

**Oxford Health NHS Foundation Trust**

**Council of Governors and Members**

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

**(AMM & AGM)**

[DRAFT] Minutes of the Meeting on 10 September 2024 at 18:00

Didcot Civil Hall, Britwell Road, Didcot, OX11 7JN

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

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| Anna Gardner (Lead Governor) | Public: Oxfordshire |
| Juliet HunterCarolyn Llewellyn | Public: OxfordshireOxford Brookes University |
| Vicki PowerPaul RingerGraham Shelton | Staff: Community Health Services OxfordshireAGE UK OxfordshireOxford University Hospital Trust |
| *Oxford Health NHS FT - Board members:* |
| Grant MacdonaldGeorgia Denegri | Chief Executive OfficerInterim Associate Director of Corporate Affairs |
| Charmaine De Souza | Chief People Officer |
| Chris Hurst | Non-Executive Director – Chair of Audit & Risk Committee |
| Ben RileyPhilip Rutnam | Executive Managing Director for Primary, Community and Dental CareNon-Executive Director |
| Heather SmithRick Trainor | Chief Finance OfficerNon-Executive Director |
| Andrea Young | Non-Executive Director |
| *Presenters and other staff – from Oxford Health NHS FT:* |
| Jane AppletonClaire AustenAlison BarnesJoana BrancomurtierBen CahillAngela ConlanMartin CrabtreeEniola DadaLeanne DunkleyLindsay Fenn | Associate Director of Communications and EngagementClinical Lead Occupational TherapistCommunications SpecialistWard Manager, Didcot Community HospitalDeputy Director of Corporate AffairsOHAP Project LeadCommunications ManagerMatronCorporate Governance OfficerSenior Programme Manager |
| Nicola GillRhiannon GriffinVirgilyn GuillermoDavina HedgesTheresa HillsdenEmma LeaverSarah LeeDr Monty LymanDeborah Moll | Corporate Governance Officer (minutes)Family Nurse SupervisorTrainee Advanced Clinical PractitionerCommunications and Engagement AssistantCommunity Nurse Team LeaderService Director, Primary, Community and Dental CarePrimary, Community and Dental CarePsychiatry TraineeSpeech and Language Therapist, OH-CRF Patient and Public Involvement Lead |
| Emily NolanDot O’DellStephanie OldroydMichelle O’SullivanJulie PinkSam RobinsonJoe Smart | Senior Communications and Engagement ManagerTransformation LeadClinical & Professional Lead for Psychological TherapiesClinical Specialist Lead Facilitator for Bucks SUNHead of Charity and InvolvementClinical Nurse LeadHead of Organisational Development |
| Hannah SmithDr Katharine SmithHelen SpencerCordy Williams | Assistant Trust SecretaryHonorary Consultant Psychiatrist, OH-CRF Clinical LeadFamily Nurse SupervisorPeer Support Worker |
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| **1.**abcde | **Introduction and Welcome**The Chair welcomed all those present to the meeting of the Trust’s AMM and AGM for 2023/24. There were two purposes for the evening: accountability of the Trust’s expenditure of public money in providing health services; and celebration of activities within the Trust.**Apologies for absence**Apologies had been received from the following Governors: Ben McCay; Andrea McCubbin; Emma Short; Bernice Hewson; Martyn Bradshaw; James Campbell; Evin Abrishami; and Kate England.Apologies had been received from the following members of the Board of Directors: Karl Marlowe (Chief Medical Officer); Britta Klinck (Chief Nurse); Lucy Weston (Non-Executive Director); and David Clark (Non-Executive Director).**Declarations of interest**No interests were declared pertinent to matters on the agenda. **Minutes of the 2023 AMM/AGM**The meeting received the minutes of the AMM/AGM 2023 and noted that these would be considered approved if no comments or suggested updates were received.The Chair highlighted the following successes from the past year as Chair of the Trust:* the opening of high street mental health and wellbeing hubs in Oxford, Wantage, Banbury and Abingdon, one of their roles will hopefully be to help prevent suicide;
* Didcot Community Hospital, where the inpatient therapy team had been acknowledged with an exceptional people award and also a nurse who had been acknowledged with a Daisy Award for exemplary nursing;
* he expressed thanks to the colleagues who had organised this event; and
* noted the planned regeneration of the Warneford site and the information on the proposals displayed in the foyer.
 | **Actions** |
| **2.**abc | **Chief Executive’s Summary**The Chief Executive Officer (CEO) welcomed all those present noting that whilst the Trust celebrated its achievements and its ambition to meet challenges it was also an organisation focused on continual improvement.The CEO spoke about a range of national enquiries being undertaken including on COVID, the Letby court trial and Essex and Northeast London mental health services - all of which will have a profound effect on us and colleagues. The CEO highlighted the presentations for the evening noting the first presentation by Dr Monty Lyman was the essence of Oxford Health, about physical and mental health and the interplay between the two and importantly the extra value the Trust adds as an organisation which was the interplay between developing and testing out knowledge through research and new ways to treat. The Family Nurse Partnership will highlight the things we need to do to prevent ill health and address inequalities. The third presentation from the Buckinghamshire Mental Health Services Primary Care Mental Health Hubs (PCMHH) talks about the need to work in partnership with the voluntary sector, the need to co-produce our service model and also talks about involving people with lived experience in supporting delivery of care. Finally, alongside the direct clinical care, the Trust’s clinical research facility was the only one in the whole of the UK, where they look at new treatments and technologies. |  |
| **3.**abcd | **Staff Presentations**The meeting received four presentations reporting on service developments that had been taking place during the year on:* How physical health, mental health and research connect – looking at the relationship between the mind and the immunity system. The immune system can affect the mind, and the mind can affect the immune system. The three aims for the clinical work and research are to take the physical health of ‘mental health patients’ seriously; validate, explore and understand the mental health of patients with ‘physical health conditions’; and when researching be open minded and treat chronic conditions that do not fit neatly into ‘mental’ or ‘physical’ health long-Covid, ME/CFS, chronic pain conditions etc. The presentation was given by Dr Monty Lyman, Psychiatry Trainee.
* Oxfordshire Family Nurse Partnership (FNP) *Changing the world one baby at a time* – an evidence-based, intensive, targeted home-visiting programme for first-time young mothers (clients) and their families. The programme originates from the USA and was initially grounded in the work of Prof. David Olds. Specially trained nurses support mothers enrolled in FNP to have a healthy pregnancy; improve their child’s health, development, and school readiness; and reach their own goals and aspirations. The FNP programme is underpinned by three core theories: Self-efficacy – belief in self; Human ecology – many factors influence the lives of families; and Attachment – human babies have innate need to form relationship. The relationship between Family Nurse and a young person is key to supporting the young parent to make positive changes. The presentation was given by Rhiannon Griffin, Family Nurse Supervisor and Helen Spencer, Family Nurse Supervisor.
* Buckinghamshire Mental Health Services Primary Care Mental Health Hubs (PCMHH) – bringing together a range of healthcare professionals and support staff to provide care to patients close to home. The aim is to deliver more proactive and responsible holistic care to reduce unnecessary hospital admissions, secondary mental health referrals or repeat GP appointments. The PCMHH is a multi-disciplinary team (MDT), including Nurses, Psychologists and Therapists, Mental health practitioners in GP surgeries, Psychiatrists, peer support staff with lived experience, Elmore support staff, employment support workers. Its key objectives are to use trauma informed principles to provide holistic care planning; improve outcomes for people with long term severe mental illnesses and the complex mental health difficulties associated with Personality Disorders; improve access to psychological offers; improved levels of employment and training access; offer patients better access to VCSE improving social outcomes; smooth transitions between services; and reduced rates of re-referral i.e. treating people multiple times. The presentation was given by Stephanie Oldroyd, Clinical & Professional Lead for Psychological Therapies; Cordy Williams, Peer Support Worker; and Michelle O’Sullivan, Clinical Specialist Lead Facilitator for Bucks Service User Network (SUN).
* Clinical Research Facility – Fostering innovation with the NHS –based that the Warneford Hospital with a team including doctors, nurses, and research facilitators with a psychology background. Clinical research brings together the clinical side and the research side to find new treatments and to prove whether they are helpful or not. Current studies include SINAPPS 2, Intravenous ketamine studies, Repurposing licensed drugs, and Psychedelic studies with therapeutic support. The presentation was given by Dr Katharine Smith, Honorary Consultant Psychiatrist, OH-CRF Clinical Lead; and Deborah Moll, Speech, and Language Therapist, OH-CRF Patient and Public Involvement Lead.

**Questions on the presentations**Questions arising from the presentation on How physical health, mental health and research connect were: (i) were biomarkers used to monitor the stress level on the patient and (ii) where they saw the role of trauma in this. Dr Monty Lyman responded to question (i) noting that in terms of the immune system and mental health there were several biomarkers that can reflect stress and inflammation and that there were other ways of measuring stress. He spoke about artificial intelligence (AI) potentially being useful in working out what biomarkers might be relevant. Machine learning and AI could help with this. In response to question (ii) noting that there were people in the University of Oxford and Oxford Health looking at adverse childhood events and looking at the relationship between them, information, and mental health conditions. There was research looking into information playing one role in which very traumatic events translate into chronic inflammation. Questions arising from the presentation on Oxfordshire Family Nurse Partnership, Changing the world one baby at a time were: (i) was domestic abuse something they came across with their clientele; (ii) were either of them of their team champions; and (iii) were dads also helped. In response to question (i) they confirmed they did come across domestic abuse. Regarding question (ii) they confirmed that within the team all nurses took on a champion role. In response to question (iii) they confirmed that dads were very much a part of the work they did and that they included the whole family. Questions arising from the presentation on Buckinghamshire Mental Health Services Primary Care Mental Health Hubs (PCMHH) were: (i) was there a similar structure across the other parts of Oxford Health and were there any health ‘deserts’. (i.e. areas with less accessible healthcare availability). The CEO responded to question (i) noting that the Oxford Hubs were based in the high street and in Buckinghamshire it was virtual, so they were not the same but had been designed for local people and their needs.  |  |
| **4.**abcde | **Presentation of Annual Accounts and Annual Report 2023/24 (FY24), including External Auditor’s report on Trust Annual Report & Accounts**The Chief Finance Officer presented the Annual Accounts for the year ending 31 March 2024 which had been prepared on a going concern basis and in line with directions given by NHS England and HM Treasury. The Annual Accounts had been audited by the Trust’s External Auditor.The Chief Finance Officer shared slides showing the financial year and what the Trust had spent money on. She spoke about how this was reflected in the Trust’s accounts and that a £5.2m surplus had been made in the last year noting this was less than 1% and saw this as the Trust meeting a balanced budget year on year which was good. The cash position continues to improve which gives the Trust an independency and non-dependency on others which was a good outcome for the Trust. The Chief Finance Officer concluded that it had been a stable year, but the Trust’s financial context remained challenging and tight and for the Trust to keep having an impact on people’s lives the priority was to have a strong financial grip and demonstrating this and being able to control it to deliver the best possible outcomes.Chris Hurst, Non-Executive Director and Chair of Audit Committee reported back on the External Auditor’s Report on the Trust Annual Report & Accounts 2023/24 noting that the Trust did very well and had received positive comments on its value for money assessments. It was pleasing to see that the auditors give the Trust an unqualified opinion, which is a positive result. **The meeting received the Annual Report & Accounts for 2023/24.** |  |
| **5.**a | **Questions** No questions were asked. |  |
| **6.**ab | **Final reflections and close of meeting**The Chair thanked everyone for their presentations providing a fascinating insight into aspects of the Trust. He thanked everyone for their time in attending the meeting. **There being no further business the Trust Chair declared the meeting closed at 19:55** |  |
| a | **Any Other Business**None.  |  |