

**Oxford Health NHS Foundation Trust**

**Council of Governors**

Minutes of the Meeting on 15 November 2018 at

18:00 at the Spread Eagle Hotel

In addition to the Trust Chair, and Non-Executive Director, Martin Howell, the following Governors were present:

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| **Present:** |  |
| Chris Roberts (Lead Governor) Madeleine Radburn Neil OastlerSula Wiltshire Reinhard Kowalski Karen HolmesCaroline Birch Chris MaceSoo Yeo Debbie Richards  | Andrew Harman David Mant Alan JonesGeoff Braham Allan Johnson Richard Mandunya Davina Logan Gill Randall Gill Evans  |
| **In attendance:**  |  |
| Stuart Bell (**SB**)Mike McEnaney (**MME**)Mark Hancock (**MH**)Dominic Hardisty (**DH**)Ros Alstead (**RA**)Kerry Rogers (**KR**)Tim Boylin (**TB**)John Allison (**JA**)Aroop Mozumder (**AM**)Bernard Galton (**BG**)Donna Mackenzie (**DM**)Jane Kershaw (**JK**)Jo-Ann Pereira (**JP**)Lucy Weston (**LW**)Laura Smith (**LS**) | Chief Executive Director of Finance Medical DirectorChief Operating Officer Director of Nursing & Clinical StandardsDirector of Corporate Affairs & Company Secretary HR DirectorNon-Executive DirectorNon-Executive DirectorNon-Executive DirectorPatient Experience & Involvement Manager Head of Quality Governance Clinical Psychologist (part meeting) Associate Non-Executive DirectorCorporate Governance Officer (minutes)  |

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| **1.** | **Introduction and Welcome**The Chair brought the meeting to order and welcomed all those present.  | **Action** |
| **2.**abcd | **Apologies for absence and quoracy check** Apologies were received from: Astrid Schloerscheidt, Martin Dominguez, Lawrie Stratford, Lin Hazell, Kelly Bark, Tina Kenny and Geoffrey Forster. Absent without formal apology were: Adeel Arif, Terry Burridge and Abdul Okoro. Apologies had been received from the following members of the Board of Directors: Alyson Coates, Non-Executive Director; Mike Bellamy, Non-Executive Director; Jonathan Asbridge; Non-Executive Director, Sue Dopson, Non-Executive Director; and Chris Hurst, Non-Executive Director.The meeting was confirmed to be quorate. |  |
| **3.**ab cdefgh | **Mindfulness Report** Reinhard Kowalski and Jo-Ann Pereira gave a presentation on recent Mindfulness training for staff, funded through Health and Wellbeing. They reported that three courses ran from March to June 2017, which were attended by 39 staff. Participants mental wellbeing increased to significant levels following the course, and many reported feeling less aware of stress. Reinhard Kowalski asked for the support of the Council of Governors to enable more staff to attend mindfulness courses, and offered to run a two hour introduction to mindfulness for the Council and Board of Directors. The Trust Chair noted stress as the number one cause of staff absence in the Trust and the Director of HR added that stress was also a theme for staff leaving the Trust. He reported that a Stress Steering Group had been set up which included input from HR, Clinical Directorates and Staff Side Representatives. Members agreed the benefits of running a two-hour mindfulness session for the Council and Board of Directors. Chris Mace asked how this could be sustained and Reinhard Kowalski explained that once enough people were trained they could offer regular ‘mindfulness get-togethers’ to keep the momentum going. Jo-Ann Pereira explained that some people had dropped out because they had been rostered onto shifts so it would need to have support from line managers. Debbie Richards commended the presentation and noted stress was common among other NHS organisations and asked whether there was an opportunity to work with partners to extend it. Reinhard agreed to consider this. **The Council of Governors noted the presentation.**  | **LS** |
| **4.**abcdefg | **Patient Experience & Involvement Report**The Head of Quality Governance and the Patient Experience & Involvement Manager presented paper CG 34/2017 which provided an update against objectives in the Patient Experience & Involvement Strategy launched in April 2016. The Head of Quality Governance asked governors to contact Donna by email or report through the Patient Experience Sub Group if they had ideas about improving patient feedback. The Patient Experience & Involvement Manager played a ‘You Said, We Did’ video which showed examples of what had happened as a result of feedback in a number of services. The Patient Experience & Involvement Manager provided an overview and demonstration of the iWantGreatCare dashboard. Chris Roberts asked what the level of feedback was compared to overall contacts. The Head of Quality Governance said the level of feedback was low compared to the total number of contacts and the focus was on increasing these numbers. Karen Holmes asked when patients can complete the form and the Patient Experience & Involvement Manager explained that iWantGreatCare was an online service that can be completed at any point during or after their care. **The Council of Governors noted the report and presentation.**  |  |
| **5.**abc | **Minutes of the Last Meeting on 13 September 2017 and Matters Arising** The Minutes of the meeting were approved as a true and accurate record of the business of the meeting with the following amendment: * Item 14(g) – should read ‘the increase in *remuneration for* staff on the bank’

**Actions**The Council confirmed that the following actions from the 13 September 2017 had been completed or were on the agenda for the meeting: 9(b), 13(d), 13(j), 13(k), 14(f) and14(i).  |  |
| **6.**a | **Declarations of Interest** No interests were declared pertinent to matters on the agenda.  |  |
| **7.** abc | **Update Report from Chair** The Trust Chair provided an oral update and highlighted the following: * a change in format to the Council of Governors’ meeting following a general view from governors that papers should be taken as read allowing more time to be allocated for questions;
* from March 2018 it was planned that the finance, performance and workforce reports would analyse data for the quarter rather than the previous month to allow governors to assess themes and trends more easily;
* Dr Tina Kenny, Medical Director at Buckinghamshire Healthcare, was welcomed on the Council as recently appointed as a governor;
* NHS Providers had requested nominations to join their Governor Advisory Committee and governors should let Laura or Kerry know if interested;
* A governor survey has been circulated again regarding meeting dates, training etc. Governors were reminded of the importance of responding to the survey
* a number of governor DBS and fit and proper person checks remained outstanding and all affected governors were asked to comply with the mandatory test process; and
* from 2018 onwards there would be an annual process for nominating the Lead Governor.

The Trust Chair announced that it was Anne Grocock and Mike Bellamy’s last meeting as Non-Executive Directors and thanked them for the input they had given to the Council of Governors during their time as Non-Executive Directors.**The Council of Governors noted the oral update.**  |  |
| **8.** abc | **Update Report from Non-Executive Director**Bernard Galton provided an oral update on his activity since joining the Trust on 01 September 2017. He highlighted his findings during this time, noting in particular: * good leadership and collaborative approach;
* good governor involvement;
* very positive staff, despite tough working environments;
* good engagement with staff; and
* continuous change happening.

**The Council of Governors noted the oral update.**  |  |
| **9.** abcdefghij | **Update Report on Key Issues from Chief Executive** The Chief Executive opened the floor to questions on paper CG 36/2017. Chris Roberts asked how the formation of an Oxfordshire Accountable Care System (ACS) would fit in with Sustainability and Transformation Partnerships (STP). The Chief Executive said it was not entirely clear what the relationship would be and added that out of the 8 ACSs locally, 2 were within the Buckinghamshire, Oxfordshire and West Berkshire (BOB) footprint. Caroline Birch asked whether there was evidence that the Academic Health Science Centre (AHSC) was having an impact on clinical care. The Chief Executive explained that AHSCs had improved the relationship between clinical and academic services, he added that there was strong evidence that patients involved in clinical trials will probably receive better care and outcomes than if they were not. In Oxford, two fundamental benefits had been the Biomedical Research Centre (BRC) for mental health, and the Oxford School of Nursing and Midwifery. Caroline Birch asked whether things had improved at individual/ward level as a result of the AHSC and the Chief Executive reported by way of example that Vaughan Thomas Ward was piloting electronic devices in sleep studies to monitor patients heart rate and respiration without them needing to wear a device or be woken up throughout the night. In the long run this may change the way psychiatric wards are designed. Madeleine Radburn asked if the ACSs and STPs would work. The Chief Executive said there was still work to be done to improve joint working in the system, but noted the relationship appeared to have improved in Buckinghamshire following the advent of the ACS. Alan Jones said that primary and secondary care needed to work better together and the Chief Executive agreed noting that the relationship was improving, particularly with the Trust’s joint plans with GP Federations. Karen Holmes asked how Berkshire Healthcare reduced the use of agency for band 2 and 3s, and how the trust planned to do the same. The Chief Executive explained that Berkshire Healthcare agreed to stop paying band 2 and 3s on agency and that worked tactically for them. The Director of HR added that a team had been put together to look at the risks of proceeding with this and how to best mitigate them. Karen Holmes noted the report said community hospital beds would not close, however beds had been closed in the previous week. The Chief Executive clarified that no beds would be closed in relation to the relocation of Stroke Rehabilitation Services. The stroke beds in Witney would be moving to Abingdon and other beds in Abingdon would be moving to Witney. He added that the beds which had been closed were temporary closures due to staffing levels. The Chief Operating Officer said there had been more beds than contracted this year because of the closure of the Trauma Unit at the John Radcliffe Hospital. These beds were now being realigned which could be why beds appear to be being closed. Chris Roberts asked how Warneford Masterplan was progressing. The Chief Executive reported that the Masterplan was progressing well and discussions were underway with the university regarding potential philanthropic donations. They were also trying to come up with a clear view on how clinical facilities should be developed to ensure they are sufficiently forward thinking to be relevant for the next 50 years. **The Council of Governors noted the report.**  |  |
| **10.** abcd | **Finance Report**The Director of Finance presented paper CG 37/2017 and reported that in September 2017 income and expenditure was £0.7m adverse to plan, or £1.1m not including the £0.4m Sustainability and Transformation Funding (STF) received.He explained that the trust was currently £2m behind plan and this was mainly due to under-delivery of the Cost Improvement Programme (CIP) target and operational pressures. The forecast was still to deliver the plan. Chris Roberts asked that the Director of Finance clarify in future reports what the difference is between the plan, forecast and budget.*Richard Mandunya left the meeting.* **The Council of Governors noted the report.**  | **MME** |
| **11.** abcde | **Performance Report** The Chief Operating Officer opened the floor to questions on paper CG 38/2017. Caroline Birch asked whether the workforce issues for Improving Access to Psychological Therapies (IAPT) were due to vacancies or insufficient establishment. The Director of Finance said it was the speed of recruiting to vacancies that was the problem. Madeleine Radburn asked for a breakdown by county in the next report. Chris Roberts noted a high number of red indicators (well below target >10%) in Swindon, Wiltshire and BaNES and asked why that was. The Chief Operating Officer explained that a transformation programme was being rolled out in CAMHS by county and had not yet started in Swindon, Wiltshire and BaNES. **The Council of Governors noted the report.**  | **DH/ MW** |
| **12.**abcde | **Workforce / Recruitment and Retention Report** The Director of HR provided an oral update on recruitment and retention and noted there were lots of positive initiatives happening, including: * a review of off agency framework spend;
* earlier publishing of rotas;
* improved pay on the OHFT bank;
* use of a recruitment agency for stubborn vacancies;
* targeted advertising; and
* a new post in HR to focus on social media, marketing and branding to support filling vacancies.

He reported that the trust was part of a second cohort with NHS Improvement on retention and he had recently attended the first workshop with the Director of Nursing which had been very useful. Davina Logan asked whether the number of people leaving the organisation had slowed down and the Director of HR said it had not, and had remained at 15% for 4 months. He was hopeful that this work would start to result in a slow improvement. Sula Wiltshire asked how to better move people through the system. The Director of HR said groups had been set up in Oxfordshire and Buckinghamshire to look at system-wide recruitment and retention. The Oxfordshire system will be doing a joint recruitment fayre in January 2018. **The Council of Governors noted the oral update.**  |  |
| **13.** abcdefghi | **Update on the Out of Hours Service** The Chief Operating Officer provided an oral update on the GP Out of Hours (OOH) Service and explained that multiple factors had come together to create a difficult situation within the service, including: * a CQC rating of ‘requires improvement’;
* a whistleblowing investigation which highlighted questions about leadership and management of the service;
* an investigation into Key Performance Indicators (KPIs) which found the service had been wrongly interpreting/reporting for 4 years; and
* the workforce crisis in primary care.

The Chief Operating Officer said that Peter Inkpen, who previously ran OOH in Hampshire and the Isle of Wight, had been appointed as an independent investigator into the service. He had identified 9 objectives, proposed a new structure for the service and was now recruiting into it. He had also undertaken coaching and development work with the managers. The CCG had also undertaken reviews and the CQC action plan had been signed off as complete. He reported that the trust had agreed a new process for recruiting GPs and would also be working with Hampshire and Isle of Wight to benchmark against each other and load share. A business case had gone to the CCG for £330k to address GP recruitment issues. The Chief Operating Officer agreed to bring an update back to the June Council of Governors. David Mant said the issues with OOH were evident to the Oxford University Hospitals (OUH) for a number of years and asked whether there had been any Board to Board conversations. The Chief Executive said there had never been a discussion about OOH and David Mant agreed to take this back to the OUH Board. David Mant said there had been a big increase in attendance at A&E because people struggle to be seen by OOH and asked whether there would be a KPI to monitor this. The Chief Operating Officer explained the too many issues were as a result of a deficit in GP capacity and that some work was not being done that should have been. The Director of Nursing added that there was now an ability within the system to monitor people through to conclusion. Sula Wiltshire noted a phenomenal amount of work was going on within OOH. Geoff Braham asked whether changes to the 111 service would have an impact on OOH. The Chief Operating Officer explained it would change the way OOH is provided in a good way, specifically that 111 will not be able to refer directly to Minor Injury Units (MIUs) so people will need to book appointments. **The Council of Governors noted the oral update.**  | **DH/ LS** |
| **14.** abc | **Update on the new School of Nursing and Midwifery** The Director of Nursing opened the floor to questions on paper CG 39/2017. Sula Wiltshire said it was a really good piece of work and should include the whole workforce. The Director of Nursing agreed and said that it would be nursing initially with the plan to eventually open up to Allied Health Professionals. **The Council of Governors noted the report.**  |  |
| **15.** abcdefghi | **Governor Questions****Staff Survey Themes**The governors had raised 3 issues in relation to the staff survey which the Director of HR provided updates on. 1. Not all staff having appraisals

The Director of HR reported that 4 out of 5 staff have an appraisal and those that do find it useful. He said the aim was to get all staff having an appraisal as this is beneficial to them and the manager. A recent audit had identified lots of room for improvement and given a good idea of the areas to work on. 1. Staff not satisfied with the quality of care they are able to deliver

The Director of HR said that substantive staff have described working with a high number of agency staff and spending their time dealing with queries etc. and therefore do not feel they have the time to deliver care. The Director of Nurse said strategic work was underway to address this issue. 1. Bullying from other staff

The Director of HR said a lot of work was happening to tackle bullying including a campaign, a video message to staff from the Chief Executive and simplifying the process to raise concerns and deal with them quicker. Neil Oastler said the staff survey was all tick boxes so there was no chance for staff to give detail about the bullying. The Chief Executive said a deep dive into bullying was underway but cultural changes do take time and added that the trust was not alone in having these problems. He added that the questions in the staff survey were shaped from the results of extensive research. **Serious Incident Themes**Caroline Birch explained her concerns were that the same themes have appeared in the last 3 quality accounts: 1. Family engagement and communication.
2. Inadequate record keeping around care planning and documentation.

The Director of Nursing said good work was happening but not consistently. She added that the number of things that are not right are very low. The Trust Chair agreed to keep these specific items on the agenda for workforce and quality at future meetings.  | **LS** |
| **16.** abcdefghi | **Update Report from Council Sub-groups and Governor Forum** **Nomination and Remuneration Committee** The Committee had nothing of note to report. **Finance Sub Group**The sub group had nothing of note to report. **Quality and Safety Sub Group**The sub group had nothing of note to report. **Patient Experience Sub Group**The Medical Director said the group had a positive meeting. **Working Together Sub Group**The Director of Corporate Affairs & Company Secretary explained that this group had not had reason to meet for some time and would be merging its business with the Governor Forum meeting where practicable. **Governor Forum** The Director of Corporate Affairs & Company Secretary said that the next meeting would take place in January for discussion around the final structure of the governor sub groups so that this could be in place for the new financial year. Madeleine Radburn asked for governors to feed back to her about the sub group restructure and how governors can work better together. **Membership Involvement Group** The Director of Corporate Affairs & Company Secretary explained that the Communications and Engagement Officer had left the trust. She explained there may be slower momentum with regard to membership work until the post is filled. **The Council of Governors noted the report.**  |  |
| **17.** a  | **Any Other Business** Madeleine Radburn fed back on her meeting with the Chief Information Officer about CareNotes and further clarified that when the Musculoskeletal Service moved to Healthshare, all clinical notes were sent on paper.  |  |
| **18.** a | **Questions from the public** No members of the public were present during the meeting.  |  |
| **19.**  | **There being no further business the Chair declared the meeting closed at 20:45hrs.** |  |
|  | **Date of Next Meeting:** **Council of Governors Seminar:** Wednesday, 21 February 2018 18:00-20:00 in the Fothergill Room, Spread Eagle Hotel, Cornmarket, Thame OX9 2BW**Council of Governors:** Thursday, 22 March 2018 18:00-20:00 in the Fothergill Room, Spread Eagle Hotel, Cornmarket, Thame OX9 2BW.  |  |

**Council of Governors**

**Member attendance 2017-18**

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| **Name** | **June 2017** | **Sept 2017** | **Nov 2017** | **March 2018** |
| Adeel Arif |  |  |  |  |
| Alan Jones |  |  |  |  |
| Andy Harman |  |  |  |  |
| Caroline Birch |  |  |  |  |
| Chris Mace |  |  |  |  |
| Chris Roberts |  |  |  |  |
| Dave Pugh |  |  | N/A | N/A |
| David Mant |  |  |  |  |
| Davina Logan |  |  |  |  |
| Geoffrey Forster |  |  |  | N/A |
| Gill Randall |  |  |  |  |
| Gillian Evans |  |  |  |  |
| Karen Holmes |  |  |  |  |
| Kelly Bark  |  |  |  |  |
| Reinhard Kowalski |  |  |  |  |
| Madeleine Radburn |  |  |  |  |
| Martin Dominguez |  |  |  |  |
| Mike Appleyard |  | N/A | N/A | N/A |
| Neil Oastler |  |  |  |  |
| Sula Wiltshire |  |  |  |  |
| Louise Wilden |  |  | N/A | N/A |
| Soo Yeo |  |  |  |  |
| Terry Burridge |  |  |  |  |
| Geoff Braham |  |  |  |  |
| Allan Johnson |  |  |  |  |
| Abdul Okoro |  |  |  |  |
| Richard Mandunya |  |  |  |  |
| Astrid Schloerscheidt |  |  |  |  |
| Debbie Richards |  |  |  |  |
| Lin Hazell  |  |  |  |  |
| Lawrie Stratford |  |  |  |  |
| Tina Kenny | N/A | N/A |  |  |
|  |  |  |  |  |
| Martin Howell |  |  |  |  |
| Anne Grocock  |  |  |  | N/A |
| Mike Bellamy |  |  |  | N/A |
| Jonathan Asbridge  |  |  |  |  |
| John Allison |  |  |  |  |
| Chris Hurst  |  |  |  |  |
| Sue Dopson  |  |  |  |  |
| Alyson Coates  |  |  |  | N/A |
| Stuart Bell  |  |  |  |  |
| Ros Alstead |  |  |  |  |
| Mark Hancock  |  |  |  |  |
| Mike McEnaney  |  |  |  |  |
| Dominic Hardisty |  | (deputy attended) |  |  |
| Kerry Rogers |  |  |  |  |
| Bernard Galton  | N/A |  |  |  |
| Aroop Mozumder  | N/A |  |  |  |
| Lucy Weston | N/A |  |  |  |