

Oxford University Hospitals NHS Foundation Trust

Council of Governors

Minutes of the Council of Governors Meeting on Thursday, 14 January 2016 at 14:30
in The Main Hall, Didcot Civic Hall.

Present:	Dame Fiona Caldicott	FC	Chairman
	Mrs Teresa Allen	TA	Public Governor, Cherwell
	Mrs Margaret Booth	MB	Public Governor, Oxford City
	Mrs Sue Chapman	SC	Public Governor, West Oxfordshire
	Mr Chris Cunningham	CC	Staff Governor, Clinical
	Mrs Sally-Jane Davidge	SD	Public Governor, Bucks, Berks, Glos & Wilts
	Prof June Girvin	JG	Nominated Governor, Oxford Brookes University
	Dr Cecilia Gould	CGI	Public Governor, Oxford City
	Mr Martin Havelock	MHa	Public Governor, Vale of White Horse
	Mrs Jill Haynes	JHa	Public Governor, Vale of White Horse
	Cllr Judith Heathcoat	JHe	Nominated Governor, Oxfordshire County Council
	Mrs Rosemary Herring	RH	Public Governor, Northants & Warks
	Mrs Anita Higham OBE	AH	Public Governor, Cherwell
	Mr Martin Howell	MHo	Nominated Governor, Oxford Health NHS Foundation Trust
	Mr Raymond James	RJ	Staff Governor, Non-Clinical
	Dr Tom Mansfield	TM	Staff Governor, Non-Clinical
	Dr Roger Morgan OBE	RM	Public Governor, Rest of England & Wales
	Dr Paul Park	PP	Nominated Governor, Oxfordshire Clinical Commissioning Group
	Dr Catherine Paxton	CP	Nominated Governor, University of Oxford
	Ms Rachel Pearce	RP	Nominated Governor, NHS England
	Mr Brian Souter	BSo	Public Governor, Bucks, Berks, Glos & Wilts
	Mr Blake Stimpson	BSt	Public Governor, Northants & Warks
	Ms Julie Stockbridge	JS	Staff Governor, Clinical
	Dr Chris Winearls	CW	Staff Governor, Clinical
	Mrs Susan Woollacott	SW	Public Governor, South Oxfordshire
In attendance:	Ms Susan Brown	SB	Senior Communications Manager
	Millie		Young People's Executive (YiPpEe)
	Mr Christopher Goard	CGr	Non-Executive Director
	Mr Jonathan Horbury	JHo	Programme Director
	Mr Scott Lambert	SL	Children's Patient Experience Project Lead
	Ms Caroline Rouse	CR	Foundation Trust Governor and Membership Manager
	Dr Neil Scotchmer	NS	Programme Manager
	Mr Andrew Stevens	AS	Director of Planning and Information
	Hannah		Young People's Executive (YiPpEe)
Apologies	Dr Jeremy Dwight	JDw	Staff Governor, Clinical
	Dr Ian Roberts	IR	Public Governor, South Oxfordshire

CoG16/01/01 Apologies and declarations of interest

Apologies for absence were received from Dr Jeremy Dwight and Dr Ian Roberts.

AH declared that she chairs Oxfordshire CCG's North Oxfordshire Locality Forum.

CoG16/01/02 Minutes of the meeting held on 21 October 2015

The minutes of the meeting were accepted.

CoG16/01/03 Matters arising from the minutes

No matters arising were raised which were not already on the agenda.

CoG16/01/04 Chairman's Business

The Chairman announced Anita Higham's appointment as Lead Governor and welcomed her to the role.

The Chairman also explained that Dr Jeremy Dwight had advised her that he was to retire from the NHS in February 2016 and would therefore be stepping down as a clinical staff governor. Appreciation was expressed for his work.

CoG16/01/05 Young People's Governor Role

The Chairman welcomed the two nominees for this role who were in attendance.

Scott Lambert, who had been in post as Children's Patient Experience Project Lead since September, was re-establishing YiPpEe (the Young People's Executive) and supporting the involvement of young people in the work of the Trust.

Two volunteers had put themselves forward to take on the role of the YiPpEe governor on the basis that they would undertake it jointly. This could support the EPQ (Extended Project Qualification) which they would carry out as part of their studies.

Millie and Hannah explained that they had considered how they would communicate between meetings and how to agree a common view in sharing their vote where required.

RM noted the importance of having a young person's governor and supported the 'job share' proposal. He noted that governors had to be 16 or older and asked whether there was also an upper age limit. He requested that input on young people's ideas and experiences be regularly provided.

Scott Lambert clarified that 18 was the current upper age limit for YiPpEe members.

SC noted that it might be useful for one or both of the Young People's Governors to be part of the Membership Working Group.

SC also suggested that a mentor be considered for the YiPpEe governors. SC, AH, CP and JG would be possible links for this. These offers will be followed up with Millie and Hannah. It was also confirmed that appropriate induction would be provided for the Young People's Governors.

Action: NS

The proposal was **agreed** and the YiPpEe governors welcomed.

CoG16/01/06 Update on the Nominations and Remuneration Committee and the Membership Working Group

The Chairman noted that discussion with the Lead Governor at University Hospitals Southampton had suggested that it had been helpful to have the Lead Governor as a

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member of the Nominations and Remuneration Committee. It was therefore **agreed** that Anita Higham should be added to the Committee's membership.

FC expressed her hope that governors would take up relevant training as the Trust has previously found events run by NHS Providers to be helpful.

It was noted that the Membership Working Group would hold its first meeting the following week and that a first meeting of Nominations and Remuneration Committee would be arranged.

CoG16/01/07 Future Working Arrangements for the Council of Governors

The Chairman led a discussion of future working arrangements and subcommittees for the Council of Governors, with a particular focus on questions that it could be helpful to put to governors of other foundation trusts at a seminar in March. FC thanked governors for helpful comments on the Governors' Web Forum and for details of committees at other trusts which had been provided by TA.

MB suggested that smaller groups would provide a way for the Council to focus on particular areas and move things forward. She noted that she expected the seminar with other foundation trusts in March to be very helpful. Governors would need to consider the number of people participating in groups, how often they should meet and the ability of the Trust to support these arrangements. MB also noted how varied the arrangements at other trusts were.

MB suggested that it would be good for governors to link with other local groups but that this needed to be coordinated. It could be helpful for governors to post the results of such discussions on the Web Forum.

FC noted that certain key themes such as quality, strategy and finance were consistent across trusts. She also commented that the capacity that the Trust would have to support committees was a key consideration. Governors may find it helpful to visit the Trust's existing Audit, Quality and Finance & Performance Committees to see how these worked.

MHo commented that it was important to stress that the Council of Governors existed to hold the Chairman and non-executive directors to account. Experience at Oxford Health had been that the purpose of subcommittees was to see that the Trust was being properly run and not to get involved in detail or to duplicate. He suggested that some standing committees might be needed – perhaps quality and finance – but that short-term groups might be best at particular points in time, e.g. perhaps to consider how to work effectively with the Board.

AH noted that the Council of Governors appointed the Trust's auditors and that an early link with the Audit Committee might be useful.

RM suggested that it might be best not to rush into establishing standing committees although he noted that some were likely to be needed (for example for patient experience). Overall time-limited groups might be a better focus. He commented that in many places membership engagement and patient experience were covered by different groups and questioned whether these should be considered as separate issues.

MHa noted the importance of defining how groups would work with the wider Council of Governors and the Trust as a whole. There was a danger to getting too involved in detail although this would be necessary for some issues.

CC commented that staff seemed to have a low profile in the groups used by other trusts and commented that he would want to see staff engagement have a more visible focus than this, with a clear role for staff governors.

CGI recognised the risks of duplicating what was already in place but noted a wish to avoid a 'collusion of anonymity'. She suggested that governors should be organised so as to be able to focus on specific interests.

RH outlined how Northamptonshire Healthcare NHS FT operated using four standing committees. The chairs of the subcommittees had a subgroup to raise issues which may need to be discussed with the lead governor, ensuring vertical and horizontal connectivity. Minutes of the subgroups were presented to (though not necessarily discussed by) the Council of Governors. The lead governor channeled issues to be picked up by the relevant subcommittee.

TA noted that a number of trusts elsewhere used project groups to look into specific issues.

AH commented that staff involvement was vitally important. Staff needed to feel that the Council of Governors was relevant, to understand what the governors were doing and to realise that the Council was open to receiving their concerns.

RJ highlighted that recruitment and retention was a key challenge for the Trust and that a focus on staff should be a priority. RJ had been able to meet staff on all four sites and noted that meeting and engaging with staff was important for staff governors. He noted that the Trust's Director of Organisational Development and Workforce had been very supportive, giving access to relevant Trust meetings.

MHa noted that the seminar should assist in crystallising ideas. Those with specific thoughts could explore these on the Web Forum with a view to making some decisions at the next Council of Governors meeting in April.

MB suggested that individuals with particular interests might want to put these forward to assess interest in participating in different groups. She also commented that audit could be incorporated into a finance group.

JG supported the idea of developing proposals on the Web Forum. She commented that there should be a group around patient experience and safety, incorporating safe staffing and workforce development.

SW cautioned that the Council should avoid rushing into creating a plethora of committees. She suggested that she would want to see March's seminar generate learning about what had worked elsewhere (and what had not).

RM commented that groups around audit and patient experience were almost taken as read. It would be helpful to propose what areas might go with these and to agree terms of reference. If a number of groups were set up then there should be an annual review of their success to decide whether they should continue and whether terms of reference should be revised.

SD suggested that it would be helpful to indicate what the various headings might encompass for those less familiar with this terminology. This could make areas of overlap clearer.

FC supported this, noting that trusts on the list provided may be using terminology in different ways. She asked that information be provided to governors on the definitions used within OUH's existing committees.

Action: NS

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FC suggested that governors would be welcome to attend Board committees to understand the work that they already undertook but that numbers should probably be limited to 2-3 per meeting initially.

MHo made a final comment that the role of appointing the auditors was not as complex as it might appear. The Audit Committee would prepare the specification and governors would need to participate in the assessment of proposals and make the appointment.

CoG16/01/08 Development of the Trust Business Plan

AS noted that he would appreciate having a number of governors participate in work to help develop the update to OUH's business plan, possibly via a 'task and finish' group working alongside the Trust's planning team.

AS provided a short presentation on the development of the Trust's business plan.

The requirement in 2016 was for a five year health economy sustainability and transformation plan (STP) which was 'place-based', covering health and social care in their entirety within a given geographical area. This was complex for OUH due to its wide catchment area which varies for different services. The Oxfordshire Transformation Board brought together providers and commissioners and was trying to develop a more imaginative view of future services. It would coordinate the development of the STP.

An individual organisational plan was also needed which must connect with the STP.

There were nine national "must do's" which included achieving sustainable financial balance. OUH had delivered financial balance for several years, but (as reported in board papers) it would be carrying an underlying deficit into 2016/17 and action was being planned to address this.

Action had been taken with Oxford Health to provide care in the right setting for patients, especially frail older people, who were delayed in hospital. This had been an important action in recent weeks and represented strong work with partners.

All nine "must do's" affected OUH to some extent, including mental health standards (with significant numbers of OUH patients having dementia or delirium) and learning disabilities standards, where local and national policy was to provide 'mainstream' care for people with learning disabilities with the necessary support.

OUH planned to deliver savings of at least £50m in the coming year, and could do this by working in the same way across its services.

Funding growth was planned for commissioners in 2016/17 but the level of growth was much lower in the subsequent 3-4 years. A focus was therefore required on embedding changes early.

The payment of a marginal rate for growth in specialised services had been suspended, which OUH welcomed. The introduction of the more sophisticated HRG4 as a basis for categorising care for payment was also being delayed, however, which was unwelcome for OUH and other specialised centres.

The Trust was about to embark on a strategic review which would run for 6-9 months. There were four emerging themes as OUH began this process:

- Local health integration – delivering more services closer to patients' homes where possible

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- Prioritising investment – considering at what level of 'depth' services are provided at sufficient volume to sustain quality, performance and efficiency
- Digital transformation – OUH was chosen as Digital Hospital of the Year in 2015 but has a long way to go to gain the most benefit from technology
- Estates planning – to address poor quality accommodation on the Churchill and Horton sites, to make better use of the Trust's property and land in partnership with the University of Oxford and to improve transport infrastructure and access to housing for key workers, Oxford being the most expensive place to live in England (considering average house prices as a multiple of average income)

AS explained that the Trust would wish to use the skills, experience and networks of the Council of Governors to contribute to the business planning process in a way that the governors felt was appropriate.

He noted that the final submission date was 11 April. The Trust could circulate documents in writing with comments posted on the Web Forum or discussed via a separate group. It might be possible to make use of the March seminar for this.

SW asked whether AS's reference to prioritisation suggested that the discontinuation of some specialised services could be proposed. AS explained that the issue of prioritisation was one of the depth at which services were provided by OUH; he gave the example of paediatric cardiac surgery being provided in Southampton, with paediatric cardiology provided locally.

SW also asked about the implications for the Trust if a contract was imposed on junior doctors. AS observed that training issues were linked to the Trust's challenges with recruitment and retention. The current national dispute between junior doctors and the NHS, however, was a separate issue for which the Trust had operational plans in place.

BSt asked whether problems were caused by unwillingness to engage in change. AS felt that barriers were usually related to the overall system rather than to individuals. However he recognised that there could sometimes be resistance to change until discussions took place and issues were worked through.

RM expressed concern at the idea that an individual trust could take actions that had a negative impact on national specialised service provision. It was important to know that someone was making sure that national or regional services were not lost. AS confirmed that OUH's Board took this issue very seriously and supported the principle that they should not unilaterally reduce national provision in such services. He clarified that NHS England had responsibility for taking an overview of such issues.

AH asked if it was correct that there would be changes to the Better Care Fund. AS explained that this fund involved the transfer of NHS money to support the interface with social care and that changes were proposed to it for 2016/17. Recent work had built stronger relationships between the two sectors.

MB highlighted the impact of increases to employer national insurance and pension contributions. AS agreed that part of the growth monies would be consumed in funding this.

MHa asked about the benefits of FT status. AS commented that there had been no dramatic change at the point of authorisation and that the authorisation process was a means to an end rather than an end in itself. It has allowed OUH to scrutinise and

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improve its ways of working and provided an opportunity to enter into joint ventures. The Council itself was a key benefit which should improve the Trust's work with its patients, public and staff.

TA asked what would be the most helpful strategic area for governors to be involved in. AS suggested that as the Oxfordshire Transformation Board developed views on how local services could change with potential shifts in professional boundaries and in the locations of services, it would be helpful to engage with governors both to seek views on proposals and to enable governors to act as informed ambassadors for them.

It was **agreed** that draft proposals would be made available to governors for consideration prior to their submission in April and that time for some discussion would be made available at the March seminar.

Action: NS

CoG16/01/09 Briefing on the Trust Quality Account

NS explained that the Medical Director was unable to attend the meeting but had expressed the view that with the Trust's strategic review about to begin and with considerable work under way on the existing quality priorities, this did not appear to be a good time to set out new priorities.

It was noted that details of the Trust's existing priorities and updates on progress with these could be found in the regular Quality Reports to the Board, the format of which had recently been revised.

It was suggested that proposals should be made as a result to the April meeting and this was **agreed**.

Action: NS

CoG16/01/10 Briefing on the Hospital Energy Project

AS offered an apology from the Trust to local residents in Headington, with whom there had not been adequate communication about plans to lay a pipeline between the John Radcliffe and Churchill Hospital sites.

The project had been under development for at least a year before its approval by the Board in 2015 to address the need to replace and augment the power supply at the Churchill Hospital site as well as supplying power to the John Radcliffe. It would also address the need to reduce the costs of energy and to reduce OUH's carbon footprint.

The scheme involves digging a trench to lay pipework between the John Radcliffe and Churchill sites. It was recognised that the Trust has failed to engage early enough with the local population regarding disruption. A press conference had, however, been held with local residents and representatives prior to final permissions being obtained in writing.

AS noted that Vital Energi, the contractor carrying out the work, remained responsible for obtaining the necessary permissions. The legal situation was being clarified.

The Trust was attempting to remedy the situation by putting in place better arrangements for communication with the local community, including the

appointment of a communications lead, a series of meetings with local residents and the provision of information on the Trust's website.

CGI reported that local residents were deeply hurt by the lack of communication on this project and that their considerable goodwill had been adversely affected. She explained that she had personally been contacted by a large number of people. Some with particular needs for access were concerned at the effect the works could have on them.

AS explained that there had in the past been a good liaison group for local residents. This had not been maintained but would now be re-established. Through its contractors, OUH would also work with individuals affected by the work to maintain the necessary access to all properties, although parking would be affected.

FC reported that the Board was committed to learning from this and would do everything it could to put it right and not repeat the errors made. An apology had been made at the previous day's Board meeting and she hoped that this could be taken back to local residents. The Trust would go on listening and adapting its plans as necessary to make sure that local access was preserved as necessary. It was recognised that the Trust depended on the goodwill of Headington's residents. FC thanked CGI for outlining local residents' views in a measured and helpful way.

BSo suggested that Vital Energi should have a checklist in place to ensure that nothing further was missed. AS confirmed that this was being done and indicated that governors could highlight any issues that they felt should be raised.

AS also indicated that there remained issues to be clarified regarding the appropriate permissions for the work and confirmed that the Trust had a project manager in place as a link to Vital Energi regarding the project.

CoG16/01/11 Governor Service Visit Guidelines

The Chairman presented a paper outlining arrangements for governors to undertake visits to Trust services.

MB asked whether there were restrictions on people visiting clinical areas not being able to speak to patients as had been the case with PLACE (Patient-Led Assessment of the Care Environment) visits. It was confirmed that this did not apply in this case although governors should use their discretion.

RH commented that Northamptonshire Healthcare NHS FT had found it helpful to have Non-Executive Directors join visits. FC agreed that it might be helpful to have executive and non-executive directors present where this was possible.

It was also suggested that YiPpEe group visits to wards might follow relevant elements of this protocol where appropriate.

It was proposed that notes of governor visits be added to the Web Forum.

RH commented that the CQC had previously requested the notes of such visits from other FTs.

The proposed guidelines were **agreed** and **adopted**.

TA also suggested that consideration should be given to the coordination of any governors' visits to groups such as HealthWatch. PP noted that many bodies were represented on the Council of Governors and that the relevant nominated governors would be able to assist with this.

CoG16/01/12 Any other business

Car Parking

AH highlighted questions in the local media about how revenue from car parking was used with a request that this be made public. FC confirmed that the Board's policy was that all net income gained from car parking went to support patient care. The Trust would consider whether there was a way in which this could be made more evident.

AH also requested that it be made clearer to patients making multiple visits within a short period that the option of a long term ticket was available.

SD supported this request and also noted that support for parents of children undergoing treatment though funding meals could also be highlighted.

It was agreed that the Trust would consider how these arrangements could be better publicised.

Action: AS

SW noted with approval that appointment letters had recently begun highlighting the prospect of delays of up to an hour parking at the JR, prompting decisions to use the Park & Ride service.

Cancellations

RM asked about the extent to which patients arrived at the Trust for procedures to find that a bed was not available for them. He highlighted the report of a patient from Wales having had to drive to Oxford for treatment before being given this information. He noted, however, that the report was positive overall about the role of OUH in providing treatment for which capacity had been unavailable elsewhere.

FC noted that pressure on 'beds' is often due more to shortage of specialised staff. In particular she highlighted paediatric intensive care, which the Board had been examining in detail. There was pressure not to use expensive agency staff. The Board looked at information on cancellations and protocols would be checked to make sure that wherever possible, patients were contacted as early as possible.

JS commented that a robust system was used via operational planning meetings every day to highlight shortages and where necessary to find capacity elsewhere. It was the responsibility of ward staff to contact patients. Usually there were some one or two patients per day who could not be accommodated. The number of patients experiencing cancellation at short notice was expected to reduce further.

Information to Governors

MB noted a concern that issues had been raised with her by members that she felt unable to comment on because governors were not regularly updated.

FC suggested that media information provided to non-executive directors could be circulated to governors. The Web Forum could also be used to raise and respond to issues. It was agreed that the most appropriate methods for doing this would be considered.

Action: SB

CoG2016/01/13 Date of the next meeting

The Council of Governors will meet in public on Thursday, **28 April 2016** at **18:00** in the Clore Room, Saïd Business School, Park End Street, Oxford OX1 1HP.

DRAFT