

**Oxford Health NHS Foundation Trust**

**Council of Governors and Members**

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

**(AMM & AGM)**

Minutes of the Meeting on 19 September 2019 at

18:00 at the Spread Eagle Hotel, Thame OX9 2BW

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 |
| Geoff Braham (Deputy Lead Governor) | Public: Oxfordshire |
| Maureen Cundell | Staff: Older People |
| Gordon Davenport | Staff: Children and Young People |
| Benjamin Glass | Patient: Service Users Buckinghamshire and other counties |
| Mike Hobbs | Public: Oxfordshire |
| Paul Miller | Public: Buckinghamshire |
| Madeleine Radburn | Public: Oxfordshire |
| Soo Yeo | Staff: Older People |
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In attendance:

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| *External Audit – Grant Thornton UK LLP:* |
| Iain Murray | External Audit – Engagement Lead, Grant Thornton  |
| *Oxford Health NHS FT - Board members:* |
| Stuart Bell | Chief Executive |
| Tim Boylin | Director of HR |
| Marie Crofts | Chief Nurse |
| Mark Hancock | Medical Director |
| Mike McEnaney  | Director of Finance |
| 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:* |
| Kelly Bark | Senior Programme Manager |
| Emma Garratt | Clinical Lead Physiotherapist |
| Sally Godwin | Family Nurse Partnership Supervisor |
| Helen Green | Director of Education and Development |
| Lorcan O’Neill | Director of Communications & Engagement |
| Merry Patel | Family Nurse |
| John Pimm | Clinical Lead, Buckinghamshire Psychological Services |
| Andrea Shand | Head of Service, Children & Adolescent Mental Health |
| Hannah Smith  | Assistant Trust Secretary  |
| Juanita Tarn | Educational Mental Health Practitioner |
| Laura Tozer | Deputy Operational Lead and supervisor for North Mental Health Support Team |

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| **1.**abcdef | **Introduction and Welcome**The Chair brought the meeting to order and welcomed all those present, including staff and members of the public, to the Trust’s AMM and AGM for 2018/19. He directed the meeting to the ‘easy read’ versions of the agenda and the coloured cards available on tables to indicate if there were points of understanding or questions for the meeting to address. **Apologies for Absence** Apologies had been received from the following Governors: Vicky Drew, Louis Headley, Dr Tina Kenny, Andrea McCubbin, Myrddin Roberts and Hannah-Louise Toomey. Absent: Angela Conlan, Gillian Evans, Laurence Gardiner, Tom Hayes, Joy Hibbins, Allan Johnson, Alan Jones, Reinhard Kowalski, Davina Logan, Mary Malone, Richard Mandunya, Jacky McKenna, Neil Oastler, Gillian Randall, Lawrie Stratford, Chelsea Urch and Sula WiltshireApologies had been received from the following members of the Board of Directors: John Allison, Jonathan Asbridge, Sue Dopson, Bernard Galton, Chris Hurst, Aroop Mozumder, Debbie Richards and Lucy Weston. **Declarations of interest**No interests were declared pertinent to matters on the agenda. **Minutes of the 2018 AMM/AGM**The Minutes were approved as an accurate record of the meeting.  |  |
| **2.**abcdef | **Summary of the year including presentation of the Trust Annual Report 2018/19**The Chief Executive presented the Annual Report 2018/19 and provided an overview of developments from the reporting period. He highlighted themes in relation to: people; improvement; funding and systemic change. He commented upon changes in the composition of the Board and welcomed David Walker to his first AMM and AGM at the Trust, having taken over from Martin Howell as Trust Chair. He noted other retirees from the Board: Alyson Coates, Non-Executive Director; Ros Alstead, Director of Nursing & Clinical Standards; and Dominic Hardisty, Chief Operating Officer. He welcomed: Marie Crofts as Chief Nurse, and thanked Kate Riddle for her tenure as Acting Director of Nursing; and Debbie Richards as Managing Director of Mental Health & Learning Disabilities. He also noted that Lucy Weston had become a substantive Non-Executive Director on the Board further to her tenure as Associate Non-Executive Director. He commented upon the importance of people as a theme and the emphasis which the Board had placed upon ensuring that the Trust could recruit to and retain its workforce, noting that this was the organisation’s most significant single risk. This was impacted by some factors outside of the Trust’s immediate control, such as cost of living, but the Trust had been liaising with other NHS organisations to argue the case for weighted-salaries outside of London to take cost of living into account. In relation to factors more within the scope of the Trust’s influence which could make a positive difference for the workforce, he signposted the presentation later on the agenda for the meeting on ‘Workforce – the nursing challenge’ and noted that career development work had been taking place to create pathways to support staff to achieve professional qualifications. He highlighted the improvement work which had been taking place, as set out in the Annual Report and in the Quality Account, especially with the Oxford Healthcare Improvement Centre which had been established to enhance the practical application of knowledge and skills in improvement science. He reported that the Trust had been able to celebrate the work of the first cohort of ‘improvement scholars’ which had demonstrated how improvement work could improve healthcare for patients as well as make life easier for staff. He emphasised the importance of everyone engaging in improvement processes and noted that further examples would be demonstrated in the presentations later on the agenda on ‘Community services – shaping care in Oxfordshire through the Oxfordshire Stroke Rehabilitation Unit and the Family Nurse Partnership’ and ‘Young people’s mental health – teams for schools in Buckinghamshire’. He reported that there had been important progress made in securing funding over the course of last year. He reflected that when he had joined the Trust he had been concerned by the relative lack of investment in mental health services in Oxfordshire in particular, compared to the situation he had come from in South London. He paid tribute to Trust teams for the amount of care which they had been able to deliver, given the resources available, and noted how child and adolescent services in particular had responded to a significant increase in referrals. He reported that the Trust had commissioned a joint study with Oxfordshire CCG to consider whether mental health services in Oxfordshire had been properly funded; this had concluded that funding had been low compared to other areas and that the financial gap may be £18-28 million. Since then, there had been some official recognition that this was an issue to be addressed. However, the financial challenge was reflected in the accounts from last year when the Board had taken a deliberate decision that it was most important to do the right thing for the population in terms of provision of available services, even if that resulted in a financial deficit position for the organisation in the short term (and a longer term plan to address the deficit). He noted that the Trust could demonstrate that it used the funding which it received efficiently in delivering mental health services and that it used each public pound 6% better than an average organisation. In relation to systemic change, he referred to national moves to create a more integrated health and care system where various commissioner and provider organisations could work together rather than in competition. Although he recollected that a return to the situation in the 1980s, prior to the creation of the internal market, was not to be recommended, he noted that the idea of the NHS working more closely in collective effort to optimise use of resources was a sound principle with which to proceed. In that context, 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 2018/19.** |  |
| **3.**abcdef | **Presentation of Annual Accounts 2018/19 (FY19)**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 that although there had been an increase in operating income (from £317.9 million in FY18 to £337.9 million in FY19) there had been a greater increase in operating expenses which had resulted in an operating deficit of £0.5 million in FY19 (compared to the previous year’s operating surplus of £0.7 million in FY18). He explained that there had been particular increases in costs for new services, especially in social and residential care costs and in Oxfordshire children’s services; however, access levels and demand in children’s services were above the current level of investment. The general level of underfunding of mental health services in Oxfordshire despite the Trust’s relative efficiency, being 6% more efficient than the national average, was underpinning the financial situation. The overall deficit for FY19 therefore was £5.7 million which impacted upon availability of cash and ability to invest in improvement in operations. However, this overall deficit figure was after the Trust had benefited from exceptional items including revaluation of assets and Sustainability and Transformation Funding; without these exceptional items, the underlying deficit was £8.2 million. In relation to the Statement of Financial Position, he highlighted that the value of total assets had increased (from £132.4 million in FY18 to £134.4 million in FY19) and explained that this was largely due to the in-year revaluation of assets. The cash balance was also at £20 million. He referred to the Key Financial Indicators of financial performance and explained that decreased performance against the indicators for Capital Service Cover, Liquidity, Income & Expenditure Margin and Income & Expenditure Margin Variance from Plan reflected the deficit position and insufficient generation of profit or cash to cover some potential future payments. In relation to the Agency Spend indicator there had been a marked increase in spend and the Trust was operating significantly above the ceiling which had been set by NHS England. Further to the combined impact of the deficit position and high agency spend, the Trust’s Use of Resources risk rating was ‘4’ (where ‘1’ was the best rating/low risk and ‘4’ the worst/high risk – the Trust had been at ‘3’ in FY18). In relation to the financial outlook, he set out that the Trust was developing its five-year financial plan. If the Trust could: resolve the issue of underfunding of mental health services in Oxfordshire; achieve increased levels of investment for mental health services across areas (as was currently being negotiated); control demand and capacity pressure on operations; and make inroads into reducing agency spend then there may be a viable plan for the next five years. In that context, he presented the Annual Accounts.**The meeting received the Annual Accounts for 2018/19.** |  |
| **4.**ab | **Auditor’s Report on Annual Report and Annual Accounts 2018/19**Iain Murray 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 2018/19 Financial Statements. He explained the audit scope in relation to the Financial Statements, the Value for Money (**VFM**) conclusion and the Quality Report. In relation to the VFM conclusion, he 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. He explained the three options which were available for the VFM conclusion, from an unqualified opinion to an adverse conclusion (if an organisation was struggling), noting that the middle position was the ‘except for’ VFM conclusion. He reported that the Trust had received an ‘except for’ VFM conclusion which was consistent with the points which had been highlighted earlier in the meeting in relation to the current deficit position and the journey which the Trust was now on in terms of securing additional investment from commissioners. He confirmed that unmodified/unqualified audit conclusions had been issued in relation to the Financial Statements and the Quality Report. **The meeting received the Auditor’s Report on the Annual Report and Annual Accounts 2018/19.**  |  |
| **5.**ab | **Questions on the Annual Report, Annual Accounts and Auditor’s Report*****Learning Disabilities***A service user (who identified as representing Learning Disabilities service users) commented that: the slides being used for the meeting should have been bigger, with simpler pictures and numbers; the minutes should be provided in a format without sub-letters for paragraphs (a-c) and should only include numbered paragraphs as these would be easier to understand; and the minutes should be provided on different coloured paper (not white). The presenters and authors, including Iain Murray from Grant Thornton, noted these points for development for 2019/20. ***Underfunding of mental health services in Oxfordshire and development of Integrated Care System***Mike Hobbs, Governor, asked about: (i) the timescales for concluding negotiations with Oxfordshire CCG on funding for mental health services; and (ii) implications of the merger of Oxfordshire CCG with West Berkshire CCG. The Chief Executive replied that discussions with Oxfordshire CCG were underway but timescales not yet certain; however, the Trust had now received £2 million of a £12 million gap which the CCG had recognised, which was positive, although the recognised £12 million gap did not yet correspond to the £18-28 million financial gap which he had referred to earlier in the meeting (at item 2(d) above). In relation to the implications of the developing Integrated Care System, he noted that these were not yet entirely known but it was anticipated that funding would still be allocated to county level populations. It was still unclear whether and how a deficit in one part of the system may impact upon other parts/counties. The Director of Finance added that the five-year financial plan which was being developed by the Trust would be consolidated with other organisations’ five-year plans and consolidated at Integrated Care System level.  | **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:* ‘Workforce – the nursing challenge’ and the development of a just culture – from Marie Crofts, Chief Nurse, and Helen Green, Director of Education and Development;
* ‘Community services – shaping care in Oxfordshire’ from the Oxfordshire Stroke Rehabilitation Unit and the Family Nurse Partnership teams including Emma Garratt, Merry Patel and Sally Godwin; and
* ‘Young people’s mental health – teams for schools in Buckinghamshire’ – from members of the Buckinghamshire Mental Health Support Team including Kelly Bark, Laura Tozer and Juanita Tarn.
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| **7.**abcdefg | **Questions on the presentations/further questions** ***Mental Health support in schools***Gordon Davenport, Governor, commented upon cuts to pastoral support teams in schools and asked whether the Buckinghamshire Mental Health Support Team now represented the only type of team which could be referred to. Andrea Shand, Head of Service, replied that there remained clear criteria for referrals and requirements which schools needed to have in place and which were not intended as replacements for pastoral care schemes in schools. She added that the mental health support teams were intended to enhance, not replace, pastoral care in schools. Every school which signed up for the service would have a designated mental health lead in the school and funded by the Department of Education. ***‘Easy read’ for Learning Disabilities***A service user (who identified as representing Learning Disabilities service users) asked whether trainee nurses were allowed to learn to use ‘easy read’. Marie Crofts, Chief Nurse, and Helen Green, Director of Education and Development, confirmed that they were, that trainees were exposed to this learning and that nurses from the Learning Disabilities service were also encouraged to share their approaches with others across the Trust. ***Mental Health hub in Amersham***A carer for an adult mental health service user noted that for years there had been talk of a hub for mental health services in Amersham and asked whether there was news about this. John Pimm, Clinical Lead for Buckinghamshire Psychological Services, replied that a facility covering adult, older adult and children’s mental health services had been opened in Amersham but it was not called a hub. ***Workforce and use of agency***A member of Oxfordshire Healthwatch asked whether steps were being taken to address frustration which some registered nurses may be feeling about agency staff on wards who may be receiving more pay than substantive staff but for less responsibility. Marie Crofts, Chief Nurse, replied that work was being done to reduce use of agency staffing and this had been more effective over recent months. Tim Boylin, Director of HR, added that the Trust had also been developing its own staff bank of nurses who could provide an alternative to agency staff. ***Workforce retention***Madeleine Radburn, Governor, commented that although opportunities for career progression and to obtain nursing and other clinical qualifications may be welcome for some staff, other staff may feel under pressure to improve and potentially this should be recognised for staff who may be operating in lower banded healthcare support roles. Helen Green, Director of Education and Development, replied that the healthcare support workforce was valued and not pushed into development but offered opportunities to participate voluntarily if they were interested in the programmes available; she noted that as the programmes could be challenging, if someone were not committed then they risked not completing them and this would not be beneficial for them or the organisation. Madeleine Radburn, Governor, asked whether there was a risk of nurse associates replacing registered nurses. Helen Green, Director of Education and Development, replied that the nursing skill mix in services was kept under careful review to ensure that patients received the right care, from the right person, in the right place. Nurses were being invested in at all levels and registered nurses were not being replaced by nurse associates. Madeleine Radburn, Governor, asked what was being done to retain newly qualified staff who may find it too expensive to stay in Oxford post-qualification. The Chief Executive replied that (further to his presentation at item 2(b) above), he had received support from local MPs in arguing the case for weighted-salaries outside of London to take cost of living into account. He explained that this needed to be addressed at a wider level as this was relevant across the public sector (i.e. social care and education as well as in healthcare) and because if any one individual organisation, such as the Trust, attempted to rectify the situation by itself then the additional cost would be substantial (funding would therefore be required).  |  |
| **8.** a | **Any Other Business**None.  |  |
| **9.** | **There being no further business the Trust Chair declared the meeting closed at 19:53.** |  |