Council of Governors

Minutes of the Council of Governors Meeting held on **Wednesday 12 October 2022** in the Main Hall of the John Paul II Centre, Bicester

Present:

Name	Initials	Job Role
Prof Sir Jonathan Montgomery	JM	Trust Chair, [Chair]
Mr Tony Bagot-Webb	TBW	Public Governor, Northamptonshire & 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
Ms Gemma Davison	GD	Public Governor, Cherwell
Mr Mike Gotch	MG	Public Governor, Oxford City
Mrs Anita Higham OBE	AH	Public Governor, Cherwell
Dr Jeremy Hodge	JHo	Public Governor, Buckinghamshire, Berkshire, Wiltshire and Gloucestershire
Ms Aliki Kalianou	AK	Staff Governor, Non-Clinical
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

In Attendance:

Mrs Caroline Rouse	CR	Foundation Trust Governor and Membership Manager, [Minutes]
Mr Jason Dorsett	JD	Chief Finance Officer
Dr Meghana Pandit	MP	Chief Medical Officer
Mr Neil Scotchmer	NS	Head of Corporate Governance
Ms Sara Randall	SR	Chief Operating Officer
Ms Rachel Stanfield	RS	Joint Chief People Officer
Mrs Anne Tutt	AT	Non-Executive Director and Vice Chair
Mrs Kathryn Whife	KW	Corporate Governance Manager
Paula Hay-Plumb	PHP	Non-Executive Director

Ms Clare Winch	CW	Acting Chief Assurance Officer

Apologies:

Mrs Janet Knowles	JK	Public Governor, South Oxfordshire
Prof Astrid Schloerscheidt	AS	Nominated Governor, Oxford Brookes University
Mrs Pauline Tendayi	PT	Staff Governor, Clinical
Mr Mark Whitley	MW	Public Governor, Northamptonshire and Gloucestershire

COG22/04/01 Welcome, Apologies and Declarations of Interest

1. JM welcomed everyone to the meeting.
2. Apologies were received from Janet Knowles, Astrid Schloerscheidt, Pauline Tendayi and Mark Whitley.
3. JM formally welcomed MP to her first meeting as Chief Executive Officer.
4. There were no declarations of interest.

COG22/04/02 Minutes of the Meeting Held on 13 July 2022

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

COG22/04/03 Action Log and Matters Arising

6. There were no items on the Action Log or matters arising.

COG22/04/04 Chairs Business

7. JM advised governors that James Kent had stood down as Chief Executive of BOB ICS and that Steve McManus, Chief Executive at Royal Berkshire Trust had taken on the role on an interim basis.
8. MG reported on complaints regarding the changes to the route and stop locations for the 700 bus which served Trust hospitals. The 700 no longer stopped on the Churchill Hospital or Nuffield Orthopaedic Hospital sites, causing problems for patients with mobility issues. The new bus stops also had no shelter or seats. JM noted that the route change had been due to low usage and to improve punctuality and had been decided by the bus operator and not the Trust. It was noted that the bus stops were not on the Trust land. JM reported that the Travel and Transport team would continue to use their influence to raise these issues with the operator and seek solutions.
9. JW asked about the possibility of the Eye Hospital being relocated to a new building as he was aware of some discussions regarding this. JM reported that discussions were at an initial stage looking at how to offer a better service for eye patients in the future. SJD emphasised that consideration needed to be given to any new location having

good public transport links. MP provided assurance that any plans would consider the needs of patients, staff and the wider public in line with the Trust's Strategy.

10. In relation to the Trust's bid for funding in relation to the Horton General Hospital JM confirmed that no decision had yet been announced in relation to the new hospitals programme. It was noted, however, that there had been a lot of other service developments on the Horton site.
11. JM explained that a refresh of the governors skills and experience survey was due to be undertaken and would be carried out in the near future.

COG22/04/05 Chief Executive's Briefing

12. MP noted that the new Secretary of State had set out a set of priorities around which local objectives would be based.
13. The Trust intended to improve recruitment timelines and was looking at the cost of living help that could be provided to staff.
14. MP reported that good progress was being made on developing the clinical strategy. This would include transforming the way in which services were delivered and streamlining the way in which they were delivered via digital innovation. Hannah Iqbal, Director of Strategy and Partnerships had been engaging with clinical staff and assimilating around 700 ideas which had been put forward. Hannah would then prepare the next iteration of the strategy which would be presented to governors before it was finalised.
15. MP acknowledged that the Trust was facing many challenges. COVID numbers were rising again in the community. Although the number of patients treated at the Trust was lower than the previous year a lot of operational pressure was generated as these patients needed to be in the right environment. The number of staff off sick with COVID had also risen, although the number of staff off with long term sickness was reducing. This led to an increase of bank and agency staff being employed which was costly. Modelling indicated that the COVID peak should reduce by the end of October. However, flu and other respiratory viruses were likely to increase at that stage. MP confirmed that the Trust had an operational plan to meet these projections and would continue to work with partners to get patients out of hospital when medically ready for discharge.
16. A financial recovery plan had been developed and divisions had worked hard to create efficiencies which were being monitored.
17. MT informed governors that an announcement was expected regarding funding for the Biomedical Research Centre shortly.
18. RC asked about challenges for the Trust's Emergency Departments, noting reports that ambulances could not offload patients. MP advised that Sam Foster, Chief Nursing Officer, led on the Oxfordshire Urgent Care Plan and had been focussing on patient referrals to the various options available.

19. SR reported that the Trust was also focussing on patients with long standing conditions with virtual wards set up to monitor patients and improve turnaround times. Emergency services were being similarly supported with advice to paramedics at the scene to avoid patients needing to come to hospital where not necessary.
20. SR advised that some patients did come to ED as an alternative to accessing primary care but that there was a GP on site to whom these patients could be directed. JM said that a lot of communications had been developed regarding which pathway to use.
21. MP advised that there was a likelihood of flu peaking in December and that flu vaccinations for staff had just started. She noted that last year 69% of staff had been vaccinated and that the national CQUIN that year was 90% which was considered extremely challenging. A 69% take up amongst clinical staff was considered good. MP explained that peer vaccinators were being used so that staff could be vaccinated on their wards or in their departments. The vaccine would also be offered to vulnerable patients. The Trust was no longer a COVID vaccine hub and so staff would access this from their local vaccination centre.
22. The Chief Executive confirmed that in all clinical areas masks were still mandatory. She emphasised that it was important that people were vaccinated as, whilst the vaccines did not stop transmission, they did reduce the risk of patients becoming seriously unwell. The Trust was not undertaking testing before elective surgery but had started testing emergency admissions into ED to stop the spread once in hospital.

COG22/04/06 2022/23 Financial and Operational Forecast

Forward Look Operational Performance Issues

23. SR explained that the operational plan for the year required the Trust to reduce waiting times for elective and cancer care whilst ensuring capacity for urgent patients and those who had waited longest. Work had taken place to assess the capacity needed, reallocating theatre lists for a limited period and ensuring that patients were suitably prepared to avoid cancellations where they were not fit for surgery. Work would be required with urgent care services, to maintain flow, ensure that patients could be discharged and protect theatre lists.
24. JH asked whether GP referral rate were back to pre-COVID levels. SR that cancer referrals had increased for almost all tumour sites and that other specialties such as Urology had also seen high volumes.
25. GK told MP that because operations were not starting on time in his department the lists were overrunning every day and that a later start time would help stop this. MP suggested that the priority was to have an agreed start time that allowed the most efficient running of a full eight hours of surgery. It was suggested that it might be helpful to brief governors on the theatre productivity programme.

Financial Forecast and Recovery Plan

26. JD announced that at the end of July the Trust had a deficit of £7.9 million. Analysis indicated that this was primarily a consequence of staff sickness and extended hospital

stays prior to discharge. The Trust had assumed a sickness level of 3% but this had been running at 4 to 4.5% with most gaps being backfilled by bank and agency staff. JD estimated that the increase in sickness in the first four months of the financial year cost £4.3m in backfilling staff. Longer stays in hospital and an increase in patients admitted for urgent care meant fewer beds available. Additional beds had been opened using bank and agency staff but the Chief Finance Officer noted that this was associated with premium costs.

27. JD reported that divisions had done well with their efficiency plans but that the Trust was likely to need to slow down the pace of some investments.
28. Asked about the potential contribution from the ICS, JD noted that there might be scope to coordinate mutual aid for elective care but that initiatives relating to urgent care were more likely to be a partnership between Oxfordshire County Council, Oxford Health and OUH.
29. JD confirmed that there was a focus on business continuity in the event of industrial action and that the priority would be to maintain emergency care.
30. NR noted the impact on staff wellbeing and morale and asked what was being done to support staff and assist them with the cost-of-living crisis. It was noted that this work centred on the Trust's People Plan and that a Cost-of-Living Group had been established. The Trust was looking at what could be offered to help including initiatives such as transport vouchers. JD also explained that discussion was advanced with the catering departments regarding introducing discounted meals in the key staff canteens. Meetings took place fortnight with staff and unions to discuss what could be done.
31. MP highlighted the close relationship that the Trust has with the Oxford Hospitals Charity, which had done fantastic work during the pandemic offering food and ways for staff to relax, such as sleep pods. DM commented as the Chair of the Trustees of Oxford Hospitals Charity that there was very close liaison with the Trust on a regular basis with frequent exploration around staff morale and what more could be done to help.
32. JM suggested that if anyone had any further ideas for the Cost-of-Living group these would be welcomed.

COG22/04/07 Equality Standards and Equality Objectives Update

33. The Joint Chief People Officer introduced two papers that had been presented to the Board at its 28 September meeting.
34. RS had shared two papers with governors, one on performance against specific standards and the second regarding the Trust's wider objectives regarding equality, diversity and inclusion over the next four years It was noted that these were linked to the People Plan and the aim of ensuring that staff felt that they belonged, and that their talents were utilised.
35. The Joint Chief People Officer summarised four key findings as follows:

- Black or minority ethnic staff were far less likely to progress to a more senior level, and were less well represented at bands 8a and above;
- Staff with disabilities were more likely to attend work when unwell;
- The gender pay-gap persisted for women, particularly in relation to clinical excellence awards; and
- Working carers were less likely to feel supported.

36. RS explained that work was underway to aim for a more positive approach to career progression. The issue of presenteeism was also being addressed. Work was underway to gather more data on working carers and to collaborate with the Women's Network on the gender pay gap.
37. RS informed the Council that the wider objectives were part of a longer-term piece of work to engage with staff to inform the Trust's approach. Objectives had been identified drawing on work that was being done nationally and within the ICS. These objectives included benefits for staff and patients and incorporated developments to improve patients experience from communities that are heard from less. They also aimed to improve the data on health inequalities on the Trust's waiting lists.
38. JW highlighted that were items in the first paper (page 72, sections 34 and 35) that might benefit from review with consideration of requirements under the Equalities Act 2010. JM agreed that these sections would be reviewed.
39. JW also suggested that imbalances in career progression for members of staff recruited internationally might result from their need for greater support in due to their lack of experience in the UK health sector. The Chair noted that the Trust's international recruitment aimed to provide the support and induction that were required to address these imbalances and that it was important that those coming to the Trust from overseas had a fair opportunity to progress.
40. TBW expressed concern about the ongoing issue of pay inequality and JM noted that the situation was complex as the elements of awards that the Trust could control directly were generally not those that created the disparity.

COG22/04/08 Peer Review Report

41. The Acting Chief Assurance Officer introduced this paper which provided a briefing to the Council on the Trust's Peer Review Programme. It summarised the peer review process, the results from the peer reviews conducted in 2021/22 and provided an overview of the planned 2022/23 programme.
42. CW informed governors that the Trust intended to follow the CQC's methodology and that it was hoped that governors would wish to be involved in the process to give a patient's perspective.
43. For the 22/23 peer review CW intended to extend the programme to look at theatre environments.

44. All peer reviews were reported through the Clinical Governance Committee and monitored through OxSCA (Oxford Scheme for Clinical Accreditation).
45. JM advised that this offered a great opportunity for governors to be involved in peer reviews and noted that the email address to contact if they were interested in being involved was on the paper provided.

COG22/04/09 Lead Governor Role and Arrangements for Deputising for the Lead Governor

46. The Council of Governors approved the recommendation that the role of Lead Governor should formally include acting as a point of contact for the Council with governors in other organisations across the healthcare system and that to support this the Chairs of Governor Committees might act as deputies for the Lead Governor where required.

COG22/04/10 Patient Experience, Membership and Quality Committee Update

47. SJD informed governors that at the last meeting of PEMQ a report was received from the Young People's Executive, after which there was a discussion on how governors could do more to support young governors. A presentation from the Patient Experience Team was also provided.
48. SJD highlighted the value added by the attendance of Non-Executive Directors at the Committee's meetings and expressed the hope that a strong presence in future meetings would be possible.

COG22/04/11 Performance, Workforce and Finance Committee Update

49. GS reported that more governors had now joined the Committee following the loss of members at the last elections. A series of workshops were proposed to inform governors regarding the work of the Committee.

COG22/04/12 Remuneration, Nominations and Appointments Committee Terms of Reference

50. The Council of Governors approved the revised Terms of Reference for the Remuneration, Nomination and Appointments Committee.
51. The proposal that a governor Vice Chair be selected from amongst the members of the Committee was noted.

COG22/04/12 Lead Governor Report

52. GS highlighted that the governors had had an interesting discussion at their pre-meeting, covering their statutory duties and the way in which they might interact with non-executive directors, as well as engaging with the Integrated Care System. The

need for further development of the way in which their committee structures operated had been highlighted.

53. The lack of attendance from members of the public at the meeting was noted although it had been advertised to all members. It was agreed that consideration should be given to how the Council's meetings could be promoted and whether consideration should be given to a hybrid option or making a recording of the meeting available.

COG22/04/12 Any Other Business

54. TBW highlighted that he and AH had attended the 150th Anniversary of the Horton General Hospital, which he felt had been a very positive event.
55. TBW highlighted problems experienced contacting NHS 111. MP reported that she had spent time with the 111 and 999 team and that they did an extraordinary job with the number of calls they received. However she was aware that waiting times were high and agreed to pass on these comments.
56. The issue of readmissions was raised and it was agreed that this was a topic that might be considered at a future meeting of the Patient Experience, Membership and Quality Committee.
57. NR reminded governors of the issue regarding sexual harassment in the workplace that she had raised at the January meeting. [See CoG2022.05 paragraph 26.] It had been agreed that this should be addressed through the Performance, Workforce and Finance Committee but this had been delayed due to the need to relaunch the work of the Committee due to its loss of membership at the 2022 elections. It was agreed that this issue should now be picked up as part of the Committee's forward plan.

COG22/04/12 Date of Next Meeting

58. A meeting of the Council of Governors was to take place on **Wednesday 18 January 2023**.

PART II - CONFIDENTIAL SESSION

COG22/04/13 Minutes of the Meeting Held on 20 July 2022

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

COG22/04/14 Report from the Remuneration, Nominations and Appointments Committee

60. The Council agreed the recommendations in the report, noting the importance of recruiting individuals with financial expertise.