Council of Governors Meeting: Tuesday 30 January 2018
CoG2018.04

Title | Report from the Performance, Workforce and Finance Committee

| Purpose | For information.
| History | The Performance, Workforce and Finance Committee provides a regular report from each of its meetings held to the Council of Governors. |
Report from Performance, Workforce and Finance Committee

1. The Performance, Workforce and Finance [PWF] Committee will have met three times since the last meeting of the Council of Governors in October 2017.

2. The minutes of the meeting of the Performance, Workforce and Finance Committee held on 27 October 2017 and the draft minutes of the meeting held on 24 November 2017 are presented below.

3. The PWF Committee will also have had a further meeting on 29 January 2018 by the time of the Council’s meeting.

4. At its meeting in October, the Committee received its regular reports from the Performance and Finance Committee. In addition, the Director of Improvement and Culture delivered a presentation on meeting the challenges of recruiting staff.

5. At its meeting in November, the Committee received a further report from the Performance and Finance Committee. The Committee also discussed issues relating to communication and engagement with the new Head of Communications, Matt Akid.
Council of Governors’ Performance, Workforce and Finance Committee
Minutes of the meeting held on Friday, 27 October 2017 at 10:30 to 12:30 in the Vesalius Meeting Room, Level 3, John Radcliffe Hospital.

Present:

Dr Cecilia Gould CG Public Governor, Oxford City
Mr Martin Havelock MH Public Governor, Vale of the White Horse
Mr Tommy Snipe TS Staff Governor, Non-Clinical
Mr Mariusz Zabrzynski MZ Staff-Governor, Non-Clinical

In attendance:

Peter Ward PW Chairman of the Finance and Performance Committee and Non-Executive Director
Susan Polywka SP Head of Corporate Governance and Trust Board Secretary
John Drew JDr Director of Improvement and Culture
Maria Crawford MC Corporate Governance Manager (Minutes)

Apologies

Mr Brian Souter BS Public Governor, Buckinghamshire, Berkshire, Wiltshire and Gloucestershire

The minutes are produced in the order of the agenda

CoGPWF/17/10/01 Welcome, Apologies and declarations of interest

The Committee welcomed Mr John Drew, Director of Improvement and Culture, who had been invited to present Item 5.

A welcome was also extended to the two new Governor members of the Committee, Mr Tommy Snipe and Mr Mariusz Zabrzynski.

Apologies for absence had been received from Mr Brian Souter, Governor for Buckinghamshire, Berkshire, Wiltshire and Gloucestershire.

No declarations of interest were made.

CoGPWF/17/10/02 Minutes of the meeting held on 24 March 2017

The minutes of the meeting held on 16 June 2017 were accepted as a true and accurate record.

CoGPWF/17/10/03 Matters Arising

Tender Panel for external audit services

CG confirmed that three firms had now been shortlisted and had been asked to present to the External Audit Working Group in November, following which the group would formulate a recommendation to the Council of Governors to consider at their meeting in January 2018.

SP advised that it would be beneficial if the Audit Committee Panel had another Governor to ensure it was quorate and invited members of the Committee to volunteer. TS offered to sit on the Audit Panel.

Divisional Leadership Review: Deloitte Report

It was confirmed that the report was due to be formally submitted to the Trust Board (in private) on 8 November, after which consideration could be given to sharing conclusions and recommendations with Governors.
Updates on Operational, Finance and Workforce Performance

SP confirmed that as requested updates had been provided by the lead Executive Directors at the meeting of the Council of Governors in July 2017.

CoGPWF/17/10/04 Report from Finance & Performance Committee [F&PC] Chairman

Mr Peter Ward, Non-Executive Director and Chairman of the Finance and Performance Committee [F&PC] reported on the meetings of that Committee held in August and October, to provide assurance on the extent to which F&PC was discharging its remit to provide assurance to the unitary board in relation to the operational and financial performance.

Key points highlighted included the following:

4 hour ED Standard

Performance was noted to have improved in August, at 84.78% (4.02% above July) with a level of attendances very close to that of August 2016. Other points highlighted related to the following:

- Bed capacity had continued to be under serious pressure since August. Staffing shortages had also resulted in bed closures compounding the impact of Delayed Transfers of Care [DTOC] and low levels of weekend discharges from the Trust's non-elective beds. The lack of flow in the system was noted to have contributed to three over 12 hour trolley waits in September.

It was noted that the Emergency Care Improvement Programme [ECIP] team would be visiting the Trust at the end of October, and would also be working with the system-wide A&E Delivery Board.

Urgent Care Improvement Plan

It was reported that the recent upward trend in the number of breaches against the 4 hour ED standard in relation to Minors had been reversed, with the number of Minor breaches reduced from 539 in July to 267 in August.

The number of breaches associated with waiting to be seen by an ED specialist clinician had also improved to 342 in August, down from 678 in July.

Cancer Standards

All cancer waiting time standards had been met in August (and the indications were that they should have been met in September). However, it was highlighted that there were still three interrelated areas where performance was below standard.

RTT Activity Plan

It was noted that the first phase of the operation RTT Activity Plan had been developed in workshops held with clinicians from each of the following five specialities:

- Dermatology
- ENT
- Gynaecology
- Ophthalmology
- Orthopaedics

The first phase was described as enabling staff to consider and discuss ideas in respect of working more effectively. Representatives of the OCCG had also participated in the workshops and had highlighted the need for further joint work on demand management.
The second stage of the medium term RTT Activity Plan was noted to be under development in respect of the following five specialities:

- Cardiology
- Gastroenterology and Endoscopy
- Maxillo-Facial Surgery
- Neurology
- Urology

F&PC was reported to have been informed that approximately 74% of the RTT incomplete waiting list was accounted for by activity in the ten specialities cited.

The plan was to identify – in conjunction with Divisional Directors and Consultants – the extra capacity that could be realistically achieved to meet performance standards. In addition, the underlying issues behind underperforming areas would need to be established in order to align activity and workforce planning.

It was emphasised that the decision regarding the funding of additional activity lay with the OCCG which was dependent on overall system affordability in 2018/19.

JDr stated that he had been in attendance at a number of workshops and supported PW’s statement. He considered that the workshops had been helpful in engaging clinical teams and reflecting on how care pathways could be changed to deliver more effective services.

CG queried how the Non-Executive Directors could give assurance that they were doing their best to hold the Executive Directors to account, on what was essentially, a public problem. PW explained that the Trust had the highest DToCs in the country due to a lack of capacity in community and social care. Unlike other Trusts, OUHFT had to negotiate with both Oxford Health and the County Council to arrange the capacity required, an example being the addition of 130 care home beds for the Home Assessment Reablement Team [HART] in 2015 to assist with system flow.

MH asked what the underlying problem was in relation to the HART service. PW remarked that the job market in lower salaried brackets in Oxford was buoyant given the recent Westgate development; leading to direct competition for this local pool of potential employees. JDr reaffirmed that it was recruitment rather than funding of the posts that was the issue. In addition, he considered that the needs of patients were higher (in terms of care package hours) than the original service was designed for leading to a need to review capacity and flow on a system-wide level.

CG queried whether the Trust Board was effectively engaging with stakeholders. PW confirmed that this was reviewed at each meeting of the Trust Board. He reported that the Trust had a good relationship with the OCCG but was less confident about the interactions with Oxford Health. This issue had been raised with the Trust Board which had resulted in tripartite meeting with the OCCG and Oxford Health.

JDr drew the Committee’s attention to the A&E Delivery Board which included all partners in the Oxfordshire healthcare system and its regulators (NHSI and NHSE). The Chief Executive was reported to take a positive approach to working with system partners and emphasised that Board members should adopt this approach.

CG commented that the Trust should look to Trusts rated highly such as Newcastle University Hospitals NHS FT rather than those towards the lower end of the spectrum.
Re-forecast of financial outlook 2017/18

It was confirmed that NHS Improvement [NHSI] had endorsed the Trust’s objective to focus on improving underlying EBITDA, whilst making it clear that the Trust would be expected to deliver the best possible bottom line at year end. Initiatives were currently being undertaken within each of the clinical divisions to improve productivity (more for less) to meet a target EBITDA margin of 8% per month.

MH queried the current projection. PW confirmed NHSI had endorsed the Trust’s own assessment of the problem that historical cost growth greater than income over several years had created an underlying deficit, masked by on-off items. Consequently, an organisational development programme was being undertaken to ensure more accountability.

JDr acknowledged that there had been a loss of confidence in the Board but that NHSI considered it was taking appropriate actions to rectify its financial and operational status. He added that staff were naturally concerned given the current climate but noted that continued efforts were being made to communicate with staff to help them understand that it required commitment at a Trust-wide level to resolve the situation.

CoGPWF/17/10/05 Workforce: Meeting the challenge to recruit staff

The Director of Improvement and Culture delivered a presentation previously provided at the Trust Board Seminar on 25 October.

The objectives of the discussion focused on:

- Identifying key gaps in the workforce, in particular the most challenged areas;
- Providing a progress report of the work underway to close these gaps and strengthen our workforce;
- Further steps that could be taken to close the remaining gaps to mitigate the risks posed to A&E/Urgent Care Flow/ RTT and financial re-forecast.
- Agreement on how to track progress in a joined-up way; and
- What the Trust Board could do to prioritise these activities and role model their importance.

The key gaps faced included:

- a total of 418 nursing vacancies in theatre and ward-based roles, particularly in NOTSS, SUON and CSS; and
- 80% of these vacancies being Band 5, which had seen vacancy rates rise from 8% to 15% over the last year, and turnover at 22% (Band 6 at 10%).

CG asked whether there was a correlation between vacancy rate and turnover and was informed there was a risk given the pressures staff were experiencing. Other root causes associated with the vacancy and turnover rate related to the introduction of the IELTS language test, which had reduced European recruitment by 95% (200 EU nurses per year).

Sources of new Band 5 nursing and midwifery recruits had notably decreased from 75% to 50%, partly due to competition from other Trusts’ providing more generous offers and opportunities, and a perception that Oxford does not place as much value on its nursing graduates compared to other Nursing Schools and their NHS partners; though this was already being addressed through the new Oxford School of Nursing and Midwifery to increase collaborative working with the Trust as well as putting in place stronger offers for newly qualified nursing and midwifery staff.
Alternative sources of nursing staff had also been acquired through European and International recruitment drives with the first cohort due to commence employment in November 2017. TS asked how international recruits would be supported on commencing employment and advised that a buddy scheme was in place. Other support mechanisms included provision of accommodation for the first three months.

MH raised concerns that the incentives to recruit and retain new staff may be perceived as unfair by current employees. It was noted that staff received incremental pay progression, and that overall, additional staff would make workloads more manageable; and therefore, this was not perceived to be an issue.

Efforts were also being made to retain current and newly recruited staff, particularly Band 5 and 6 positions. Offers of two-year accreditation Foundation Programmes and the creation of Senior Staff Nurse roles were noted to be some of the initiatives that had been implemented.

Aside from vacancies and turnover rates, it was highlighted that the long-term challenge for clinical leaders and directorates was to modernise the delivery of the care provided. It was noted that developments were already taking place in areas such as Surgery and Oncology.

Attention turned to the Employee Engagement Index indicating a continued rise in staff engagement in the last five years, however, it was expected that the outcome of the 2017 staff survey would show a downturn due to the current challenges and uncertainty within the Trust. Higher levels of staff engagement were thought to be due to the Trust demonstrating it had taken action on the concerns staff had raised within the survey.

The conclusion of the presentation centred on the remaining work that needed to be undertaken to address the root causes relating to staffing issues, outlined below:

- Modernising recruitment;
- Redesigning OUH induction to be more engaging;
- Better communication of vacancies;
- Collaboration with schools, colleges, universities and alumni networks;
- Building on the new workforce planning model; and
- Strengthening the processes and focusing on retention of staff.

The proposed new operating model was briefly described as developing a more devolved organisation. The Magnet accreditation process had been influential in terms of professional development enabling greater nurse autonomy at ward/unit level. This model had been piloted on 4-5 wards with successful outcomes.

MH asked if the Trust was spending less money on account of the shortfall in staff. The Director of Improvement and Culture stated that spending had increased on agency and bank staff in some areas due to staff shortages.

The Committee thanked JDr for his presentation.

CoGPWF/17/10/06 OUC Collaboration with the Mayo Clinic

Governors were reminded of the communication posted on the Forum regarding the Trust’s collaboration with the Mayo Clinic, of which PW provided further details contained within a presentation delivered in the Board Seminar held in July 2017.

The Committee noted that the Trust and University of Oxford had entered into a Limited Liability Partnership [LLP]; the strategic rationale being to allow the Trust to
utilise the Oxford brand to fund the development and deployment of new technologies within NHS services that were not currently available under NHS funding regimes. A partnership had been established with the Mayo Clinic – which wanted to enter the UK market - to create a diagnostic centre in London with the focus being on high quality care. Clinicians practising at the Clinic would be employees (of the Clinic, not of the Trust, or University), and would not operate on a fee for service basis. Given that the Trust had a comparatively low level of private patient income (0.8% turnover pa, compared to Chelsea & Westminster at 3.3% pa, UCLH at 2.3% and Guy’s & St Thomas’ at 1.7%) there was felt to be scope for expansion, to provide commercial and clinical capacity to fund developments within the Trust.

Whilst the clinic was self-financing, a £7.5m commercial loan had been obtained on the strength of Mayo and Oxford brands together with estimated financial projections. It was stressed that this was a specialist loan only available for this type of project. No NHS/Trust funding had been used for the venture.

CG referred to the guidance relating to the Governors’ role in taking decisions on non-NHS income as set out at page 65 of “Your Statutory Duties: A reference guide for NHS foundation trust governors1”. Recognising that the development of commercial ventures would often necessarily be subject to non-disclosure agreements, CG suggested that further consideration needed to be given to how Governors could be assured that a commercial venture would not impact on the delivery of goods and services within the Trust.

SP confirmed that legal advice had been sought, to confirm that the OUC collaboration with the Mayo Clinic did not trigger the thresholds above which Governors’ approval was required, but the Board recognised that as the relationship between Governors and the Board matured, there was a need to develop a mechanism by which there could be engagement with the Governors (consistent with the requirements of non-disclosure agreements) in relation to commercial ventures which fell below the thresholds. This would need to be set in the broader context of Governors’ engagement with the Trust’s Forward Plan.

PW supported this view, adding that the collaborative venture between OUC and the Mayo Clinic was set up as an LLP to ensure it had the resources to be self-sustaining; a point which non-executive directors had also rigorously scrutinised and upon which they had challenged the executive directors prior to agreement being reached.

CG emphasised the importance of providing assurance to the Governors, highlighting the need for there to be further discussion of how communication could be improved.

Action: JDr

It was suggested that the new Head of Communications, Matt Akid, be invited to the next meeting of the PWFC on 24 November to discuss communication and engagement, more specifically within the context of the PWFC.

Action: JDr/(SP)

COGPWF/17/10/07 Any Other Business

There was no other business.

1 Monitor (July 2014)
CoGPWF/17/10/08 Date of the next meeting

The next meeting will be held at 10.30 to 12:30 hours on Friday 24 November 2017 in the Boardroom, Level 3, John Radcliffe Hospital.
Council of Governors' Performance, Workforce and Finance Committee

Minutes of the meeting held on Friday, 24 November 2017 at 10:30 to 12:30 in the Vesalius Meeting Room, Level 3, John Radcliffe Hospital.

Present:

- Dr Cecilia Gould  
  CG  
  Public Governor, Oxford City

- Mr Martin Havelock  
  MH  
  Public Governor, Vale of the White Horse

- Mr Mariusz Zabrzyński  
  MZ  
  Staff-Governor, Non-Clinical

- Mr Brian Souter  
  BS  
  Public Governor, Buckinghamshire, Berkshire, Wiltshire and Gloucestershire

In attendance:

- Anne Tutt  
  AT  
  Chairman of the Audit Committee and Non-Executive Director

- Susan Polywka  
  SP  
  Head of Corporate Governance and Trust Board Secretary

- Matt Akid  
  MA  
  Head of Communications

- Maria Crawford  
  MC  
  Corporate Governance Manager (Minutes)

Apologies:

- Mr Tommy Snipe  
  TS  
  Staff Governor, Non-Clinical

_The minutes are produced in the order of the agenda_

CoGPWF/17/11/01 Welcome, Apologies and declarations of interest

The Committee welcomed Mr Matt Akid, Head of Communications, who had been invited to present Item 5.

Mr Brian Souter was also welcomed back.

Apologies for absence had been received from Mr Tommy Snipe, Non-Clinical Staff Governor.

No declarations of interest were made.

CoGPWF/17/11/02 Minutes of the meeting held on 27 October 2017

The minutes of the meeting held on 27 October 2017 were accepted as a true and accurate record.

CoGPWF/17/11/03 Matters Arising

External Audit Services

CG confirmed that the Audit Working Group had convened on Wednesday, 22 November 2017, to consider the presentations provided by the three shortlisted firms. Following a full and open discussion, a preliminary recommendation was made subject to further due diligence and references.

Once in receipt of further information requested, the group would reconvene to formulate a recommendation to the Council of Governors to consider at its meeting in January 2018.

Communications

At the last meeting of the Committee, communication and engagement had been raised as an issue that needed to be improved upon, particularly in relation to the Board providing assurance to Governors’ on any future collaborations on commercial ventures (consistent with the requirement of non-disclosure agreements) which fell below the thresholds that
would require formal approval by the Council of Governors’.

It had been suggested that a small Working Group should be established comprised of some members of this Committee and some from the wider Council of Governors to review and discuss these issues.

MH supported this suggestion, noting that part of the Governors’ roles entailed representing interests of members and the public, which required clear lines of communication between the Board and Council of Governors.

CG remarked that concerns had been raised by staff whose confidence was already undermined by the current challenges faced by the Trust and this had been brought to the attention of the Trust Chairman. Some considered that the lack of communication in respect of the OUC collaboration with the Mayo Clinic had been unsatisfactory.

### CoGPWF/17/11/04 Finance and Performance Committee [F&PC] Chairman’s Report to the Board

- **Integrated Performance Report Month 6**
- **Financial Performance up to 30 September 2017**

Mrs Anne Tutt, Non-Executive Director and Chairman of the Audit Committee and Vice-Chairman of the Finance and Performance Committee noted that at the last meeting held on 27 October 2017, Peter Ward (then Chairman of the F&PC and Non-Executive Director) had reported on matters considered at October’s meeting of the F&PC. Therefore, the purpose of her report to this meeting was to tie off loose ends.

Key points highlighted included the following:

- The Board continued to focus on all operational performance standards; and
- Extensive work had been undertaken by the Board on the financial reforecast, including the validation of assumptions and consideration of regular updates on the latest position.

A meeting of the Audit Committee had been held on Wednesday, 22 November 2017 where discussions had also centred on the delivery of the financial reforecast, to determine whether it was satisfied on the monitoring and level of assurance. It had been agreed that members of the Board would continue to keep this under active review, to track progress.

The Committee was also informed that the Chief Executive and Chief Finance Officer had a follow-up session with NHS Improvement [NHSI] on Monday, 27 November 2017 in respect of the delivery of the financial reforecast.

MH stated that he was unclear on when NHSI would submit a formal report to the Trust in respect of delivery of the financial reforecast. SP explained that the Board was currently collaborating with NHSI to finalise the plan and associated undertakings. Presently, the Trust was not subject to formal undertakings and there had been no formal finding of any breach of licence in relation to financial performance. However, given that it was anticipated that the Trust would be required to make formal undertakings, the challenge faced was to ensure that delivery of the outcomes was measurable, so that it was clear what would be required to discharge the undertakings.

It was expected that the draft plan would be formally submitted to the Trust Board in January 2018 and signed off by March 2018; however this position was subject to change. Meanwhile (and in parallel) the actions and anticipated measures most likely required to enable the Trust to discharge undertakings was in train.
CG asked how the Turnaround Team (Hunter Healthcare, led by Jez Tozer) as appointed by NHSI was progressing. MA confirmed the Turnaround Team had been attending the weekly finance meetings chaired by the Chief Finance Office, which appeared to be working well. The focus of those meetings centred on the operational performance and pathway efficiencies of the Medicine Rehabilitation and Cardiac [MRC] and Children and Women’s [C&W] divisions; the aim being to address outstanding issues in a sustainable manner.

CG queried whether Deloitte’s had provided feedback on its review of Divisional and Corporate Services Leadership. SP confirmed that the report had been submitted to the Trust Board in November 2017, and had subsequently been presented by the Director of Improvement and Culture for consideration by the Trust Management Executive [TME]. The report had identified 14 summary recommendations and findings, covering the fundamental structure of the Trust, its Board and Sub-Committees, which were to be developed into specific areas of action. These recommendations were being taken into account in the proposals for a new operating model and culture, the implementation of which would also need to reflect findings of the CQC Well-Led Review. MH remarked that it was a significant project.

CG requested a summary report be provided at the next meeting of the Council of Governors on the proposals and recommendations for a new operating model and culture.

**Action: SP**

CG and MH asked how much information was shared with the Trust’s system partners, and to what extent they were being scrutinised. AT confirmed that plans had been shared with the Trust’s system partners and stakeholders. She noted that the change in leadership at Oxfordshire Clinical Commissioning Group [OCCG] had effected the degree of engagement.

SP highlighted that regular tripartite meetings took place between OUH, Oxford Health NHS Foundation Trust and OCCG. At the last meeting of the Trust Board it was noted that there had been a degree of challenge to the level of commitment to the plans demonstrated by system partners. Commissioners had not committed to 2018/19 funding to-date, and it was anticipated financial allocation would not easily be secured. The outcome of the funding position for 2018/19 would not be available until December 2017 at the earliest.

CG touched on the statutory duties required of Governors in respect of stakeholder engagement, which had been raised during her CQC Well-Led interview. She had expressed her disappointment in finding out that the OCCG nominated governor had resigned and that the LNC had not nominated anybody to sit on the Council of Governors. The lack of involvement from local authorities had also been noted. She considered that the Council of Governors should take a proactive approach to addressing this issue by providing the opportunity for nominated partners to present / discuss items 1-2 times per year but equally challenge them if they failed to send representatives. MH queried whether providing presentations amounted to real engagement. CG remarked that efforts had been made to engage at governor level which had proved ineffective.

BS turned the Committee’s attention to bed closures asking how much it cost the Trust to lose one bed on average per week, noting that given staff shortages it might be expected that this would become an ever bigger problem, with further bed reductions likely. SP advised that it was important to look at activity rather than a purely bed based approach. If the Trust were to reopen a number of beds without resolving the fundamental issue of patient flow, it was expected that these beds would become ‘blocked’ by an increased number of patients experiencing delays in the transfer of care. AT considered it to be a reasonable question and suggested that the Chief Finance Officer be asked to provide a
response at the next meeting of the Committee.

**Action: JD**

MH considered the shortage of specialist staff was the primary risk in terms of recruitment and supporting additional activity needed to attract additional income.

CG asked if the format and length of papers, particularly in respect of financial reports or other complex matters, could be simplified and explained on a single sheet of paper. She referred to the simplicity and concise summary of papers provided by Oxford Health NHS FT to its Governors as a good example of improved report requesting function. AT supported this request, advising that this should be possible.

**Action: SP/Board Members**

**CoGPWF/17/11/05 Communications and Engagement**

The new Head of Communications, Matt Akid [MA] introduced himself to the Committee. MA stated his background was in journalism but that a stint at a PR Agency had led to an interest in healthcare. Previous experience included positions as Head of Media and Corporate Communications at Guy’s and St Thomas’s NHS FT, and Head of Communications at Chelsea and Westminster NHS FT.

He commented that OUHFT was not in a dissimilar position to that of other London Trusts’ he had worked for prior to developing their communication channels and strategies.

Key points highlighted during the discussion included:

- The need to develop the structure of the Communications Team
- A significant amount of work needed to be undertaken in respect of internal communications within the Trust, particularly in relation to the visibility of executive directors and connection with frontline staff. It was noted that John Drew, Director of Improvement and Culture, was reviewing staff engagement and culture within the Trust.
- In terms of external communications, it was noted that better relationships needed to be developed with the local press such as invitations for media briefings to ensure more accurate stories were being published. It was also suggested that Board papers needed to present information in a more meaningful context.
- In the long-term, the OUHFT needed to raise its profile in the national press to promote the staff and work undertaken within the Trust.
- More proactive communication and joined-up working with stakeholders was required in order to build engagement to improve better quality care for patients.

Main areas that the Communications Team current covered included:

- Assisting staff in understanding the link between finance, staff recruitment and performance; and
- Contingency planning for winter pressures.

BS queried whether local TV companies had also been contacted and was informed that the Communications Team was liaising with them.

MH commented that the fundamental problem was that negative stories appealed to the public and invariably sold papers. He added that historically the Communications Team had focussed on reporting “good news stories” rather than listening to the concerns and issues staff were discussing and tackling this head on.
MA agreed with this point highlighting that vital issues needed to be addressed; a good example being recruitment, which MA considered had been communicated in a positive light.

MA also touched on media coverage and enquiries received within the Trust. One particular story that had seen extensive courage related to a complaint regarding an elderly dementia patient allegedly sent home alone. The Trust’s approach was to hold firm to the principle that, in the interests of patient confidentiality, it could not comment on aspects of individual issues or complaints, even if this led to a one-sided story.

CG highlighted that during the recent Well-Led Inspection the CQC had asked her about this particular incident, as well as others, demonstrating the importance of the Board having confidential seminars with Governors so that these matters could be discussed freely. She further added that it would be helpful for Governors to be able to accompany directors on their walk rounds in order to understand more fully the quality assurance process.

SP emphasised that part of the Well-Led Inspection recognised the crucial role Governors play in triangulating information provided by the Trust (Board), in order to ascertain whether OUH was a learning organisation. In this respect, it was noted that the CQC was supportive of the Trust’s approach to responding to individual complaints.

CG urged the Trust to consider classifying residents within the locality as stakeholders, particularly in light of the recent Energy Project, which was regarded as an example of mismanaged communication. The beginning of the scheme had not been handled well in MA’s opinion; however, action had been taken to address this failing by appointing a member of staff (Ms Jo Lennon) specifically to manage neighbourhood relations and forward planning. Though this was an ad hoc role it had gained positive results, so much so that the possibility of making it into a substantive role was being explored. It was noted that Ms Lennon was now focussing on the Access to Headington Scheme and was pulling together a plan to inform staff, patients and residents.

CG also touched on the national coverage relating to corporate and administrative staff which referred to these groups of staff being a drain on the NHS which she submitted was not based on fact or reality. MH remarked that it was a deeply ingrained issue that needed to be addressed.

CG asked about different forms of electronic communication that may be used Trust-wide and externally. MA confirmed that the Trust had its own website and intranet for staff and other forms of social media channels, such as twitter. He emphasised that the Trust website was the most important digital channel, and therefore “vehicle”, for engaging with staff, patients and the general public.

Attention turned to the problems faced in recruiting staff and whether there was a need to engage more fully with nursing and midwifery graduates based at Oxford Brookes University. MA confirmed that he was due to meet with Andrew McCallum, Director of Oxford School of Nursing and Midwifery, and its Head of Communications and Marketing. MA noted that the emphasis and focus at the Trust appeared to be centred on Oxford University and that Oxford Brookes needed to increase its presence if it was to increase the numbers of nursing and midwifery graduates remaining here.
The formatting and content of the financial report and associated papers was considered to be extensive and verbose, and MH queried whether it would be more appropriate to provide a weekly briefing to ensure continuity in maintaining up-to-date information on the relevant themes. MA highlighted that regular feeds were provided via twitter and the Trust website.

The Committee expressed its thanks to MA for attending the meeting and providing an update on Trust communications.

The following actions were noted:

- **Proposal to the Council of Governors to establish a Communication & Engagement Working Group**
- **Simplification of papers provided to the Council of Governors and Committees which would require Board approval**
- **CG to provide a brief overview of the CQC Well-Led Inspection interview to the Council of Governors**

**CoGPWF/17/11/06 Meeting Dates for 2018**

SP confirmed that Geoff Salt [GS], Non-Executive Director, would become the new Chairman of the Finance and Performance Committee from December 2017. It was noted that ordinarily GS would not be available for Friday meetings, and therefore, it was proposed that the pattern of meeting dates/times may vary in 2018.

It was suggested that the next meeting of the Committee be held on Monday, 29 January 2018 at 14:00 hrs (the day before the Council of Governors meeting). This would allow GS to report on the F&PC meeting held in December 2017.

The Committee would report to the Council of Governors from this meeting held in November, supplemented by verbal report by exception on any matters raised at the meeting on 29 January 2018.

The Committee agreed the date/time of meeting.

**COGPWF/17/11/07 Any Other Business**

MZ highlighted the work undertaken by the Oxford Miracle Project.

BS noted that he was unable to access the Health Service Journal [HSJ] referred to in regular emails received from the Trust. SP confirmed that the Trust only paid a very limited number of subscriptions for employee access to the HSJ which did not include Governors.

BS referred to the recent email in respect of nominations for a new Lead Governor. CG confirmed she had put herself forward again for 2017/18. SP noted that if no further nominations had been received by the deadline then under the Constitution no election would need to be held.

**CoGPWF/17/11/08 Date of the next meeting**

The next meeting will be held at 10.30 to 12:30 hours on Monday 29 January 2018 in the Boardroom, Level 3, John Radcliffe Hospital.