

Council of Governors

Minutes of the Council of Governors Meeting held on **Wednesday 12 July 2023** in the Radcliffe Suite of the Holiday Inn, Oxford.

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
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
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
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
Annabelle	YPE	Nominated Governor, Young People's Executive

In Attendance:

Dr Meghana Pandit	MP	Chief Executive Officer
Mr Jason Dorsett	JD	Chief Finance Officer
Ms Paula Gardner	PG	Interim Chief Nursing Officer
Ms Sara Randall	SR	Chief Operating Officer

Dr Anny Sykes	AS	Interim Chief Medical Officer
Ms Rachel Stanfield	RS	Acting Chief People Officer
Mr David Walliker	DW	Chief Digital and Partnership Officer
Ms Paula Hay-Plumb	PHP	Non-Executive Director
Ms Katie Kapernaros	KK	Non-Executive Director
Prof Tony Schapira	TS	Non-Executive Director
Ms Anne Tutt	AT	Vice-Chair and Non-Executive Director
Dr Neil Scotchmer	NS	Head of Corporate Governance
Ms Viv Lee	VL	Children's Patient Experience Team
Mr Paul Dean	PD	Non-Executive Designate
Ms Janet Dawson	JD	Ernst and Young
Professor Adrian Banning	AB	Director of Research and Development
Dr Veronica Barry	VB	Executive Officer, Healthwatch

Apologies:

Cllr Tim Bearder	TB	Nominated Governor, Oxfordshire County Council
Mr Giles Bond-Smith	GBS	Staff Governor, Clinical
Dr Robin Carr	RC	Public Governor, Oxford City
Mrs Jill Haynes	JH	Public Governor, Vale of White Horse
Mrs Anita Higham OBE	AH	Public Governor, Cherwell
Ms Jane Proberts	JP	Public Governor, Oxford City
Ms Nina Robinson	NR	Public Governor, South Oxfordshire
Professor Astrid Schloerscheidt	AS	Nominated Governor, Oxford Brookes University
Mrs Pauline Tendayi	PT	Staff Governor, Clinical
Mrs Sally-Anne Watts	SAW	Public Governor, Buckinghamshire, Berkshire, Wiltshire and Gloucestershire
Mr Mark Whitley	MW	Public Governor, Northamptonshire and Warwickshire
Ishaan	YPE	Nominated Governors, Young People's Executive

CoG23/07/01 Welcome, Apologies and Declarations of Interest

1. Apologies were noted as recorded above.
2. Those in attendance were welcomed to the meeting, including Paul Dean who was attending his first meeting of the Council of Governors prior to taking up his role as a Non-Executive Director from September.
3. No conflicts of interest were raised.

CoG23/07/02 Minutes of the Meeting Held on 3 April 2023

4. It was noted that the venue was incorrectly recorded and had been The Beacon in Wantage.
5. The minutes were otherwise agreed as an accurate record of the meeting.

CoG23/07/03 Matters Arising

6. The Chief Finance Officer provided an update to governors regarding parking arrangements on Trust sites. He explained that the Board had agreed in May to align parking charges in Headington with other car parks but at the same time to ensure that the extensive range of exemptions that applied were widely publicised.
7. Mr Dorsett explained that the Trust continued to suspend staff parking charges with a long-term view to be taken towards the end of the year. It was felt that a reintroduction of charges during a period of industrial action was likely to be counterproductive. National guidance included the expectation that staff were charged which the Trust was reluctant to do at that stage.
8. A Board seminar on all aspects of travel was planned for later in the month.
9. The Council heard that there was no cost-effective way to reliably identify individuals without appointments or other legitimate reasons to park on site.
10. It was noted that subdividing parking to allocate slots for appointments was likely to decrease the efficiency with which spaces were used though smoothing clinic scheduling could be beneficial.
11. It was recognised that views on the appropriateness of charges for both staff and patients were strong and widely varied.
12. The Council heard that efforts had already been made to encourage other means of getting onto site for staff such as subsidies for bikes.

CoG23/07/04 Chairs Business**Council Membership Update**

13. The Council noted that, following discussion with the Chair, Anita Higham had indicated that she would be standing down as a governor following the Annual Public Meeting in September.

14. The Chair indicated that it was proposed that a by-election for the final year of Anita's term be held in parallel with the main governor elections at the start of 2024.
15. It was also noted that Astrid Schloerscheidt was standing down as the governor for Oxford Brookes University and that Prof Lorraine Dixon, the new Director of the Oxford School of Nursing and Midwifery, was expected to be nominated to replace her.

Paula Hay-Plumb

16. It was highlighted that this was Paula Hay-Plumb's final Council meeting and she was thanked for her support to the Council of Governors and for her role as Audit Chair, noting the relevant item on the meeting agenda regarding the External Audit Report.

Workplace Sexual Harassment

17. The Council noted that following previous discussion of this issue at the Council and a recent story for the Times Health Commission it was planned to discuss this further at the Integrated Assurance Committee and the Governors Performance, Workforce and Finance Committee.
18. It was noted that Claire Flint, Rachel Stanfield and Nina Robinson had met to discuss the Trust's approach to these matters.

ICS Update

19. The Council noted that Nick Broughton was now the Interim Chief Executive Officer for the Integrated Care Board. It was anticipated that it would be some months until long-term leadership arrangements were confirmed.
20. The Chair explained that work on place-based activity and the development of an acute provider collaborative were underway and that it was hoped that these could be progressed without being delayed by the uncertainty regarding leadership issues.

NHS 75th Birthday

21. The Council noted the events that had taken place the previous week in recognition of the NHS's 75th birthday. These had included the Staff Recognition Awards at which Sally-Jane Davidge had been present and had been nominated for the Supporter or Volunteer award. The Oxford Hospitals Charity was thanked for its support of these awards.

CoG23/07/05 Chief Executive's Briefing

22. The Chief Executive updated governors on the Trust's People Plan and its efforts to get the basics right for staff. Initiatives for staff wellbeing had included sleep tubes and nooks across the Trust's sites with outdoor gym equipment to be installed. The Trust had succeeded in reducing recruitment timelines from 80 days to around 40. It was also focussed on leadership development and psychological wellbeing as part of an inclusive culture.

23. In relation to the Emergency Department four hour standard Prof Pandit explained that the intention was for 76% of patients to be seen within four hours. A number of workstreams were underway to contribute to this and included collaborative work with GPs, Oxford Health and the Council. These included a transfer of care hub to support effective discharge from hospital. The Trust had been identified as an exemplar for ambulance handovers and was also focussed on increasing the number of patients who could be care for in their own homes.
24. In relation to elective performance the operational standards to be achieved included eliminating waits of over 65 weeks. Many patients on the Trust's waiting list were waiting for initial appointments with 20% waiting for operations. A plan was in place to deliver the required reductions but would be challenging to deliver with particular pressures in relation to complex spinal patients.
25. The Council also noted progress on the cancer standards, in particular the 28-day faster diagnosis standard which the Trust had been consistent achieving.
26. The Chief Executive recognised that the impending industrial action represented a substantial challenge and that the Trust remained focussed on patient safety and staff wellbeing. The right of individuals to strike was respected but it was recognised that the situation was likely to have an increasing negative impact on patient care and operational standards.
27. The Lead Governor commended these impressive achievements in a challenging context.

CoG23/07/06 External Audit Annual Report, including a summary of 2022/23 Annual Accounts

28. The Chair explained that the Annual Report and Accounts could not be placed in the public domain until they had been laid before Parliament.
29. The Chief Finance Officer informed governors that a breakeven financial position had been achieved. He explained that the adjusted financial position for which the Board was held to account was different from the statement of comprehensive income in the audited annual accounts which was prepared on an international financial reporting standards basis.
30. Ms Janet Dawson provided governors with a summary of Ernst and Young's work in their first year as the Trust's annual auditors. She explained that their role was to express an opinion on the Trust's financial statements and some aspects of the Annual Report and to note if any weaknesses had been identified in the arrangements in place to ensure value for money.
31. Ms Dawson explained that the report indicated an unqualified opinion on the financial statements. There were no issues to report on remuneration report which was consistent with the financial statements. The auditors had assessed information about how the organisation organises itself and no significant weaknesses in arrangements

had been identified. The auditors had identified no need to use their further reporting powers and a formal audit certificate had been issued.

32. Areas of significant risk had been assessed for incorrect reporting and some misstatements had been noted. It was recognised that this was quite typical when new auditors made an assessment of the position.
33. The Council heard that this was a relatively clean report for a first year audit and that Ernst and Young had received good support and responses from management.
34. Ms Hay-Plumb commented that the process had been a complex one and had involved hard work from both Ernst and Young and the Trust finance team and expressed her gratitude to both, noting that the exercise had been helpful in identifying improvements for the future.
35. The Council noted that some issues had been identified by Ernst and Young in relation to property valuations and that these had now been settled which was expected to avoid the need for changes in future years.
36. The Trust's costs in relation to clinical negligence were discussed. Mr Dorsett explained that this figure related to the Trust's premium under the NHS clinical negligence scheme whereby the Trust paid into a national risk pool. He noted that the Trust's premium was higher than for other trusts and that work was underway to understand this and assess ways in which this might be reduced over time. He clarified that very few cases went to court and that this was managed by the NHS Litigation Authority rather than the Trust.
37. The Council heard that research and development funding was allocated to specific projects and staff time which could be tracked but that this was harder to do for education and training. The intention was to do some work on this in future as it would assist with internal analysis and external reporting.
38. Mr Dorsett clarified that staff costs had gone up both as a result of an increase in numbers and in the relative cost of staffing. Work was still underway to better understand the drivers for this but key factors were increased sickness and a acuity of patients. Evidence for the latter was provided by data on comorbidities and length of stay.
39. In relation to the Trust's contracts the ongoing failure of the doors to the Welcome Centre was noted. Mr Dorsett explained that this had been complex to resolve as this project had effectively been a mini PFI but that it was intended that this would be resolved as part of the Trust's Public Sector Decarbonisation Scheme.
40. Thanks were expressed to the Chief Finance Officer and his team for their work to deliver this favourable year-end position and an unqualified opinion on the accounts.

CoG23/07/07 Update on Research and Development at OUH

41. Professor Adrian Banning and Dr Anny Sykes joined the meeting for this item.

42. Dr Sykes noted that research was a core part of OUH's business and that it led to better outcomes and engagement with staff. The Board received an annual report on R&D in public which showed that the Trust was one of the most research active in the country with partnerships across the south of England.
43. Professor Banning emphasised that a priority was to ensure that research was clinically relevant in Oxford, nationally and internationally. The infrastructure to support grants and studies was overseen by the Joint Research Office.
44. Research participation had declined during the pandemic but was now increasing again to close to pre-pandemic levels.
45. The Council was updated on the Oxford Biomedical Research Centre and it was noted that this was arguably the most successful in England. Governors were also briefed on the role of the Academic Health Sciences Network including examples of its role in the evaluation and implementation of diagnostic tests.
46. The important role in research of groups other than doctors was emphasised and it was noted that Oxford's research activity was an important factor in recruiting and retaining staff in a city where pay was set at national levels but the cost of living was high.
47. The opportunity to look at social care dimensions of research was noted, recognising that this formed part of the remit of Oxford Academic Health Partners which included a focus on the public health agenda.
48. The Council heard that a review of the way in which intellectual property was shared between OUH and Oxford University was underway with the approach to be discussed at the Joint Executive Group for the two organisations. The close relationship between the two organisations in this area was recognised with researchers often also undertaking NHS clinics.
49. The importance of recruiting patients for research who fully reflected the diversity of the population was noted. Professor Banning explained that one of his goals was to try to reduce delays in getting research underway. He noted that it would be preferable to run fewer trials but to ensure that there were better aligned to the priorities of patients and the Trust.
50. The Council noted this update on research and development at the Trust.

CoG23/07/08 Healthwatch Update

51. Dr Veronica Barry attended for this item and provided an overview of the work of Healthwatch Oxfordshire with a focus on the 2022/23 Annual Impact Report.
52. Dr Barry explained that Healthwatch had been established as a statutory committee of the CQC with the intention of bringing the patient voice into the way in which services were designed and delivered, bringing together service providers and commissioners.

53. An overview of Healthwatch's activities and approach to gaining feedback was provided and the Council heard that there was a particular focus on gaining insights from less heard voices.
54. Healthwatch used a bottom-up approach, visiting communities to hear about issues of importance to them. An example included research on the experience of maternity services for black women, with midwives and other hospital staff coming together to hear their perspectives.
55. Healthwatch had also highlighted issues with interpreting services which were being addressed.
56. It had undertaken work to identify why patients were not accessing health check which had identified a desire for more access in community with changes now implemented to provide this.
57. The Council heard that a stronger working relationship between the Trust and Healthwatch Oxfordshire had now been established and it was hoped that this could be built upon.

CoG23/07/09 Annual Plan Update

58. The Chief Finance Officer outlined changes to the Annual Plan since the previous meeting.
59. He explained that the second annual return had been due at the end of March and that revised plans had been requested for 4 May with a further submission then required for the 14 May. This number of revised submissions was unprecedented and had placed a substantial burden on the Trust.
60. The Council noted how initiatives had been mapped against the Trusts objectives and strategy.
61. It was noted that plans were now submitted at ICS rather than Trust level and that national targets focussed strongly on the elimination of waits over 65 weeks.
62. Mr Dorsett highlighted that initial plans had been developed on the basis of no industrial action and outlined a range of other key risks to delivery of the plan though noting that the position on sickness and turnover was currently improving.
63. The Council heard that accountability for the delivery of the plan was at ICS level but that the operation of the relevant performance regime was evolving so it was unclear what level of risk the Trust might be exposed to through the failure of other organisations to manage financial risks.
64. Mr Dorsett was asked about benchmarking with Shelford trusts and explained that some performed better on activity with variation largely aligned to facilities. He commented that there was a wide level of variation in financial plans.
65. The Council noted this update.

CoG23/07/10 Constituency Meetings

66. The Lead Governor introduced this item which provided an update on constituency meetings that had been held or were planned.
67. The desire to hold joint meetings with Oxford Health Foundation Trust where possible was highlighted noting that the different NHS trusts in Oxfordshire were not clearly differentiated in the minds of most members of the public.
68. The need to coordinate with meetings being held by the Patient Experience team was noted.

CoG23/07/11 Process for Raising Issues by Governors

69. The Council of Governors noted the existing arrangements for raising matters in the interest of the public and supported the proposals made for ensuring that broader issues are addressed in the most appropriate way.
70. The proposal that a working group be asked to review the content of the Governors' Handbook was approved.

CoG23/07/12 Patient Experience, Membership and Quality (PEMQ) Committee Report

71. Ms Sally-Jane Davidge introduced this item as the Chair of the PEMQ Committee.
72. The Council heard that a key area of focus had been the review of and response to the Quality Account and that the Committee had been pleased to note that its comments on the document had been responded to.
73. It was noted that some minor revisions to the Committees terms of reference were proposed and these were approved.
74. Future business planned for the Committee included its annual spotlight on the Children's Hospital, pharmacy services and health screening.

CoG23/07/13 Performance, Workforce and Finance (PWF) Committee Report

75. Dr Jeremy Hodge introduced this item as the Chair of the PWF Committee and thank non-executive colleagues and Paula Hay-Plumb in particular for their contributions to the Committees last meeting.
76. The Committee had looked at the discharge model and transfer of care hubs with the slides presented included for the benefit of all governors.
77. The Forward Plan was included for comment and was supported by the Council. It was noted that the Committee planned to review its terms of reference in December.

CoG23/07/14 Lead Governor Report

78. The Lead Governor noted the importance of working in partnership with governor colleagues at Oxford Health and across the wider system in the context of a lack of clarity regarding future arrangements for public engagement for the Integrated Care System.

CoG23/07/15 Any Other Business

79. There was no additional business on this occasion.

CoG23/07/16 Date of Next Meeting

80. A meeting of the Council of Governors was due to take place on **Monday 2 October 2023**.