

**Oxford Health NHS Foundation Trust**

**CoG 23/2022**

(Agenda item: 05)

**Council of Governors**

Minutes of the meeting held on

15 June 2022 at 18:00

at Unipart Conference Centre, Oxford

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

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| **Present:** |  |
| Dr Mike Hobbs (**MH**) | Public: Oxfordshire (Lead Governor) (via Teams) |
| Evin Abrishami (**EA**) | Staff: Mental Health Services Oxfordshire, BaNES, Swindon & Wilson (in person) |
| Martyn Bradshaw (**MB**) | Staff: Mental Health Services Buckinghamshire (via Teams) |
| Jonathan Cole (**JC**) | Patient: Service Users Oxfordshire (in person) |
| John Collins (**JoC**) | Carers (in person) |
| Anna Gardner (**AG**) | Public: Buckinghamshire (via Teams) |
| Ben Glass (**BG**) | Patient: Services Users Buckinghamshire & other counties (via Teams) |
| Giles Loch (**GL**) | Staff: Mental Health Services Buckinghamshire (in person) |
| Davina Logan (**DL**) | Age UK Oxfordshire (in person) |
| Ben McKay (**BMc**) | Patient: Service Users Oxfordshire (in person) |
| Andrea McCubbin (**AMcC**) | Buckinghamshire Mind (in person) |
| Petr Neckar (**PN**) | Staff: Specialised Services (in person) |
| Vicki Power (**VP**) | Staff: Community Health Services Oxfordshire (in person) |
| Karen Squibb-Williams (**KSW**) | Patient: Services Users Oxfordshire (in person) |
| Jodie Summers (**JS**) | Staff: Community Health Services Oxfordshire (via Teams) |
| Fiona Symington (**FS**) | Public: Oxfordshire (in person) |

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| **In attendance from the Trust:** | |  | |
| Amélie Bages (**AB**) | | Executive Director of Strategy & Partnerships (in person) | |
| Nick Broughton (**NB**) | | Chief Executive (in person) | |
| Marie Crofts (**MC**) | | Chief Nurse (in person) | |
| Geraldine Cumberbatch (**GC**) | | Non-Executive Director (via Teams) | |
| Charmaine De Souza (**CDS**) | | Chief People Officer (in person) | |
| Chris Hurst (**CH**) | | Non-Executive Director (via Teams) | |
| Grant Macdonald (**GM**) | | Executive Managing Director for Mental Health & Learning Disabilities (in person) | |
| Mike McEnaney (**MMcE**) | | Director of Finance (in person) | |
| Kerry Rogers (**KR**) | | Director of Corporate Affairs & Company Secretary (in person) | |
| Philip Rutnam (**PR**) | | Non-Executive Director (in person) | |
| Mohinder Sawhney (**MS**) | | Non-Executive Director (via Teams) | |
| Richard Trainor (**RT**) | | Non-Executive Director (via Teams) | |
| Martyn Ward (**MW**) | | Executive Director - Digital & Transformation (in person) | |
| Lucy Weston (**LW**) | | Non-Executive Director (in person) | |
| Nicola Gill (**NG**) *(minutes)* | | Executive Project Officer (in person) | |
| Julie Pink (**JP**) | | Head of Charity and Involvement (in person) | |
| Hannah Smith (**HS**) | | Assistant Trust Secretary (in person) | |
| John Upham (**JU**) | | Sustainability Manager (in person) | |
| Susan Wall (**SW**) | | Corporate Governance Officer (in person) | |
| Rachel Miller (**RM**) | | Patient Experience Lead – Learning Disabilities (in person) | |
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| **Presenters:** | |  | |
| Charlotte Oliver  Tvisha Lakshmeesh | | Youthboard (via Teams)  Youthboard (via Teams) | |
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| **Observers:** | |  | |
| Maureen Cundell (**MC**) | | Nurse, Older Adult Community Mental Health Teams (via Teams | |
| Charlotte Evans (**CE**) | | Executive Assistant (via Teams) | |
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| **1.**  a | **Introduction and welcome from the Chair**  The Trust Chair welcomed all those present to the Council of Governors’ (**CoG**) meeting in public. He reminded governors there was a private governors’ meeting following the public meeting. He explained that on this occasion we were running a hybrid meeting with face-to-face colleagues as well as those joining online which he hoped would work for all concerned. | | **Action** |
| **2.**  a  b  c  d | **Apologies for absence and quoracy check**  Apologies were received from the following Governors: Gill Evans, Carl Jackson, Sri Sabapathy, Ronnie Meechan, Emma Short and Tina Kenny.  Absent without formal apology: Natalie Davis, Kate England, Julien FitzGerald, Charlotte Forder, Nyarai Humba, Ekenna Hutchinson, Christiana Kolade, Jacqueline-Anna McKenna, Claire Sessions, and Tabitha Wishlade.  Apologies received from the Board: Karl Marlowe, Chief Medical Officer, Ben Riley, Managing Director, Primary and Community Care Services Angela Young, Non-Executive Director and Prof Kia Nobre, 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 by those present. | |  |
| **4.**  a  b  c  d  e  f  g  h  i  j | **Unloc / Youthboard presentation**  The Head of Charity & Involvement introduced the Unloc and Youth Board Presentation at paper CoG 06/2022 highlighting that the core aim of the project was to empower young people and give them a voice within Oxford Health to advocate for change, heighten awareness of their interactions and needs with and from services and to influence trust communications with young people. She introduced Tivsha Laskhmeesh and Charlotte Oliver who were part of the project.  They highlighted that as young members of the Oxfordshire community, their wellbeing was important and explained that they signed up for the Oxfordshire Youth Board in order to voice their ideas and experiences, and to, additionally, express the views and suggestions of other, younger citizens of Oxfordshire. During their presentation they highlighted the following achievements and outcomes:  **Why does the Youth Board exist?**   * Young people have a unique experience of mental health and support networks, so it is important to have their input; * Without their input, networks would not be so well adapted to supporting young people; * Diverse viewpoints are very important in allowing mental health services to cater for everyone; and * They are making decisions on behalf of their local community.   **What has the Youth Board done/achieved**   * They have created a safe space for young mental health advocates to share their individual experiences and thoughts; * They have helped set up events by offering ideas and suggestions; and * Starting to have important conversations about mental health which has informed discourse around this issue.   **What would they change or improve about the Youth Board if given the opportunity?**   * More regular meetings; * More action-based; * In-person; and * Volunteers each month to go to Oxford Health meetings and directly talk and interact.   **What areas of Oxford Health did they think should be brought to the Governors attention?**   * CAMHS funding; * Improving the reputation of CAMHS – using social media more effectively. Using different language, more appealing to young people; and * More presence in schools, more approachable, talk to them more easily. Build relationships with the workers and feel more comfortable. (more workers so less waiting time, more patient beds (people can go nearer to home), CAMHS workers go around schools).   ***Feedback and Questions***  Ben McCay asked whether there were any people with Learning Disabilities on the Youth Board? The Head of Charity & Involvement confirmed that recruitment for the Youth Board had been opened to all young people via all schools and youth groups stating there was no exclusion in terms of recruitment, but they were not aware of anyone on the group presently with any disability, but this data had not been specifically requested.  Ben Glass commented that with regards to having people on the board with a learning disability it would be something that would need to be proactively sought as people with learning disabilities are very poorly represented in co-production work. He also questioned whether they had thought about liaising with the double inpatient wards at Oxford Health as he felt it would be invaluable to engage with patients there and would lead to more co-working with them and he was sure they would be delighted to support them. He thanked them for their presentation. Charlotte Oliver confirmed that they do go back to their schools and have friends with learning disabilities who they meet with for their views, so they are indirectly putting their views forward.  Martyn Bradshaw asked whether this project was already in Buckinghamshire and if not, would it be expanding into there? The Head of Charity & Involvement confirmed that they had opened a Youth Board in Buckinghamshire last month.  Mike Hobbs thanked them for their presentation. He felt sure Governors along with other staff and directors of the trust would be interested to know over time more about what they do, their interests and asked whether they had thought how they would like the Governors to support the work they do? Charlotte Oliver responded confirming they had discussed this, and they felt that them attending meetings such as this would be helpful but also to have Governors attend their meetings too.  The Executive Director - Digital & Transformation thanked them for their presentation and asked whether they had a Youth Board member who was responsible for digital data and if so, would they like him to arrange a visit for them to visit and speak to his digital team? The Head of Charity & Involvement confirmed that they did not have anyone dedicated to digital on the group but confirmed they would welcome a member of the digital team to go and talk to them.  The Chief Executive thanked them for their presentation and dealing eloquently with all the questions posed to them. He felt this was an exciting initiative and made him proud the trust was embracing it. He commented that as an organisation it was clearly essential that we engaged with those who use our services and too often we forget about young people and do not enable them to influence how we design those services so to have the Youth Board was a huge step forward and he was impressed by the initiative, drive, energy, and commitment of those involved and looked forward to working with them.  The Chair thanked all those involved for the presentation.  **The Council noted the report and presentation.** | |  |
| **5.**  a  b | **Minutes of last Meeting on 24 March 2022 and Matters Arising**  The minutes of the last meeting held on 24 March 2022 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.** | |  |
| **6.**  a  b | **Update Report from Chair**  The Trust Chair took his report as read, at paper CoG 08/2022. He confirmed that earlier that day the Board had met and approved the Annual Report and Financial Accounts of the trust. He also spoke about his visit to the Community Dentistry Service in East Oxford the previous day and commented that he had found it tremendously useful, particularly after COVID-19, to be reminded how necessary some of our services were to people.  **The Council noted the report.** | |  |
| **7.**  a  b  c  d  e  f  g  h  i | **Non-Executive Director Update**  Philip Rutnam, Non-Executive Director introduced himself confirming that he joined the board in January 2022. This was his first time working in an NHS organisation albeit he had worked alongside healthcare in previous roles. He joined the trust believing it was a good organisation carrying out important work and would give him an opportunity to learn about the world within the NHS and learning specifically around services that Oxford Health provide. He had enjoyed meeting the people involved in this organisation.  As a newly arriving Non-Executive Director he had received a warm welcome and a well organised induction programme which helped him get up to speed. He had been on numerous site visits, almost all virtually due to the pandemic including City Adult Mental Health Team, Forensics Team, and various CAMHS Units. He had also been particularly involved with the Warneford Redevelopment.  His reflections were:   * he had been very impressed by the commitment and expertise of staff at all levels; * had been impressed by the quality of processes the trust used; * innovation in the organisation; and * had been impressed by the evidence of the open culture in which people say what they need to and feel they can speak up.   He observed the following challenges:   * physical environment – lots of the facilities within the trust did not work; * level of demand and mismatch between the demand there was for many of our services and the capacity to supply these; * the importance of continuing to provide good support for our staff so they feel supported, and the organisation is there to help them do their best; and * very complicated external environment that the trust operates within.   Overall, he felt positive about his experience of 6 months on the board and felt this was a good organisation but that did not mean we should not keep trying to make it better and there was an awful lot to do.  ***Q&A***  John Collins asked if he had been able to make any improvements in his first 6 months. Philip Rutnam responded stating that he felt he had been able to contribute to helping people’s understanding.  Ben Glass thanked Philip for his explanation of the challenges he saw for the trust moving forward and asked whether he had any suggestions on other partners we should be working with? Philip Rutnam commented that as a newcomer he was still learning the issue of imbalance between demand and capacity supply would not be cured or solved anytime soon but spoke about the importance of investing in and developing good relationships with a whole range of organisations who if they shift their attention just a little bit could equip their people with more of the skills needed then they could help address the problems we all face.  Karen Squibb-Williams asked for Philip’s view of the older end of society and asked whether he had any thoughts on the age limit being 65 for entering the Complex Needs Unit? Philip Rutnam confirmed that he had yet to formulate a view on such a specific aspect of the trust’s services.  **The Council noted the oral update.** | |  |
| **8.**  a  b  c  d  e  f  g  h  i  j | **Update Report from CEO**  The Chief Executive took his report as read, at paper CoG 09 /2022.  Further to his report, and progress against the Trust’s Strategic Objective 1 (deliver the best possible care and outcomes), he confirmed that the Integrated Care System (**ICS**) would go live on 1 July when it would be placed on a statutory footing. He highlighted that it was still very much in its formative stage and that we were still awaiting to hear who would be on the Board but confirmed there would be a Mental Health Services representative.  He referenced the COVID vaccination programme and confirmed that COVID-19 was still with us and that we could not afford to be complacent. The trust still had staff absent from work and had a small number of inpatients who were COVID positive, but the numbers were falling. It was anticipated that this would become a seasonal infection much like influenza and therefore there may be a requirement to deliver a seasonal COVID vaccination programme.  Further to his report, and progress against the Trust’s Strategic Objective 2 (be a great place to work), he welcomed Amélie Bages who had joined the trust as Executive Director of Strategy and Partnerships. He also confirmed that Heather Smith would be joining the trust as our new Chief Finance Officer on 11 July 2022.  Further to his report, and progress against the Trust’s Strategic Objective 3 (make the best use of our resources and protect the environment), he  confirmed that the Fuller Stocktake report had now been published and was available on the internet. He confirmed that the stocktake methodology had included a mental health task and finish group which he had chaired. The purpose of the group was to bring together key stakeholders and review the proposals derived from the wider stocktake on the delivery of mental health care in primary care. The feedback from the group would form an important part of the final report which in turn would be a central component to the overall post-pandemic NHS plan.  Further to his report, and progress against the Trust’s Strategic Objective 4 (become a leader in healthcare research and education), he spoke about biomedical research and confirmed we were still awaiting the outcome of our renewal application of the Biomedical Research Centre (**BRC**), reiterating that we were one of only 2 centres in the Country that focussed on brain science. If our application was successful, it would see a 3-fold increase in funding for our research activities over the next 5 years. In addition, our organisation would be part of a Hub supporting various spokes of research and wewere already developing links to academic centres in Liverpool, Newcastle, Sheffield, and Birmingham.  Finally, since this was the last Council of Governors Meeting for the Director of Finance, Mike McEnaney he took the opportunity to thank Mike for his work and dedication over the last decade and wished him well in his retirement.  **Q&A**  Vicki Power asked whether he had read the report issued by Gordon Messenger on the leadership of the NHS and what his thoughts were? The Chief Executive responded that he had read a summary of the report and felt it was hard to disagree with the content and felt it was a good report. It echoed conversations taking place in our organisation that leadership exists at every level and that was the take home message.  Mike Hobbs spoke about the consultation on a new 10-year Mental Health Plan mentioned in the CEO’s report and wondered whether this was a consultation to which the public, governors, and services users were able to contribute. He confirmed that it was.  **The Council noted the report.** | |  |
| **9.**  a  b  c | **Lead Governor update**  Mike Hobbs, Lead Governor highlighted the emphasis he had given to the responsibility of governors to engage with their constituents and wider public and took the opportunity to emphasise the value they would attach to being able to engage with young people and to move towards a discussion at least on creating spaces for young governors on the Council of Governors whose direct input would be extremely invaluable.  He picked up on the earlier reference to the Complex Needs Service and confirmed they were in the process of finalising a virtual workshop for governors about the Personality Disorder Pathway which he hoped all governors would wish to attend. This would be an opportunity to ask questions about and interrogate the age limits and other limits that apply to the service and pressures they are currently facing  **The Council noted the report.** | |  |
| **10.**  a  b  c  d  e  f | **Quarterly Trust Performance**  **Q&A Section**  The Chair highlighted the papers available in the Reading Room relating to this item including one on Oxevision.  The Executive Director, Digital and Transformation confirmed the Integrated Performance Report (**IPR**) contained detailed reports which had been presented to the Board during the public session. He acknowledged this was an opportunity for any questions to be asked regarding the IPR including about quality, people, sustainability, research, and education.  Davina Logan spoke about the activity levels (page 41) and wondered how much the Executives had been surprised by the number of activities and demand and asked if they had plans in place to mitigate this in the future The Executive Director, Digital and Transformation confirmed that there was a constant increase across services and that we were seeing a difference in referral priorities confirming that we performed well in emergency and urgent referrals but struggle in routine referrals. He confirmed the trust were looking at how digital technology might provide alternative solutions and highlighted that during COVID one of the areas that helped us was the conversion to digital but also pointed out this was not the solution to everything. He confirmed that the trust was not surprised by the activity levels as these had been forecast. He acknowledged that the ICS were looking at this also and therefore how we responded to increases in demand would be looked at as a whole system and not just ourselves.  Davina Logan then posed the question of whether we could move into the prevention side of things to prevent people needing access to our services. The Executive Director, Digital and Transformation explained that as we were working more closely with Local Authorities as a system it would enable us to share interventions but he commented that there were no magic solutions but there needed to be better visibility of some of those underlying issues.  Mike Hobbs referred to the earlier presentation by the Youth Board and commented that the presenters had raised, quite rightly and understandably, the concern of young people about mental health. He acknowledged that there was a wealth of data in the performance reports about mental health services for young people, both CAMHS generally but also for young people with eating disorders, young people with neuro-developmental conditions and the waiting times have been a concern for everyone. He asked whether it would be possible to receive a digest about waiting times for these services and how they are being addressed. The Executive Managing Director for Mental Health & Learning Disabilities spoke about the different groups for young people and explained that each carried different waits but confirmed that the average wait was 280 days in the trust and for general CAMHS, depending on where you were i.e. Buckinghamshire or Oxfordshire it was less than that. He acknowledged this was a significant issue and did concern us. Our primary focus due to where the greatest problem is in terms of backlog and in terms of distress to families is around looking at whether people are getting assessed and supported for autism and ADHD. Our focus is very much on trying to ensure young people with challenges get seen promptly. He commented that it was not a challenge unique to our trust and would be happy to talk offline with governors.  **The Council noted the report and Question and Answer section.** | |  |
| **11.**  a  b  c  d  e  f  g  h | **Trust Green Plan**  The Executive Director for Digital & Transformation introduced the plan at paper CoG 11/2022, confirming approval had been gained from the Board for the Green Plan to be published in the public domain and introduced John Upham, the Sustainability Lead for the Trust.  John Upham highlighted the 2 clear targets in the aim to reach Net Zero carbon:   1. by 2040 reduce all the emissions we control in the NHS to Net Zero; and 2. by 2045 to reduce the emissions we can influence from our suppliers and partners.   To coordinate all the efforts within the NHS in reaching Net Zero carbon, all NHS Trusts were now required to develop and publish a Board approved Green Plan. This plan sets out the 3-year approach 2022-2025 on reducing carbon emissions by 2040 and 2045. The key focus areas were set out in more detail in the report but included sustainable travel options, air quality, energy saving and efficiency, waste reduction and collaboration with suppliers and partners. The Trust had already made steps in reducing carbon emissions by 38% since 2014.  John Collins asked whether the possibility of solar panels had been explored? John Upham confirmed that they were looking at solar panels and were looking at all our roofs across the estate to see what would be fit for purpose in terms of introducing solar panels. He also mentioned wind turbines potentially being an option for the future due to the changes in planning restrictions.  Martyn Bradshaw asked if the work being undertaken in Oxfordshire with local transport companies etc was the same for Buckinghamshire. John Upham confirmed it was the same in Buckinghamshire but also commented that there was more work to be done.  Ben McCay commented that with the redevelopment of the Warneford site there was an opportunity to make this hospital as green as possible. John Upham confirmed that within the NHS new policy document there was a requirement for all new hospitals to be Net Zero carbon.  Ben Glass acknowledged that whilst the use of digital technology for remote meetings was good, he made the point that in terms of clinical appointments physical appointments could be just as good for patients as they did not miss out on seeing their coordinator face to face. He asked whether there was a risk that the use of digital technology as part of the Green Plan could desensitise the trust from offering face to face meetings for patients where there may be a clinical need for this. John Upham reassured him that it would not compromise patient healthcare. The Chief Executive confirmed the trust was committed to face-to-face contact, but it also recognised that for some patients it was helpful to have access to digital appointments and it was about getting the balance right.  **The Council noted the plan.** | |  |
| **12.**  a  b  c  d  e | **Financial Reporting**  The Director of Finance provided an update on the report provided and highlighted the performance in the first month was a surplus of £.7million however that was £200,000 less than planned. The important thing to understand was the core plan for the year besides some contractual issues with the ICS, was an underlying breakeven plan we had set which was dependent upon an £8million cost improvement programme, which was an efficiency programme, to reduce costs and also COVID support being removed meaning we had to remove £12million of spend which we had been using to support COVID operations. He also spoke about the agency costs and confirmed the need to reduce our reliance on agency to reduce these costs. He highlighted the pressure of demand on capacity and the need to be more efficient.  Mike Hobbs questioned the spend on out of area placements and particularly planned admissions to the block contract that the trust has and asked the following:   * were the costs coming down? * was there a plan to terminate the contact with the provider? * what are the costs at present and how can they be brought down further?   The Director of Finance commented that a large part of the out of area placement costs was driven by the COVID arrangements. He confirmed there was a detailed plan to bring this down and the Executive Managing Director for Mental Health & Learning Disabilities was leading on this.  Chris Hurst, Non-Executive Director added that out of area placements had been included in the internal audit plan to give assurance although he highlighted the report would not be ready for another couple of months but would eventually give more independent insight.  Mike Hobbs thanked the Director of Finance on behalf of the Council of Governors for the tremendous support he had given them and wished him well.  John Collins asked about the trust’s use of any outside non-clinical consultants currently. The Director of Finance confirmed we used a low level which was targeted at project type work which was not ongoing but was very specialist requirements where either we do not have the skills in-house, or we do not have the capacity. John Collins commented that it was not included in the accounts. The Director of Finance confirmed that this information could be easily provided but that the annual report had a specific reference to annual consultancy spend.  **The Council noted the oral update.** | |  |
| **13.**  a  b | **Provider licence self-certification**  The Director of Corporate Affairs & Company Secretary explained this was an annual process whereby the governors are required to confirm their support for a declaration that the Board have to make each year in accordance with some of the conditions of the NHS Act and Health & Social Care Act. These are License conditions, part of which requires the Board to self-certify that it is confident that it has given appropriate training to its Council of Governors in order for them to fulfil their statutory duties. She invited comment from the governors were there any areas of training the governors would welcome in future.  **The Council approved the self-certification.** | |  |
| **14.**  a  b | **Annual appointment of Lead and Deputy Lead Governor**  The Director of Corporate Affairs & Company Secretary explained the annual process of inviting governors to express their interest in taking up the role of Lead Governor. Mike Hobbs had kindly agreed to undertake another 12 months in the role and as no other governor had expressed interest at this time it was proposed that his appointment be approved by the Council.  **The Council approved the appointment for a further 12 months.** | |  |
| **15.**  a | **Questions from the public**  None. | |  |
| **16.**  a | **AOB**  Lucy Weston, Non-Executive Director highlighted that the governors have responsibility to appoint external auditors of the trust. The Director of Finance gave an update of the process confirming that 2 or 3 governors would be needed for the two key tasks listed below:   * review the applications; and * attend the presentation and be able to make a final decision on the appointment   Mike Hobbs confirmed that he would liaise with the Director of Corporate Affairs & Company Secretary and provide names by the following day before he goes on leave. | |  |
| **17.**  a | **Close of meeting**  Meeting closed at 19:50 | |  |
| Date of next meeting: 15 September 2022 *This meeting was cancelled due to Royal Mourning* | | | |