

**Oxford Health NHS Foundation Trust**

**Council of Governors and Members**

**Annual Members' Meeting & Annual General Meeting**  
**(AMM & AGM)**

**Minutes of the Meeting on 22 September 2021 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:

Mike Hobbs (Lead Governor)	Public: Oxfordshire
Melissa Clements	Public: Oxfordshire
Jonathan Cole	Patient: Service Users Oxfordshire
Angela Conlan	Staff: Community Services
Gillian Evans	Patient: Service Users Oxfordshire
Julien Fitzgerald	Patient: Service Users Buckinghamshire & other counties
Charlotte Forder	Staff: Corporate Services
Anna Gardner	Public: Buckinghamshire
Benjamin Glass	Patient: Service Users Buckinghamshire and other Counties
Louis Headley	Staff: Oxfordshire, Banes, Swindon & Wiltshire Mental Health Services
Ekenna Hutchinson	Staff: Oxfordshire, Banes, Swindon & Wiltshire Mental Health Services
Cllr Carl Jackson	Buckinghamshire County Council
Allan Johnson	Patient: Carers
Dr Tina Kenny	Buckingham Healthcare NHS Trust
Christiana Kolade	Public: Buckinghamshire

Reinhard Kowalski	Staff: Buckinghamshire Mental Health Services
Giles Loch	Staff: Buckinghamshire Mental Health Services
Davina Logan	Age UK Oxfordshire
Dr Mary Malone	Oxford Brookes University
Ben McCay	Patient: Services Users Oxfordshire
Andrea McCubbin	Buckinghamshire Mind
Jacqueline-Anne McKenna	Patient: Service Users Buckinghamshire and other counties
Madeleine Radburn	Public: Oxfordshire
Chris Roberts	Patient: Service Users Carers
Myrddin Roberts	Staff: Community Services
Karen Squibb-Williams	Patient: Service Users Oxfordshire
Hannah-Louise Toomey	Public Oxfordshire
Tabitha Wishlade	Public: Buckinghamshire

In attendance:

*External Audit – Grant Thornton UK LLP:*

Iain Murray External Audit – Engagement Lead, Grant Thornton

*Oxford Health NHS FT - Board members:*

Nick Broughton	Chief Executive Officer
Marie Crofts	Chief Nurse
Bernard Galton	Non-Executive Director
Chris Hurst	Non-Executive Director
Karl Marlowe	Chief Medical Officer
Mike McEnaney	Director of Finance
Anna Christina (Kia) Nobre	Non-Executive Director
Debbie Richards	Executive Managing Director for Mental Health and LD&A Services
Ben Riley	Executive Managing Director for Primary, Community and Dental Care
Kerry Rogers	Director of Corporate Affairs & Company Secretary
Mohinder Sawhney	Non-Executive Director
Martyn Ward	Director of Digital and Transformation
Mark Warner	Interim Director of HR
Lucy Weston	Non-Executive Director

*Presenters and other staff – from Oxford Health NHS FT:*

Tehmeena Ajmal	COVID Operations Director
Nicola Gill	Executive Project Officer
Prof Belinda Lennox	Head of Department of Psychiatry
Joseph Madamombe	Service Manager, Buckinghamshire Perinatal Mental Health Service
Lisa Manser	Perinatal Mental Health Practitioner
Rachael Miller	Patient Experience Lead, Learning Disabilities
Emily Nolan	Senior Communications and Engagement Manager
Hannah Smith	Assistant Trust Secretary
Victoria Taylor	Communications and Engagement Manager
Sara Taylor	Associate Director of Communications and Engagement
Katariina Valkeinen	Senior Communications and Engagement Manager
Susan Wall	Corporate Governance Officer (minutes)

1.	Introduction and Welcome	Actions
a	The Chair welcomed all those present to the virtual meeting of the Trust's AMM and AGM for 2020/21 paying tribute to the Communications Team in organising the event and noting the importance of back-office functions in supporting the Trust. There were two purposes for the evening: accountability of the Trust's expenditure of public money in securing health service provision; and celebration of activities within the Trust.	
b	The Trust Chair stated the Board had spent time earlier that day evaluating how as Directors they functioned as a Board, and he had presented a recognition award from the NHS to the Chief Nurse for the Trust's workforce effectiveness in Infection Prevention & Control during the pandemic. He informed there would be a cycle of meetings and activities ahead to include: flu vaccination and COVID-19 booster programmes for both staff and the public; a potential visit from the Care Quality Commission ( <b>CQC</b> ) to review how 'Well Led' the Trust was; assimilation of work required for the integration of the Buckinghamshire, Oxfordshire, and Berkshire West ( <b>BOB</b> ) Integrated Care System ( <b>ICS</b> ); and for the Board in leading and developing plans towards the Trust achieving 'outstanding' in providing better services to patients.	

	<p><b>Apologies for absence</b></p> <p>c Apologies had been received from the following Governors: Hasanen Al-Taiar; and Tendai Nyoni.</p> <p>d Apologies had been received from the following members of the Board of Directors: John Allison; and Aroop Mozumder (Non-Executive Directors).</p> <p><b>Declarations of interest</b></p> <p>e No interests were declared pertinent to matters on the agenda.</p> <p><b>Minutes of the 2020 AMM/AGM</b></p> <p>f The meeting received the minutes of the AMM/AGM 2020 and noted that these would be considered approved if no comments or suggested updates were received.</p>	
<p><b>2.</b></p> <p>a</p> <p>b</p> <p>c</p>	<p><b>Summary of the year including presentation of the Trust Annual Report 2020/21</b></p> <p>The Chief Executive Officer (<b>CEO</b>) stated this was his second AMM/AGM meeting since joining the Trust in June 2020 and thanked all who were present.</p> <p>The CEO presented the Annual Report 2020/21 highlighting some themes from the past 12 months: workforce and service provision; innovations in response to the pandemic; strategy; research; and future developments.</p> <p>The CEO stated he was proud of how the workforce had coped with the many challenges arising from the impact of the pandemic over the past year, and as an organisation it had been a team effort in the delivery and support of all services. He stated that despite the difficulties and challenges there had been over 1.3 million patient contacts in the past year which was a considerable achievement and a reflection of the commitment by the workforce in supporting the care of patients. He recognised service challenges would</p>	

	<p>continue with many services being in significant demand across the large geographical area of the organisation.</p>	
d	<p>The CEO reported in response to the pandemic the Trust had needed to be innovative in the delivery of services, and positive consequences arising from this were: innovation and embracing of new technology such as digital consultations alongside face-to-face care in which the Trust was an exemplar regionally and nationally; the Trust leading the COVID-19 vaccination programme across the BOB area; and improved and strengthened communications providing enhanced connectivity within the Trust and collaborative relationships with partner organisations and other stakeholders.</p>	
e	<p>The CEO remained optimistic regarding future challenges and informed that during the past year the Trust had produced a 5-year strategy and had revised its vision to reflect the importance of teamwork. The four strategic objectives were: improving the quality of care provided; people and ensuring the Trust was an organisation that developed and supported its workforce; sustainability, to ensure not only management of finances but a focus on the climate change challenge; and research. Achievement of these objectives would assist in the Trust's journey in achieving 'outstanding.'</p>	
f	<p>In relation to research there were strong professional relationships across specialties and academic partners. The Trust was host to one of only two Bio-Medical Research (<b>BRC</b>) centres nationally focusing on mental health. Looking ahead there were possibilities for the BRC to expand research across the Trust and wider with additional funding being received. Today's research supported tomorrow's care, and the development of a strong and persuasive research ethic throughout the Trust was an important part of continuing the improvement in the quality of care. Additionally patient and service users increasingly wanted to be involved in research services to assist in developing the overall experience of services and care.</p>	
g	<p>Future developments were ensuring the provision of services from appropriate buildings, an example being the consolidation of mental health services in South Buckinghamshire into one new</p>	

	<p>building that offered enhanced delivery of services. Plans continued around the development of a new mental health inpatient unit on the Warneford site. The planned unit would be part of a brain science campus with a new state of the art research unit, thus enabling clinical research to be embedded in how care was delivered.</p> <p>h The CEO summarised changes over the year to the Executive Team, notably: Karl Marlowe had joined in the spring as the new Chief Medical Officer; Charmaine De Souza would be joining the Trust in early October as the new Chief People Officer; and he expressed his appreciation towards Debbie Richards, Managing Director of Mental Health, Learning Disability and Autism who had been with the Trust for 2.5 years who would shortly be leaving the Trust after securing a Chief Executive Officer role at the Cornwall Partnership NHS FT.</p> <p>i In addition to the recognition of a great workforce, the CEO stated he would like to formally thank others who cared about the provision of care and services the Trust provided: the Council of Governors and Lead Governor; various leagues of friends; all members; contributors to Oxford Health Charity; and to all those using, or who supported those that use, the Trust’s services. The improvement and experience of services the Trust provided was of paramount importance and focus.</p> <p>j 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.</p> <p>k <b>The meeting received the Trust’s Annual Report for 2020/21.</b></p>	
<p>3.</p> <p>a</p>	<p><b>Presentation of Annual Accounts 2020/21 (FY21)</b></p> <p>The Director of Finance presented the Annual Accounts for the year ending 31 March 2021 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</p>	

	<p>audited by the Trust's External Auditor whose report would be presented to the AMM &amp; AGM at the next item.</p>	
b	<p>The Director of Finance outlined that the pandemic had influenced many ways of working and costs and expenses had increased that year in response to delivering healthcare under such circumstances. He highlighted: the operating income level was £426.8 million compared to £381.9 million the previous year, a 12% increase with approximately £11.0 million being attributed to COVID-19 related costs; the first 3-4 months of costs in running vaccination centres across BOB had been processed by the Trust; the operating surplus deficit was £0.1 million against £6.1 million the previous year and was attributable to accounting adjustments around the revaluation of property, plant and equipment held by the Trust which had decreased in value; a reduction in financing costs related to the higher level of cash the Trust had held in the period resulting in less costs and interest being paid back to the government in dividends; and the year had ended with the accounts showing a £6.3 million deficit compared to a £3.8 million deficit the previous year.</p>	
c	<p>In relation to the Statement of Financial Position he highlighted: there had been a slight reduction in total non-current assets; a significant sum of £9.5 million had been invested in the year in systems, property and development, however the combination of depreciation and revaluation downwards had reduced net assets value; money owed to the Trust as trade and receivables was £13.0 million versus £38.1 million the previous year, reflecting the position that the Trust was no longer invoicing for NHS contract income as income was being provided on a block payment basis, therefore there was no outstanding debt to show; the block payments reflected the higher cash balance putting the Trust in a strong cash position; and the reduction in borrowings related to an annual loan payment the Trust had taken out to build the Whiteleaf Centre in 2012.</p>	
d	<p>In relation to the Key Financial Indicators of financial performance used by NHS Improvement he highlighted: working capital was favourable to plan; Earnings before interest, taxation, depreciation and amortisation (EBITDA) was slightly down at £9.9 million against</p>	

<p>e</p> <p>f</p>	<p>£10.4 million; the adjusted financial performance was an improvement to plan at almost breakeven for the year at £0.2 million deficit compared to plan £1.8 million deficit; the cost of agency staff was considerably higher at £34.8 million versus the plan of £27.8 million and was due to increased staffing in response to the pandemic and support of the vaccination centres across BOB; and the Trust was slightly behind achieving the 95% required for the Better Payment Practice code however plans were in place to close the gap for timely payment of suppliers.</p> <p>In relation to the financial outlook he stated there were opportunities as well as risks in the current environment with two main influences being: the uncertainty of the level of COVID-19 funding for the second half of the year; and the changed position that all monies into the Trust would come via the ICS. This was the position for all providers within BOB who would undertake the allocation of funding for healthcare across the region. He highlighted the following: the Trust was currently positioned to break even at year end; the cash position was very strong in comparison to previous years; the Cost Improvement Plan was £5.3 million, however depending on the financial regime for the second half of the year this figure may need to be increased; the Trust was lead provider for 2 Provider Collaboratives that were 'live' with another in the pipeline; and the Capital Programme projects plan was £12.4 million for FY22, noting there would not be any additional monies available as the treasury was operating with very tight limits and controls on spend.</p> <p><b>The meeting received the Annual Accounts for 2020/21.</b></p>	
<p>4.</p> <p>a</p>	<p><b>Auditor's Report on Annual Report and Annual Accounts 2020/21</b></p> <p>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 2020/21 Financial Statements. He outlined the Auditor's Report involved an assessment of: the Trust's financial statement was a true and fair reflection of the Trust's financial performance and position at year end; the financial arrangements the Trust had in place were</p>	



	<p>appropriate to ensure the Trust was not exposed to any risk; the Annual Report and Annual Governance Statement were consistent with the External Auditors' knowledge of the Trust; and the Trust was a going concern.</p> <p>b     Iain Murray informed that in carrying out the Audit assessment the concept of materiality was used within the accounting process. This was employing an acceptable error level whilst still maintaining an accurate impression of financial performance, which for the Trust as a large organisation was at £7.9 million. Work also included identifying and challenging areas of risk, and it was recorded there were no issues identified in the four areas of risk identified in the audit that year. He reported the Trust had been issued with an unmodified Audit Opinion on the Financial Statements and Going Concern Assessment to the Trust on 29 June 2021.</p> <p>c     In relation to work undertaken in considering the Value for Money (VFM) conclusion three areas were reviewed: financial sustainability; governance; and improving economy, efficiency and effectiveness. The Trust had received an unmodified audit conclusion being issued in relation to VFM, with no significant weaknesses or improvement recommendations being made. It was noted there was more information available in the Auditor's report published on the Trust's website.</p> <p>d     <b>The meeting received the Auditor's Report on the Annual Report and Annual Accounts 2020/21.</b></p>	
<p>a</p>	<p><b>Lead Governor Report and approval of changes to the constitution</b></p> <p>Mike Hobbs, Lead Governor of the Council of Governors (CoG), stated that as Lead Governor it was his responsibility to present to Members a number of substantive amendments proposed to the Trust's Constitution. The changes had been approved by the CoG and the Trust Board, but the Trust's Constitution required that changes be approved by Members. He outlined he would set out the changes in turn and for those present at the virtual meeting to use the chat function if they did not approve of any of the proposed changes.</p>	

<p>b</p> <p>c</p> <p>d</p>	<p>Mike Hobbs outlined the changes:</p> <ul style="list-style-type: none"> <li>• composition of the CoG - for an increase of 4 Patient Governors representing the Patient classes to 11, along with a decrease of 4 Public Governors representing the Public Constituency to 8. All other constituencies remained unchanged;</li> <li>• introduction of a defined term of office for the Lead Governor of up to 3 years;</li> <li>• Governor and Non-Executive Director (<b>NED</b>) disqualification criteria had been updated to take account of changes in the NHS with the introduction of ICSs namely: Governors would no longer be disqualified if they were a governor of another NHS FT, or a member of the Trust’s Patients’ Forum; and a NED would no longer be disqualified if they were an Executive or NED of another NHS FT, or an Executive Director, NED, Chairman, Chief Executive Officer of another Health Service Body; and</li> <li>• for inclusion of an addendum to the Trust’s Engagement Policy, for matters deemed to be ‘significant transactions,’ requiring the Trust to seek approval for the transaction from the CoG.</li> </ul> <p>The meeting was reminded for any objections to be inserted in the meeting chat, and it was noted there were no objections arising.</p> <p><b>The meeting APPROVED the amendments to the Trust’s constitution.</b></p>	
<p>5.</p> <p>a</p>	<p><b>Questions on the Annual Report, Annual Accounts and Auditor’s Report</b></p> <p><b><i>Financial communication</i></b></p> <p>A question was raised on how financial messaging was circulated to staff. The Director of Finance replied messaging for services was through Directorates as part of budgetary control management. Financial messaging was challenging when trying to balance the scenario of additional monies coming in to expand services, alongside the NHS efficiency regime in continually reducing the costs in what the Trust did.</p>	

<p>b</p> <p>c</p> <p>d</p>	<p><b>Working Capital</b></p> <p>A question was asked if a more robust working capital of greater than £2.5 million should be considered given current pressures in supply chains. The Director of Finance informed working capital comprised stock, debtors and creditors, and the position of the Trust currently receiving cash and not invoicing for services had reduced the level of working capital and increased the cash level. It was a technical issue as cash was not included in working capital and he added that the Trust financially was in a sound position and there were no concerns in that regard.</p> <p><b>Mental Health waiting lists and Out of Area Placements</b></p> <p>Mike Hobbs, Lead Governor, asked how the Trust planned to overcome the challenges of long waiting lists for mental health support and Out of Area Placements (<b>OAPs</b>). The Trust Chair reminded this had previously been addressed to the CoG in that the Trust’s capacity as a provider of services depended critically on the resource allocated by the system, and that in turn depended on the system recognising mental health requirements. It had been well documented that the Trust had not received the just allocation for mental health services in the past compared to other conditions. This position had started to be rectified locally and was important nationally in terms of mental health provision in the NHS Long Term Plan. It would be prudent for the public to voice any concerns both locally and to MPs to ensure mental health was not constrained by inadequate resources.</p> <p>The CEO stated the historical lack of mental health resource had impacted on the mental health services waiting lists and numbers of OAPs. On a positive note the Trust had reached a mental health funding settlement recently and it would be important to look at how best to spend the money in provision of comprehensive services, with Community as a priority, and recruitment challenges. The OAPs issue was complex with a number of factors leading to the increase in OAPs mainly: the standard of some of the estate’s buildings; no ensuite facilities on some wards at the Warneford site; reduction in the number of beds during the course of the pandemic; and length of inpatient stay being compounded by the relative lack of crisis resolution and home treatment services in the community. The additional resource would enable development of</p>	
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	<p>those services across Buckinghamshire and Oxfordshire, along with continued improvements in staffing levels and improvements in the estate such as the new hospital planned as part of the Warneford project development.</p>	
e	<p><b>Staffing issues and agency costs</b></p> <p>A question was raised in how the Trust was going to tackle the challenges of staffing with increasing pressures on healthcare alongside the achievement of agency cost reduction. The CEO stated this subject had been discussed earlier that day when the Board of Directors had met. The Trust was doing much to improve workforce challenges by: international recruitment; supporting the workforce; workforce development opportunities; speeding up the length of time to recruit into vacancies; improving internal recruitment processes; leadership development; succession planning; collaborative working with partner organisations and across BOB; to be creative and innovative in developing new roles to sit alongside traditional existing roles, such as nursing apprenticeship roles developing into nursing associate roles; working with training institutions such as Oxford Brookes; and to ensure a culture that empowers, engages, and values people at all levels in the organisation to ensure Oxford Health was an employer of choice. Organisational development would be a key task for the recently appointed Chief People Officer on commencement with the Trust to ensure Oxford Health was a place to retain and recruit the best talent going forward. Additional information regarding the programme in reducing agency could be obtained from the Chief Nurse. The Trust Chair added the Trust was enthusiastic about research, and the relationship particularly with University of Oxford (UoO) in the development of research while doing clinical practice and was an exciting way to practice medicine and to work for services.</p>	
f	<p><b>Oxford Health Strategy</b></p> <p>A question enquired if the recently published 5-year Strategy would lead the Trust to become an outstanding Trust. The Director of Finance hoped that this would be the case citing that the Trust's vision of 'outstanding care delivered by an outstanding team' was at the heart of what the Trust did, with the strategy covering the key elements that would enable the Trust to deliver. The vision was</p>	

	<p>shared across the Trust with all areas building detailed operational plans to enable delivery in a methodical way. An example being financial sustainability in breaking even in practice would enable a solid platform in the delivery of quality care. The Trust Chair addressed the Lead Governor in that the CoG in a sense invigilated the Trust’s delivery of the strategy. The Lead Governor replied the energy and vision from the Board over the past year, to include the quest to become outstanding, had demonstrated to employees, service users, carers, and the wider public the determination the Trust had in proceeding with the strategic vision. There was both individual support and collective support via the CoG in the programme of engagement in support of the vision.</p>	
g	<p><b>Equality Diversity and Inclusion (EDI)</b></p> <p>Julien Fitzgerald, Patient Service User Governor for Buckinghamshire and other Counties, enquired if the Trust planned to provide tailored services to the LGBT+ community. The CEO replied that supporting EDI was a priority within the workforce and the people the Trust served particularly in addressing those with health inequalities and from minority groups. There were no plans yet to develop dedicated services to support the LGBT+ population, however the Trust was sensitive to the needs associated to that group of individuals and were committed to ensuring services were aware of such needs. Services were co-produced, being designed in conjunction with those that use the services.</p>	
h	<p><b>Service parity</b></p> <p>A question queried if service initiatives would be the same across the geography of the Trust. The Trust Chair replied that services were widespread and involved working into 2 Integrated Care Systems, BOB ICS, and Bath and North East Somerset, Swindon and Wiltshire (<b>BSW</b>), expressing all efforts would be made to include colleagues outside of Buckinghamshire and Oxfordshire. The CEO echoed this saying BSW was an important part of the organisation that provided excellent care across services which the Trust was committed to develop and improve. He informed he and the Trust Chair would be attending an engagement event the following day at BSW.</p>	

<p><b>6.</b></p> <p>a</p>	<p><b>Presentations</b></p> <p>The meeting received four presentations reporting on service developments that had been taking place during the year on:</p> <ul style="list-style-type: none"> <li>• COVID-19 Vaccination Centres – a review of Oxford Health’s role as lead provider across the BOB ICS – from Tehmeena Ajmal, COVID Operations Director;</li> <li>• Community Services – a review of the year, new services and plans for the future of community services – Dr Ben Riley, Executive Managing Director for Primary, Community and Dental Care;</li> <li>• Research &amp; Development – a review of the year with spotlight on the work of the Brain Health Centre – from Dr Karl Marlowe, Chief Medical Officer, and Head of Research and Development, and Professor Belinda Lennox, Head of the Department of Psychiatry; and</li> <li>• Mental Health – Buckinghamshire Perinatal Mental Health Service – from Claire Daniels, Lead Practitioner, and Joseph Madamombe, Service Manager.</li> </ul>	
<p><b>7.</b></p> <p>a</p>	<p><b>Questions on the presentations</b></p> <p>Questions arising from the presentation on COVID-19 Vaccination Centres – a review of Oxford Health’s role as lead provider across the BOB ICS, were: (i) how can younger people obtain the vaccination; (ii) will the booster vaccination be available to all; and (iii) how was the Trust planning to protect its staff against flu and COVID-19 for the winter period. The COVID Operations Director replied younger people (16 -17 years) could obtain a vaccination via the national booking site or as a ‘walk in’ at one of the Trust’s mass vaccination centres. The school’s vaccination programme (12 – 15 years) had commenced that day and would be rolled out over the next 8 – 12 weeks. The booster vaccination programme would be offered over the next three-month period and was currently available to those aged over 50, frontline care workers, those in care homes, and the clinically vulnerable. It was not clear yet what the position was for those aged 49 and under. Regarding the winter programme priority would be given to patient facing staff and where it was possible the plan was for co-administration of the flu and COVID-19 vaccines; however staff would have the option to</p>	

b	<p>receive the vaccines separately. There was the requirement of a 6-month gap between COVID-19 boosters. Co-administration would be adopted by the Schools programme and primary care. The Trust Chair thanked the COVID Operations Director and colleagues for work undertaken already and acknowledgment for the busy period ahead.</p> <p>Questions arising from the presentation on Community Services – a review of the year, new services and plans for the future of community services, were: (i) in reference to the plans for the future what improvements were being made to increase independence for older people; (ii) what plans were there to improve community services for children and young people; and (iii) what plans were in place for communications to reach all demographic groups in support of those not keen or able to attend the virtual events planned. The Executive Managing Director for Primary, Community and Dental Care replied detailed plans were being co-produced around independence for older people with staffing services and patient involvement, examples being: patients to return home as soon as possible from an in-patient stay as evidence suggested those cared for in their homes tended to have better long term outcomes and maintained independence; Urgent Community Response, a new service being rolled out with a requirement to respond in 2 hours of a care or health crisis being identified in a person decreasing the likelihood of hospitalisation; increase of staff and resources into Home Re-enablement across the system; preventative care; and within community hospitals the focus was on increasing rehabilitation to assist in seamless transfer to care at home. Regarding services for Children work was progressing on: a universal offer for 0–5-year-olds to access the Startwell programme as part of the Oxford Strategy; a review of the health visiting services; supporting ‘looked after’ children; and progression of support being thought of as more system wide involving, schools, families and the third sector in achieving the best start in the early years. Communication, since the response to the pandemic, had moved more to an on-line basis owing to infection protection control issues. The focus would be through speaking directly to those using services and via community hospitals and the use of questionnaires and surveys throughout the</p>	
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c	<p>services would track feedback responses that would enable any gaps in communication to be targeted.</p> <p>Questions arising from the presentation on Research &amp; Development – a review of the year with spotlight on the work of the Brain Health Centre, were: (i) what steps was the Trust taking to ensure all patients and service users were able to understand and act on their choices regarding how their patient information was used in Trust-based or national research projects; (ii) in regard to opting out of research what was the mechanism used to contact patients without disregarding patient consent alongside the Data Processing Agreement and General Data Protection Regulation, and where was patient data drawn from; and (iii) in reference to the Brain Health Centre were there any other examples of collaborations between the Trust and the UoO. In relation to choices around clinical research the Head of the Department of Psychiatry stated this was a live issue with the rules being consulted on. The ability to opt out of data sharing was broader than Oxford Health but the principle in research undertaken was that no patient was contacted without express consent. It was a balance in giving people the opportunity with the option to take part or not and keeping peoples data private and secure. The Chief Medical Officer stated patient confidentiality was considered in detail and was a priority in his role as the Caldicott Guardian, however it was also about the balance of being able to provide research opportunities that could change people’s lives particularly in mental health. All research governance looked at anonymisation to ensure peoples details were not used inappropriately. For the technical aspects of the question the answers could be arranged via the Data Protection Officer. In relation to other collaborations, the Head of the Department of Psychiatry stated there were strategic plans to expand and increase collaborations across services, and that the application for renewal of the Biomedical Research Centre licence was in progress which would greatly increase opportunities. The Chief Medical Officer informed networks of collaborations were being built across other institutions and other NHS organisations, and a current researched based programme between the Trust and UoO was on children and young people psychological therapies. The Trust Chair added in addition to the Department of Psychiatry</p>	
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<p>d</p>	<p>the Trust worked with many other departments within the UoO, generating many collaborative working relationships.</p> <p>Questions arising from the presentation on Mental Health – Buckinghamshire Perinatal Mental Health Service, were: (i) what does an assessment with the Perinatal Mental Health Service Team involve; and (ii) how long is the period of support provided and where is referral onto when support ends. The Perinatal Service Manager stated there were very thorough assessments undertaken involving all concerns for a family and would include background information from a range of healthcare professionals. Support would be tailored to a mother’s needs from a range of specialists, such as: specialist nurses; clinical psychologists; consultant psychiatrists; and overnight arrangements could also be provided. The service was commissioned up to the first birthday of the child with signposting to other services after this including GPs, midwives, health visitors and social services. Exceptions were made on occasions with psychological input from a psychiatrist for a mother and child to stay with the service beyond the first year of the child, and particularly if a mother fell pregnant whilst in the service in managing the new pregnancy. The Perinatal Mental Health Practitioner added the amount of time spent with a mother varied dependant on individual needs and when matters had stabilised there would be signposting to other services such as Bucks Health Minds. Karen Squibb-Williams, Patient Service User governor for Oxfordshire, expressed it was a wonderful project and hoped there was enough resource and that GPs and antenatal services were fully aware of the work. The Trust Chair gave congratulations to the Buckinghamshire Perinatal Mental Health Service Team in achieving a Parliament Health Service Excellence Award.</p>	
<p>e</p>	<p>There were no further questions.</p>	
<p><b>8.</b></p>	<p><b>Final reflections</b></p>	
<p>a</p>	<p>The Trust Chair stated he hoped the evening had been useful and encouraging, and it had been a mix of business processes, with the presentation of the Trust’s annual accounts, together with the</p>	

<p>b</p> <p>c</p>	<p>celebration of some aspects of the Trust’s activities alongside the provision of mainstream mental health services.</p> <p>He stated the AMM/AGM minutes were considered approved as no comments had arisen in the chat function or otherwise.</p> <p>The Trust Chair thanked all contributors to the AMM/AGM noting: Iain Murray from the Trust’s External Auditors for a clear presentation around the technicalities of the external auditing of the Trust’s accounts; Mike Hobbs, Lead Governor, in support of upholding the governance structures of the Trust and accountability to staff and service users through the CoG; and to the Associate Director of Communications and Engagement and Team.</p>	
<p><b>9.</b></p> <p>a</p>	<p><b>Any Other Business</b></p> <p>None.</p>	
<p><b>10.</b></p>	<p><b>There being no further business the Trust Chair declared the meeting closed at 20:00.</b></p>	