Council of Governors
Minutes of the Council of Governors’ Meeting at 18:00 on Tuesday 16 April 2019, in Classroom 2, Said Business School, Thatcher Business Education Centre, Park End Street, OX1 1HP.

Present:

Professor Sir Jonathan Montgomery JM Chairman
Mr Tony Bagot-Webb ABW Public Governor, Northamptonshire & Warwickshire
Dr Arthur Boylston AB Public Governor, South Oxfordshire
Ms Rebecca Cullen RC Staff Governor, Non-Clinical
Mrs Sally-Jane Davidge SJD Public Governor, Bucks, Berks, Glos & Wilts
Dr Cecilia Gould CGI Public Governor, Oxford City
Mr John Harrison JHr Public Governor, Oxford City
Mr Martin Havelock MHa Public Governor, Vale of White Horse
Mrs Rosemary Herring RH Public Governor, Northamptonshire & Warwickshire
Mrs Anita Higham AH Public Governor, Cherwell
Mr Martin Howell MHo Nominated Governor, Oxford Health NHS Foundation Trust
Mrs Janet Knowles JK Public Governor, South Oxfordshire
Ibifunke Pegba-Otemolu IPO Staff Governor, Clinical
Mr Graham Shelton GSh 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 & Wales
Emily E Young People’s Executive [YPE]

In attendance:

Dr Bruno Holthof BH Chief Executive
Mr Christopher Goard CGr Non-Executive Director and Senior Independent Director
Ms Anne Tutt AT Non-Executive Director, Vice Chairman of the Trust
Ms Clare Winch CW Deputy Director of Assurance
Ms Kathy Hall KH Director of Strategy
Ms Caroline Rouse CR Foundation Trust Governor and Membership Manager
Ms Marilyn Rackstraw MR Corporate Governance Manager

Apologies

Mr Simon Brewster SB Staff Governor, Clinical
Mrs Jill Haynes JHy Public Governor, Vale of White Horse
Mr Gareth Kenworthy GK Nominated Governor, Oxfordshire Clinical Commissioning Group
Dr Astrid Schloerscheidt AS Nominated Governor, Oxford Brookes
CoG19/04/01 Welcome, Apologies and Declarations of Interest

Apologies were received as outlined above.

Trust staff and members of the public attending were welcomed to the meeting.

Anita Higham declared an interest as the Chair of the North Oxfordshire Locality Forum. Graham Shelton declared an interest as the Chair of the West Oxfordshire Locality Forum.

JM declared that he is the Chair of the Health Research Authority (HRA), which protects and promotes the interests of participants, patients and the public in health research. He is also a Health Data Research UK Board Member.

CoG19/04/02 Minutes of the Meeting Held on 22 January 2019

It was suggested that the wording contained within the following paragraph be clarified with the Chief Finance Officer to ensure accuracy;

Financial objectives for the NHS were laid out in the document. JDo noted that additional money was being invested in the NHS to a greater extent than in the rest of the public sector but still at a lower rate of increase than across the long term average rate of increase before inflation. He emphasised that the level of investment was not sufficient to solve the existing financial challenges.

The Chief Finance Officer has subsequently confirmed that he is happy with the minute as written.

The minutes were accepted as a true and accurate record.

CoG19/04/03 Matters Arising

At the previous meeting, the Deputy Director of Clinical Services had been asked to provide Governors with ED performance separately for both the JR and HGH. It was asked that this item be followed up as the action remained open.

It was further suggested that an action log be developed by the Corporate Governance Team for the Council meetings to enable the status of actions to be tracked.

Action: MR

CoG19/04/04 Chairman's Business

JM introduced himself to the Governors, some of whom he had not yet had a chance to meet, and shared some of his previous experiences and how they were relevant to work of the Council of Governors going forward. He also reported on the meet the chair sessions that had been held, and some of the feedback that he had received, including issues that had been raised.

These included a number of issues in relation to staff morale, including concerns about culture. It had been highlighted by some members of staff that there was a sense of
disconnection between the main business of the Trust and what the Board was concerned with, which was consistent with the Deloitte review’s comments on ‘visibility’. There was interest across the Trust in gaining a better understanding of where OUH fits into the local NHS system, and a sense of less extensive engagement in the past than might have been ideal. There appeared to be a general appetite for a stronger narrative of the Trusts route to success.

JM reported that he would appreciate further meetings with Governors in smaller groups, by constituency, to test some of the observations and understand if they resonated with their knowledge.

GS noted that patient experience information could be telling, and enquired as to how JM planned to gain a better understanding of this, and how to do not just the small things but the big things also

JM highlighted that his role was a Non-Executive role and it was important not to blur the accountability of the Executive Directors of the Trust, but noted that he would pass any concerns to BH and the team if it was felt necessary. He was working on building informal networks which it was hoped would provide a channel for any concerns or issues to be reported back. It was also noted that CG and JM had a meeting with Healthwatch to discuss the relationship between the two organisations, as this would provide another channel for the Trust to better understand the patient experience, and how and what, improvements could be made.

CoG19/04/05 Reports from Committees of the Council

Patient Experience, Membership and Quality Committee [PEMQ]

SJD provided this update from the Committee. The approved minutes of the November Committee were attached. The Committee had met twice since November, on 24 January 2019 and 28 March 2019.

At its meeting in January the Committee received its regular reports from the Quality Committee. In addition, the Committee received an update from the Chief Nurse on the Patient Experience Action Plan.

Professor Mant reported to PEMQ that he had highlighted his concerns around the age of the anaesthetic machines, and the replacement process.

At its meeting in March the Committee received its regular reports from the Quality Committee and an update on membership. In addition the Committee reviewed its annual report, and received an update on the 2018/19 Quality Priority achievements, and the Draft 2019/20 Quality Priorities.

NHSI had made a recommendation that all acute hospitals select Standardised Hospital-level Mortality Indicator [SHMI] as a quality priority. As Governors were required to select a quality indicator to be tested by the Trusts auditors, this task was delegated to the PEMQ Committee to come back with a recommendation to the Council. PEMQ recommended that the Council select SHMI for Audit.

PEMQ Committee had visited level 7 [Acute General Medicine] to look at work that had been done to improve the area. The Committee noted the positive effect the improvements had made, and commended staff.
The Committee had also reviewed an update on hospital transport, and gained an understanding of system. It was suggested that a presentation might be provided to the whole Council on this topic.

It was noted that the Committee had reviewed its Annual Report, which would come to the Council for noting at its next meeting.

**Action:** MR / NS

CGI highlighted that she had raised concerns previously around cost saving exercises within the Trust and asked NEDs for assurance that the savings would not affect patients, especially in the context of the replacement of equipment. She enquired as to whether there was enough assurance from the Board that this was the case. She also highlighted that procurement delays could be frustrating to staff.

CGo responded that assurance was provided that each case was reviewed not only financially but clinically. Each project would have a quality impact assessment, with the Chief Nursing Officer and Chief Medical Officer closely monitoring these.

AT noted that the Board would provide a more in depth response detailing the process of equipment replacements to provide assurance to the Governors.

**Action:** JDo

It was noted that Divisions had been asked to put forward capital investment as part of the Business planning process, which would cover any replacement equipment that was needed.

**The Council noted this update from the Committee.**

**Performance, Workforce and Finance Committee**

CGI presented this update from the Committee. The Committee had most recently met in March and had reviewed the work of the Finance and Performance Committee [F&PC] with the Committee’s Chair.

The Committee had heard that F&PC had received an update on the NHSI undertakings and that Non-Executive Directors felt assured that the work that the Programme Management Office [PMO] was undertaking was having a positive impact.

The Director of Improvement and Culture had attended the meeting to provide an update on the changing things for the better events held following the 2018 Staff Survey. The Committee heard that the response rate for the 2018 staff survey had exceeded that of the previous year.

The Deputy Director of Clinical Services attended to update the Committee on Theatre Utilisation. Shad Khan, in his consultant role, had sought comments from colleagues and presented his concerns to the Committee. He had subsequently been invited by the Acting Director of Clinical Services and the Chief Medical Officer to participate in the Theatre Efficiency Group.

JM highlighted that the effort that had gone in to improving performance across the Trust was not to be underestimated.

**The Council noted this update from the Committee.**

**CoG19/04/06 Lead Governor’s Business**

CGI reported that she had met with the Chairman, Anne Tutt and Christopher Goard and it had been agreed that they would meet monthly to discuss any issues.
It was asked that Governors receive the reports and minutes for Council meetings, and Subcommittee meetings in a timely fashion, notwithstanding the pressure on the Corporate Governance team currently due to staff shortages.

CGI reported that she had attended the Health Overview and Scrutiny Committee Meeting [HOSC] at which a report from NHS England was considered in relation to the regional PET-CT Scanning Service provision. She highlighted that she thought the Trusts presentation was excellent, and also that AH had addressed the topic extremely well.

It was reported that a letter from the Horton Housekeepers had been sent to the Lead Governor expressing concerns around pay, and subsequent implications for that staff group. This was referred to the Director of Improvement and Culture and a meeting had been set up to discuss this issue with the team concerned.

The National Lead Governors Association had released a survey, which the Lead Governor sought approval from the Council to respond to. It was agreed that a response should be provided, and CGI and JM would meet to discuss possible further involvement and engagement with the association.

**Action: CGI / JM**

**CoG19/04/07 Update on PET-CT Discussions**

BH provided a verbal update. He reported that the Oxfordshire Health Overview and Scrutiny Committee [HOSC] had heard from members of the public, clinicians and patients at their meeting on 4 April 2019. BH and Trust wide Cancer Lead, Mr Nick Maynard, had addressed the committee. Representatives from NHS England and InHealth were also present at the meeting to address the committee. The HOSC had subsequently decided to exercise its power to refer the matter to the Secretary of State for Health and Social Care.

BH thanked members of staff, the Council of Governors and Local MPs for their involvement and support.

AH noted the need for staff to feel fully supported during this period of limbo. JM reiterated this, and the need for consistent messaging to reassure patients that no changes had been made yet.

RH enquired as to whether the referral was regarding the decision, or the process, and whether negotiations with InHealth had been paused while the decision has been referred. BH confirmed that the referral could only be made on process, and that the Trust remained in contact with specialist commissioners.

**CoG19/04/08 Staff Survey 2018**

BH presented an update to the Committee on current actions in response to the 2018 staff survey.

Improvements had been seen in the response rate compared to previous years, which was positive. The Trusts response rate for 2018 was also better than the NHS average. 57% of people would recommend OUH as a place to work, and 74% of people would recommend the Trust to a friend or relative that needed care.

Some areas had seen significant improvements in the Employee Engagement Index scale, such as radiology.

The Trust was continuing to work on the key themes that had emerged from the 2017 survey, which included recognising and valuing each other, supporting and developing
managers, meaningful appraisals and empowering teams. It was noted that appraisal
forms were now personal development plans, which linked into team objectives.

Work had commenced on retention initiatives, such as retire and return options and
future roles and leadership courses. Oxford Hospitals Charity had developed a scheme
where a staff member could apply for a grant, which could be used to make a difference
within teams, or for patients. For example, a small grant of £818 helped to buy 100
medication alarm clocks to assist with medication for patients with Parkinson’s disease.

Next steps included holding Trust wide sessions to share the key themes and share
what has worked well, hold listening events across all Directorates, and draw up action
plans in April and May. A pulse survey will then be taken in June / July to check on
progress and the listening cycle will be repeated in the autumn.

SW reported that she knew of a large teaching hospital where staff regularly stayed
longer on shift, and enquired as to what the Trust was doing to combat this and ensure
that there was a process in place to monitor staff wellbeing.

BH noted that the rostering system allowed the Trust to monitor how many shifts an
individual was doing, and ensure safe staffing levels.

RH suggested that the report contained headline good news, although noted the
percentage of staff feeling bullied in the workplace and enquired as to how the Trust
could improve on this figure and what policies were in place.

BH responded that the Trust had a respect and Dignity policy, and also a Freedom to
Speak Up Guardian, so there were channels for staff members to speak up, and for a
formal investigation to be conducted if necessary. If concerns related to mental
wellness, the Occupational Health team were on hand to support individuals and advise
further.

He noted that the Trust remained as one with the lowest reported sickness rates across
the country and attributed this to the extremely committed and loyal workforce.

JM suggested that an analysis of hot spots be undertaken and reported back to the
CoG or the PWF committee.

**Action: JDr**

JS was asked for her opinion of the Trusts appraisal system as a Staff Governor. She
confirmed that she felt that some staff / managers views of appraisals were that of a
tickbox exercise. She noted that the quality of appraisals was vital, as was ongoing
monitoring throughout the year.

RC reported that within Renal and Transplant, Values Based Appraisals had been
introduced, which staff had found very useful and valuable.

**CoG19/04/09 Any Other Business**

AH raised items of AOB as noted below

- TS had at a previous meeting invited interest from Governors on becoming
  members of the Equality Committee. SJD and AH had applied, but it had not been
  identified at this time that travel expenses would not be reimbursed, therefore AH
  asked that another Governor take on this role as she would be unable to continue
to do so.

- Lead GPs in Oxfordshire had raised concerns with AH around the poor
  achievement of the Trusts Cancer standards. BH confirmed that the Trust was not
meeting the 62 day standard, and was focusing on 5 particular patient groups. These were known areas of concern, and an action plan had been developed with NHS Improvement.

- AH had been encouraged to apply to be a member of the Health Overview and Scrutiny Committee [HOSC] but had been subsequently advised by the Trust that acceptance of this position would mean she would have to stand down as a Trust Governor due to a conflict of interest, as defined within the Constitution. AH was due to meet with JM to discuss this further.

JM noted that Healthwatch would be releasing a report on patient’s experiences of OUH services from March 2018 to April 2019. This would be an agenda item for the next meeting of the Council.

Action: MR/NS

AH enquired as to how many NED vacancies the Trust was currently carrying. JM confirmed that the Trust had just appointed a new Non-Executive Director with effect from 1 May subject to referencing. He confirmed that he would bring an update to the Council on succession planning.

Action: JM

CoG2019/01/10 Date of the Next Meeting

The Council was next due to meet from 18.00-20.00 on Wednesday 17 July 2019 in Main Hall, Town Hall, Bridge Street, Banbury OX16 5QB.

The Council approved the motion that representatives of the press and other members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.