

**Notes of key points discussed at  
Joint Seminar between  
Council of Governors and Trust Board  
Held on Friday 15 September 2017  
14:00 to 16:00**

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14:00 – **Welcome to all over tea and coffee**  
14:30

*Dame Fiona Caldicott, Chairman*

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14:30 – **Round table discussion**

15:55

***informed by briefings on:***

- **Meeting the challenge to improve performance on waiting times**

*Paul Brennan, Director of Clinical Services* provided an update on development of a plan to reduce the numbers of patients waiting for planned (non-urgent) treatment, and work towards achieving a better balance between the rate at which patients were referred, and the rate at which treatment could be provided.

This plan must be agreed between the partners in the Oxfordshire healthcare system, and will depend upon the Trust providing more outpatient appointments, day case surgery and in-patient treatment. The Trust is also working with its partners to reduce the level of demand for treatment, including *for example* working with GPs to explore options other than surgical intervention where appropriate.

Efforts are initially being concentrated on the ten specialties which, combined, have the biggest impact on the waiting list and these are (*in alphabetical order*):

- Cardiology
- Dermatology
- Ear, Nose and Throat
- Gastroenterology/Endoscopy
- Gynaecology
- Neurology
- Ophthalmology
- Oral/Maxillo-Facial Surgery
- Trauma & Orthopaedics
- Urology

An update was also provided on current severe staffing shortages affecting ward nursing, as a result of which – to sustain safe nursing staffing levels and maintain patient safety – there were reported to be 82 beds currently temporarily closed across the Trust, in addition to the net reduction of 51 beds following the necessary decant of the JR Trauma unit, and move of the Infectious Diseases ward.

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- **Workforce Planning**

*Susan Young, Interim Director of Workforce* gave a presentation, a copy of which is available on the Governors' Forum.

This included the results of a recent trust-wide survey which indicated that pay was not the most significant factor affecting staff retention. The importance of the OUH values was cited as one of the main reasons why staff had joined the Trust, and a failure to demonstrate those values was one of the main things that would contribute to them leaving the Trust.

Opportunities for development and career progression, along with flexible working, were cited as the top 2 things that would encourage staff to stay, and the thing most likely to contribute to staff leaving was a 'general dislike of duties'. Pay and benefits only featured 'mid-table' at most amongst the factors stated as having influenced staff joining the Trust, or encouraging them to stay. Cost of living, and the prospect of better pay elsewhere, were at the bottom of the table of 14 factors cited as contributing to why staff would want to leave the Trust. Lack of parking and travel costs were 5th and 6th from the bottom of that table.

A 'Perfect Week' on recruitment is planned in October, focussed on streamlining the processes for recruiting the key clinical staff who are needed to deliver the activity required to fulfil the plan to improve performance on waiting times.

- **Re-forecasting the financial outlook for the Trust**

*Jason Dorsett, Chief Finance Officer* outlined progress made to control expenditure, and increase revenue generated through the more efficient treatment of more patients; recognising that workforce was the principal constraint upon delivering more clinical activity. Although some progress had been made over the summer months, there are some very significant challenges still to be addressed.

- **Strategic opportunities**

*Dr Tony Berendt, Medical Director* outlined some of the strategic opportunities being pursued by the Trust, amongst those that were now open to it as a foundation trust, including exploration of the scope for commercial partnerships to generate revenue for the benefit of NHS care.

The Trust has established a joint venture, in partnership with the University of Oxford, to ensure that we stay at the forefront of promoting the understanding and adoption of cutting edge treatments and advanced diagnostic tools, within a high quality clinical environment that is aligned with state-of-the-art research and teaching.

Through the vehicle of this joint venture between the Trust and the University, opportunities are being explored to enter into strategic collaborations in commercial ventures with third parties.

Any investment made in such a collaboration would not detract from NHS resources, and would be made with the objective of securing a financial return to support the provision of NHS services.

Further consideration is to be given to how best to ensure Governors' engagement in development of the Trust's strategic direction, taking into account constraints on disclosure of the details relating to any specific project, until negotiations were concluded with third parties.