

**Council of Governors**

Minutes of the Council of Governors Meeting on Friday, 7 April 2017 at 14:30 in the Main Hall, Didcot Civic Centre, Britwell Road, Didcot, Oxfordshire OX11 7JN.

<b>Present:</b>	Dame Fiona Caldicott	FC	Chairman
	Ms Ruth Barrow	RB	Public Governor, Cherwell
	Mr Steve Candler	SCa	Public Governor, Rest of England & Wales
	Mrs Sue Chapman	SCh	Public Governor, West Oxfordshire
	Dr Simon Clarke	SCI	Public Governor, South Oxfordshire
	Mrs Sally-Jane Davidge	SD	Public Governor, Bucks, Berks, Glos & Wilts
	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 Richard Soper	RS	Staff Governor, Non-Clinical
	Mr Brian Souter	BSo	Public Governor, Bucks, Berks, Glos & Wilts
	Ms Julie Stockbridge	JS	Staff Governor, Clinical
	Mr Mariusz Zabryznski	MZ	Staff Governor, Non-Clinical
Hannah (from Item 5)		Young People's Executive (YiPpEe)	
<b>In Attendance:</b>	Ms Susan Brown	SB	Senior Communications Manager
	Dr Clare Dollery	CD	Deputy Medical Director
	Mr Christopher Goard	CGr	Non-Executive Director
	Mr Scott Lambert	SL	Children's Patient Experience Project Lead
	Ms Susan Polywka	SP	Head of Corporate Governance and Trust Secretary
	Mr Mark Power	MP	Director of Organisational Development and Workforce
	Ms Caroline Rouse	CR	Foundation Trust Governor and Membership Manager
	Mr Andrew Stevens	AS	Director of Strategy and Planning
	Dr Neil Scotchmer	NS	Programme Manager
<b>Apologies</b>	Mrs Margaret Booth	MB	Public Governor, Oxford City
	Ms Lucy Carr	LC	Staff Governor, Clinical
	Mr Martin Howell	MHo	Nominated Governor, Oxford Health NHS Foundation Trust
	Prof Linda King	LK	Nominated Governor, Oxford Brookes University
	Dr Chris Winearls	CW	Staff Governor, Clinical
	Millie		Young People's Executive (YiPpEe)

**CoG17/02/01 Apologies and declarations of interest**

Apologies were received from Margaret Booth, Lucy Carr, Martin Howell, Linda King, and Chris Winearls and Millie.

**CoG17/02/02 Minutes of the meeting held on 19 January 2017**

The minutes of the meeting were accepted.

**CoG17/02/03 Matters arising from the minutes**

Millie's involvement in the OX5 Run was noted. The event which raised over £100,000 in total.

**CoG17/02/04 Chairman's Business****NHSI Investigation**

The Chairman explained that members of the Governors' Performance, Workforce and Finance Committee had received a full update on this investigation and that NHS Improvement's Board would be meeting on 20 April to consider their final response. An Oxfordshire system roundtable was to be held to consider key issues.

Overall, NHSI had indicated that they were content with the work that the Trust was undertaking in relation to waiting times in the Emergency Department [ED] and cancer care standards but had concerns about delivery of the referral to treatment 18 week standard in some specialties. Work was underway on a plan to try to achieve the standard. Nationally NHS England had stated that the target would not be achieved in the current year and that the aim should be to do so in the following year. It was unclear how this would affect NHSI's stance.

**Care Quality Commission [CQC] Report Following Inspection in October 2016**

The Chairman informed governors that the CQC's unannounced inspection had focussed on the Emergency Department and Surgery at the John Radcliffe hospital. The draft report had only just been received, and the Trust would be responding on points of factual accuracy before publication of the Final Report.

**Freedom to Speak Up Guardian**

MP introduced a paper on the 'Freedom to Speak Up' Guardian role. He noted that a first round of recruitment for this important role had taken place last summer, eliciting a high level of interest, but the Trust had chosen not to appoint any of the shortlisted candidates. A decision had then been taken that, given the complexity of the organisation, a network of guardians should be created, comprising one lead guardian and three local guardians. This was a departure from the national model but one which had the support of the national office.

The Trust had met the requirement to fill the role by April 2017, and Jane Hervé, the current Head of Midwifery, had been appointed. She would shortly be stepping down from her role as Head of Midwifery to focus on this part time role and would be leading interviews for local candidates the following week. It was confirmed that the role was completely independent and did not report to an Executive Director.

RS expressed his support of the appointment, noting that Jane Hervé was a respected and experienced member of staff. He sought assurance that she would be supported in tackling issues of bullying and harassment within the organisation. MP acknowledged that this was a significant issue within the NHS, although the Trust itself was not an outlier on the basis of the staff survey. This had been selected as one of key three areas of focus for the Trust from the survey. MP confirmed that JH's role would cover this in ensuring that concerns were appropriately addressed, although she would not be directly involved in investigatory processes.

BSo sought assurance that guardians would not face repercussions from raising issues with the Board. MP emphasised that they would have the mandate of the Board in carrying out their role. FC noted that such consequences would be entirely out of kilter with the Trust's values.

RB commented that four posts was a small number and asked what resources they would have to support them. MP noted that four guardians was three more than most trusts would have. It would be for JH to organise the roles but there would be support from the national office and bullying and harassment ambassadors were also being established.

AH noted that it had been suggested at a national conference that FTSU guardians would link to Councils of Governors and suggested that it might be helpful to arrange a session where they could meet with OUH's governors. MP indicated that JH would be keen to meet with the Council in the future.

CG asked how staff would hear about these roles, especially those who are part time and/or work out of hours. She commented that these were the staff groups who often had least access to IT and who could be vulnerable to bullying. MP explained that an all staff email had announced the appointment but recognised that other routes would be required and that awareness raising would be one of JH's first areas of focus.

SJD sought clarification of the nature of 'champions' and 'advocates'. MP indicated that these were linked to the need to reach out to key individuals on different sites to generate a network but that it remained to be determined how this would work in practice.

### **CoG17/02/05 OUH Draft Quality Account 2016/17**

CD gave a presentation of information on the Quality Account to governors, discussing performance against last year's priorities and plans for the current year.

Firstly the previous year's priorities were reviewed. The medication safety priority was partly achieved with a reduction in harm due to medication safety incidents. Progress on acute kidney injury (AKI) was reported as very pleasing, including the extension of work to include primary care. The priority on recognition and treatment of sepsis had also been very successful; an electronic screening tool especially used in ED had brought diagnosis forward and led to antibiotics being given faster. The target was for an increase to screening of 90% (from 30%) and the current level is 60%. The iPad-based SEND project was now live across the Trust and saves 30 seconds on every set of observations, a huge time saving in total. It also allows anaesthetists to review the information from home. Under the end of life care priority medical and nursing support to acute areas had been transformed but there was still work to do on training programmes and the Swan scheme (support for end of life patients and relatives). Further work was also needed on dementia which appears in ongoing priorities. Partnership working had been successful in work on delayed transfers of care and involvement in the Sustainability and Transformation Programme (STP) but there was still more to do to develop this and it also featured in the following year's priorities.

A quality conversation event had been held, at which some governors had been present. This event was used to get attendees to prioritise actions and to consider new ones. The next quality conversation was to take place on 24 May.

CD outlined quality priorities for the following year. Partnership working was the top choice from quality conversation events, to include a process to ensure learning was shared across networks. Safe discharge was the highest new priority with goals to

increase the proportion of patients discharged before noon from 8% to 30% and to avoid the poor experience of patients discharged late at night. There was a focus on time critical diagnosis (for heart attack, stroke, sepsis, blood clot in lungs) with an emphasis that treatment is required within a specific timeframe as soon as one of these is suspected. Mental health (MH) had in the past been a neglected subject and champions were to be trained. There was also a CQUIN (Commissioning for Quality and Innovation) to identify MH patients who frequently come to ED so as to develop tailored approaches. Go Digital would include a patient portal to allow people to log in and check appointments and other details. For dementia the priorities reflected a desire to move away from old patients having dementia screening to a broader approach to checking that patients were properly able to consent. It was planned to streamline the Electronic Patient Record (EPR) to include care plans for patients with cognitive difficulties. Learning from complaints was a further priority, looking in particular at access to the Trust and what matters to patients.

CD highlighted that the requests being put to governors at the meeting were that they fulfil the statutory requirement to pick an indicator to be audited by external auditor, Ernst and Young. Secondly, governors were asked to adopt a quality priority as they had last year.

RH asked for additional clarification regarding dementia proposals, noting concerns about staff taking control of a patient's onward journey if they didn't pass a capacity test. CD clarified that cognitive screening on arrival partly mapped to assessments under the Mental Capacity Act assessments, but was not the same thing. Cognitive screening was more focussed on providing the support needed in hospital (eg a dementia friendly environment) and flagging to GPs on discharge that the patient may need a particular package of care – eg the option of a memory clinic appointment on discharge.

MHa asked what were the largest challenges in the programme. CD noted that priorities were most challenging when large numbers of members of staff need to be trained to do something that wasn't otherwise a regular part of their role. An example was ensuring that all members of staff knew that sepsis was a very significant diagnosis and that they needed to act within a specific timescale. Dementia screening represented a similar challenge. Mental health was also a difficult area because it spanned OUH and OH and work across organisational boundaries was more challenging. FC noted the past example of the poor audit results on diabetes where diabetic patients were being managed outside the Diabetes service. A large programme had been carried out, led by a diabetologist, to ensure all staff knew how to manage patients under their care with diabetes.

SC remarked that plans on cancer pathways were likely to be difficult to achieve, noting the Trust's performance against national targets. CD agreed that the Trust hadn't recently been achieving all targets but explained that the aim was to try to reduce the amount of time between encounters and that this should improve performance on the standards. AS noted that performance on the key 62 day referral to treatment standard had improved and NS confirmed that this has risen to 78.4% in February. CD also emphasised that this was a quality metric as well as a performance standard.

SJD noted that the definition of the BOB STP area within the Quality Account required correction.

The selection of an indicator to be audited was discussed. SCh explained that dementia screening had originally been selected but that it was already recognised that recording was inconsistent and that until this is resolved it would not make sense to subject this to audit. It had therefore been suggested that Venous Thromboembolism

assessment be audited. This metric appeared to be performing well and external audit would provide assurance on this. SCh explained that the Patient Experience, Membership and Quality Committee (PEMQ) therefore recommended that this measure be audited. This was **agreed** by the Council of Governors.

RN noted that a significant area of concern was the temporary change in maternity services at the Horton and flagged this as a concern. This was an issue both for mothers in the north of the county but also in relation to whether it puts additional pressure on the JR service. SCh suggested that this issue be added to the PEMQ Committee's work programme.

SCh explained that the feeling of the committee was that there was still work to do on end of life care and that this should continue quality priority adopted by the governors in the new financial year 2017/18. However other options to consider would be dementia care and safer discharge. CD explained that governors could be assured that there would be considerable focus on all of the priorities, whether or not adopted by the governors. Of all the quality priorities, CD advised that dementia care was likely to prove the most challenging. FC noted that there was less time pressure on this decision (than on the decision to select an indicator for external audit) and so it could be referred back to the next meeting of the PEMQ Committee. It was **agreed** that end of life care would be the quality priority adopted by governors, subject to further discussion at the next meeting of the PEMQ Committee.

SCh praised the overall readability of the Quality Account document and the extent to which the quality conversation had been taken into account.

### **CoG17/02/06 Draft Trust Business Plan 2017/18**

AS outlined the purpose of the Trust Business Plan and presented the version which had been considered by the Trust Board in March 2017. This wove together a number of processes: the national planning guidance (updated the previous week), the STP covering local health economies and linked to the Oxfordshire Transformation Plan, operational plans submitted to NHSI, contract outcomes and internal business planning. The role of the business planning process was to take these and provide coordination, direction and focus. The plan should cascade through performance management down to individual appraisals and was also a communication tool to explain what the organisation was trying to achieve. The aim was to develop it both bottom up and top down to get local objectives and plans onto agenda. Divisional and corporate plans were being structured around the seven strategic themes.

AH noted that the document mentioned collaboration with the University of Oxford but not Oxford Brookes University. AS explained that this was an oversight which would be addressed as there was considerable work going on in partnership with Oxford Brookes.

AH also suggested that there should be further detail on public health activities. AS explained that there was a public health steering committee in place to look at how the Trust could contribute to that agenda and confirmed that some detail could be added on this.

AH further asked whether 'Home Sweet Home' activities would be supported with the necessary equipment. AS confirmed that significant progress had recently been made via the integrated care hub which brought relevant agencies together to ensure safe and appropriate discharge with the correct equipment.

RS asked where workforce plans including the implications of Brexit fitted into this process. AS recognised that this represented a significant risk to the Business Plan and confirmed that MP and colleagues were looking at a range of issues regarding recruitment and retention.

BSo noted the new target for cancer waits and asked if this would affect the plan, commenting that more consultants would be likely to be needed. AS agreed that this would need to be reflected though probably in a later iteration, commenting that the new cancer standard was also about improving efficiencies and bringing diagnosis forward.

The Business Plan was to be revised based on comments from governors, and was due to be submitted to the Trust Board in July.

**Action: AS**

### **CoG17/02/07 Board Governance Review: Final Report**

MP introduced the outcome of the Board Governance Review, highlighting recommendation three: identify how the Board can best work with the Council of Governors to enable both to carry out their roles effectively.

It was submitted that Council needed to consider how it wished to take this forward, recognising that some developments had already occurred since the review took place.

RH suggested that it might be helpful to see more of services and SCh commented that this might be achieved through governor participation in the peer review and executive walkaround processes. She also noted that joint seminars were very useful.

AH highlighted that there was some lack of clarity around the Web Forum and how it was used and administered. FC commented that the Chief Information and Digital Officer was currently looking at the issue of rules for use of the Forum.

CGI supported the suggestion that Board papers be shorter. MP commented that the aim was now that wherever possible papers should be no more than 10 pages long, recognising that this was difficult to achieve.

MHa suggested that the key issue was how the sub-committees of Council worked, including how they worked with and shared information with Council, commenting that there was a lot of work required to get this right. He noted the need for a balance between doing detailed work and producing digested summaries that could boil information down to what the Council needed to know. FC recognised the need for a balance in giving the most relevant information without governors feeling that they hadn't seen all that they would wish to.

RS noted the challenge of feeding back to those whom governors represent. FC asked CGr to comment on this. CGr noted that surveys, for example via Survey Monkey, could be used to seek quantitative as well as qualitative responses from the membership and suggested that this might be worth experimenting with as part of the answer.

SCh reminded governors that a pilot survey of the 'Rest of England and Wales' membership had been carried out and reported through the Membership Working Group although the response rate had been low. SB explained that this had used the survey tool on the membership database although the Trust did also have a corporate Survey Monkey account. It was recognised that this could be particularly helpful for those covering large constituencies. It was **agreed** that this would be considered further by the PEMQ Committee.

## **CoG17/02/08 Update from Governors' Sub-Committee**

### **Nominations and Remuneration Committee**

MP was invited to update governors on the appointment to the NED vacancy. He confirmed that an excellent response had been received to an advert placed by Odgers Berndston, with a total of 48 applications having been received. A meeting with Odgers Berndston had taken place on 3 April, with half of the Appointment Panel present (SCh and MHo had provided written comments). Odgers Berndston had grouped candidates as likely, possible and unlikely and 11 had been shortlisted.

Odgers Berndston was now due to interview candidates, based on guidance from the Trust, and would report to the Appointments Panel to inform the selection of candidates short-listed for interview.

RH asked if any psychometric testing had been used. MP explained that this had been decided against as it was felt that it would not add significant value. FC noted that short-listed candidates would undergo values-based interviewing, which was considered to be of value; and which provided some of the same information.

BSo noted some difficulty in finding the advert and asked what were the routes through which candidates had been identified. MP commented that the Times online had been the main route and advised that many candidates were identified by direct approach from Odgers Berndston.

As it would be his final attendance at the Council of Governors MP was thanked for his help and support to the governors.

### **Patient Experience, Membership and Quality [PEMQ] Committee**

SCh provided feedback from the meeting of the PEMQ Committee held on 2 March 2017, draft minutes of which had been circulated.

It was highlighted that the committee would welcome additional members and in particular the involvement of an appointed governor. SCa volunteered to join the committee.

The committee had received a helpful presentation from GS on the work of the Quality Committee.

The issue of the use of acronyms has been raised. SP explained that a document to begin to address this was to be shared initially with PEMQ Committee members.

SCh informed the Council that the PEMQ Committee had revised and updated the Membership Strategy which now had a stronger focus on engagement with members, recognising that maintaining recruitment remained important. FC suggested that the committee consider how members could be encouraged to attend Council meetings and suggested that views might be sought through a survey. CGI asked if volunteers were members and CR clarified that, whilst they did not automatically become members, all volunteers were given a membership pack. BSo commended the Gloucestershire Hospitals website as providing good information about governors and a clear route for contacting them.

SCh also reported that the PEMQ Committee had considered the voting system for governor elections and that the unanimous recommendation was to retain the current 'first past the post' system. NS clarified that there was no difference in cost based on

the system used. It was believed that the 'first past the post' system had the merit of being simpler for members to understand. The Council **accepted** this recommendation.

### **Performance, Workforce and Finance [PWF] Committee**

CGI provided feedback from the meeting of the PWF Committee held on 24 March 2017, at which AS had provided a presentation to the Committee on the Trust's Business Plan. The committee had sought assurance regarding the impact of the new contract. The NHSI investigation had been discussed and further information was due to be submitted to the next meeting of the committee.

The tender process for external audit services was outlined, highlighting governors' role therein, and emphasising that the appointment of external auditors had to be made by the Council of Governors.

It had been agreed at the meeting of Council held in January that Ernst and Young's existing contract be extended by one year with a new contract to be in place for 2018/19. A review of the procurement options would be undertaken and reported to governors, and it had been suggested that an Audit Working Group should be established to include three governors, two non-executive directors and the Director of Assurance (or her Deputy). The Audit Working Group would be supported by the Chief Finance Officer. The governor places could be filled either through elections or by volunteers from the PWF Committee. It was felt that the latter option would be more straightforward and there were advantages to members of that committee being on the group.

The Council of Governors **endorsed** the process outlined and **approved** the recommendation that the governor positions be filled by volunteers from the PWF Committee.

### **CoG17/02/09 Update from Young People's Executive**

The Council received an update on the activities of YPE. The group was celebrating one year since its relaunch and governors were invited to a party to mark the occasion. It was noted that a chill out room existed at the NOC but that this was not currently well used. Thoughts were being sought from YPE as to how this could be improved. Progress was noted on the film that was being made with Oxford Medical Illustration. Millie would also be speaking at the Royal College of Children's Nursing Conference.

The process for identifying successors for Hannah and Millie in their roles had now been completed.

### **CoG17/02/10 Any Other Business**

FC reminded Council of the constitutional rules regarding governor attendance at meetings. Governors were also reminded of the need to send apologies should they be unable to attend.

MP was asked to comment on the impact of changes to IR35 regulations. This affected how intermediaries were taxed and placed the onus on public sector employers to ensure they were appropriately taxed including NI contributions. Groundwork had taken place to assess impact, and the Trust had written to relevant organisations to seek assurance. Sole traders had been asked to come onto the Trust's payroll. MP commented that thus far the Trust had not experienced the withdrawal of services by a large number of people as a result of these changes, and no gaps in services had



resulted. The Trust had resisted pressure to make increased payment to compensate for the adverse impact of the changes on intermediaries.

AH raised the issue of whether the Trust should continue to be involved in the Lead Governors' Group. She reported that she retained a connection with the group on an emeritus basis, indicating that the primary purpose of the group was to share advice and support. CGI expressed the feeling that Council should be asked for its views on sharing information. JHe urged caution in sharing information in these settings. FC suggested that this was a significant issue that could be returned to when greater time for discussion was available.

SP highlighted to governors that a process of refreshing declarations of interest should be undertaken.

**CoG2017/02/11 Date of the next meeting**

The Council of Governors will meet in public on **Wednesday, 5 July 2017** at **18:00** in Classroom 2, Said Business School, Park End Street, Oxford.

DRAFT