Council of Governors

Minutes of the Council of Governors Meeting held on **Wednesday 18 January 2023** in the Main Hall of the Town Hall, Banbury.

Present:

Name	Initials	Job Role
Prof Sir Jonathan Montgomery	JM	Trust Chair, [Chair]
Mr Stuart Bell CBE	SB	Nominated Governor, Oxford Health NHS Foundation Trust
Mr Robin Carr	RC	Public Governor, West Oxfordshire
Mrs Sally-Jane Davidge	SJD	Public Governor, Buckinghamshire, Berkshire, Wiltshire and Gloucestershire
Ms Gemma Davison	GD	Public Governor, Cherwell
Mr Mike Gotch	MG	Public Governor, Oxford City
Mrs Jill Haynes	JH	Public Governor, Vale of White Horse
Mrs Anita Higham OBE	AH	Public Governor, Cherwell
Dr Jeremy Hodge	JHo	Public Governor, Buckinghamshire, Berkshire, Wiltshire and Gloucestershire
Ms Aliki Kalianou	AK	Staff Governor, Non-Clinical
Mrs Janet Knowles	JK	Public Governor, South Oxfordshire
Mr George Krasopoulos	GK	Staff Governor, Clinical
Prof David Matthews	DM	Public Governor, Vale of White Horse
Ms Nina Robinson	NR	Public Governor, South Oxfordshire
Mr Graham Shelton	GS	Public Governor, West Oxfordshire
Ms Jules Stockbridge	JS	Staff Governor, Clinical
Mrs Pauline Tendayi	PT	Staff Governor, Clinical
Mrs Megan Turmezei	MT	Staff Governor, Non-Clinical
Mr Jonathan Wyatt	JWy	Public Governor, Rest of England and Wales

In Attendance:

Mrs Caroline Rouse	CR	Foundation Trust Governor and Membership Manager, [Minutes]
Mr Jason Dorsett	JD	Chief Finance Officer
Ms Claire Flint	CF	Non-executive Director
Ms Sarah Hordern	SH	Non-executive Director
Mr Dan Leveson	DL	ICB Place Director for Oxfordshire
Ms Catherine Mountford	CM	ICB Director of Governance
Dr Meghana Pandit	MP	Chief Executive Officer
Ms Sara Randall	SR	Chief Operating Officer
Prof Anthony Schapira	AS	Non-executive Director
Mr Neil Scotchmer	NS	Head of Corporate Governance

Prof Gavin Screaton	GSc	Non-executive Director
Mrs Anne Tutt	AT	Non-executive Director
Mr David Walliker	DW	Chief Digital and Partnership Officer
Mrs Kathryn Whife	KW	Corporate Governance Manager
Ms Claire Winch	CW	Director of Regulatory Compliance & Assurance

Apologies:

Mr Tony Bagot-Webb	TBW	Public Governor, Northamptonshire & Warwickshire
Prof Helen Higham	HH	Nominated Governor, University of Oxford
Prof Astrid Schloerscheidt	AS	Nominated Governor, Oxford Brookes University
Mrs Sally-Anne Watts	SAW	Public Governor, Buckinghamshire, Berkshire, Wiltshire and Gloucestershire
Annabelle and Ishaan	YPE	Nominated Governors, Young People's Executive

COG23/01/01 Welcome, Apologies and Declarations of Interest

1. JM welcomed everyone to the meeting.
2. Apologies were received from Tony Bagot-Webb, Helen Higham, Astrid Schloerscheidt, Sally-Anne Watts and Annabelle and Ishaan, The Council's Young People's Executive governors.

COG23/01/02 Minutes of the Meeting Held on 12 October 2022

3. The minutes were agreed as an accurate record of the meeting.

COG23/01/03 Action Log and Matters Arising

4. No matters arising were noted.
5. JM reported that the bus company had not provided any further updates on the 700 route and that any further updates would be picked up at the Performance, Workforce and Finance Committee (PWF).
6. JM stated that the harassment in the workplace issue raised by Nina Robinson would also be picked up through PWF.

COG23/01/04 Chair's Business

7. JM reported that Oxfordshire County Council had appointed Councillor Tim Bearder as their nominated governor.
8. JM expressed his thanks to JHo for agreeing to take over as chair of PWF.

9. It was noted that Sam Foster was leaving the Trust to take on a role at the Nursing and Midwifery Council and so would not be attending further Council meetings.
10. It was also noted that Rosalind Pearce from Healthwatch Oxfordshire was stepping down from the role of Executive Director.

COG23/01/05 Chief Executive's Briefing

11. MP acknowledged that staff were dealing with one of the most challenging periods that she had known in her NHS experience. Bed occupancy levels of over 98% presented significant operational challenges. Staff were working exceptionally hard to provide safe and high-quality care for the Trust's patients. The Trust was working closely with system partners to make improvements.
12. MP confirmed that the Trust had been affected by the days of industrial action by nursing colleagues and South Central Ambulance Service (SCAS), but that safe services had been maintained whilst the right of colleagues to strike was respected.
13. SR added that the Trust had arranged additional ambulance crews which had prevented disruption and cancellations due to the action at SCAS. In managing the action by the Royal College of Nursing (RCN), in addition to close liaison internally and with the RCN, the Trust had cooperated with other trusts within the Integrated Care System.
14. The Trust had prepared for the industrial action with internally briefings and Q&A sessions for staff which were attended by over 1000 staff in total. FAQs were also published on the intranet.
15. A command-and-control structure had been implemented for strike days with gold, silver and bronze meetings to enable the escalation of issues. There was executive representation on all sites to ensure that staff felt supported.
16. Planning was underway for the further strike days, including relevant training for staff and building on the lessons learned to date. Further industrial action would include nurses, ambulance staff and was also likely to include junior doctors.
17. The Chief Executive also informed governors that planning guidance for 2023/24 had been received in December and focussed on the recovery of core services following the pandemic, including the reduction of A&E waiting times and the elimination of long waiting lists.
18. MP highlighted the quality improvement work that was underway across a range of pathways and services. The Trust was working with the County Council at Place and the transfer of care hub to achieve a 33% reduction in medically optimised patients for discharge on the emergency care pathway in hospital beds. A recent BBC Panorama programme had featured the work of the Acute Hospital at Home team. OUH was also looking to join up with Oxford Health on a combined virtual wards programme so that a much larger offer was available to patients in Oxfordshire. A Quality Conversation event was taking place on 23 January; MP hoped that governors could attend to help choose the quality priorities for the following year.

19. The Chief Finance Officer provided an update on financial performance, noting that there was a deficit position for the year to date. He indicated that a financial recovery plan was being developed, including elements to address the additional pay costs associated with staff sickness and the extended length of stay of patients which had driven additional costs. JD confirmed the Trust was not expecting to deliver any substantial additional income but had managed to receive more than expected, as well as keeping non-pay costs down. He stated the Trust was in a better financial position than had been expected but there would still be some challenges going into the following year.
20. GS expressed thanks to the executive team, commending their leadership under very challenging circumstances.

COG23/01/06 Integrated Care System (integrated Care Partnership and Integrated Care Board) Update and Strategic Priorities Peer Review Report

21. Catherine Mountford, ICB Director of Governance, and Dan Leveson, ICB Place Director for Oxfordshire, attended for this item and provided a presentation on the ICS and its strategic priorities.
22. CM outlined to difference between the Integrated Care System (ICS), Integrated Care Partnership (ICP) and Integrated Care Board (ICB). The ICS is a group of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. The ICP is a statutory committee jointly formed between the NHS integrated care board and all local authorities with public health and social care responsibilities in the ICS area. The ICB is a statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area.
23. A review of existing strategies and priorities had been undertaken to avoid duplication of existing work. This had led to the publication of a draft set of strategic priorities which were out for consultation. Governors were encouraged to contribute to this process.
24. CM explained that working groups for six themes had been established: Start Well, Live Well, Age Well, Promoting Healthy Behaviours, Health Protection and Improving Quality and Access to Services. Feedback was being sought and changes would be made as required with the final version of the Strategy due for publication in March.
25. It was noted that the Strategy was intended to complement existing strategies and plans across the ICS and not supersede them but that partner organisations would be expected to consider the implications of the Integrated Care Strategy as part of their planning activity.
26. Mr Leveson summarised the role of the Place Director which included the creation of a thriving partnership across the health and care system to accelerate the delivery of integration priorities and the development of new models of care.
27. DL explained that a Place-based Partnership had been established with the aim of joining up services to ensure that the right relationships were established to drive

improvements. Examples of the type of work to be facilitated were integrated discharge teams, transfer of care teams and virtual wards with the reduction of health inequalities a particular priority. The Council noted that the BOB ICS had some of the healthiest and wealthiest people in the UK but also significant areas of deprivation and health inequalities. The Partnership aimed to create a sustainable system in order to make the best use of resources at lower or the same cost.

28. DL noted that technology and innovation could support new models of care. Voluntary sector partners could also support to deliver better outcomes and new ways of contracting would be explored. NR commended the focus on technology and noted that education also had a significant role with a need to support patients in managing their health after attending hospital.
29. The Council heard that new models of corporate and clinical governance would be needed to manage risk and provide assurance, as more people were cared for at home.
30. The need to involve people from all backgrounds as well as listening to seldom heard communities was also emphasised, recognising that these groups often had the worst outcomes.
31. CM suggested that the most immediate challenges in implementing the strategy would be competing priorities. It was recognised that provider trusts were under pressure in terms of workforce, finance and capacity. There was a need to identify a small number of areas where a combined focus could make the most impact, working in partnership beyond NHS organisations and including councils.
32. GK noted the important place for prevention in good health but noted that sociological constraints were likely to have an ongoing impact. DL highlighted developments that were already focussed on the wider determinants of health and noted that over time there would be a need to move funding into upstream prevention whilst continuing to manage the backlog of elective patients.
33. The challenge of developing a plan when budgets were unlikely to be confirmed until some time into the new financial year was recognised. CM explained that the intention was to develop a plan for 2023/24 that was as specific as possible and then consider priorities for the following three years, recognising that the level of uncertainty would be greater, making the best use of available funding.
34. SJD highlighted that some governors on the Council had constituencies that covered Buckinghamshire and Berkshire and hoped that the ICS would make things easier for those who needed to cross boundaries for treatment.
35. The need to ensure that consultation reached those affected by health inequalities and seldom heard groups who might not respond online was also highlighted. CM explained that multiple communication routes had been used in order to try to achieve this, including via trusts and their members and governors as well as local authorities, voluntary groups and Healthwatch.

36. The need for KPIs to provide focus and demonstrate achievement was recognised. CM explained that a delivery plan would be developed once priorities were agreed.
37. GS asked the ICS would be accountable to patients. DL explained that existing lines of accountability for organisations would remain and that Health and Wellbeing Boards would continue to operate. The ICB would work on having appropriate routes for communication and engagement with communities and would wis to have KPIs that made it accountable for outcomes rather than processes.
38. The Chief Executive emphasised that this should be regarded as an opportunity to collaborate for the benefit of patients and to focus on a small number of priorities that would deliver demonstrable change for patients.
39. This update from the Integrated Care Board was noted and ICB colleagues were thanked for attending the meeting.

COG23/01/07 Appointed Governor Arrangements

40. This item provided an update to the Council regarding appointed governor roles and made recommendations regarding the approach that might be taken to reviewing the stakeholders who are currently invited to nominate governors and how existing vacancies on the Council might be filled.
41. JM highlighted that previously appointed governors were nominated by the Oxfordshire Clinical Commissioning Group (OCCG) and NHS England and that there had been some challenges in securing a primary care nominated governor. With the changes to the Constitution there was also space for an additional organisation to nominate a governor.
42. In considering future arrangements the Chair suggested that the Council should given consideration to those organisations or parts of the community from which they did not feel that they were hearing.
43. The Council agreed that the BOB Integrated Care Board should be invited to nominate an appointed governor to join the Council of Governors as the natural successor to Oxfordshire CCG's commissioning role.
44. The Council referred consideration of any changes to be made to the stakeholders asked to nominate appointed governors to the Remuneration, Nominations and Appointments Committee to bring back recommendations to a future meeting of the Council.

COG23/01/08 Feedback from West Oxfordshire Health Survey

45. GS reported that the West Oxfordshire Health Survey in Witney had trialled a method to talk to people about their experiences of using the NHS over the last two years, which he thought would be useful to share with the Council and could be replicated elsewhere.

46. Most people answering the survey had been over the age of sixty-five, due to an event taking place in the Corn Exchange for older people, as the activity took place outside the venue.
47. The aim had been to receive opinions that were based on specific recent experiences. Over a hundred responses had been received in two hours. GS recognised that survey was not a quantitative one but a way to assess key issues broadly.
48. Those undertaking the survey had spoken to many patients who had attended the John Radcliffe Hospital with positive experiences but negative comments were linked to parking and ambulances. Comments were also received about the front door not operating. Responses regarding the Churchill Hospital and Nuffield Orthopaedic Centre were positive but long waits for physiotherapy were noted.
49. GS felt that the survey had been helpful in highlighting areas that were a cause of concern to people and that it would be worth repeating. He agreed to forward the form to governors so they could also make use of it if they wished to.

COG23/01/09 Patient Experience, Membership and Quality Committee Update

50. SJD presented her regular report of business undertaken by the Patient Experience, Membership and Quality Committee. She offered the Committee's thanks to Sam Foster for her work with the PEMQ and its best wishes for the future.
51. The Council heard that the Committee's most recent meeting on 9 November had received updates on Maternity services, the Patient Experience Plan and Patient Led Assessment of the Care Environment (PLACE) assessments. SJD drew to the Council's attention that governors were invited to attend PLACE assessments, the results of which were collated and used to make improvements.
52. SJD also encouraged governors to attend the Quality Conversation which would influence the following year's quality priorities. She highlighted that this was a good opportunity to talk with members of the public and staff.
53. SJD noted that the next meeting of PEMQ would take place on the morning of 22 February 2023.

COG23/01/10 Performance, Workforce and Finance Committee Update

54. GS reported that, since the last set of elections, there had been a large turnover in the membership of the PWF Committee. GS thanked Jonathan, the executives and staff involved in briefing new members at recent seminar sessions. The first full meeting had been held in December and had been attended by two non-executives.
55. JHo had now taken over as Chair of the Committee and reported on the Committee's most recent meeting on 5 December.
56. Paula Hay-Plumb was thanked for a very thorough briefing on the finance report that had been received by the Committee, which had helped to provide useful context. This had allowed the Committee to ask appropriate questions to extend their understanding.
57. A schedule of meetings for the coming year was being developed.

COG23/01/11 Lead Governor Report

58. GS highlighted discussion at the governors' pre-meet that they wished to strengthen relationships with non-executive directors through informal meetings and seminars. The Chair agreed that plans for this would be developed.

COG23/01/12 Any Other Business

59. There was no other business on this occasion.

COG23/01/13 Date of Next Meeting

60. A meeting of the Council of Governors was due to take place on **Monday 3 April 2023**.

PART II - CONFIDENTIAL SESSION

COG23/01/14 Trust Clinical Strategy

61. Rebecca Cullen, Deputy Director of Strategy and Partnerships and David Walliker, Chief Digital and Partnership Officer attended to present the draft OUH's Clinical Strategy for the next five years.
62. DW announced that the draft strategy had been discussed at the confidential section of the Board meeting earlier that day. Further engagement with staff, patients and partners would take place during the spring and the final strategy would then be ratified at the Public Board meeting in March. DW reported that OUH needs to develop the plan on how to communicate the strategy to ensure that it was meaningful to staff.
63. RC explained that the Strategy had been developed through a four-stage process:
    - Developing guiding principles
    - Gathering input from Clinical Services
    - Board discussions to go through input and set direction
    - Ensuring alignment with partners
64. RC stated that work on the strategy had involved hundreds of staff, the ICB, the Universities and other stakeholders. Over forty focus sessions had taken place, with over 700 different ideas received on how to work differently and more collaboratively.
65. RC explained that many ideas had been communicated regarding how services could be developed or delivered differently, including in patients' homes.
66. Consideration was being given to how best to engage with staff, patients and the wider public regarding the Strategy.
67. The Chair explained that the Board had supported the Strategy subject to some refinements but that the Council was asked to indicate whether it was happy to support the Strategy and if there were any comments that should be taken into account in finalising it

68. Members of the Council commended the quality of the document and praised the level of detail and clear structure.
69. It was regarded as a strong foundation for implementation and the importance of translating it into plans and actions was emphasised. The Strategy needed to develop into something specific enough to be meaningful to staff and patients and be effectively communicated.
70. SB suggested that more emphasis on care being a shared endeavour, for example, thorough care at home, would be useful.
71. SJD noted that many patient groups at OUH had lapsed during COVID and that governors might have a role in chairing these to assist in reinvigorating them. It was agreed that the PEMQ Committee should be updated on engagement work.
72. The Council supported the Strategy subject to the comments made in discussion.

COG23/01/15 Report from the Remuneration, Nominations and Appointments Committee

73. JM informed the Council that the two non-executive director vacancies were being recruited to and that shortlisting was due to take place shortly. He indicated that he was optimistic that it would be possible to make appointments for both vacancies.
74. It was also noted that recruitment would be taking place for the Chief Nursing Officer role. MP confirmed that this would be advertised nationally but that internal candidates were welcome to apply.