

Council of Governors

Minutes of the Council of Governors Meeting held on **Monday 3 April 2023** in the Main Hall of the Town Hall, Banbury.

Present:

Name	Initials	Job Role
Prof Sir Jonathan Montgomery	JM	Trust Chair, [Chair]
Mrs Sally-Jane Davidge	SJD	Public Governor, Buckinghamshire, Berkshire, Wiltshire and Gloucestershire
Mr Mike Gotch	MG	Public Governor, Oxford City
Mrs Jill Haynes	JH	Public Governor, Vale of White Horse
Dr Jeremy Hodge	JHo	Public Governor, Buckinghamshire, Berkshire, Wiltshire and Gloucestershire
Ms Aliko 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 Megan Turmezei	MT	Staff Governor, Non-Clinical
Mrs Sally-Anne Watts	SAW	Public Governor, Buckinghamshire, Berkshire, Wiltshire and Gloucestershire
Mr Jonathan Wyatt	JWy	Public Governor, Rest of England and Wales
Annabelle	YPE	Nominated Governor, Young People's Executive

In Attendance:

Mrs Caroline Rouse	CR	Foundation Trust Governor and Membership Manager, [Minutes]
Dr Meghana Pandit	MP	Chief Executive Officer
Mr Jason Dorsett	JD	Chief Finance Officer
Mr Neil Scotchmer	NS	Head of Corporate Governance
Prof Ash Soni	AS	Non-Executive Director
Ms Rachel Stanfield	RS	Acting Chief People Officer
Ms Viv Lee	VL	

Apologies:

Mr Tony Bagot-Webb	TBW	Public Governor Northamptonshire and Warwickshire
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Cllr Tim Bearder	TB	Nominated Governor, Oxfordshire County Council
Mr Stuart Bell CBE	SB	Nominated Governor, Oxford Health NHS Foundation Trust
Ms Gemma Davison	GD	Public Governor, Cherwell
Mrs Anita Higham OBE	AH	Public Governor, Cherwell
Ms Jane Proberts	JP	Public Governor, Oxford City
Mrs Pauline Tendayi	PT	Staff Governor, Clinical
Mr Mark Whitley	MW	Public Governor, Northamptonshire and Warwickshire
Ishaan	YPE	Nominated Governors, Young People's Executive

COG23/02/01 Welcome, Apologies and Declarations of Interest

1. JM welcomed everyone to the first meeting of the Council to be held in Wantage. He welcomed Annabelle, the new Young People's Executive governor to her first meeting.
2. Apologies were received from Tony Bagot-Webb, Tim Bearder, Stuart Bell, Gemma Davison, Anita Higham, Jane Proberts, Pauline Tendayi and Ishaan.
3. No conflicts of interest were raised.

COG23/02/02 Minutes of the Meeting Held on 18 January 2023

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

COG23/02/03 Matters Arising

5. There were no matters arising.

COG23/02/04 Chairs Business

Lead Governor

6. JM congratulated Graham Shelton on being re-elected as Lead Governor for another year, with unanimous support from governors.
7. JM reported that the recent informal meetings both face-to-face and virtual between governors and non-executive directors had gone well, with lively discussions taking place. The Council agreed that further regular meetings between governors and non-executive directors would be appreciated.
8. JM added that some walkarounds had restarted, with a number of observations made, with feedback to be tracked through the Integrated Assurance Committee.

ICS Update

9. JM confirmed that an agreed strategy document for the Integrated Care Partnership (ICP) was now in place, with implementation plans being developed. The process for feeding in governor and stakeholder perspectives was moving slowly but the need to develop this was recognised by the Integrated Care System (ICS). A workshop would take place after the local government elections to begin working on implementation plans once the new Council members were known.
10. Interviews for the new Chief Executive of the ICS had been suspended and once more information was known this would be shared with the Council.

COG23/02/05 Chief Executive's Briefing**Year End**

11. MP gave an update on the past year and the position of the waiting list. At the start of the year there had been approximately 7,500 patients who had breached 78 weeks, and this figure was now down to 60. It had been expected to be less than 10, but due to the recent industrial action, it had not been possible to bring the figure down further.
12. Of the 60 patients, some were waiting due to patient choice, some were waiting for a particular transplant, which was a national issue, and others were complex cases. MP felt that overall, the teams had done very well and gave her thanks for all their hard work.
13. MP reported that cancer waiting times were improving and the Trust was doing better on the A&E standard. Although it was not achieving the 76% target for seeing patients within 4 hours consistently, OUH had one of the best same day care units in the country, with good procedures for ambulance handovers. Staff work had worked hard to achieve this, with few handovers waiting longer than 60 minutes. The Trust had put in interventions to reduce patients' time in A&E but there was more work to be done.
14. MP stated that OUH had exceeded its plan on financial performance, with the finance team working hard to find efficiencies. All four People Plan objectives for Year 1 had been achieved. The Trust had reduced recruitment timelines with processes more efficient when new starters came on board and had helped with the cost-of-living crisis by providing free meals for colleagues who need them as well as free sanitary products in our hospitals for staff.

Industrial Action

15. MP stated that strike days had taken place for various disciplines, starting in December with the RCN strike. Further strikes by junior doctors were planned between 13 and 16 April. Action planning was taking place to maintain patient safety during this time and keep critical services running. However, some cancellations of routine appointments and operations were expected.

16. MP announced that lost income was likely to equate to £1 million, mainly in terms of patients being rescheduled. Staff were already working very hard post pandemic and it remained important to focus on staff welfare.
17. GS congratulated the executives for how they were handling a very difficult situation. JM commented that all unnecessary meetings would be cancelled during this period due to operational pressures.
18. JH asked what the clinical impact would be and whether it would be possible to assess this. MP advised that every cancellation made would have been clinically reviewed first, but that it was very difficult to quantify the clinical impact of delays to treatment.

COG23/02/06 Update on 2023/24 Annual Plan

19. JD provided an update on the Annual Plan which had been submitted to NHS England. He explained that six sub-themes for Trust objectives had been agreed: Workforce EDI and health inequalities, the People Plan, the Clinical Strategy, National Standards, breakeven and medium-term financial stability and collaboration and partnerships. JD advised that the Year 1 deliverables for the Clinical Strategy were to be confirmed.
20. JD confirmed that efficiency plans were being firmed up whilst the Trust negotiated to agree whether non-recurrent income from the previous year would be continued. NHS England had a clear expectation that OUH should be able to deliver the requirements without additional resource through productivity improvements. Both local and international recruitment would continue but there would need to be a reduction in bank and agency workers.
21. National requirements included significant challenges. The Trust was required to eliminate 65 week waits by 31 March 2024, as well as delivering 109% of the 2019/20 value-weighted elective activity. OUH also had to ensure that 76% of ED attendances were treated within four hours. For cancer the Trust needed to improve 62-day cancer wait performance and achieve 75% of the 28-day faster diagnosis standard.
22. JD explained that the final reported year-end position would be somewhere between a £2 million deficit and a £1 million surplus.
23. JD explained that without one-off sources of income the Trust had an underlying deficit and that the intention was to manage resources in a way that generated a stable run rate so that the loss of one-off income did not pose a risk to services. He noted that the opportunity to focus only on profitable services was limited due to the need to deliver core services and achieve performance standards. However he noted that there was a desire to expand some specialist services.
24. The Council noted this update on the Trust's Annual Plan.

COG23/02/07 2022 Staff Survey

25. Rachel Stanfield, the Joint Chief People Officer, joined the meeting to provide an overview of the 2022 Staff Survey.
26. RS reported that the response rate had dropped to 51% from 57% in the previous year but that this was in keeping with the national trend and that OUH had still performed better than the average for response rates. Response rates had increased during the pandemic but had now returned to their previous level.
27. The overall engagement score remained at 7, which meant that the level of engagement had been maintained.
28. NR asked what was being done to improve the experience of staff whose responses were not positive and how this was linked to the People Plan. RS reported that the Trust's People Plan included improvements that were being put in place to support staff and that the priorities included in this were consistent with the feedback from staff through the survey.
29. RS highlighted the increased appraisal rate, with 90% of staff receiving an appraisal last year, on par with the best performing trusts nationally and much improved from previous years.
30. Two areas where scores were significantly lower were those relating to recognition and rewarded, which was not surprising in the context of the current industrial action. It was noted that this was a national survey and that the Trust did not have the ability to revise the wording of the questions.
31. The Council heard that the Trust had generally performed well compared with other organisations in the survey but the Chief Executive noted that the goal was to continue to improve each year.
32. SAW asked if there were other approaches to assess staff morale that could provide more information. RS explained that there was also data from exit interviews as well as feedback from staff at listening events and that these routes often provided much richer data.
33. JS requested that managers see the results for their own teams so that issues and concerns could be discussed.
34. AK commented that completing the national survey was time consuming and suggested that a small number of questions after listening events which would give a more immediate response from staff. MP clarified that completing the national staff survey was a mandatory requirement. The risk of survey fatigue if too many surveys were used was recognised.
35. RS highlighted that further work was required to look at the experience of BAME staff. Work was also taking place linked to the Workforce Disability Equality Standard to ensure that staff with disabilities were receiving the support and adjustments to their work environment that were required.

36. RS commented that the vision of the People Plan was to make OUH a great place to work and where staff felt that they belonged. Based on the staff survey results and the recent listening events, five priorities had been identified for the coming year. The descriptions of these were being revised which might lead to some being combined to give four final priorities.
37. Governors particularly supported the importance of the priority in relation to wellbeing and psychological welfare.
38. RS explained that resource for training was included within budgets and that free training was available through a variety of routes but that funding would be needed for any specific additional training.
39. SJD suggested hearing from staff who were carers too regarding their particular needs. She asked what percentage of staff receives exit interviews and whether these were undertaken by neutral staff. RS recognised that less than 50% of leavers had an exit interview but that it was hoped to improve this. These interviews could take place through a number of mechanisms and be conducted by a member of the HR team or the individual's line manager. The importance of a focus on career progression for staff was noted.
40. Whilst the decline in people wanting to work at OUH was disappointing, it was recognised that this reflected a position across the whole of the NHS and that there was a need to focus on what was specific to OUH, recognising that it was a large organisation with a lot of variation in the key issues between different areas.
41. The Council noted this update on the results of the staff survey and the implementation of the People Plan.

COG23/02/08 Patient Experience, Membership and Quality Committee Update

42. SJD advised that the last meeting took place in February. The main issues considered and discussed at the meeting related to the Quality Priorities, the Clinical Strategy, the Patient Experience Strategy and membership.
43. SJD suggested that governors would have a positive part to play in the patient groups run by the Patient Experience team. However, due to the pandemic the majority of the groups need a refresh as many were no longer running.
44. SJD highlighted to governors that attending constituency meetings and other membership events was a good way to engage with members of the public. Stalls at hospitals would also be restarted, which enabled engagement with staff as well as patients and visitors.
45. It was agreed that the update by the Young People's Executive should be moved from June due to the young governors undertaking exams at that time.

COG23/02/09 Performance, Workforce and Finance Committee Update

46. JH reported that the Committee had last met in February, where discussion had taken place with the Chief Finance Officer on the Annual Plan. Jason Dorsett had updated the Committee on some of the key initiatives for delivery from the Clinical Strategy.
47. JH explained that the next meeting would focus on Workforce and System Working in the Urgent Care Pathway.
48. NR suggested an event to focus on staff engagement. JM advised that a meeting would be arranged so he could meet with staff governors to discuss the best approach.

ACTION: NS to convene a meeting with staff governors, GS and JM.

COG23/02/10 Lead Governor Report

49. GS reported that the governors pre-meeting had discussed the need for closer working between the University and Trust.
50. JM reported that there was a Joint Executive Group which met every other month, Gavin Screatton and the Chief Executive Officer had met to discuss a formal work programme to feed into the Strategic Partnership Group, of which the Vice Chancellor and JM had oversight. Both organisations had joint objectives with a work programme now established, with updates going to the Strategic Partnership Committee.
51. JM said that he had spoken to Alistair Fitt, the Vice Chancellor at Oxford Brookes University to discuss the creation of a similar Board with Brookes.
52. GS highlighted that governors in the BOB ICS wanted to work more closely together and that liaison with other trusts was taking place.

COG23/02/11 Any Other Business

53. There were no other items not on the agenda.

COG23/02/12 Date of Next Meeting

54. A meeting of the Council of Governors was due to take place on **Wednesday 12 July 2023**.

PART II - CONFIDENTIAL SESSION**COG23/02/13 Non-Executive Director Appointments – Report of Appointment Panel**

55. JM reported that the Appointments Panel recommended two candidates, Mr Paul Dean and Dr Claire Feehily and asked the Council to approve these appointments. These would be for 3-year terms of office.

56. The Council approved these appointments, subject to the usual Fit and Proper Persons and other pre-employment checks.
57. JM gave his thanks to those governors who had sat on the Appointments Panel and taken part in the stakeholder sessions.

COG23/02/14 Report from the Remuneration, Nominations and Appointments Committee

58. JM reported that as part of the review of the Constitution, the Committee felt that a Vice Chair should be appointed. Tony Bagot-Webb had agreed to take over the role and was in discussion with Anne Tutt regarding the Chair's appraisal process.