Council of Governors Meeting

Minutes of the Council of Governors Meeting held on **Monday 2 November 2020** via video conference

Present:

Name	Initials	Job Role
Prof Sir Jonathan Montgomery	JM	Trust Chair, [Chair]
Mr Tony Bagot-Webb	ABW	Public Governor, Northamptonshire & Warwickshire
Ms Ruth Barrow	RB	Public Governor, Cherwell
Mr Stuart Bell	SBe	Nominated Governor, Oxford Health Foundation Trust
Dr Art Boylston	AB	Public Governor, South Oxfordshire
Dr Simon Brewster	SBr	Staff Governor, Clinical
Ms Rebecca Cullen	RC	Staff Governor, Non-Clinical
Dr Cecilia Gould	CG	Public Governor, Oxford City and Lead Governor
Dr John Harrison	JHr	Public Governor, Oxford City
Mr Martin Havelock	MH	Public Governor, Vale of White Horse
Mrs Jill Haynes	JHy	Public Governor, Vale of White Horse
Mr David Heyes	DH	Public Governor, West Oxfordshire
Mrs Anita Higham OBE	AH	Public Governor, Cherwell
Dr Shad Khan	SK	Staff Governor, Clinical
Mrs Janet Knowles	JK	Public Governor, South Oxfordshire
Dr Tom Law	TL	Staff Governor, Clinical
Mr Graham Shelton	GS	Public Governor, West Oxfordshire
Mr Tommy Snipe	TS	Staff Governor, Non-Clinical
Ms Jules Stockbridge	JS	Staff Governor, Clinical
Mrs Sue Woollacott	SW	Public Governor, Buckinghamshire, Berkshire, Wiltshire and Gloucestershire
Mr Jonathan Wyatt	JW	Public Governor, Rest of England and Wales
Ruby	R	Nominated Governor, Young People's Executive

In Attendance:

Caroline Rouse		Foundation Trust Governor and

		Membership Manager, [Minutes]
Dr Bruno Holthof	BH	Chief Executive Officer
Mr Andrew Carter	AC	Director of Nursing Workforce
Mr Jason Dorsett	JD	Chief Finance Officer
Ms Katie Kapernaros	KK	Non-Executive Director
Ms Viv Lee	VL	Children's Patient Experience
Prof Meghana Pandit	MP	Chief Medical Officer
Ms Susan Polywka	SP	Corporate Governance Consultant
Ms Sara Randall	SR	Chief Operating Officer
Prof Tony Schapira	AS	Non-Executive Director
Dr Neil Scotchmer	NS	Head of Corporate Governance
Ms Anne Tutt	AT	Vice Chair and Non-Executive Director
Ms Eileen Walsh	EW	Chief Assurance Officer

Apologies:

Mrs Sally-Jane Davidge	SJD	Public Governor, Buckinghamshire, Berkshire, Wiltshire and Gloucestershire
Prof Helen Higham	HH	Nominated Governor, University of Oxford
Mr Gareth Kenworthy	GK	Nominated Governor, Oxfordshire Clinical Commissioning Group
Mr David Radbourne	DR	Nominated Governor, NHS England
Dr Astrid Schloerscheidt	AS	Nominated Governor, Oxford Brookes University
Mr Lawrie Stratford	LS	Nominated Governor, Oxfordshire County Council

CoG20/11/01 Welcome, Apologies and Declarations of Interest

Stuart Bell, the new nominated governor for Oxford Health NHS Foundation Trust was welcomed to the Council. SBe informed governors that he was the ex-Chief Executive of Oxford Health NHS Foundation Trust and had been involved in the Oxfordshire healthcare system for some time. SBe had previously been a nominated governor at both Kings College and Guy's and St Thomas's.

Ruby, the new governor form the Young People's Executive, was also welcomed to the meeting.

Apologies were received as indicated above.

No declarations of interest were made.

CoG20/11/02 Minutes of the Meeting Held on 9 September 2020

It was noted that Sue Woollacott did not appear on the attendance list, but had attended the meeting.

The minutes were otherwise accepted as a true and accurate record.

CoG20/11/03 Matters Arising and Review of the Action Log

Capital Replacement Programme

JM noted that this issue was on the agenda in Part II and that it was anticipated that following that discussion this action could be **closed**.

NHS 111 First Programme

Information on the NHS 111 First scheme had been circulated via the Governors Forum and it was agreed that this action could be **closed**.

Pension Opt Out Scheme

Terry Roberts, the Chief People Officer, was unable to attend the meeting, but had provided a briefing regarding this issue. Analysis showed that there had been a reduction in cancelled sessions following implementation of the opt out scheme but this could have been influenced by a range of other factors as well as the scheme itself. SBr reported that he believed a number of consultants had been dissuaded from moving to part-time contracts due to the measures taken.

It had been agreed that the policy should be extended until 2021 by which time other changes to taxation policy might have occurred. A review of the impact of the scheme would then be undertaken. It had been hard for the Trust to identify that arrangements had made a significant difference, but OUH would continue with them in the absence of any evidence of negative impact..

On the basis of this briefing to governors the Chair suggested this item should be **closed**.

Automatic Number Plate Recognition

JD confirmed that this project had been paused due to the pandemic and that the action would remain open.

CoG20/11/04 Chair's Business

ICS Demand and Capacity Planning

Clarity was requested regarding any discussions at ICS level regarding matching demand and capacity and whether this meant that some specialties might be reduced at or not offered by the Trust. The Chief Executive confirmed that a process to assess capacity and demand at system level was underway. He noted that it was too early to assess what impact this would have on arrangements at OUH. He highlighted that in parallel there was

a process underway to review the Trust's clinical strategy and that governors would be briefed further on this in due course.

JHr asked if the Trust would continue to make use of private sector capacity. The Chief Executive explained that arrangements had been made to commission capacity within the private sector to support the Trust for the duration of the pandemic but it was not currently planned that these arrangements would form part of the Trust's longer term plans.

An update on arrangements for public engagement across the ICS was requested. It was noted that the Vice Chair had offered to assist the ICS with this and it was agreed that AT would follow this up further with the ICS Chair.

PET-CT

An update on working arrangements with InHealth was requested and SR reported that the Trust held regular meetings with InHealth, including members of the radiology team and that separate meetings also took place with NHSE commissioners. Capacity was being provided at Milton Keynes and Reading but the Trust did not have access to data regarding activity levels. SR noted that she was not aware of a significant reduction in demand at the Churchill Hospital but noted that time to treatment was now 4-5 days where there had previously been long waits.

CoG20/11/04 Update from Young People's Governors

The Chair reported that he had recently joined a Young People's Executive (YiPpEe) meeting, which had demonstrated the considerable and interesting work taking place.

Ruby reported that it had been very hard for YiPpEe to undertake the various activities they normally take part in during the pandemic. However, they had made good progress under the circumstances. The group had played a part in getting the first wheelchair swing in Oxford installed, writing to the City Council to highlight the need for and the benefits of the swing. The group were mentioned in the Council's press release promoting the swing, which was to be installed in the playground in Sandfield Road, near the Children's Hospital at the John Radcliffe Hospital.

Ruby reported that YiPpEe members had participated in activities run by the Royal College of Paediatrics and Child Health (RCPCH). The group had provided feedback on the rights of children and young people, which had fed into RCPCH events with YiPpEe mentioned in a nationally distributed document.

Ruby informed governors that the group had been unable to collect feedback from wards as usual during the pandemic and were holding discussions on alternative ways to seek feedback during this time.

The Chair offered congratulations on behalf of the Council for the amount that YiPpEe had achieved under challenging circumstances. Ruby was asked to pass on this appreciation to the YiPpEe membership.

CoG20/11/04 Update on Response to Covid-19 Pandemic and Recovery Planning

The Chief Medical Officer apprised governors of the escalation plan for the second surge of the pandemic. MP confirmed that the Trust would flex capacity and staffing in a safe and agile manner. The Trust would manage both Covid-19 and non-Covid-19 patients and would implement lessons from the first peak.

Thresholds had been set for key indicators which, when crossed, triggered specific actions. Indicators included the number of cases in the community, the number of staff absent and the number of beds required for mechanical ventilation or respiratory care patients.

The Trust aimed to continue to provide elective care as far as possible with green, amber and red pathways developed. The Churchill Hospital, would remain a green (ie. Non-Covid) site, to ensure the Trust can continue cancer treatment as far as possible. No Covid-19 patients would be transferred to either the Churchill or the Nuffield Orthopaedic Centre.

Patients with Covid-19 would be mainly on either the John Radcliffe or Horton General Hospital site. The Trust would take into account the number of beds that patients needing oxygen required and create up to 40 side rooms, based on learning from last time for patients needing respiratory care.

Two critical care beds were available at the Horton, before patients requiring respiratory care were transferred to the JR.

MP emphasised that the health and wellbeing of staff was crucially important and that all facilities for the wellbeing of staff were to be maintained. All staff had received a Covid-19 risk assessment. Nurse staffing ratios were assessed three times each day. All staff were to follow IPC guidance regarding PPE, including fit testing when necessary.

All elective patients were being Covid-19 tested pre-operatively. All inpatients were tested once a week. Asymptomatic staff testing was ongoing, along with symptomatic testing for staff and their household members.

The Trust had point of care testing kits available, along with a mutual hub shared across the ICS for PPE.

Patient numbers with Covid-19 were seen to be increasing and the Trust was now recognised to be in the escalation phase.

SR reported that there were some delays to discharge and that teams were being supported to move those patients to be cared for out of hospital. It has been a challenging couple of weeks for Emergency Department performance but this was felt to be linked mainly to staffing issues rather than Covid-19.

JM reported that he attended regular meetings of executives from the Health Protection Board and health leadership group. It was recognised that Covid-19 incidence was increasing across the county, in particular in Oxford City and Banbury.

AC reported that from a nursing perspective, the challenges from the first wave were understood. Risk assessments were being used to determine where nurses worked but it was noted that the spread of the pandemic could see the workforce decrease. He emphasised the need is to ensure patients and the nursing workforce were kept safe.

CG asked TS what assurance NEDs had received from the harm reviews of patients waiting over 52 weeks. TS confirmed that these had been discussed in detail at the Board and that the Chief Medical Officer had provided a comprehensive and thorough account of reviews at specific thresholds. TS believed that no patient had been identified where there was specific evidence of their coming to harm. TS reported that non-executive directors had been very reassured, but that focus needed to be maintained.

MP reported that the numbers on the waiting list were far greater than in March 2019 and that it had therefore been necessary to change the approach to risk stratification on which harm reviews were based. An electronic review had been implemented to allow everything to be done at the same time and to be incorporated into patient notes.

SR reported that patients waiting to be referred to the Trust were a concern. In many cases these patients could be referred to other providers. Additional resources had been offered to GPs and the Trust would take any urgent referrals.

JM reported that meetings had been held with the Local Medical Committee (LMC) chair and chief executive. It had been clear that there was significant anxiety locally and this had also been recognised at the Health Overview and Scrutiny Committee meeting. The importance of keeping channels of communication open with the LMC had been recognised. Discussions had also included the LMC governor vacancy.

The Council heard that there was also a more general issue regarding the secondary and primary care interface. A dedicated email address for GPs to contact specialities was now in place. JM noted that it was clear that the Trust had made an active response to these issues, but that the success of these improvements needed to be monitored.

CG observed that OUH had sometimes seemed remote from primary care and that this was a very significant step in opening up communication channels which should be encouraged. SR informed governors that David Walliker was leading on GP liaison as part of his partnership role.

SB asked if there had been a good uptake of the flu vaccine. MP reported that the vaccination programme had started on the 28 September and that all vaccines available had been used in three and a half weeks with further batches awaited. Almost 50% of front line staff had received the flu vaccine, which was greater than usual at that stage.

RB suggested that numbers of people in the community with Covid-19 should be communicated externally. SR informed governors that these figures were provided weekly and were available on the NHS England website.

JK noted concerns regarding the care pathway for colorectal cancers. MP confirmed that there was no change of pathway at OUH and it was agreed that she would follow this up with JK after the meeting to ensure clarity.

KK explained that NEDs were receiving weekly reports from executives, which showed what capacity was available and whether urgent action needed to be taken. JM emphasised that some changes had already been made in preparation for the second wave which it was recognised would be a very significant challenge. He noted that staff were tired, but were well prepared.

CoG20/11/05 OUH Constitution Review

SP thanked SJD for chairing a helpful discussion of the Constitution at the PEMQ working group.

JM reported that the group had looked at a range of issues, some of which needed to be resolved earlier than others. It was intended that formal decisions regarding initial changes could be made in January at meetings of the Board and Council.

It was emphasised that the aim of the working group to achieve a Constitution that would support the effectiveness of the Trust in serving its patients.

SP reported that there were areas in which a reasonable degree of consensus had been achieved. It was felt that the size and composition of the Council were good overall. However the possibility of stronger representation for those areas accessing the Trust from outside of Oxfordshire for specialist services was explored. The working group had considered increasing the representation from the Rest of England and Wales constituency but noted that this was a constituency with a relatively small membership. It was therefore suggested that the Buckinghamshire, Berkshire, Gloucestershire and Wiltshire constituency elect three governors rather than two. It was proposed that there should be no increase in the number of staff governors, nor changes to boundaries.

In considering nominated governors, it was suggested that links with the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) be strengthened. It was noted that there was not currently a clear mechanism to achieve this but that a position might be held for such a governor to be appointed in due course.

Further deliberations would take place on the issue of the governors' tenure, noting that NHS Providers had recently issued a briefing on the question of how many terms a governor should serve. Feedback was also being sought from other trusts which allowed governors to serve three terms on the impact of this approach.

SP advised that formal decisions at this stage and that these would be taken in January based on the consensus view of the working group. However comments and suggestions were welcomed.

GS asked if the existing Constitution could be made available for review.

[Post Meeting Note: the Constitution is available on the Governors Web Forum, under Documents/OUH Constitution and Licence. It is also available on the OUH website, under Council of Governors.]

RH suggested that consideration be given to the benefit of governors being governors at another trust, as she felt that the wider Council could benefit from this experience.

SW felt that having three governors for the Buckinghamshire, Berkshire, Gloucestershire and Wiltshire (BBGW) constituency was an excellent suggestion, as it was a very large constituency. However, she asked if it was possible to ensure that governors could be elected from different counties in the constituency. This was recognised to be preferable in principle but it was noted that splitting the electorate in this constituency would create very small numbers in some areas. A drive to encourage more people from different counties to stand as governors during the election was therefore proposed.

JM commented that more thought needed to go into how to increase representation overall but that he would prefer to avoid changing the constituency boundaries. This would have an impact on costs and could also affect the eligibility of existing governors.

GS asked whether a more radical overhaul of the Constitution was merited. SP explained that this had been considered but JM noted that the regulatory framework in which Trusts operated, provided limited room for manoeuvre.

JW added that as the governor for the Rest of England and Wales, many people were members of the constituency because of a research project and that the governor from this area had a role in promoting this aspect of the Trust's work. JM noted that this was also something that could be addressed through the nominated governors.

Governors supported the view that the number of staff governors was satisfactory and did not need amending.

The Chair noted that view that representation from the BOB ICS should be sought I the future. He indicated that governors would be canvassed on their views regarding governor tenure options to inform the deliberations of the working group.

CoG20/11/05 Trust Annual Public Meeting Review

The review paper was noted by the Council and governors were asked to provide any additional observations by email. The Chair noted that it was not currently possible to be certain what the arrangements for the following year's APM would be although it was hoped that it would be possible to hold it face-to-face.

CoG20/11/06 Report of Governors' Remuneration, Nominations and Appointments Committee

The Chair reported that the Trust was in the process of recruiting to the two non-executive director posts available. A good range of applications had been received and long listing had taken place. Recruitment consultants were now interviewing the long listed applicants. Progress was believed to be encouraging although it was too early to assess what recommendations the panel might be able to make.

CoG20/11/06 Report from the Performance, Workforce and Finance Committee

CG reported that the Committee had met on 9 October by video conference. This approach was regarded as having been very positive as it had meant that five non-executive directors and three executive directors had been able to participate in the discussion. It was noted that this provided greater opportunities to hold non-executive directors to account.

The Chief Finance Officer had provided the Committee with an update on financial and business planning from October to March. He had explained that there was a financial target to achieve breakeven at ICS level, providing an incentive to risk share, and that the expected position of the local system benchmarked well nationally.

The Committee had noted that the Trust was building good relationships across the ICS. It was hoped that international nursing recruitment would recommence shortly. The Committee had confirmed that steps had been taken to safeguard staff during the pandemic and that there was a policy in place for staff working from home.

CoG20/11/07 Appointment of Lead Governor

The Council noted the proposal to extend the tenure of the current Lead Governor until 1 June 2021 and it was agreed that the views of governors would be canvassed electronically. Governors would be asked to vote to extend the current Lead Governor's term of office or to hold new elections.

Action: NS to circulate a survey to governors regarding the proposal to extend the term of office of the current Lead Governor.

CoG20/11/08 Lead Governor's Report

CG reported that Healthwatch had not submitted any items to be raised at this meeting, but that contact was being maintained and that it was anticipated that Healthwatch would report to a future meeting of the Council.

CoG20/11/09 Any Other Business

There was no additional business not on the agenda on this occasion.

CoG20/11/10 Date of Next Meeting

A meeting of the Council of Governors was to take place on Wednesday 13 January 2021.