

Council of Governors

Minutes of the Council of Governors Meeting held on **Monday 2 October 2023** in the Main Hall, Corn Exchange, Witney.

Present:

Name	Initials	Job Role
Prof Sir Jonathan Montgomery	JM	Trust Chair, [Chair]
Mr Tony Bagot-Webb	TBW	Public Governor Northamptonshire and Warwickshire
Mr Stuart Bell CBE	SB	Nominated Governor, Oxford Health NHS Foundation Trust
Mr Robin Carr	RC	Public Governor, West Oxfordshire
Mrs Sally-Jane Davidge	SJD	Public Governor, Buckinghamshire, Berkshire, Wiltshire and Gloucestershire
Mr Mike Gotch	MG	Public Governor, Oxford City
Dr Jeremy Hodge	JHo	Public Governor, Buckinghamshire, Berkshire, Wiltshire and Gloucestershire
Ms Aliki 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
Mr Jonathan Wyatt	JWy	Public Governor, Rest of England and Wales

In Attendance:

Mrs Caroline Rouse	CR	Foundation Trust Governor and Membership Manager, [Minutes]
Dr Meghana Pandit	MP	Chief Executive Officer
Dr Sam Hart	SH	Network Clinical Director of the Integrated Care Board (ICB)
Mr Mark Holloway	MH	Chief Estates and Facilities Officer
Mr David Munday	DM	Assistant Director for Public Health, Oxfordshire County Council
Ms Sara Randall	SR	Chief Operating Officer
Mr Terry Roberts	TR	Chief People Officer
Dr Neil Scotchmer	NS	Head of Corporate Governance
Dr Sam Shepherd	SS	Interim Director of Strategy
Mr David Walliker	DW	Chief Digital and Partnerships Officer

Apologies:

Mr Giles Bond-Smith	GBS	Staff Governor, Clinical
Ms Gemma Davison	GD	Public Governor, Cherwell
Mrs Jill Haynes	JH	Public Governor, Vale of White Horse
Prof Helen Higham	HH	Nominated Governor, University of Oxford
Mrs Pauline Tendayi	PT	Staff Governor, Clinical
Mrs Sally-Anne Watts	SAW	Public Governor, Buckinghamshire, Berkshire, Wiltshire and Gloucestershire
Annabelle and Ishaan	YPE	Nominated Governors, Young People's Executive

COG23/10/01 Welcome, Apologies and Declarations of Interest

1. JM welcomed everyone to the meeting. Apologies were received as recorded above.
2. JM welcomed Mark Holloway, the new Chief Estates and Facilities Officer to his first meeting.
3. Mr Holloway introduced himself to the Council. He assured members that he fully understood the challenges to estates and services and would build on strategies and plans already in place to move forward.
4. No declarations of interest were received.

COG23/10/02 Minutes of the Meeting Held on 12 July 2023

5. The minutes were approved as an accurate record of the meeting.

COG23/10/03 Matters Arising

6. JM reported that the Trust Board had an extensive discussion following the report from the Royal College of Surgeons on sexual harassment.
7. MP emphasised the Trust's zero tolerance position. This was reinforced in staff briefings and listening events; all staff were encouraged to report incidents.
8. NR acknowledged the work undertaken by the Trust but pointed out that it could be very difficult for victims to speak up.
9. JM advised that NS and CR were liaising with Oxford Health regarding holding joint meetings and would keep governors updated.
10. JM stated that discussion would take place regarding updating the Governors Handbook, as so far only one governor had put themselves forward to join the working group.

COG23/10/04 Chairs Business

11. JM confirmed that Oxford Brookes University had nominated Professor Lorraine Dixon, Director of the Oxford School of Nursing and Midwifery as their nominated governor.
12. JM reported that there was no change in Integrated Care Board (ICB) leadership. The Interim Chair of the ICB had attended the Trust's Annual Members' Meeting and visited the John Radcliffe Hospital.
13. JM advised that he was in contact with the Local Medical Committee and hoped to have a nomination from them soon.

COG23/10/05 Chief Executive's Briefing

14. MP updated the Council on the impact of industrial action on the Trust's operational delivery. The Trust the Board was focused on maintaining patient safety and supporting staff wellbeing.
15. MP drew out a few examples of staff continuing to work to improve patient care:
 - OUH was the first Trust to recruit the first patients in the cancer vaccine trial;
 - Staff training in Quality Improvement methodology resulted in initiatives being developed and delivered across the Trust.
16. MP thanked Oxford Hospitals Charity for their continued support.
17. She reported that the People Plan focus this year would be on leadership training, secure bike sheds and nooks and sleep tubes on sites.
18. AK advised that staff governors had been approached by the Sustainability Network them raise the profile of the initiative. AK advised that she was aware of sustainability projects running across the Trust but felt it would be helpful to have a steering mechanism to bring these initiatives together.
19. MP reported that OUH had a Green Plan and that David Walliker, Chief Digital and Partnership Officer had met with the team and had agreed they would meet regularly to collaborate on schemes together. An extra award had been created at the Staff Recognition Awards to recognise the work done. JM suggested that Sustainability was brought back to the agenda in the future.
20. TBW asked how the Trust would meet the required savings target. MP referred to the work of Productivity Committee in supporting teams to identify and deliver plans. This year, the Trust had identified over 100% of its savings target. Delivery of the target was phased in twelfths; this gave a misleading impression that the Trust was behind its target as initiatives largely came to fruition later in the year. JM added that Non-Executive Directors regularly and closely scrutinised progress on delivering the savings target.
21. NR advocated adoption of technology to free resources to support clinical work and reduce bureaucracy where possible. JM highlighted that management overheads were relatively low when judged against international comparators.

COG23/10/06 Briefing following verdict in the trial of Lucy Letby

22. JM acknowledged that the Lucy Letby trial and verdict had been shocking for the whole of the NHS. MP and JM had written to all staff acknowledging the trial and verdict, along with a clear indication of the plans in place to be used at the Trust should staff have any concerns. JM advised that it had been acknowledged at the recent Board meeting that it was not clear what had happened but agreed that the Council would want to be assured regarding the Trust's approach.
23. The Council discussed the importance of senior oversight of the serious incidents process. JM confirmed that he regularly met with the Freedom to Speak Up (FtSU) Guardians and received reports from the medical examiners on the examination of deaths. Board members scrutinised the regular 'Learning from Deaths' Report to the Board. JM reported that the Trust had been complemented on the comprehensiveness of its medical examiner system and so was confident that deaths were reviewed where appropriate.
24. DM highlighted the need for external scrutiny to guard against a natural desire to protect the organisation. MP confirmed that the relevant reports were scrutinised by the BOB ICB, who were also invited to meetings, particularly around safety and mortality, so the Trust had external involvement. In relation to maternal and neonatal deaths, external stakeholders were always involved.
25. MG noted that the last staff survey had indicated that some members of staff felt that patient safety issues should be given more attention. MP advised that for the last four years there had been a year-on-year rise in staff who feel safer when they report concerns and that they are acted upon. Where there are staff who feel they are not heard then this was something that the Trust was working to resolve.
26. JH asked if there was any way through the recruitment process to select for personal behaviours. JM advised that after the Beverley Allitt trial a lot of discussion had taken place about recruiting against attitudes and values. The Trust recruits via its values and many applicants have not been recruited due to lacking the values needed to work at the Trust. All staff have a values-based appraisal to maintain a focus on the values required to work at the Trust.
27. SJD advised that if information was disseminated via the intranet some staff didn't have access to it and that it was important to ensure that appropriate routes were used to ensure that all staff received communications relevant to them.

COG23/10/07 Oxfordshire Health and Wellbeing Strategy

28. JM welcomed Dr Sam Shepherd, Director of Strategy and Partnerships at the Trust, along with representatives from Oxfordshire County Council and the ICB.
29. Dr Shepherd presented the Health and Wellbeing Strategy to the Council, explaining that the Trust had had significant involvement in the shape of the Strategy over the last three months through the Steering Group, and also through JM as a Health and Wellbeing Board (HWB) member. OUH colleagues had provided expertise on relevant subjects as the Strategy developed and it aligned to the Clinical Strategy.

30. The Council noted that this process was a statutory responsibility, led by Oxfordshire County Council, to which the Trust contributed.
31. Dr Sam Hart, Network Clinical Director of the Integrated Care Board (ICB), advised that this represented the Oxfordshire strategy for the Integrated Care System (ICS) and that the ICB was keen that it was a 'living' document, with a timeline for how key objectives would be achieved.
32. Mr David Mundy, Assistant Director for Public Health at the Oxfordshire County Council reported that much had changed regarding levels of health in Oxfordshire, and that the COVID challenge was still ongoing. Substantial public engagement had taken place to see what mattered to residents via Healthwatch Oxfordshire through a number of focus groups, especially groups not often heard from. Mr Mundy reported that people had said that improved physical activity and green space was important to them in terms of their wellbeing. The Strategy would be discussed further at the next HWB meeting, then go out for public engagement and consultation to gain further feedback, with the final version published in December.
33. JS commented that working in the Emergency Department there were a lot of patients who attend in crisis with mental health issues and that this needed to be an area of focus. DM agreed that this feedback had also been received via other routes and would be responded to. SB highlighted the importance of upstream spend on mental health in order to manage issues at an earlier stage.
34. SJD commented that she had attended an anchor institution event in Barton recently and that the figures in relation to health inequalities were very concerning. She noted the good ideas that had been shared and encouraged the Trust to engage enthusiastically with this work.
35. Sam Shepherd encouraged governors to complete the consultation and share it with their networks.

COG23/10/08 Briefing on Waiting Times

36. Sara Randall, Chief Operating Officer updated the Council on waiting times; there were 10 patients who had waited over 104 weeks. Five of those had exercised patient choice and five were awaiting a corneal graft. SR informed governors that the Trust has a commitment to reduce patient waiting time but that continued industrial action was creating challenges in relation to this.
37. JH asked what would happen if industrial action continued and SR informed governors that this would need to be assessed at the time as every period of industrial action was different.
38. RC commended the effort that was being made to reduce waits and asked for staff to be told how grateful governors were for this work.
39. GK asked how many patients were treated from outside the local area and asked whether these numbers were increasing. SR confirmed that the nature of the Trust's specialised services and the clinicians working at the Trust did attract patients from all

over the country and internationally. Where waiting times were long the Trust sought mutual aid from other organisations but even when this was available patients were often not prepared to go to an alternative trust for treatment.

40. The Council noted this update.

COG23/10/09 Management of Governor Vacancy

41. Following Anita Higham standing down as governor, the Council approved the proposal that two Public Governors for the Cherwell constituency were elected in the next scheduled elections: the first-placed candidate to serve a three-year term (1 April 2024 – 31 March 2027) and the second-placed candidate to serve the remainder of Anita Higham's term (1 April 2024 – 31 March 2025).

COG23/10/010 Patient Experience Membership and Quality Committee Report

42. SJD presented the Committee's regular report.
43. At the last meeting, the Committee had an update from the Patient Experience team, who talked about the implementation of shared decision making and improvements to make the Friends and Family Test available in more languages.
44. Young governor Annabelle had provided an update from the Young People's Executive.
45. The next meeting would hear from the Pharmacy team at the Trust. SJD asked governors to please raise any issues with her beforehand.
46. SJD informed governors regarding a number of events taking place over the next few months and suggested governors attend if possible.

COG23/10/011 Performance, Workforce and Finance Committee Report

47. JH presented the Committee's regular report.
48. At its last meeting, the Performance, Workforce and Finance Committee (PWF) was briefed by the Chief Digital and Partnership Officer on the Trust's Integrated Performance Report and the role of the non-executive directors in developing and monitoring the metrics.
49. PWF reviewed the annual assessment of significant interference and agreed with the conclusion of the report that non-NHS income has not resulted in significant interference with the Trust's principal purpose.
50. The Committee asked that review of this report be delegated permanently to the Committee and Council approved this request.
51. The Council of Governors approved minor changes to the Committee's Terms of Reference.

COG23/10/12 Lead Governor Report

52. GS reported that the addition of non-executive directors (NEDs) as attendees at governor committees was working well. It allowed governors to hear directly from NEDs how they were holding Executive members of the Board to account.
53. Further joint activities with NEDs were in development.

COG23/10/13 Any Other Business

54. There was no other business.

COG23/10/14 Date of Next Meeting

55. A meeting of the Council of Governors was to take place on **Wednesday 17 January 2024**.