

**Oxford Health NHS Foundation Trust**

**CoG 04/2021**

(Agenda item: 04)

**Council of Governors**

(Draft) Minutes of the meeting held on

25 March 2021 at 18:00

Via Microsoft Teams Virtual Meeting

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

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| **Present:** |  |
| Chris Roberts (**CR**) | Patient: Service Users Carers (Lead Governor) |
| Dr Hasanen Al-Taiar (**HAT**) | Staff: Specialised Services |
| Angela Conlan (**AC**) | Staff: Community Services |
| Maureen Cundell (**MC**) | Staff: Older People |
| Gordon Davenport (**GD**) | Staff: Children and Young People |
| Gillian Evans (**GE**) | Patient: Service Users Oxfordshire |
| Dr Mike Hobbs (**MH**) | Public: Oxfordshire |
| Alan Jones (**AJ**) | Patient: Service Users Carers |
| Dr Tina Kenny (**TK**) | Buckingham Healthcare NHS Trust |
| Davina Logan (**DL**) | Age UK Oxfordshire |
| Dr Mary Malone (**MM**) | Oxford Brookes University |
| Myrddin Roberts (**MRo**) | Staff: Community Services |

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| **Governors in attendance** (non-voting): | |  |
| Allan Johnson (**AJo**) | Public: Oxfordshire | |
| Neil Oastler (**NO**) | Staff: Children and Young People | |

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| **In attendance from the Trust:** |  |
| John Allison (**JA**) | Non-Executive Director |
| Nick Broughton (**NB**) | Chief Executive |
| Marie Crofts (**MC**) | Chief Nurse |
| Sue Dopson (**SD**) | Non-Executive Director |
| Bernard Galton (**BG**) | Non-Executive Director |
| Mark Hancock (**MH**) | Medical Director |
| Aroop Mozumder (**AM**) | Non-Executive Director |
| Debbie Richards (**DR**) | Executive Managing Director of Mental Health & Learning Disabilities |
| Kerry Rogers (**KR**) | Director of Corporate Affairs & Company Secretary |
| Mohinder Sawhney (**MS**) | Non-Executive Director |
| Martyn Ward (**MW**) | Director of Strategy & Chief Information Officer |
| Susan Wall (**SW**) | Corporate Governance Officer (*minutes*) |
| Hannah Wright (**HW**) | Temporary Risk Manager |
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| **Observers:** |  |
| Rachael Miller | Patient Experience Lead – Learning Disabilities |
| Ben McCay | Member Learning Disability Services |

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| **1.**  a | **Introduction and welcome from the Chair**  The Trust Chair welcomed all those present to the virtual Microsoft Teams Council of Governors (**CoG**) meeting in Public. He welcomed Mohinder Sawhney, Non-Executive Director to her first CoG meeting, and Rachael Miller, Patient Experience Lead – Learning Disabilities, and Ben McCay a member of the Learning Disability Services who would be standing for a governor position and had attended CoG meetings to give feedback to the Trust. The Trust Chair gave his grateful thanks to Chris Roberts, Lead Governor, whose tenure would cease at the end of March 2021. | **Action** |
| **2.**  a  b  c  d | **Apologies for absence and quoracy check**  Apologies were received from the following Governors: Andrea McCubbin; Richard Mandunya; Paul Miller; Madeline Radburn; and Hannah-Louise Toomey.  Absent without formal apology: Victoria Drew; Benjamin Glass; Louis Headley; Reinhard Kowalski; Angela Macpherson; Soo Yeo; Jacqueline-Anne McKenna; and Abdul Okoro.  Apologies received from the Board: Chris Hurst, Non-Executive Director; Mike McEnaney, Director of Finance; Ben Riley, Executive Managing Director of Primary and Community Care Services; and Lucy Weston, Non-Executive Director.  The meeting was confirmed to be quorate. |  |
| **3.**  a | **Declaration of interests**  No interests were declared pertinent to matters on the agenda. |  |
| **4.**  a  b | **Minutes of last Meeting on 18 November 2020 and Matters Arising**  The minutes of the last meeting held on 11 November 2020 were approved as a true and accurate record, and there were no matters arising.  **The Council approved the minutes and noted there were no matters arising.** |  |
| **5.**  a  b  c  d | **Update Report from the Chair**  The Trust Chair commenced his oral update expressing it was sad to see Chris Roberts stepping down as Lead Governor and thanked him for his support during this time.  The Trust Chair gave thanks to those governors who would not be standing in the current governor elections; Victoria Drew, Richard Mandunya, Abdul Okoro, and Soo Yeo. He acknowledged good luck to those governors who would be standing again; Maureen Cundell, Gordon Davenport, Gillian Evans, Allan Johnson, Alan Jones, Jacqueline-Anne McKenna, and Paul Miller. He congratulated governor Neil Oastler on his recent British Dental Association Honour of life membership, awarded in recognition of his services both locally and nationally, and thank him on his retirement for his commitment to three governor terms with the Trust.  The Trust Chair expressed it would be prudent to be watchful of developments at the Buckingham, Oxfordshire, and Berkshire Integrated Care Services (**BOB ICS**), and Buckinghamshire and Oxford Councils to be proactive in safeguarding adequate resources both for mental health and community services, and to foster relationships for effective collaboration. He said in the process of recovery following the pandemic it would be important to ensure there was parity for both mental and physical health needs. He added he would be planting a tree at the Whiteleaf Centre, Aylesbury that week in recognition of the NHS sustainability day.  **The Council noted the oral update.** |  |
| **6.**  a  b  c  d  e  f | **Update Report from Non-Executive Director (NED)**  Bernard Galton firstly noted his thanks to all staff for their dedication and service throughout the turbulence of the last year. He continued his oral update highlighting many alternative ways of working and providing services had been established over the past year throughout the pandemic, and it would be practical for the Trust to embed those changes that had worked well into the organisation as the Trust moved forward into the recovery stage from the pandemic.  Bernard Galton informed the CoG of the range of his involvements with the Trust as; being a member of the Mental Health Act Committee, Quality Committee (**QC**), Nominations, Renumerations and Terms of Service Committee, and Chair of the People and Leadership Committee (**PLC**), and had had involvement in Serious Incident investigations.  In terms of his work as Chair of the PLC he informed the CoG the PLC had been set up in January 2020 as a direct Board Sub-Committee, and replaced the Well-Led Committee that had reported into the QC. He said the priority focus for the PLC over the past year had been in supporting the well-being of staff throughout the pandemic and operational matters. The strategic side would be developed further with an area of focus being how to empower people to serve, and to change to meet the organisations ambitions.  Bernard Galton said a highlight for him during the year had been the successful on-line delivery of Black History month, in supporting the improvements of diversity within the Trust. Other areas for note: a gender equality network had been set up; the staff forum had provided useful support; and the Cultural Ambassadors programme had progressed. He added he had enjoyed and found the engagement in the on-line focus group (Integrated Governance Sub-Group) set up for governors to discuss matters with many Trust Board members during the pandemic very effective and efficient way to meet.  Bernard concluded by recognising the work achieved by Tim Boylin, HR Director during his time at the Trust.  **The Council noted the oral update.** |  |
| **7.**  a  b  c  d  e  f  g  h  i  j  k  l  m  n | **Update Report from the Chief Executive**  The Chief Executive reported on paper CoG 02/2021, Chief Executive’s report.  The Chief Executive commenced by echoing his thanks for Tim Boylin for his work and achievements during his time in post at the Trust. He said the Trust was in the process of seeking to appoint a Chief People Officer, and he confirmed an interim HR Director Mark Warner who had extensive NHS experience would be joining the Trust on 08 April 2021. He noted it was a priority to advance and develop the culture across the organisation in the pursuit for the Trust to be an outstanding place to work and receive care.  The Chief Executive said he and the Trust Chair had jointly led a webinar to Trust staff on 23 March 2021, Covid-19 National Day of Reflection, which marked the first anniversary of the pandemic. It included a minute’s silence at midday to reflect on the last year and to remember those members of staff who were sadly lost from the virus in their roles caring for patients, Margaret Tapley, Elisha Olaomo, and Eddie Chua, expressing his thoughts remained with their family and friends.  The Chief Executive updated the situation within the Trust for Covid-19 was gradually improving with no Covid-19 cases currently and staff absences relating to Covid-19 matters falling. He highlighted the Trust had made significant contributions to the vaccination programmes across BOB, in setting up three mass vaccination sites at the Kassam Stadium, Oxford, the Madesjki Stadium in Reading, and at Bucks New University in Aylesbury. There had been in excess of 100,000 people vaccinated and work would continue at pace to ensure all had received a first dose by the end of July 2021 subject to vaccine supply.  The Chief Executive informed the CoG an Executive Management Committee (**EMC**) had been established as a Board Sub-Committee and would meet monthly. This would ensure Board oversight of operational challenges and address the continuing development in strength of governance. The EMC replaced the previous Extended Executive meetings.  The Chief Executive updated the Council on progress of the on-going discussions of proposals on the re-development of the Warneford site. He stated at an Extraordinary meeting in private of the Trust Board and others on 26 February 2021 agreement and been reached for a replacement hospital that would consolidate wards across Oxford to be situated on the Warneford site. The re-development was part of a collaborative venture with the University of Oxford in the development of a research facility co-located on the Warneford site offering advantages to both parties. The next steps were to secure funding from the treasury, and to have planning permission in place by year end. The proposed development would offer a modern environment for patients and service users and enhance opportunities for research to be embedded in clinical practice.  The Chief Executive noted his thanks to Dr Mark Hancock, Medical Director who had completed his five-year tenure as Medical Director, and prior to that as the Deputy. Dr Mark Hancock would be staying with the Trust as a consultant in forensic psychiatry and continue to act as the Trust’s Chief Clinical Information Officer. Additionally, the Chief Executive noted his thanks to Paul Dodd, Deputy Director of Finance who would be retiring at the end of March from his long and distinguished career in the NHS. Recruitment for a replacement had taken place and an announcement was eminent.  The launch of the Gender equality network, referenced by Bernard Galton in his Non-Executive Director update at 6d), ensured the Trust’s commitment to be a truly inclusive place to work and would offer a powerful voice in how to operate as an organisation, and would be Chaired by Debbie Richards, Executive Managing Director for Mental Health and LD&A Services.  The Chief Executive highlighted the importance for the Trust to become a more environmentally sustainable organisation, and the Trust’s Carbon Zero Strategy was due to be presented to the Board in quarter two in 2021. He added he would be planting a tree along with others at the Littlemore site, a symbolic gesture to reflect the Trust’s commitment to the environment and sustainability.  The Chief Executive informed the CoG the authorisation was up for renewal for the Biomedical Research Centre (**BRC**) hosted by Oxford Health. The BRC was only one of the two centres in the country focusing on the field of mental health and was of importance to the Trust in achieving its objective in being a leading research and teaching organisation.  In conclusion he said planning guidance had been received that day from NHS England (**NHSE**) for the new financial year, and he noted there was a clear focus to reduce health inequalities, and for the integration of care systems in the delivery of services. He added there was a requirement to build on changes made in response to the pandemic and to embed these into services, an example being for 25% of consultations to remain virtual. It was noted the Trust was one of the leading Trust’s in the country in delivering virtual consultations at over 1500 a month.  Chris Roberts and Mike Hobbs raised questions around the Warneford development: how governors could support the Trust in the project; and for an update communication to be scheduled to the Trust’s resident neighbours, respectively. The Chief Executive responded these aspects had been included at a recent Warneford Programme Board in reviewing strategy and engagement for the project. He said discussions had included the importance for clinical, service user, and governor voices to be heard with a presence to be on various project sub-groups reporting into the project programme. He added a wider public communication was being developed by the Trust.  Alan Jones enquired if there was any understanding on the effectiveness of virtual consultations. Also, from available data it showed a rise in Child and Adolescent Mental Health Services (**CAMHS**) eating disorder waiting lists, and what was the referral to treatment time. The Chief Executive replied that Oxford University was completing research on virtual consultations and this piece of work had not been concluded yet. He added it remained important to offer face to face and virtual options in the delivery of flexible individual personalised care. The Executive Managing Director for Mental Health and LD&A Services responded there was an increase demand for CAMHS and CAMHS Eating Disorders and adult eating disorders, and noted this increase was being seen regionally and nationally. She stated locally some of the increase could be attributed to preservation of Infection Prevention Control (**IPC**) requiring the adult eating disorder day hospital service to cease for IPC in-patient control. Remote services were put in place, however there was not the availability of workforce specialism to have been able to provide a standalone option. She added oversight was in place and the Community Directorate Manager had met with GPs to ensure effective management for urgent and emergency referrals. She said CAMHS Bucks and Oxford were maintaining emergency and urgent referral to treatment rates, however routine had extended beyond rates. However, she noted access rates were higher than the capacity commissioned to provide. Some CAMHS pathways had improved owing to a virtual option, however Children services in both Bucks and Oxford had waiting lists for over a year for Children’s Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorder. It was noted the Chief Executives’ for both Oxford and Buckingham had met recently to review what could be achieved within existing resources and workforce specialisms in support of the current circumstances.  **The Council noted the update report.** |  |
| **8.**  a  b  c | Covid-19 update The Director of Strategy & Chief Information Officer presented an update on Covid-19. He said national reporting recognised two major waves for the pandemic, however the Trust had observed three waves locally, June 2020, November 2020, and January 2021 with peak Covid-19 cases reaching at just over 50 in waves. Sadly, he reported there had been a total of 31 deaths owing to the coronavirus occurring mainly across the community hospitals. He noted as from the 10 March 2021 there had been no Covid-19 positive inpatients recorded.  The Director of Strategy & Chief Information Officer said staff vaccine monitoring was updated daily and that 82% of patient facing staff had received the first dose of the vaccine. The total for Black, Asian, and Minority Ethnic patient facing staff was 72.2%. He added occupational health were giving support to staff, and line managers were being proactive in following up staff to understand if there was vaccine hesitancy or other reasons for not taking up the vaccine.  **The Council noted the presentation and oral update.** |  |
| **9.**  a  b  c  d  e  f  g  h  i  j | **Provider Collaborative update**  The Executive Managing Director for Mental Health and LD&A Services, and lead in the Trust for Provider Collaboratives (**PC**) presented a PC update commencing with an explanation of a PC. She outlined a PC was an NHS-Led group of providers of Specialised Mental Health, Learning Disability and Autism Services where it has been agreed to work together to improve care pathways for the local population and be financially and clinically responsible for their patient population.  She said PCs commenced in 2017 with New Care Models (**NCMs**) in Specialised Mental Health. The intention was for NCMs to: reduce admissions to specialised services that were being commissioned by NHSE Specialised commissions; reduce out of area placements; provide care closer to home; reduce length of stay; support and enable investment; and assist community step down services. For Oxford Health this incorporated CAMHS, child and adolescent mental health services beds, adult eating disorder beds, and forensic adult secure beds.  The Executive Managing Director for Mental Health and LD&A Services stated being the Lead Provider for an NHS-Led PC was incredibly complex requiring focus to: improve patient experience and outcomes; be financially and clinically responsible; pool financial risk across partnerships with potential to reinvest savings; engage in the responsibility for commissioning of services; assure the quality of services and clinical standards; engage with ICS and others in the development of a shared vision; and be accountable to the NHSE. She explained there was a high level of governance required within a PC that encompassed all of the processes to include contracting, executive leadership, clinical leadership, and quality frameworks, together with the complexity of governance in delivering clear benefits to patients.  The Executive Managing Director for Mental Health and LD&A Services highlighted the Trust was lead provider in 3 PCs: Thames Valley & Wessex Adult Secure; Thames Valley CAMHS Tier 4 (Child & Adolescent Mental Health Services beds); and HOPE Eating Disorders, and was a partner in South East Region Veterans Mental Health High Intensity Service. The Trust was currently in ‘shadow form’ the lead in process before the lead provider formally accepts responsibility. She noted there were still some issues to resolve, however she noted the expected ‘go live’ date of April 2021 for the Thames Valley & Wessex Adult Secure and Thames Vallley CAMHS Tier 4 should be achieved, with October ‘go live’ for HOPE Eating Disorders. She highlighted the most mature and successful PC for the Trust was the Thames Valley Adult Secure where savings had been reinvested in additional services. She noted for the CAMHS Tier 4 PC a 40% reduction had been achieved in Out of Area Placements (**OAPs**) and OAP occupied bed days over the past couple of years.  The Trust Chair thanked the Executive Managing Director for Mental Health and LD&A Services for a very cogent presentation on PCs.  Mike Hobbs enquired about the viability of some private partners within the PCs. The Executive Managing Director for Mental Health and LD&A Services replied there potentially would be risks and issues with any partner. She noted beds from partners were crucial for young people so patients were not waiting. It was important to learn from colleagues in all sectors and as lead provider to ensure skills and process were in place for support. The Chief Nurse added due diligence was completed so any issues or concerns would be monitored and supported in a robust way to achieve quality governance and assurance.  Tina Kenny enquired about risk of the financial pool in relation to the resilience and volatility of demand. The Executive Managing Director for Mental Health and LD&A Services responded each PC had a different baseline funding, bedded capacity and investment into community mental health. She outlined there were risk and gain shares as a collaborative that impacted on both an over and underspend for partners. It was challenging to keep benefits for patients in balance with the pressures of sharing financial risk. She highlighted these aspects were built into the plan and governance of a PC.  Dr Hassen Al-Tahir stated the forensic PC had worked well with 95% of patient’s being repatriated in other counties.  The Chief Executive thanked the Executive Managing Director for Mental Health and LD&A Services for her clear presentation on what are very complex projects and he concluded by adding it was clear from the Centre that more healthcare would be delivered in this way in the future.  **The Council noted the presentation.** |  |
| **10.**  a  b  c  d  e  f  g | **Lead Governor Update**  The Trust Chair thanked Chris Roberts, the outgoing Lead Governor for his commitment and support during the past three years, and said he had embraced the challenges posed by Chris on behalf of the CoG.  Chris Roberts gave an oral update on governor business. He stated the Integrated Governance Sub-Group set up in place of the Governor Sub-Groups during the pandemic had been positive and gave thanks to the Executives and Non-Executives who had supported the group.  Chris Roberts said the Task and Finish group for the Out of Hours Service had concluded with the last few outstanding items being passed to the Quality and Governance Sub-Group now included as part of general quality improvement. He expressed his thanks, and credit to Madeleine Radburn for her time and commitment to the Task and Finish Group, and for her time as Deputy Lead Governor during his tenure.  Chris Roberts thanked Director of Strategy and Information Officer for the Strategy session that had taken place earlier in the month for governors, saying it had been an informative and constructive session.  Chris Roberts informed the Council there was general apprehension in how governors could contribute and play a role in governance within BOB ICS, and as such Lead Governors from several Trusts were arranging to meet with David Clayton-Smith, the Independent Chair of BOB ICS to establish some clarity around future governance.  Chris Roberts stated that during his tenure as Lead Governor he had found it to be a time of development and opportunity. He noted the effective work the governor sub-groups had undertaken, and the governor involvement in Trust Board appointments. He gave his thanks to the Trust for their support, with particular reference to the Director of Corporate Affairs and Company Secretary, the Trust Chair, and Chief Executive. He expressed good luck to all governors who were standing for re-election.  **The Council noted the oral update.** |  |
| **11.**  a  b  c  d  e  f  g | **Governor Elections 2021 update report**  The Director of corporate Affairs and Company Secretary presented on paper CoG 01/2021 Governor Election Plan.  The Director of corporate Affairs and Company Secretary commenced by thanking Katariina Valkeinen, Senior Communications and Engagement Officer for her support in promoting the Trust’s Election process for 2021. She also thanked governors Hannah-Louise Toomey, Hasanen Al-Taiar, Angela Conlan and Ben Glass who had participated in interviews relating their experiences as a governor to those who were considering standing, which had been very beneficial. She also thanked Surangi Weerawarnakula, Corporate and Claims Officer for all her work in supporting governor communications during her time at the Trust and wished her well in her new role outside of the Trust.  The Director of Corporate Affairs and Company Secretary stated this was a significant election as owing to the pandemic an election had not taken place in 2020. There were 18 governor vacancies up for election which was more than half the total number of governor positions and this would be a challenge but also an opportunity, and that the nomination process had started that day.  The Director of Corporate Affairs and Company Secretary stated there was a current governor who had served for 9 years in total who was willing to stand again to offer continuity if no one stood. She stated the constitution did not recommend a service term over 9 years, however there was a clause for exceptional circumstance and that if following a vote, as long as there were no dissenters, this individual would stand if necessary.  The Director of Corporate Affairs and Company Secretary said there had been significant work over the past couple of years by the Membership Team and others to promote the elections and were working alongside the Trust’s Learning Disabilities Co-Production Group to develop ways to make membership and governorship more accessible and meaningful for people with a learning disability. She thanked Ben McCay, Member, Learning Disability Services and Rachael Miller, Patient Experience Lead – Learning Disabilities who had been attending CoG meeting as observers to gain a sense of what being a governor would involve and to give feedback to the Trust.  The Council took a vote for the individuals fourth term extension that was approved.  **[[1]](#footnote-1)The Council noted the Election update report and approval for the individuals fourth term extension.** |  |
| **12.**  a  b  c  d | **Annual appointment of Lead and Deputy Lead Governor**  The Director of Corporate Affairs and Company Secretary stated two names had been put forward for consideration for the annual appointment of Lead and Deputy Lead Governor. Self-nominations had been received by Mike Hobbs, for Lead Governor, and Chris Roberts for Deputy Lead Governor for 6 months. No other nominations had been received.  The Council agreed for Mike Hobbs to be Lead Governor for the next 12 months, and for Chris Roberts to be Deputy Lead Governor for 6 months.  The Director of Corporate Affairs and Company Secretary thanked Chris Roberts for all his support during his tenure.  **[[2]](#footnote-2)The Council noted the appointment of Mike Hobbs as Lead Governor for the next 12 months, and the appointment of Chris Roberts as Deputy Lead Governor for the next 6 months.** |  |
| **13.**  a | **Questions from the public**  There were no questions from the public. |  |
| **14.**  a  b  c  d | **AOB**  The Chief Nurse gave her response to a question received in advance from a governor that had arisen from the Strategy Session that had been delivered to the governors. The question was around what the Trust was doing to seek to reduce restrictive practice as it was a Trust strategic objective.  The Chief Nurse commenced by offering assurance that all forms of restrictive practices were monitored (seclusion, long term segregation, restraint) and reported on a weekly basis at a harm review meeting chaired by the Deputy Chief Nurse where escalation would be triggered if required. She stated restrictive practices fluctuated weekly and across wards and it noted there had not been any increase owing to isolation relating to Covid-19.  The Chief Nurse stated reducing interventions is a strategic objective and priority for the Trust and a Positive and Safe Committee had been set up to focus on the reduction in prone restraint, and reduction in seclusion, and there had been a recent launch with external ‘experts by experience’ taking part. She added quality improvement methodology would be applied. The Positive and Safe Committee reported into the Quality Committee, a Board sub-committee, for oversight and assurance.  **The Council noted the Chief Nurses response.** |  |
| **15.**  a | **Close of meeting**  Meeting closed at 19:27 |  |
| Date of next meeting: 16 June 2021 at 18:00 via Microsoft Teams (remote meeting). | | |

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1. Vote was deemed quorate based on an acceptance of non-voting members during the transition period owing to the pandemic when elections had not taken place. [↑](#footnote-ref-1)
2. Vote was deemed quorate based on an acceptance of non-voting members during the transition period owing to the pandemic when elections had not taken place. [↑](#footnote-ref-2)