Council of Governors
Minutes of the Council of Governors Meeting held on **Wednesday 13 November 2024** at the Ruskin College, Headington.

Present:

Name	Initials	Job Role
Prof Sir Jonathan Montgomery	JM	Trust Chair, [Chair]
Ms Ariana Adjani	AA	Public Governor, Oxford City
Mr Tony Bagot-Webb	TBW	Public Governor Northamptonshire and Warwickshire
Dr Robin Carr	RC	Public Governor, West Oxfordshire
Prof Lorraine Dixon	LD	Nominated Governor, Oxford Brookes University
Mr Alastair Harding	AH	Public Governor, Vale of White Horse
Prof Helen Higham	HH	Nominated Governor, University of Oxford
Dr Jeremy Hodge	JH	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
Ms Claire Litchfield	CL	Staff Governor, Clinical
Mr Tony Lloyd	TL	Public Governor, Buckinghamshire, Berkshire, Wiltshire and Gloucestershire
Prof David Matthews	DM	Public Governor, Vale of White Horse
Ms Chris Montague-Johnson	CMJ	Public Governor, Cherwell
Mrs Nina Robinson	NR	Public Governor, South Oxfordshire
Mr Graham Shelton	GS	Public Governor, West Oxfordshire
Ms Sneha Sunny	SS	Staff Governor, Clinical
Mrs Megan Turmezei	MT	Staff Governor, Non-Clinical
Mr Jonathan Wyatt	JW	Public Governor, Rest of England and Wales
Ben	YPE	Young People’s Executive

In Attendance:

Prof Meghana Pandit	MP	Chief Executive Officer
Dr Andrew Brent	AB	Chief Medical Officer
Ms Yvonne Christley	YC	Chief Nursing Officer
Mr Paul Dean	PD	Non-Executive Director
Mr Jason Dorsett	JD	Chief Finance Officer
Ms Claire Feehily	CFe	Non-Executive Director
Ms Claire Flint	CF	Non-Executive Director
Mr Mark Holloway	MH	Chief Estates and Facilities Officer
Ms Sarah Hordern	SH	Non-Executive Director
Ms Katie Kapernaros	KK	Non-Executive Director
Ms Laura Lauer	LL	Deputy Head of Corporate Governance
Mrs Caroline Rouse	CR	Governor and Membership Manager (minutes)
Dr Neil Scotchmer	NS	Head of Corporate Governance

Apologies:

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 Pauline Tendayi	PT	Staff Governor, Clinical
Mr Mark Whitley	MW	Public Governor, Northamptonshire and Warwickshire

CoG24/04/01 Welcome, Apologies and Declarations of Interest

1. Jonathan Montgomery was pleased to welcome Ben, the Trust's new young people's governor and Felicity Taylor-Drewe, the new Chief Operating Officer to their first meeting of the Council of Governors.
2. Apologies were received from Mark Whitley, Gemma Davison, Pauline Tendayi, and Stuart Bell.
3. Ben Attwood was welcomed in his new capacity of Chief Digital and Information Officer.

4. The Chair made governors aware that he was now Chair of Oxford Academic Health Partners.

CoG24/04/02 Minutes of the Meeting Held on 10 July 2024

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

CoG24/04/03 Matters Arising

6. The Board had discussed Maternity in relation to the work around the dossier relating to the Horton and a wider exercise to examine data relating to safety, outcomes and patient experience. The Chair noted that Board was receiving a substantial amount of information on Maternity which would be placed in the public domain once quality assured. JM noted that the outcome data reviewed to date provided assurance but that it was also essential to understand the experience of individuals using the service and confirm the quality of the data.

CoG24/04/04 Chair's Business

7. JM reported that Gemma Davison, had indicated her intention to step down as a Cherwell governor. She had agreed to remain available until the 31 March 2025 when elections would have taken place. A replacement Chair for the Patient Experience, Membership and Quality Committee would be needed and governors were asked to consider putting themselves forward. Additionally, there was a specific role on 9 December, which involved speaking at the Quality Conversation.
8. The next round of governor elections would take place in spring 2025. Briefing sessions would be held in January and JM asked governors to speak to anyone interested in becoming a governor in order to encourage competitive elections.
9. JM reported that the national consultation on the next 10-year plan for the NHS was in progress. Currently, the process involved gathering suggestions from the public. JM reported that governors would be provided with OUH's perspective and response to the consultation once sufficient information was available to form a view.

CoG24/04/05 Chief Executive's Briefing

10. MP welcomed Ben Attwood, Felicity Taylor-Drewe, and Simon Crowther to the executive team. A formal thank you was extended to Eileen Walsh, who had decided to step down from her Board role. MP said that the Board appreciated her service and all her work in the NHS. Eileen would continue as an advisor for a period of time to ensure continuity. MP reported that the Board were currently considering the future approach to the Assurance and Regulation portfolio.

11. MP noted that mortality indicators for the Trust remained below expected levels. Recent performance in the national inpatient survey indicated that OUH performed exceptionally well, a testament to the hard work of all involved. However, there were areas that required focus, such as discharge planning and post-discharge support, which were also highlighted in the Healthwatch report. The survey examined the entire patient journey, including communication and whether patients were consulted about decisions that involved them.
12. MP emphasised that access was a quality measures, particularly given lengthy waits following the pandemic. Lord Darzi had highlighted that the workforce had grown significantly after the pandemic, but there had been a lack of capital funding for infrastructure which had hindered productivity. This issue had started to be addressed in the recent budget, and the Trust hoped to see additional capital.
13. There were currently over 600 OUH patients waiting over 65 weeks. Reducing lengthy waits was challenging due to the complexity of OUH being a tertiary supra-regional centre for specialties as well as serving the local population. Hard work was needed to manage both. The new Surgical Elective Centre would provide capacity to address this and the Trust was working diligently in the meantime to reduce waiting lists.
14. The financial deficit plan of £8.1 million, adjusted for deficit funding by NHS England, resulted in a £200k deficit plan. The Trust had a 6% CIP plan amounting to £92m. Plans to deliver the whole of this had been identified but needed to be executed. This included a plan to reduce temporary staffing by 700 whole time equivalents of which 350 had been achieved to date.
15. Alongside the rest of BOB and the South East region, the Trust had worked on aligning its pay rates for NHSP bank staff to ensure that that all AfC staff were compensated fairly and equitably, regardless of their role or department. However, this had meant a reduction for some staff and members of the executive team had met with them to discuss their concerns. The Board had listened to and considered options and suggestions, such as paying for unplanned overruns, which had been agreed.
16. MP explained that a new operating model had been agreed by the ICB with a single Place Director role. The Trust was working with Oxfordshire County Council and Oxford Health to determine the best model for Oxfordshire, maintaining the gains that had been achieved, especially in emergency care. The winter plan focussed on admission avoidance and improved discharge planning.
17. MT sought clarity on how the importance of research and development could be enhanced across the ICB. JM's appointment as Chair of Oxford Academic Health Partners (OAHP) was regarded as very positive. JM suggested that the ICB had progress to make in understanding its role in supporting social and economic development in the region. He agreed to pursue further discussion of this area.

18. NR asked how greater momentum could be given to the Hospital at Home programme and community education support, noting that it was essential to engage effectively with partners to address patient need. MP highlighted the invitation to help to shape the 10-year plan. Within Oxfordshire a good single point of access model had been developed, triaging cases to urgent community response or Hospital at Home to reduce attendances and admissions.
19. MP noted that a 7-8% improvement in ED performance had been achieved based on an expanded workforce with senior decision-makers providing cover overnight, and an expansion of advanced nurse practitioners and other allied health professions. A unit had been created within the ED to manage and signpost frail patients to appropriate services.
20. HH highlighted the role of the Simulation Centre in offering training to staff involved with the Hospital at Home programme, a new programme having recently been piloted and now embedded.
21. TBW noted that many agencies were involved in the community but that funding in these areas was declining which risked an increased burden falling on emergency departments (ED). MP highlighted that the place-based partnership was ensuring close collaboration between primary, community and tertiary services.
22. GK expressed concerns about the impact of changes to temporary staffing on services, noting that on the ground these changes had had a substantial impact on service delivery and interpersonal relationships. MP recognised that there had been some issues but emphasised that the previous approach had not been reviewed for many years. It had been untenable as it was inconsistent for staff and out of alignment with the wider system and region.
23. YC acknowledged that process had been challenging but that the Trust had endeavoured to be clear and transparent. The Chief Nursing Officer explained that meetings had been held with specialist clinical teams to discuss recruiting for specialist posts and managing vacancies. Daily contact had been maintained with theatres during this transition. Efforts had been made to solve problems with clinical teams and there remained some localised issues, for example with Saturday lists. Critical care teams have been involved, and a training program had been introduced to encourage theatre colleagues to take on night shifts, recognizing the specialised skills required. Bank rates had been recovered, and the situation was expected to stabilise within 4-6 weeks.
24. DM raised the issue of staff morale and noted that he continued to be concerned that not enough work was being done to improve this through work on infrastructure, respite, rest, and rotas. He emphasised the risk of burnout and staff retention. MP noted that the Trust was working with Oxford Hospitals Charity to address staff needs, focusing on the third year of the People Plan. This included addressing the cost-of-living crisis, providing sleep pods, nooks,

changing rooms, and offering managers and leadership training. Both internal and external efforts were being made to improve staff morale, recognising that staff were essential for delivering services.

25. NR commented that current efforts did not appear to be alleviating issues and that impactful measures to address staff hardships would improve morale and turnover.
26. MP also noted that staff briefings had changed, with 500-600 attendees now joining these once-a-month sessions. These briefings aim to focus on positives and end with thanking colleagues. Face-to-face briefings had also started, rotating around OUH sites. A new excellence reporting programme has been introduced.
27. MP also briefed governors on the Quality Improvement Programme, which encouraged staff training and empowerment and had led to teams and individuals working on projects and improvements. Standard work was being deployed across all wards, incorporating staff ideas and a waste reduction program. MP highlighted the progressive approach to understanding staff needs and the factors impacting on their motivation and morale.
28. YC reported on the Check and Confirm process, which focused on rostering and wellbeing initiatives. This process examined whether staff were rostered appropriately, ensuring they had enough breaks for rest and recovery and provided equal access to weekend and night shifts. The initiative aimed to balance wellbeing, efficiency, and fairness in rostering practices. SS agreed that staff control over rosters was a significant contribution to morale. She highlighted that shifts were sometimes posted too late resulting in short notice moves to other wards and YC agreed to pick this up outside of the meeting.
29. The Council noted this update.

CoG24/04/06 BOB ICB Update

30. JM announced that Nick Broughton was now the substantive Chief Executive at BOB ICB with more board-level appointments forthcoming.
31. GS emphasized the importance of GPs in integrating care, particularly within the Council. It was a concern that the Council did not have representation from the Local Medical Committee (LMC). JM had previously contacted the LMC and had a productive conversation with the Chief Executive, but it had not been possible to progress this. It was agreed that a further attempt would be made.

CoG24/04/07 Sexual Safety at OUH

32. Terry Roberts, Chief People Officer, provided an overview of the Trust's focus on this area in the context of wider staff engagement and wellbeing work.

33. Mr Roberts noted that the People Plan had led to a reduction in turnover from 13% to 11% since the plan's introduction. This was one mechanism to gauge staff engagement. He noted particular challenges resulting from changes to AfC rates and his involvement in discussions with staff in theatres to co-create solutions. Various mechanisms had been implemented to support staff, including initiatives to help manage finances better. Theatre nurses, who were not trained as ward nurses, were being given opportunities to work across the Trust.
34. Mr Roberts explained that the Workers Protection Act, effective from 26 October, imposed an extra duty on organisations to prevent sexual harassment within the workplace. The 2023 staff survey results revealed that 228 people had reported being sexually harassed in the workplace. OUH had adopted a nine-step national program to actively reduce and eradicate sexual harassment. The commitment to stopping harassment was strong, as demonstrated by the recent dismissal of a consultant, followed by a referral to the GMC.
35. This importance of leadership and cultural change were emphasised. A programme to eradicate bullying and leadership was in place covering all aspects of EDI. The focus was on supporting people as incidents occurred, rather than waiting for formal complaints. The Trust had signed up to the NHSE Sexual Safety Charter and BMA Sexual Safety initiatives. The ‘Work in Confidence’ platform had been introduced. This was an anonymous platform to raise concerns, with updated policies and behaviour procedures in place to hold people accountable. The process ensured that accusations were handled properly.
36. NR asked how the Trust would encourage those who lacked the confidence to come forward. TR explained that the Trust worked with staff support, including psychologists, to ensure that its commitment was demonstrated through actions and not words. Communications were also crucial to ensure everyone understood that such behaviour would not be accepted and that actions would be taken where complaints were proven. External investigators were used to ensure unbiased investigations.
37. The "No Excuses" campaign had been implemented throughout the organisation, with posters informing staff about the process and how to raise concerns. There was a challenge in identifying ways to assure staff that action was taken without breaking the law by revealing individual details. Training and development were emphasised to ensure sexual safety was embedded, with the Lead Designated Safeguarding Officer leading this effort. Board reporting included quarterly reports to confidential meetings of the Board.
38. Engagement with staff networks aimed to address the disproportionate impact on women, disabled, and BAME staff, seeking their advice on support and problem-solving.
39. Signposting and documentation had been created to offer support, with various support networks across the organisation. Monitoring of this support provided

was ongoing, with psychologists assessing additional needs in a dynamic process.

40. TR explained that the Trust was seeking staff to come forward and share their experiences to provide examples of the types of behaviour that were unacceptable, but that there was an understandable reluctance to do this.
41. LD commended the work done so far but emphasised the need for continued scrutiny and asked about the interface between OUH and external agencies in extreme cases and whether there was data on escalated issues. TR explained that cases proven to involve sexual harassment were referred to the relevant professional bodies and that if the individual worked in another organisation, communication took place with that organisation. Police referrals were made immediately where appropriate.
42. GK acknowledged the progress made and commended the efforts. He observed that the hospitals had a diverse staff from various countries, each with different cultural approaches and that generational differences in attitudes also existed. TR confirmed that induction and onboarding processes covered bullying and harassment and sexual safety.
43. CL inquired about the support for staff who had raised concerns, and TR confirmed that there was an Employee Assistance Program (EAP) and a staff support service with psychologists. Additionally, the Designated Safeguarding Officer referred people to external support locally.
44. NR emphasised the issue of trust, noting that this was also associated with low motivation and morale. She emphasised that trust takes a long time to build and that change required time. Mr Roberts commented that in the first instance he would expect that the work that the Trust had done would lead to an increase in the number of concerns raised.

CoG24/04/08 Update on Winter Plan

45. Felicity Taylor-Drewe, the Chief Operating Officer provided an update on the Winter Plan saying, reflecting the intention to support all providers and partnerships, not just managing urgent care flow but also maintaining cancer and elective patient work.
46. The plan aligned with the national drive to reduce handover delays, maintain capacity, and keep people well at home. It aimed to support staff in delivering the best care during pressured periods. Pre-hospital, in-hospital, and post-hospital measures were being implemented.
47. GK noted that elective care often suffered during winter because the organisation operated at 105% capacity, with increased inflow through the ED, limiting the available capacity for elective work. He emphasised the need to protect elective work during this period, noting that opportunities existed to better use capacity at

the Horton. He noted that occupancy had improved and that the issue was often about flow rather than beds.

48. Ms Taylor-Drewe confirmed the intention to protect elective work with specific actions in place to achieve this and MP emphasised the role of all clinical teams in maintaining flow including the use of standard work.
49. TL highlighted the importance of using GPs time effectively directing patients to local pharmacies where appropriate. However, he highlighted the need for correct processes to be followed to ensure that pharmacies were remunerated for this.
50. RC highlighted issues in the community regarding access to vaccinations and emphasised the importance for the Trust of setting a good example by ensuring that staff were vaccinated. MP explained that the Trust vaccination campaign had started four weeks ago, with thousands vaccinated so far. Elderly patients were also being vaccinated, and reminders issued to staff.
51. SS raised the issue of how escalation beds were to operate. The Chief Operating Officer explained that beds would be available both in the Trust and the community with arrangements to be confirmed. Criteria were to be established to balance bed availability and patient flow.
52. The Council noted this update.

CoG24/04/09 Governor Attendance at Integrated Assurance Committee Services

53. JM highlighted the points had been captured during the October discussion. The framework outlined in section 4.1 of the paper needed some further development with a balance to be struck between continuity and rotation. Governors were asked to provide any feedback on the proposals to NS and to indicated if they wished to volunteer to observe IAC.
54. TL emphasised the need to strengthen working between governors and non-executive directors.
55. GS noted that this initiative would likely require increased time from governors than currently allotted. It was hoped that opportunities would be found more often for governors to work in small groups with non-executive directors.

CoG24/04/10 Patient Experience, Membership and Quality Committee Report

56. Janet Knowles gave an update on the previous PEMQ meeting. The Committee had received an update by the Patient Experience team, who had discussed the complaints process and the importance of meeting deadlines efficiently. There had also been an update on the CQC inpatient survey and the Friends and Family Test.
57. An event related to the Equity Delivery System was scheduled for the following week, with an invitation extended to staff, governors, and non-executive directors

to join presentations on how divisions addressed the needs of people with protected characteristics.

58. Feedback on discharge policies and processes had been discussed. Concerns had been expressed about patients who was frail and vulnerable being discharged by taxi overnight.

59. Governors noted the Quality Conversation event on 9 December, where there would be an opportunity to contribute to setting the agenda for the Trust's quality priority activity for the coming year.

60. RC highlighted concerns regarding incidents that had taken place on the escalator in the West Wing which had now been taken temporarily out of use and requested that governors be updated once investigations were completed.

61. DM, as Chair of Oxford Hospitals Charity trustees explained that the Charity was funding an initiative called ‘Accessible’ which provided a plan for patients in navigating the hospital, indicating where ramps and escalators were not working. It was suggested that this initiative be presented in more detail to PEMQ.

CoG24/04/11 Performance, Workforce and Finance Committee Report

62. JH reported that the Committee had met recently and had discussed a number of items, included the issue of the sexual safety of staff which would continue to be monitored.

63. The Quality Improvement Programme had been discussed, and it was noted that there were substantial efforts in place but that some staff had insufficient capacity to participate.

64. An update on the Trust’s financial position had been provided, indicating that the situation was challenging. Discussion at the meeting of the Trust Board meeting in the morning regarding income was noted and the Committee Chair commented that it had been encouraging to hear non-executive directors scrutinising income issues. The cash situation had required obtaining a facility from NHS England to support the Trust position.

65. The review of the process for appointing a new auditor had been discussed and was scheduled to be covered later in the meeting.

CoG24/04/12 Lead Governor Report

66. GS reported on the outcomes of the pre-meeting. The pressures on the organisation had been recognised. Governors had expressed confidence in the Board but noted that governors had less knowledge about the quality of lower tiers of management within the organisation.

CoG24/03/13 Any Other Business

67. There was no additional business on this occasion.

CoG24/04/14 Date of Next Meeting

68. A meeting of the Council of Governors was due to take place on **Wednesday 12 February 2025**.