority of the Trusts activity and services in these phases had reduced but not stopped completely.	
b	The Chief Executive stated moving into the next phase, phase 3, would be more challenging as it would be a changing situation with the gradual lessening of lockdown, leading to the potential for a rise in outbreaks. It was also well documented there would be an upturn of people accessing mental health services.	
c		

d	<p>The Chief Executive stated that over 4,000 staff had completed the Trusts on-line risk screening, and where staff had been identified at a higher risk an additional personalised risk assessment had been undertaken.</p>	
e	<p>He stated COVID-19 testing for both staff and patients was being undertaken using both a PCR test where people were symptomatic and the antibody blood test to test for immunity.</p>	
f	<p>The Chief Executive said all staff within the Trust and partner organisations had been remarkable during the pandemic in adapting to change. He stated investment by the Trust in laptops had enabled both clinical and back office working to continue throughout the pandemic in support of services and noted the rapid increase of remote consultations in April to 75% from 18%.</p>	
g	<p>Gillian Evans enquired about the impact so far on mental health services and the predicted increase in cases and if there were sufficient funds in place to manage this. The Chief Executive stated initially figures were lower but as lockdown was easing the number of cases had increased. Of particular concern was the impact of the pandemic on children and young people, and when schools reopened in September many would find the 6 month absence away from school stressful. He added the Trust had bed capacity in the independent sector should there be requirement in the event of a surge and the Trust was part of a National working group in modelling trends and impact on mental health services.</p>	
h	<p>Chris Roberts stated from a working practice perspective the Trust had employed quicker decision making during the pandemic. He enquired what changes the Trust had made would be continued, and what learnings had arisen from the crisis situation.</p>	
i	<p>The Chief Executive replied that the Trust had been in a level 4 incident for 3 months with funding being made directly available to the Trust. He stated direct funding had enabled clinical and other teams to problem solve and initiate rapid change and innovation without system constraints. He said he would expect NHS approaches to funding to change in context with the economy, resources available and that it would be necessary to continue collaborative relationships. He added the advent of BOB ICS as one entity would be beneficial.</p>	

<p>j</p> <p>k</p> <p>l</p> <p>m</p>	<p>Myrddin Roberts enquired about the timeliness of the Trusts risk assessment for staff. The Chief Executive responded it had taken the Trust time to develop a comprehensive on-line assessment tool and developed as more information became available about the virus, however individual assessments had been on-going since the commencement of the pandemic where staff had been identified at risk.</p> <p>Davina Logan asked how many staff had tested positive and the impact this had had, also what had been the financial impact on the bottom line. The Chief Nurse replied the Trust had developed a 'live' dashboard that assisted in proactively planning staffing levels. The Director of Finance stated the Trust had invested in more staff, private beds, Trust facilities and provision of food to staff with the cost being £1.6m to the Trust in April 2020 and £1.2m in May 2020 with costs being recoverable.</p> <p>Ben Glass asked if the Trust had prepared to protect BAME patients as well as staff from COVID-19 in-light of historical discrimination in the mental health system, and what the Trust was doing to address institutional racism against BAME service users. The Chief Executive responded and added that no issues had emerged for vulnerability of patients in the relatively small number of COVID-19 deaths the Trust had unfortunately experienced.</p> <p>In reference to institutional racism he stated it was well documented that some BAME groups were more likely to end up within mental health care and the Trust needed to remain alert to this, adding this was a wider society issue and work was on-going within the criminal justice system. The Chief Executive stated that the Trust had issued a statement relating to BAME staff and patients that week.</p> <p><b>The Council noted the report.</b></p>	
<p>6.</p> <p>a</p> <p>b</p>	<p><b>Suicide Prevention</b></p> <p>The Trust Chair introduced Karen Lascelles, Nurse Consultant for Suicide prevention at Oxford Health FT.</p> <p>Karen Lascelles informed the meeting she worked across the Trust and had links with the centre of suicide research at the University of Oxford and said she would be presenting an update of the OXFT</p>	

	<p>Suicide Prevention Strategy (<b>SPS</b>), and how this would link with national strategy.</p>	
c	<p>Karen Lascelles stated an important aspect of the SPS was the 48 hour face to face follow up post discharge from inpatient services and that this had become standard practice and formed part of CQUIN, Commission for Quality and Innovation.</p>	
d	<p>She highlighted the safety planning template co-produced with Aylesbury Day Centre was continually being updated and was in place to advocate a consistent approach in interventions in order to prevent a crisis or minimise harm.</p>	
e	<p>Karen Lascelles said the Trust was initiating ways in improving support for carers with a plan to pilot care agencies, a web page and training modules. In support of relatives and carers bereaved by suicide a post incidence psychological service was available and this had continued virtually throughout the pandemic to ensure support for service users and families.</p>	
f	<p>Karen Lascelles said good progress had been made on the objectives and it would be important to sustain, audit and improve. She added work she had undertaken at the Centre for Suicide Research encompassed: self-harm monitoring, that had introduced questions influenced by health anxiety owing to the pandemic and was reported nationally; self harm publication guides; impact of patient suicide on staff and qualitative research.</p>	
g	<p>Karen Lascelles stated some innovative projects with government funding were currently on hold due to the pandemic, and that all those involved had shown they were committed to and embraced the SPS.</p>	
h	<p>Hasanen Al-Taiar asked if an increase had been seen in psychosis patients and para suicidal. Karen Lascelles replied numbers were now back to normal after being low at the start of lockdown though exact figures were not available yet.</p>	
i	<p>Mike Hobbs enquired about the Post Incidence Psychological Service follow up after discharge, how it operated and impact on patient/carer. Karen Lascelles replied it currently was a virtual meeting and could involve the carer and that qualitative work was being undertaken for patient feedback.</p>	

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j	Alan Jones asked if the suicide monitoring was observation via staff or digital monitoring. Karen Lascelles responded the self-harm monitoring was specific to the Accident and Emergency setting, and sensory monitoring was being undertaken on an in-patient ward that was less invasive.	
k	Gillian Evans expressed concern at the management approach to suicide callers as it could be experienced as challenging. Karen Lascelles explained the approach was to work with people to advocate self-efficacy which may feel uneasy in a time of crisis and vulnerability but formed part of building up safety planning.	
l	The Chief Nurse highlighted the supportive work that had been done for bereaved families and close work with charities.	
m	The Trust Chair thanked Karen Lascelles on behalf of all present for an informative presentation.	
n	<b>The Council noted the presentation.</b>	
<b>7.</b>	<b>AOB</b>	
a	The Lead Governor, thanked the Chief Executive for his collaborative working and his attention and concern shown to matters and highlighted the legacy he would be leaving. The Chief Executive thanked the Governors for their work and welcomed the appointment of his successor.	
	Meeting closed at 19:15 Date of next meeting:10 September 2020 via Microsoft Teams virtual meeting.	