

Council of Governors

Minutes of the Council of Governors Meeting held on **Wednesday 17 January 2024** at 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 and Warwickshire
Mr Stuart Bell CBE	SB	Nominated Governor, Oxford Health NHS Foundation Trust
Dr 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
Prof Lorraine Dixon	LD	Nominated Governor, Oxford Brookes University
Mr Mike Gotch	MG	Public Governor, Oxford City
Mrs Jill Haynes	JHa	Public Governor, Vale of White Horse
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	GK	Staff Governor, Clinical
Mrs 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
Annabelle	YPE	Nominated Governor, Young People's Executive

In Attendance:

Dr Meghana Pandit	MP	Chief Executive Officer
Ms Joan Adegoke	JA	Corporate Governance Officer
Dr Andrew Brent	AB	Chief Medical Officer
Mr Paul Dean	PD	Non-Executive Director
Ms Claire Feehily	CF	Non-Executive Director
Ms Paula Gardner	PG	Interim Chief Nursing Officer
Ms Laura Lauer	LL	Deputy Head of Corporate Governance
Ms Sara Randall	SR	Chief Operating Officer
Mr Terry Roberts	TR	Chief People Officer
Prof Tony Schapira	TS	Non-Executive Director
Dr Neil Scotchmer	NS	Head of Corporate Governance
Mr David Walliker	DW	Chief Digital and Partnership Officer
Ms Eileen Walsh	EW	Chief Assurance Officer
Ms Joy Warmington	JW	Non-Executive Director

Apologies:

Cllr Tim Bearder	TB	Nominated Governor, Oxfordshire County Council
Mr Giles Bond-Smith	GBS	Staff Governor, Clinical
Prof Helen Higham	HH	Nominated Governor, University of Oxford
Ms Viv Lee	VL	Children's Patient Experience Team
Prof David Matthews	DM	Public Governor, Vale of White Horse
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
Annabelle	YPE	Nominated Governor, Young People's Executive
Ishaan	YPE	Nominated Governors, Young People's Executive

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

1. Apologies were noted as recorded above.
2. Lorraine Dixon, nominated governor for Oxford Brookes University, was welcomed to her first meeting.
3. No declarations of interest were received.

CoG24/01/02 Minutes of the Meeting Held on 2 October 2023

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

CoG24/01/03 Matters Arising

5. JM advised that discussions with Oxford Health regarding bringing governors from both organisations together were ongoing. However it was not anticipated that an event would be scheduled until the elections were concluded.

CoG24/01/04 Chair's Business

6. JM confirmed that the Council had approved the appointment of Sarah Hordern as Vice-Chair and Claire Flint as Senior Independent Director.
7. JM noted that the joint Board and Council of Governors seminar that took place in November had been useful and represented a helpful collaboration between the Council and Board members.
8. JM reported that following the change in the Constitution in November a Deputy Chief Executive Officer was being recruited, with interviews scheduled for later in the month.

CoG24/01/05 Chief Executive's Briefing

9. Meghana Pandit, the Chief Executive Officer, updated governors on the people, patient care, partnerships and performance of the Trust
10. It was recognised that a year of industrial action had had a negative impact on staff and a detrimental effect on the services offered by the Trust in terms of access to patient care and planned care. The OUH People Plan was focussed on listening to staff, providing better working conditions, the cost-of-living crisis and delivering management training to staff. Workforce turnover had reduced, as had sickness absences. MP added that work on reducing temporary staffing spend was ongoing, as this was a key factor driving the challenging financial position. The new Patient Safety Incident Response Framework had been rolled out.
11. MP reported that strengthened partnerships had been developed at Place level (Oxfordshire). MP thanked Sara Randall, the Chief Operating Officer for the work undertaken on reducing the number of people waiting for discharge and the

improvement of the Hospital at Home Service. It was agreed that both had had an impact on the flow of patients through the organisation.

12. Elective performance had also improved but it was recognised that sustained improvement was dependent on no further industrial action.
13. The BOB (Buckinghamshire, Oxfordshire and Berkshire West) trusts along with the ICB had formed a collaborative and chairs and chief executive officers of the organisations met regularly. There was a focus on human resources recruitment and what could be done for junior doctors to improve their working conditions.
14. The Lead Governor thanked MP and commended the progress being made. He recognised that there were areas where OUH was challenged, but noted that these were often areas where other trusts were also struggling.
15. JW asked what steps the Trust was taking to support junior doctors. MP explained that the Trust was doing all it could to improve their working lives locally. The Trust could not comment on pay arrangements, but Prof Pandit explained that there was still much that could be done to make it attractive for them to work at OUH recognising that junior doctors needed to move from trust to trust for their training.
16. ABW commented that it was good to see the improvement in sickness absence rates and asked what had been done to make these improvements. MP reported that several things had taken place to improve the working lives of staff via the People Plan. These included holding listening events to hear what staff wanted and responding to those suggestions. Free breakfasts, budget meals, period products and financial advice were all available to staff. Board visibility had improved since the pandemic and it made a difference for staff to be able to speak directly to the Board about their concerns.
17. Terry Roberts, Chief People Officer, reported that over 1,000 staff had attended the listening events, which took place to hear what staff needed.
18. NR expressed concern about the pressures staff were facing and asked what support could be provided to improve conditions for clinical staff. MP explained that the psychological medicine team had offered support to staff including working with administrative staff who had received abuse when cancelling appointments. It was noted that this was an area in which the Oxford Hospitals Charity was very willing to provide support.
19. JK praised the commitment of staff during challenging times in sustaining services in the face of substantial pressures.
20. GK highlighted the challenges for staff of operating at OPEL 4 operational escalation, which had a substantial impact on the ability to effectively deliver care and asked what the Trust was putting in place to avoid this. MP explained that work was going on to support culture change to make emergency care a priority across the Trust. To create that change would take time, but work was ongoing on professional standards, eliminating ambulance delays and facilitating discharge. SR explained that work was

also ongoing with partners for an enhanced Hospital at Home service for more complex cases and that care in the community would be a key priority.

21. GD asked what the data showed in terms of the impact on waiting times in the Emergency Department. The Chief Medical Officer explained that tension between emergency and elective work when emergency care exceeded its capacity, could mean that the Trust had to cancel elective care, in keeping with national guidance to protect those most urgent cases and cancer cases. However, the Trust also needed to deliver care to those who were a priority due to the length of time they have been waiting. AB emphasised that it was essential to ensure joint ownership of the challenges of the risk of harm regarding the delay to interventional surgery, which needed to be managed as safely as possible.
22. JH asked if there was any interface with the private sector or was any private work in the Trust having an impact on waiting times. MP explained that the Trust was working with private providers to help reduce the backlog, but provided assurance that no private patient care delayed NHS patients.

CoG24/01/06 Feedback from Quality Conversation

23. Andrew Brent, the Chief Medical Officer, thanked those governors who had attended the Quality Conversation event for their input.
24. He advised that OUH choose which priorities to look at annually with input from both internal and external stakeholders. The Quality Conversation provided an opportunity for stakeholders to review the priorities and hear progress reports to prioritise proposed quality priorities and make further suggestions for further ones. Feedback from the event had been very positive.
25. The current year's priorities fell under three headings, Patient Safety, Clinical Effectiveness and Patient Experience. Other priorities were put forward prior to the event. These had been discussed and final priorities agreed.
26. MT commented that it had been an extremely positive event and that discussions had been very constructive.

CoG24/01/07 OUH Health Inequalities Programme

27. AB explained there were avoidable, unfair and systematic differences in health between different groups of people. The national approach to support the reduction of health inequalities at both national and system level was Core20PLUS5. The core was the core 20% of the most deprived in the county, plus groups defined by local need. Although Oxfordshire had ten of the most affluent wards, it also had 20% of the most deprived in the country and a programme was required to address the needs of these.
28. There was a stark difference in life expectancy across Oxfordshire and there was a broad area of things the Trust could influence. The Trust's influence was perhaps less direct as an acute trust, but as an anchor institution OUH could contribute to the

agenda. The Trust programme had three objectives which address the Core20PLUS5 programme in line with the national programme.

29. AB reported that elective care should be as inclusive as possible to improve the population health in a community role. The programme would be delivered in phases. Phase 1 had been delivered, led by a trustwide health inequalities steering group with representatives across the Trust and divisions and supported by quality priorities. Phase 2 was still in progress.
30. AB informed the Council of a case study based at Flo's in East Oxford. This was a community-based project started in 2022, aiming to better support ethnically diverse women and birthing people in OX4 and leading to improved access and experiences of pregnancy and early parenthood, along with improved outcomes for mothers and babies (maternal mortality, parental mental health, healthy babies, safeguarding). This was a collaboration between OUH Maternity, Flo's and OX4 residents and groups.
31. SB commended this work and suggested that it could be built upon with partners across the ICS. SB also suggested that the Trust should also consider the armed forces community and veterans as there were many in Oxfordshire. Due to the nature of their role, these people relocated frequently and risked going to the end of the waiting list once moved.
32. NR noted the need to break a cycle of inequality based on deprivation, poor education and poor health. She recognised that no one component organisation could do this, and that it required an integrated plan. NR suggested a focus on young people and JM commented that this was a very strong theme with the Health and Wellbeing Board. AB explained that the input that the ICS could provide was more cross working with organisations not yet on this journey.
33. JM suggested inviting the Director of Public Health for Oxfordshire to speak to the Council at a future meeting.
34. AB explained that a high-level view sat behind the programme plan with smart actions and noted that an important part of the development of the inequalities dashboard was to look at the service level of patient pathways. It was important for clinical services to know their baseline and understand the data in individual areas in order to develop specific local action plans for patient pathways.
35. SJD praised the programme and noted that this linked to the intention under the Membership Strategy to expand the membership of the Trust by seeking to engage with seldom heard groups.

CoG24/01/08 Patient Experience, Membership and Quality Committee Report

36. Sally-Jane Davidge, Chair of PEMQ advised that the Committee had met twice, in October with a presentation by the Patient Experience team on shared decision making and in December, including a presentation by the Clinical Director for Pharmacy.

37. SJD informed the Council that she, Jill Haynes and Jules Stockbridge would all be standing down on the 31 March 2024 having been part of the Committee since 2017.
38. JM thanked SJD for all her work during her time as Chair of the Committee.

CoG24/01/09 Performance, Workforce and Finance Committee Update

39. Jeremy Hodge, Chair of PWF reported that the Committee had met in December and was due to meet again in February. Members received a presentation on the Trust's financial position and performance indicators, as well as the cash position. It was highlighted that progress in addressing issues of bullying and harrassment had been reported.

CoG24/01/10 Lead Governor Report

40. Graham Shelton, Lead Governor noted the importance of working in partnership with governor colleagues at Oxford Health and across the wider system. He reported that lead governors from other trusts in the area were meeting at the end of January.

CoG24/01/11 First Impressions from Audit Committee Chair

41. Paul Dean, Non-Executive Director, shared his first impressions of joining OUH with the Council, explaining that staff had been welcoming and open. Board colleagues had been helpful and supportive in answering questions and signposting him to the right people.
42. PD felt that induction for non-executive directors needed improvement and that Board papers were very comprehensive but could be more concise. He noted that OUH had a large Board but that members were conscientious and engaged. PD emphasised a focus on ensuring that public money was well spent and suggested that there was scope to improve the use of operational finance data and intelligence.

CoG24/01/12 Any Other Business

43. Jules Stockbridge, Sally-Jane Davidge and Jill Haynes were thanked for their contributions as governors. All three were standing down after serving three full terms as governors, having been elected to the Council on its formation.

CoG24/01/13 Date of Next Meeting

44. A meeting of the Council of Governors was due to take place on **Tuesday 30 April 2024**.