

**Oxford Health NHS Foundation Trust**

**Council of Governors and Members**

**Annual Members’ Meeting & Annual General Meeting**

**(AMM & AGM)**

Minutes of the Meeting on 24 September 2020 at 18:00

virtual meeting via Microsoft Teams

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

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| Chris Roberts (Lead Governor) | Patient: Service Users Carers |
| Hasanen Al-Taiar | Staff: Specialised Services |
| Angela Conlan | Staff: Community Services |
| Maureen Cundell | Staff: Older People |
| Gordon Davenport | Staff: Children and Young People |
| Victoria Drew | Staff: Corporate Services |
| Benjamin Glass | Patient: Service Users Buckinghamshire and other counties |
| Mike Hobbs | Public: Oxfordshire |
| Alan Jones | Patient: Service Users Carers |
| Madeleine Radburn | Public: Oxfordshire |
| Myrddin Roberts | Patient: Service Users Carers |
| Hannah-Louise Toomey | Public Oxfordshire |
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In attendance:

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| *External Audit – Grant Thornton UK LLP:* | |
| Laurelin Griffiths | External Audit – Engagement Lead, Grant Thornton |
| *Oxford Health NHS FT - Board members:* | |
| Nick Broughton | Chief Executive |
| John Allison | Non-Executive Director |
| Marie Crofts | Chief Nurse |
| Bernard Galton | Non-Executive Director |
| Mark Hancock | Medical Director |
| Chris Hurst | Non-Executive Director |
| Mike McEnaney | Director of Finance |
| Debbie Richards | Executive Managing Director for Mental Health and LD&A Services |
| Ben Riley | Executive Managing Director for Primary and Community Services |
| Kerry Rogers | Director of Corporate Affairs & Company Secretary |
| Martyn Ward | Director of Strategy & Chief Information Officer |
| *Presenters and other staff – from Oxford Health NHS FT:* | |
| Tehmeena Ajmal | Service Director |
| Andrea Cipriani | Associate Director of Research and Development |
| John Geddes | Director of Research and Development |
| Cathy Henshall | Head of Research Delivery |
| Lorcan O’Neill | Director of Communications & Engagement |
| Emily Nolan | Senior Communications and Engagement Manager |
| John Pimm | Clinical & Professional Lead Psychological Therapies Pathway and Head of IAPT for Buckinghamshire |
| Jo Ryder | Clinical & Professional Lead Psychological Therapies Pathway and Head of IAPT for Oxfordshire |
| Hannah Smith | Assistant Trust Secretary |
| Victoria Taylor | Communications and Engagement Manager |
| Emma Topham | Speech and Language Therapist |
| Bill Tiplady | Associate Director of Psychological Therapies |
| Katariina Valkeinen | Senior Communications and Engagement Manager |
| Surangi Weerawarnakula | Corporate and Claims Officer |
| Susan Wall | Corporate Governance Officer |
| Bill Wells | Head of Research and Development |

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| **1.**  a  b  c  d  e  f | **Introduction and Welcome**  The Chair welcomed all those present to the first virtual meeting of the Trust’s AMM and AGM for 2019/20.    **Apologies for absence**  Apologies had been received from the following Governors: Allan Johnson, Dr Tina Kenny, Angela Macpherson, Mary Malone, Paul Miller, Neil Oastler, Cllr Lawrie Stratford, and Sula Wiltshire.  Absent: Gillian Evans, Tom Hayes, Louis Headley, Reinhard Kowalski, Davina Logan, Richard Mandunya, Andrea McCubbin, Jacky McKenna, Abdul Okoro, Chelsea Urch and Soo Yeo.  Apologies had been received from the following members of the Board of Directors: Tim Boylin, Sue Dopson, Aroop Mozumder and Lucy Weston.  **Declarations of interest**  No interests were declared pertinent to matters on the agenda.  **Minutes of the 2019 AMM/AGM**  The Minutes of the AMM/AGM were approved as an accurate record of the meeting. | |  |
| **2.**  a  b  c  d  e  f  g  h  i  j | **Summary of the year including presentation of the Trust Annual Report 2019/20**  The Trust Chair expressed his sincere thanks to the tireless way all staff and volunteers had worked throughout the pandemic.  He highlighted some themes from the past 12 months: the assurance of long promised mental health funding; collaborative working in preparedness for the integration of healthcare services; and raised awareness of diversity and equality. He gave thanks to Stuart Bell, the out-going Chief Executive Officer for his tenure at the Trust and welcomed Dr Nick Broughton, the incoming Chief Executive Officer (**CEO**) to his first AGM and AMM at the Trust.  The CEO commented upon changes in the composition of the Board and gave thanks to Stuart Bell for his legacy from his 8 years at the Trust. He noted retirees from the Board: Ros Alstead, Director of Nursing & Clinical Standards; and Dominic Hardisty, Chief Operating Officer. He welcomed: Marie Crofts, Chief Nurse; Debbie Richards, Executive Managing Director for Mental Health and LD&A Services; and Ben Riley, Executive Managing Director for Primary and Community Services.    The CEO presented the Annual Report 2019/20 and provided an overview of developments from the reporting period. He highlighted themes in relation to workforce; service development; funding; and collaborative working.  The CEO commented the workforce remained the Trust’s greatest asset but that recruiting and retention remained a challenge. An impacting factor in some areas of the Trust was the high cost of living. To support retention the Trust had developed Nursing Associate Apprenticeships and other professional training qualifications to support colleagues in progressing career pathways. The well-being of staff both physically and mentally was of paramount importance and an independent Employee Systems Programme for staff and their families had been employed. He remarked he aspired for the Trust to be a truly inclusive place to work, and for the leadership team to reflect the diverse community the Trust served. He thanked all of the workforce, governors, volunteers, and members for their support during the response to the pandemic.  In relation to the theme of service development he commented the Trust had launched and led 3 New Care Models/Provider Collaboratives (**PCs**) (Forensic PC, across the Thames Valley; Inpatient PC for Child, and Adolescent Services; and Eating Disorders PC) offering innovation in specialist mental health services at greater scale. He reported much had transpired in the response to the pandemic, such as digital consultations for mental health services and other services across the Trust to ensure continuation of services. Both the workforce and service users had adapted well to the changed delivery in services in challenging circumstances. Feedback from service users during the period recorded 93% had found receiving care from a Trust service to be a positive experience and would recommend the Trust as a place to receive care. The Care Quality Commission inspection had received a ‘good’ rating and it had been encouraging that inspectors had noted that many of the conditions were in place for the organisation to strive to become outstanding. Examples of services the Trust provided would be demonstrated in the presentations later on the agenda on: ‘Mental Health – Talking Therapies and our wider population,’; and ‘Community Services – children, adults, and future.’  He reported there had been progress made in securing funding during the year, notably the long-awaited mental health under-investment monies due from Oxford Clinical Commissioning Group, and additional investment received via the Mental Health Investment Standard (**MHIS**). A comprehensive transformation programme to reflect financial support received by the system was in place. He referenced it would be important to work closely with commissioners to ensure future mental health services were adequately resourced, and with consideration to financial regimes being integrated at Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care System (**BOB ICS**) level.  In relation to collaborative working, he referenced being prepared for the integration of healthcare services within BOB ICS and other partners. Working in collaboration or partnerships to bring economies of scale, as in PCs, was the future route for Oxford Health services in care systems, pathways and integrated care in the provision of services. An important partnership to the Trust was Oxford Science Partnerships whose licence had recently been renewed. The partnership would strengthen academic links and support research, a supporting presentation was later on the agenda: ‘Research – achievements, increasing patient and staff participation.’    He presented the Annual Report and noted that questions would be taken after the presentation of the Annual Accounts and the External Auditor’s report on the Annual Report and Annual Accounts.  **The meeting received the Trust’s Annual Report for 2019/20.** | |  |
| **3.**  a  b  c  d  e  f | **Presentation of Annual Accounts 2019/20 (FY20)**  The Director of Finance presented the Annual Accounts, which had been prepared on a going concern basis and in line with directions given by NHS Improvement and HM Treasury. The Annual Accounts had been audited by the Trust’s External Auditor whose report would be presented to the AGM at the next item.  The Director of Finance reported an overall deficit figure of £3.8 million FY20 for the Trust against a £0.5 million deficit in FY19, explaining this change related to the decrease in property values following the revaluations in the year. The surplus position, before property value adjustments was £1.1 million compared with a deficit of £5.7m in the previous year. This is an improvement over the £2.8 million deficit plan for the year. There had been a substantial increase in income for the year with investment from: the Mental Health Investment Standard; an increase in funding to mental health from Oxford CCG; and significant income from the new Provider Collaboratives (**PCs**), however there had also been a corresponding increase in expenses in the year. The net impact for FY20 was a £6.1 million operating surplus against the £0.5million deficit in FY19; the increase was largely from the PCs and increase in mental health investment funds received. There was an increase in finance costs of £0.4 million from FY19 relating mainly to interest payments for capital investment funds the government had provided to the Trust. He outlined the complexities of funding, and when exceptional items including revaluation of assets and Sustainability and Transformation funding had been excluded the underlying performance of the Trust was a deficit of £2.9 million.  In relation to the Statement of Financial Position he highlighted: the value of total assets had decreased (from £158.8 million in FY19 to £152.3 million in FY20) explaining this was largely due to the in-year revaluation of assets; trade and other receivables had increased (from £24.1 million in FY19 to £38.1 million in FY20) and was largely due to monies owed from NHS England (**NHSE**) relating to provider collaboratives; and the financial position at the end of March included £1.2 million of COVID costs that were to be re-charged.  He referred to the Key Financial Indicators of financial performance used by NHS Improvement referencing two underachieving areas: the Agency Spend indicator for the Trust was significantly above the ceiling which was set by NHS England; and Cost Improvement Plan (**CIP**) delivery was £6.5 million against the plan of £7.6 million.  In relation to the financial outlook he highlighted: owing to the pandemic the normal position of working to a contract was on hold and an interim financial arrangement was in place with NHSE to recover costs spent on COVID-19; the Mental Health Investment improvement funds would be implemented in the second half of the year following a delay; increased focus of the financial regime being integrated at BOB ICS level; the cash position was relatively strong; and agreement had been reached at the end of March 2020 with Oxfordshire CCG for increased investment into mental health services in Oxfordshire that with delivery of the CIP would assist in delivering a break even plan.  **The meeting received the Annual Accounts for 2019/20.** | |  |
| **4.**  a  b  c  d | **Auditor’s Report on Annual Report and Annual Accounts 2019/20**  Laurelin Griffiths from Grant Thornton (the Trust’s External Auditors) presented the Independent Auditor’s Report to the Council, Members and Board on the Audit of the Trust’s 2019/20 Financial Statements. She explained the audit scope in relation to the Financial Statements, the Value for Money (**VFM**) conclusion and the Quality Report. In relation to the Quality report the work for this had not been completed for the year 2019/20 due to COVID-19.  In relation to the Financial statements, she stated the auditors had issued an unmodified, clean audit on the Financial Statements and Going Concern assessment to the Trust on 22 June 2020.  In relation to the VFM conclusion, she noted that this was not an assessment of whether VFM had been achieved; instead, the audit was required to report ‘by exception’ should any issues arise from the work to review whether the Trust had made proper arrangements for securing economy, efficiency, and effectiveness in its use of resources and was acting sustainably in the long term. A significant VFM risk had been identified in the financial plan around financial sustainability if slippage occurred in achieving the planned level of savings of £7.5 million for the second half of the year. The impact of this and COVID-19 had been considered and had been fed into forward planning. She confirmed that unmodified/unqualified audit conclusions had been issued in relation to VFM.  **The meeting received the Auditor’s Report on the Annual Report and Annual Accounts 2019/20.** | |  |
| **5.**  a  b  c  d  e  f | **Questions on the Annual Report, Annual Accounts and Auditor’s Report**   |  | | --- | |  |   ***Oxford Health and charitable services***  Mike Hobbs, Governor, asked about: (i) in light of a prediction from a health service journal did the Board see the likelihood that the Trust would merge services with one or more acute trusts; and (ii) in view of the reduction in charitable organisations’ fund raising, owing to the pandemic, how was the Trust going to maintain effective collaboration with third sector partners. The CEO replied there were no plans at present to merge services or departments, however it was prudent for a large organisation such as the Trust to work collaboratively with acute colleagues and others to ensure delivery of joined up service care. In relation to third sector partners, he replied that the Trust was currently partnered with a large range of third sector partners and by using their services this would assist in supporting their sustainability. There was increasing reliance on this sector and the Trust was actively exploring opportunities to support this community and generate opportunities. The Trust Chair added there was some unpredictability for some third sector organisations who relied on grants from local government for sustainability funding and to be mindful of this in supporting services.  ***Staffing and agency usage***  A question was asked regarding how the Trust was addressing staffing issues and high agency usage. The CEO replied that the Trust had developed innovative roles such as Nurse Apprenticeships and Nurse Associates as career development opportunities, and there was strength in the breadth of services offering such opportunities within the Trust. He said there was more to do around organisational cultural change and the Chief Nurse was leading work around senior roles within the Allied Health Professionals’ sector and a review of agency usage.  ***Representation of BAME colleagues***  A question was asked regarding how the Trust was proactively addressing the under-representation of Black, Asian, and Minority Ethnic (**BAME**) colleagues in senior roles. The CEO stated that the Trust was committed to ensuring that the Trust was a great place to work embracing diversity, ethnicity, and a cultural change programme. The Trust Chair stated senior roles, including the Board, should reflect the area the Trust served; however it would be necessary for those from a BAME background and other attributes of inequality to be in the pool of candidates for vacancies for change to take place.  ***BAME colleagues – COVID-19 risk and overrepresentation***  Questions were posed on: (i) the proportionality of risk in contracting COVID-19 for those from BAME backgrounds, and (ii) what was the Trust doing about over-representation of BAME staff being subject to disciplinary panels. The CEO replied risk assessments were being completed for all staff to ensure staff safety in the workplace, and where there were concerns the Trust would ensure alternative work within the organisation. This work was being led by Dr Ben Riley, Executive Managing Director for Primary and Community Services. In relation to the concern around disciplinary panels, it related to addressing culture within the organisation and work was on-going by Tim Boylin, the Director of HR and Mo Patel, Head of Inclusion. This work was discussed and supported regularly in staff side meetings.  ***Green issues***  A question was raised around how the Trust was supporting green issues for the environment of staff/patients and environmental issues. The Trust Chair replied there was a Sustainability Governance Group, of which he was Chair, to address sustainability issues for the Trust not relating to financial issues. Sustainability was of paramount importance to the Trust and examples of areas being addressed were the use of energy efficient light bulbs, reduction in the printing of documents, and roll out of electric car charging points with incentives for staff in the purchase of electric cars. A reduction in the carbon footprint had been achieved arising from the pandemic in the reduction of travel and business miles. Claire Dalley, the Director of Estates and Facilities was leading work in reducing the carbon footprint and how changed ways of working, such as remote and flexible working in response to the pandemic, could be consolidated.  ***Digital consultations***  A question was raised regarding how the Trust was assessing the effectiveness in the increased use of virtual consultations in response to the pandemic. The CEO replied the Trust could not assume that virtual consultations worked for all or always equated to high quality care. A review was being undertaken by Oxford University and other partners to evaluate and assess feedback from service users on the effectiveness of virtual consultations. | | **All presenters/ authors/ Comms** |
| **6.**  a | **Presentations**  The meeting received three presentations which outlined key service developments that had been taking place through the year on:   * Mental Health – Talking Therapies and our wider population – from Bill Tiplady, Associate Director of Psychological Therapies, and team including: Dr John Pimm and Jo Ryder, Clinical & Professional Lead Psychological Therapies Pathway and Head of IAPT for Buckinghamshire and Oxfordshire respectively; * Community Services – children, adults, and future - from Tehmeena Ajmal, Service Director and team including: Emma Topham, Speech and Language Therapist; and * Research – achievements, increasing patient and staff participation – Prof. John Geddes, Director of Research and Development and team including: Andrea Cipriani, Associate Director of Research and Development; Dr Cathy Henshall, Head of Research Delivery; and Bill Wells, Head of Research and Development. | |  |
| **7.**  a  b  c  d | **Questions on the presentations**  Questions arising from the Mental Health – Talking Therapies and our wider population presentation were: (i) what were the Trust’s plans for addressing the backlog of waiting lists for Psychological Services; (ii) how Psychological Services were addressing the fear of stigma in staff accessing and receiving treatment for mental health issues; and (iii) with the onset of the second wave of COVID-19 how staff would be supported to ensure resilience. Bill Tiplady replied that the Trust was looking at a range of different solutions in order to use resources creatively in reducing waiting list times for services. A national rollout of a ‘hub model’ in support of NHS staff seeking mental health support was planned which would employ a confidential route into services. This would allow staff to seek help more readily as historically NHS staff were slow to come forward in seeking help for mental health difficulties around stress and pressures of work. Staff well-being was being approached in a proactive way and staff were being encouraged to take annual leave following the demands of recent months. Well-being and the impact of stress were being discussed in team meetings and managers were supporting staff to ensure time out was taken.  There were no questions arising from the Community Services – children, adults, and future presentation.  Questions arising from the Research presentation were: (i) how the Trust was attracting and developing its own staff to work in research; and (ii) how were patients to be informed of research projects. In the absence of research colleagues, owing to technical issues, the CEO replied it would be important to develop a strategy to ensure there were research opportunities across roles and careers available within the organisation. As part of the ‘opt out’ approach patients would have the opportunity to be involved in research in improving the quality and experience of healthcare as part of strategic thinking and planning.  There were no further questions. | |  |
| **8.**  a | **Final reflections**  The Trust Chair thanked all contributors to the AGM/AMM and gave thanks to Lorcan O’Neill, Director of Communications and his Team in realising and hosting the virtual event this year. He said themes and commitments to take forward were for the organisation to become more sustainable, for the Board of Oxford Health to reflect the ethnicity and diversity of the patients and area it served, and for all to be engaged and empowered to improve and be more effective in delivering healthcare. | |  |
| **9.**  a | **Any Other Business**  None. | |  |
| **10.** | **There being no further business the Trust Chair declared the meeting closed at 19:51.** | |  |