

Council of Governors

Minutes of the Council of Governors Meeting held on **Wednesday 13 April 2022** via video conference

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 Giles Bond-Smith	GBS	Staff Governor, Clinical
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
Mrs Jill Haynes	JHi	Public Governor, Vale of White Horse
Prof Helen Higham	HH	Nominated Governor, University of Oxford
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	GKr	Staff Governor, Clinical
Mr David Matthews	DM	Public Governor, Vale of White Horse
Mrs Jane Proberts	JP	Public Governor, Oxford City
Ms Nina Robinson	NR	Public Governor, Buckinghamshire, Berkshire, Wiltshire and Gloucestershire
Mr Graham Shelton	GS	Public Governor, West Oxfordshire
Ms Jules Stockbridge	JS	Staff Governor, Clinical
Mrs Pauline Tendayi	PT	Staff Governor, Clinical
Mrs Megan Turmezei	MT	Staff Governor, Non-Clinical
Mrs Sally-Anne Watts	SAW	Public Governor, Buckinghamshire, Berkshire, Wiltshire and Gloucestershire
Mr Mark Whitley	MW	Public Governor, Northamptonshire and Gloucestershire
Mr Jonathan Wyatt	JWy	Public Governor, Rest of England and Wales
Maryam		Nominated Governor, YPE
Ruby		Nominated Governor, YPE

In Attendance:

Caroline Rouse	CR	Foundation Trust Governor and Membership Manager, [Minutes]
Mr Chris Burchell	CB	Oxford Medical Illustration
Mr Jason Dorsett	JD	Chief Finance Officer
Mrs Paula Hay-Plumb	PHP	Non-executive director
Ms Sarah Hordern	SH	Non-executive director
Ms Katie Kapernaros	KK	Non-executive director
Ms Vivienne Lees	VL	Young People's Executive Lead
Dr Meghana Pandit	MP	Chief Medical Officer
Ms Sara Randall	SR	Chief Operating Officer
Mr Terry Roberts	TR	Chief People Officer
Prof Anthony Schapira	ASc	Non-executive Director
Dr Neil Scotchmer	NS	Head of Corporate Governance
Mr David Walliker	DW	Chief Digital and Partnership Officer
Ms Rosalind Pearce	RP	Healthwatch Oxfordshire

Apologies:

Mrs Gemma Davison	GD	Public Governor, Cherwell
Mrs Anita Higham OBE	AH	Public Governor, Cherwell
Mr Gavin Kenworthy	GK	Nominated Governor, Oxfordshire Clinical Commissioning Group
Prof Astrid Schloerscheidt	AS	Nominated Governor, Oxford Brookes University

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

1. The Chair welcomed those present to the meeting and congratulated newly-elected governors.
2. Mr Graham Shelton was also congratulated on his selection as Lead Governor following an uncontested election.
3. The Chair noted that he would withdraw for the discussion of Chair and Non-Executive remuneration in the Part II section of the meeting. No other declarations of interest were made.

COG22/04/02 Minutes of the Meeting Held on 19 January 2022

4. NR highlighted her comments under paragraph 26 on the minutes and it was noted that this matter was to be followed up through the Performance, Workforce and Finance Committee.
5. The minutes were otherwise approved as an accurate record.

COG22/04/03 Minutes of the Meeting Held on 9 February

6. The minutes were approved as an accurate record.

COG22/04/4 Action Log and Matters Arising

7. There were no matters due for report from the action log or other matters arising on this occasion.

COG22/04/05 Lead Governor's Report

8. GS thanked Cecilia Gould for her work as lead governor. With many new governors in post he suggested that there was a need to reflect on what a governor's role was, particularly in the current circumstances.
9. GS emphasised the importance of governors making active efforts to engage with their constituents and understand their needs, for example through Patient Participation Group meetings, especially in the context of the move towards an Integrated Care System (ICS).
10. GS informed governors that a separate informal meeting would be arranged for governors which would provide an opportunity to discuss these issues. This also connected to the work that was being undertaken by a working group of PEMQ to review the Membership Strategy.
11. It was noted that there was not yet clarity about how the Integrated Care Board would engage with the views of governors and the wider public. Prof Montgomery noted that he had discussed this with the ICS Chair who recognised that there would be a need for such engagement but with the mechanisms for this to be clarified. The Council also noted that the ICS Chief Executive, James Kent, would be attending the OUH Board Strategy Day in May.
12. The Lead Governor also highlighted that informal discussions had taken place between OUH and Oxford Health governors. The Trust Chair also noted that a Memorandum of Understanding between the two organisations had also been signed which committed the trusts to working together in a number of identified areas.

COG22/04/06 Chairs BusinessCOVID-19 Update

13. The Chair asked the Chief Operating Officer to provide an update on operational pressures.
14. Ms Randall reported that pressures from winter had continued with the significant number of patients with COVID a contributing factor. The Trust had been operating on a number of occasions at its highest escalation level along with many other trusts in the region. There were also high levels of staff absence due to COVID which had caused pressures in particular areas. It was noted that it remained important that staff were able to take leave to allow time to relax and recover. The Divisions were commended for their work to ensure the continuity of services. Staff had been working closely with system colleagues at Oxford Health, South Central Ambulance Service and the County Council to support the timely discharge of patients and avoid re-admissions.

15. The Council also heard about improvements to the Trust's elective waiting list with the numbers of patients waiting over one year significantly reduced from over 5000 to less than 1000 in the last year. The Chair commended Ms Randall and her team for this achievement.

Update on CEO Recruitment

16. It was noted that MT was related to a staff member at Odgers, the recruitment agency supporting the Trust with this recruitment process although this was not regarded as a conflict of interest.
17. The Chair reported that four staff listening events had taken place to seek views from staff on the qualities that the Trust should be seeking in the individual to be appointed to this role. It was hoped that interviews would take place during May.
18. The Council noted that it would be asked to approve the appointment of the Chief Executive with a recommendation to come from the non-executive directors who would manage the recruitment process. It was noted that the Chair of the ICS had agreed to participate in the appointment panel.

Staff Recognition Awards

19. The Chair explained that an awards ceremony was planned for 9 June following an extensive selection process with nominations demonstrating an impressive range of achievements by staff.

Ockendon Final Report

20. The Council noted the final Ockenden Report following the review of services at Shrewsbury and Telford Hospitals Trust, which had found that there was a failure to investigate, learn and improve and to safeguard mothers and babies at a time most important to them.
21. The Chief Medical Officer explained that the four key themes of the Report were workforce, training, listening and learning from incidents. It included several immediate actions to be taken across the maternity system. The Trust would be undertaking a review to assess whether there were any gaps where work was required by the Trust in relation to these.
22. Prof Schapira, the Board Maternity Champion, noted that he did not anticipate that the changes required would be extensive as this work was taking place against a backdrop of service that were of high-quality in terms of safety although with other areas requiring improvement where work was underway.
23. The Council heard that a critical failure in other services had been a failure to listen to feedback from women.
24. The Chair noted that the Trust had reviewed the MBRRACE data (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK) from the National Perinatal Epidemiology Unit. This information grouped the Trust with units that had similar high-risk patients and it was felt that this gave assurance that there was no

cause for concern in relation to the quality of the Trust's outcomes. It was recognised, however, that the UK as a whole did not perform as well as the best international comparators such as the countries of Scandinavia.

COG22/04/07 2022/23 Annual Plan

25. The Chief Finance Officer introduced this item, noting that the Council's Performance, Workforce and Finance Committee had had the opportunity to discuss the Annual Plan at its meeting on 9 March.
26. The Council heard that detailed financial information regarding the Trust's income for the year was still awaited.
27. A core national requirement for the coming year was to increase elective activity to 104% of 2019/20 levels. Increases would be required to manage an expected rise in referrals due to patients who had delayed coming forward for treatment during the pandemic. The Chief Operating Officer and operational clinical colleagues had been developing plans to deliver this increase in activity.
28. The Council heard that the Trust's workforce had increased significantly from levels prior to the pandemic but that this was offset by increased sickness levels and the reduced efficiency that resulted from maintaining separate pathways for COVID and non-COVID patients.
29. The Chief Finance Officer explained that the Trust hoped to plan to deliver a close to breakeven position. COVID funding was reduced for the coming year with extra money available for elective activity but not for urgent care. If the Trust were to fund all proposed investments then this would lead to a £20m deficit.
30. It was noted that the Trust's quality objectives had been agreed and were published on the Trust website. The Board had also approved the Trust's capital plan subject to alignment with the ICS capital allowance. It was hoped that the Trust might also have the opportunity to secure additional capital through bids against new national capital awards with which it had been successful in the previous year.
31. Mr Dorsett also highlighted the risk related to levels of COVID which had risen from 68 in early March to 200 during the previous week with staff sickness levels also raised. Higher than projected levels of COVID would increase costs beyond those planned for and reduce the potential to increase efficiency by relaxing COVID-related restrictions.
32. The Council noted that the Trust's final submissions to NHSEI were expected to be made within the next fortnight.
33. GK highlighted current staffing pressures in the MRC (Medicine, Rehabilitation and Cardiac) Division and the need to fully staff critical care facilities in order to deliver planned activity levels with reliance currently on staff undertaking additional shifts. The Chief People Officer explained that vacancy levels were stable but that turnover had increased as staff felt more confident changing jobs as the impact of the pandemic subsided. Mr Roberts also highlighted that the shortfall in trainees in the domestic market meant that the Trust was making extensive use of international recruitment at which it was now very well experienced.

34. The pressures created for staff, especially the lowest paid, by cost of living increases were highlighted. The Council heard that this was an issue of significant concern for the Board and that a number of steps had already been taken to assist in mitigating the impact:
- Mileage rates for business travel had been increased;
 - All staff had received a £100 bonus;
 - Free parking for staff had been extended for the first three months of the year; and
 - A £250 contribution to costs had been made for staff who travelled to work other than by care.

Targeting measures at those who did not drive to work was intended to provide greater benefit to lower paid staff and also to contribute to the Trust's Greener OUH Plan. It was hoped that further measures would also be introduced in due course.

35. JS highlighted that she understood that the costs of the staff accommodation managed by A2Dominion had been increased. Mr Dorsett agree that he would look into this. He noted that a working group had been established to address issues of this nature.
36. The Chair noted that the executive team had made good progress in reviewing the budget and working out how to bridge the deficit. The importance of agreeing targets that were challenging but could be delivered was noted. The Council heard that this would be a challenging financial year, particularly in relation to capital funding, but that there was increasing confidence that the budget setting process was well-embedded in the organisation. It was agreed that progress would be further monitored through the Performance, Workforce and Finance Committee.

COG22/04/08 2021 Staff Survey

37. This item was introduced by the Chief People Officer who explained that the Trust had received its highest ever response rate of 57%, increased from 53% the previous year and well above the national average.
38. The results show that performance against metrics have improved for 11%, remained the same for 39% and declined for 50%. It was noted, however, that this was in the context of a significant national reduction in results. The employee engagement index score had reduced from 7.2 to 7.0 which was in line with a national reduction of 0.2.
39. Areas of improvement were line managers asking staff for their opinions, levels of bullying and harassment and confidence in reporting any bullying and harassment. The last point indicated that staff were confident that action would be taken if concerns were raised.
40. The most significant declines in scores related to coming to work when feeling unwell, feeling that the organisation valued work and recommending the Trust as a place to work. The Chief People Officer explained that the Trust had had a concerted focus on staff health and wellbeing under the 'Growing Stronger Together' programme and that this had led to a significant increase in staff feeling the Trust had taken positive action on

health and wellbeing which was also a quality priority for the current year. However the Trust would continue to work on further initiatives to improve staff experience of working for the Trust.

41. Mr Roberts highlighted that focus groups following up on the results of the survey and agreeing appropriate actions would be taking place locally for teams throughout the Trust. This 'Time to Talk' initiative along with the Trust's engagement promise were intended to ensure that the Trust heard from its staff about their concerns.
42. DM suggested that there was a distinction between wellbeing and morale with the latter also important. He noted that one way to improve the latter would be to adopt the term 'doctors in training' to replace 'junior doctors' which would be a cultural shift that would leave this staff group feeling more valued.
43. Concern was expressed by governors that 25% of staff reported being subject to violence and aggression. The Chief People Officer explained that work was underway on this issue to encourage staff to raise concerns where patients were physically or verbally aggressive rather than accepting this behaviour. The Council noted the pilot of the use of body cameras that was currently underway as one of the initiatives to tackle this issue.
44. SJD commended the work that the Trust was doing through its networks which she recognised through her involvement in the EDI Steering Group. Mr Roberts emphasised the Trust's commitment to supporting these groups with each of the executives aligned to one of the staff networks.

COG22/04/09 Healthwatch Update

45. Rosalind Pearce, Executive Director of Healthwatch Oxfordshire (HWO) was welcomed to the meeting.
46. The Council heard that HWO was responsible for listening to people's experiences of health and social care across Oxfordshire. HWO fed back insights from this feedback to the commissioner of services and individual service providers.
47. RS reported that over the last year the organisation had supported community researchers to talk to their communities about their concerns. Two particular areas of focus had been access to interpreters and maternity services. RS encouraged governors to watch the film on black women's experiences of maternity care in Oxfordshire which was available on the HWO website. Women reported positive experiences but also gave ideas of how the services could be improved. This had been fed back to the Trust and the suggestions well received.
48. RS confirmed that HWO worked with Healthwatch Berkshire and Buckinghamshire where appropriate. She also added her support to the need to ensure a patient voice at the level of the Integrated Care System, noting that the BOB ICS had published their draft strategy for listening to patients and the public on its website.

COG22/04/10 Committee Vacancies, Membership and Schedules

49. The Council heard that work was underway to map the rhythm of committee meetings better to the work cycle of the Trust.
50. It was highlighted that after the recent elections and with a number of Committee members standing down the PWF Committee would welcome more volunteers to join the Committee.
51. GS confirmed he was happy to chair the PWF Committee as an interim measure but would in the longer term prefer to focus on the Lead Governor role.

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

52. It was noted that the PWF Committee had not had a formal meeting but, as mentioned earlier, had met with the Chief Finance Officer to discuss the Annual Plan.

COG22/04/12 Patient Experience, Membership and Quality Committee

53. The Committee Chair explained that in February the Committee had been asked to comment on the Trust's Quality Priorities. It was noted that these were normally discussed at a public meeting but that, due to COVID this had not been possible this year. Feedback had been coordinated via the Committee Chair and the document had been revised based on these comments prior to approval by the Trust Board at its 9 March meeting. They had now been made available on the Trust website.
54. At the last meeting on 25 March the Committee had received a presentation from the Chief Nursing Officer and Prof Schapira regarding maternity services at the Trust, which was an important topic, particularly in the light of the Ockenden Report discussed earlier in the meeting. The Committee was very keen to continue monitoring this issue.
55. The Committee had also been updated on operational pressures by the Chief Operating Officer and had received a report on the recent governor elections.
56. Three non-executive directors had agreed to form a regular link with each committee and PEMQ were pleased to have the support of Ash Soni, Joy Warmington and Tony Schapira.

COG22/04/13 Any Other Business

57. It was noted that an informal meeting for governors would be arranged to proceed its formal meeting on 13 July and that it was hoped that this would be in person.

COG22/04/14 Date of Next Meeting

58. A meeting of the Council of Governors was to take place on **Wednesday 13 July 2022**.