

**Oxford Health NHS Foundation Trust**

**CoG 12/18**

(Agenda item: 06)

**Council of Governors**

Minutes of the Meeting on 22 March 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) Chris MaceAndy Harman Karen Holmes Madeleine Radburn Sula Wiltshire Allan Johnson Geoff Braham  | Andrea McCubbinTerry Burridge Kelly Bark Davina Logan Cally Birch Alan Jones Neil Oastler Abdul Okoro  |
| **In attendance:**  |  |
| Stuart Bell Mark Hancock Dominic Hardisty Mike McEnaney Tim Boylin Ros Alstead Chris Hurst Aroop Mozumder John Allison Hannah Smith Claire Page (for Martyn Ward) Donna Mackenzie (part meeting)Laura Smith Jayne Norgate  | Chief Executive Medical DirectorChief Operating Officer Director of Finance Director of HR Director of Nursing & Clinical Standards Non-Executive Director Non-Executive Director Non-Executive Director Assistant Trust SecretaryHead of Performance and InformationPatient Experience and Involvement Manager Corporate Governance Officer Care Quality Commission  |

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| **1.**a | **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, Tina Kenny, Gill Randall, Richard Mandunya, Debbie Richards, Reinhard Kowalski, Gill Evans and Mark Bhagwandin. Absent without formal apology were: Adeel Arif, Soo Yeo, Lin Hazell and Lawrie Stratford. Apologies had been received from the following members of the Board of Directors: Lucy Weston, Non-Executive Director; Jonathan Asbridge, Non-Executive Director; Bernard Galton, Non-Executive Director; Kerry Rogers, Director of Corporate Affairs & Company Secretary; and Martyn Ward, Director of Strategy & Performance. The meeting was confirmed to be quorate. |  |
| **3.**ab cde | **Patient Experience Presentation** The Patient Experience and Involvement Manager presented a video which highlighted the experience of a patient and her carer, following an admission to Abingdon Community Hospital after a fall. She explained that this video would be used as part of training for clinical teams to help them to learn from the experience. A new Carer Involvement Lead had also been appointed who would be working closely with the Patient Experience Team as well as carers. The Director of Nursing added that a Care Quality Commission (CQC) system wide review in Oxfordshire had identified that people were being kept in hospital too long. Work was underway with Oxford University Hospitals (OUH) to reduce this, including taking part in the ‘70 days to end pyjama paralysis’ national campaign. *Donna Mackenzie left the meeting.* **The Council of Governors noted the presentation.**  |  |
| **4.**abc | **Minutes of the Last Meeting on 15 November 2017 and Matters Arising** The Minutes were approved as an accurate record of the meeting. **Actions**The Council confirmed that the following actions from the 15 November 2017 had been completed or were on the agenda for the meeting: 3(d) and 15(i). The action against items 10(c) and 11(c) would be held over to the next meeting. |  |
| **5.**a | **Declarations of Interest** No interests were declared pertinent to matters on the agenda.  |  |
| **6.** abcd | **Update Report from Chair** The Trust Chair provided an oral update and suggested holding a joint Governor/Non-Executive Director session, in light of the new Non-Executive Directors who had joined the Board and potentially new Governors who would be joining the Council after the upcoming elections. He explained that the ‘Accountable Care Systems’ were being renamed to ‘Integrated Care Systems’ (ICS) and reported that the Buckinghamshire ICS was progressing well. A recent Oxfordshire system-wide review identified that the system was not working well together and that further work was needed to become a more integrated system. The Trust Chair was hopeful that this could be achieved. He reminded Governors to complete their DBS and Fit and Proper Person checks if not already done so. **The Council of Governors noted the oral update.**  | **MH** |
| **7.** ab | **Update Report from Non-Executive Director**Sue Dopson introduced herself and provided an oral update on her time as a Non-Executive Director. She highlighted that she: * was a member of the Audit Committee, Quality Committee and Charity Committee;
* was a member of the Collaboration for Leadership in Applied Health Research and Care (CLARHC) Board; and
* set up a number of Board Strategy Sessions with support from her colleagues at Said Business School.

**The Council of Governors noted the oral update.**  |  |
| **8.** abcdefghij | **Update Report on Key Issues from Chief Executive** The Chief Executive presented paper CoG 04/2018 and highlighted a significant amount of regulatory activity including a Special Educational Needs and Disability (SEND) inspection across the patch, an Ofsted inspection in Buckinghamshire, a CQC system-wide (Oxfordshire) review and a CQC well-led inspection. Karen Holmes noted the plan to cease using agency for Health Care Assistants (HCAs) and asked whether the Trust was confident this would work. The Chief Executive explained this was based on success at Berkshire Healthcare, who were a similar size organisation with the same staffing issues. A number of contingency plans would be put in place as well as agency staff being encouraged to move across to the bank. The Director of HR added that there were approximately 125 HCAs working through agency and the HR Team would be speaking to all of these staff to persuade them to move over before the change comes in. Karen Holmes asked whether majority of people on the bank were substantive staff and the Director of HR explained that they were a mix of substantive staff looking to do additional shifts, and flexible workers. Madeleine Radburn asked whether there was a willingness in Oxfordshire for interoperable computer systems. The Chief Executive said there was willingness and noted that some progress had been made with the implementation of Medical Interoperability Gateway (MIG), which allows access to GP notes, and with electronic discharge summaries for GPs. It was agreed to have an update at the next meeting on ‘interoperability’. Alan Jones asked whether there were any national guidelines on interoperable computer systems. The Chief Executive said there was support for the principle but no guidelines. He explained the main barriers were getting manufacturers to agree that their systems can be interoperable, and making sure data is shared safely. Alan Jones asked whether stress services provided by the Trust would be prepared for the number of HCAs coming over from agency who may need their services. The Director of HR explained that the reduction in agency should improve patient and staff experience and reduce stress levels rather than increase it. Terry Burridge asked how the improvements to the Improving Access to Psychological Therapies (IAPT) service was going. The Chief Operating Officer said this was progressing well and had national commitment and funding to deliver the increased service. Karen Holmes asked whether GP Out of Hours (OOH) would be able to access Care Notes and the Chief Executive reported that OOH could access GP records, however could not yet access Care Notes. **The Council of Governors noted the report.**  | **LS** |
| **9.** abcdefgh | **Performance Report** The Head of Performance and Information presented paper CoG 06/2018 and highlighted that the Trust continued to meet or exceed 90% of the performance indicators. Children and Young People Directorate performance had remained 95% with the main area for improvement being CAMHS waiting times. The new service delivery model was expected to reduce waiting times and had already been implemented in Buckinghamshire and Oxfordshire and would be going live in Swindon, Wiltshire and Bath & North East Somerset (BaNES) in April 2018. Adult Directorate performance was 74% in Q3 which was a slight decease from Q2. The main area for improvement was the reduction of ‘hidden waits’ at step 3 for Improving Access to Psychological Therapies (IAPT). The wait had reduced to 19 weeks, however that was still well above the 8 week target. Older People Directorate performance had improved to 80% in Q3 from 74% in Q2. Sula Wiltshire said she was aware of CAMHS challenge but urged the Board to explore further options to reduce the waits. The Chief Executive agreed there was a massive amount of unmet need. The new service delivery model in Buckinghamshire had worked well and would hopefully have similar effects when rolled out in Oxfordshire and Swindon, Wiltshire and BaNES. He added that a discussion was needed with commissioners about the level of resourcing received for mental health. The Director of Nursing said there needed to be a system view on children and young people, the same as for the frail and elderly, with a focus on targeting people earlier through schools and social care. Madeleine Radburn asked where funding for prevention for children and young people’s mental health sat. The Chief Executive explained the principle responsibility was with Public Health England and the School Health Nursing, which in Oxfordshire was run by the Trust. The Chief Operating Officer added that there would be a system meeting that week to address issues of children and young people. **The Council of Governors noted the report.**  |  |
| **10.** abcdefghij | **Finance Report**The Director of Finance gave a presentation on the draft financial plan for FY19 and explained that mid-year financial reviews were underway, including deep dives with Directorates to put financial recovery plans in place. He reported the FY18 forecast had been revised to £1.8m deficit because it was £2m behind and explained this would mean no Sustainability and Transformation Funding (STF) for Q4. In terms of efficiency the Trust was above the national average. He noted funding for mental health in Buckinghamshire was 13% less than the national average and 15% less in Oxfordshire. He gave a breakdown of the draft FY19 plan which had to be submitted to NHS Improvement (NHS I) by 30 April 2018, and highlighted: * a breakeven plan;
* a £12.7m challenge (£8.4m net challenge);
* a control total of £0.8m;
* potential CIP opportunities of £6m;
* an underlying position of £9.2m;
* a net plan position of £1.6m and
* a net control total position of £1.8m.

The Trust Chair added that if the Trust was paid the average rate of mental health funding that would equate to an additional £40m. Andy Harman asked whether the Trust was robust enough in requests for additional funding and the Chief Executive explained the problem was the way national systems were set up. Acute services receive a national tariff per treatment which means any benefit goes to the provider, whereas with mental health the benefit goes to commissioners. The Chief Executive said he takes every opportunity to raise this issue nationally as well as with local commissioners. Neil Oastler asked where funding would come from for the proposed pay rise for NHS staff. The Director of Finance said this hadn’t been clarified. Geoff Braham asked for an update on the risk share agreement and the Director of Finance said the risk anticipated had not been realised and was closed off in January. Terry Burridge asked what happened if the Trust failed to meet the budget. The Director of Finance explained if the Trust missed the control total then there would be no STF funding and if the Trust was in deficit then the amount of cash available for investment would reduce. Chris Mace asked how the Trust learns from other organisations to be more efficient. The Chief Executive said there was a piece of work being led by Lord Carter on efficiency which provided a reference framework on increasing efficiency. He added that the Trust also looked at opportunities as they arise such as the HCA agency reduction. **The Council of Governors noted the report.**  |  |
| **11.**abcd | **Workforce / Recruitment and Retention Report**The Director of HR provided an oral update on recruitment and retention, highlighting that 143 new flexible workers and 354 substantive workers had joined the bank since the pay increase in September. Agency spend had not significantly reduced, however progress was being made.He reported that the most recent ‘Linking Leaders’ sessions had focused on recruitment and retention and had been very well attended by managers in areas with the most substantial staffing issues. The key message at these sessions was that it was a ‘sellers market’ and as a ‘buyer’ the Trust needed to be more agile.Chris Roberts asked whether the recently proposed pay increase was likely to make a substantial difference. The Director of HR said it was likely to be beneficial to lower paid staff, however it would be less beneficial for over 50% of staff who are at the top of their band. He added this had not had unanimous agreement from staff side.**The Council of Governors noted the oral update.** |  |
| **12.** abcd | **Update on the Directorate Restructure** The Chief Operating Officer opened the floor to questions on paper CoG 07/2018. Davina Logan supported the idea of an age inclusive service but stressed the need to ensure that expertise remained for older people. The Chief Operating Officer agreed the need to maintain specific expertise and explained the aim was to make care ‘person centred’ rather than age specific. Neil Oastler asked what the impact would be on governor constituencies and Chris Roberts reported that this was being looked into but existing staff governors would not be effected. **The Council of Governors noted the report.**  |  |
| **13.** ab | **Out of Hours (OOH) GP CQC Inspection Action Plan**The Director of Nursing reported that the OOH Service was due to be inspected the following week which would supersede paper CoG 08/2018. **The Council of Governors noted the report.**  |  |
| **14.** abc | **Governor Election Strategy**The Trust Chair opened the floor for questions on paper CoG 09/2018. Chris Roberts said that he had been involved in a membership roadshow in Swindon and aspirant governor event in Oxford with very poor uptake. He said the Trust need to focus on what is not working and improve. It was suggested that the elections and membership events should be promoted through Patient Participation Groups (PPGs) and Sula Wiltshire offered to do this through Oxfordshire CCG. The Assistant Trust Secretary to speak with the Communications Team regarding wider promotion of these events. **The Council of Governors noted the report.**  | **HS** |
| **15.** abcdef | **Lead and Deputy Lead Governor Elections** *Chris Roberts and Maddy Radburn left the room.* The Trust Chair presented paper CoG 10/2018 which outlined the election process for Lead and Deputy Lead Governors as well as an updated role description which both required approval. **The Council of Governors approved the Lead Governor role description.** A nomination for Lead Governor was received from Chris Roberts. As this would be a re-appointment a personal statement to the Council was not required. **The Council of Governors approved the re-appointment of Chris Roberts as Lead Governor for one year.** A nomination for Deputy Lead Governor was received from Madeleine Radburn. As this would be a re-appointment a personal statement to the Council was not required. **The Council of Governors approved the re-appointment of Madeleine Radburn as Deputy Lead Governor for one year.** *Chris Roberts and Maddy Radburn returned.*  |  |
| **16.** abcde | **Appointment of a Successor Chairman**The Assistant Trust Secretary presented paper CoG 11/2018 and outlined the process proposed by the Nomination and Remuneration Committee (NRC) for the appointment of a new Chairman, which required approval by the Council of Governors. Further to meetings of the NRC which had taken place on 02 March and again on 22 March (shortly before this Council of Governors meeting), the Director of HR would make final amendments to the job description for the new Chairman which could then be shared with the Council. Subject to these amendments, the NRC had agreed the job description.The NRC had also agreed that the Director of HR would shortlist from various search agencies which had been discussed and then invite 2-3 agencies to pitch to a selection panel involving at least 3 members of the NRC. They would then determine the search agency which would be used. The final interview/recruitment panel would consist of 3 governors from the NRC (including the Lead Governor who would chair the interview panel), up to 2 Non-Executive Directors and an external assessor who may be a current or recent NHS FT Chair. The candidates would also meet separately with the Chief Executive and attend focus groups. A final recommendation would be received at the September Council of Governors meeting for approval. **The Council of Governors noted the report and approved the process and timeline for appointment of a successor Chairman, noting that whilst the draft job description had not yet been provided it was content that this had been agreed, subject to amendments, by the NRC.**  | **TB** |
| **17.** abcdefghi | **Governor Questions****Staff Survey Themes**The Director of HR provided an update on progress on the staff survey themes. He explained that quality of appraisals had increased from 3.22 out of 5 to 3.39 out of 5, however the number of appraisals undertaken continued to slip. An action plan would be put in place to address this. The percentage of staff reporting they are satisfied with the quality of care they deliver fell from 77 to 76%, however the Director of HR noted that only 2 out of the 88 questions had worsened. He reported that levels of bullying remained unchanged with 88% reporting they had not experience bullying. A working group was set up to look into reducing bullying and harassment. Chris Roberts asked what proportion of staff had received an appraisal and the Director of HR said it was around 3 out of 4. The Medical Director noted that doctors had to have an appraisal annually to be revalidated and asked whether the same would apply to nurses. The Director of Nursing said the requirement for revalidation was an appraisal in the year of their revalidation which was every 3 years. Alan Jones accepted there were pressures on staff time but that appraisals needed to happen. Neil Oastler added that as a manager it was difficult to find the time to complete staff appraisals. The Director of HR will keep the Council updated in the workforce report. **Serious Incident Themes**The Director of Nursing explained that progress against the serious incident themes was tracked in the patient safety report. The main themes were care planning, record keeping and communication. **The Council of Governors noted the oral updates.**  |  |
| **18.** abcdefghijklmnopq | **Update Report from Council Sub-groups and Governor Forum** **Nomination and Remuneration Committee** As above, at item 16.**Finance Sub Group**The Director of Finance explained that due to diary scheduling the meeting went ahead with only one governor, however another meeting would be set shortly with Geoff Braham as the new Chair. **Safety and Clinical Effectiveness Sub Group**Madeleine Radburn provided an update from the Safety and Clinical Effectiveness Sub Group and highlighted that the Terms of Reference had been revised. The Sub Group received the latest patient safety report and noted an increase in incidents as a result of better reporting. In Q3 there were 3742 incidents reported however 67% were identified as “caused no harm”. The Sub Group asked for more information about this reporting. She reported that the Trust had also had one never event which identified a lack of staff training prompting the Sub Group to query the amount of time staff received to do training. The Sub Group also discussed the latest clinical effectiveness report. The Sub Group identified the large number of acronyms which were being used in the Trust and suggested an acronym dictionary for governors.**Patient and Staff Experience Sub Group**The Sub Group would be meeting on Tuesday 10 April. **Working Together Sub Group**The Sub-Group had nothing of note to report. **Governor Forum** Chris Roberts asked the governors to think about what the Council is doing, and how well they are doing it, so that the effectiveness of the Council can be assessed at the next Forum. **Membership Involvement Group** Kelly Bark provided an update on the Membership Involvement Group and highlighted that the Terms of Reference had been revised. The Sub Group received an update on the development of the new website and requested feedback and suggestions for further improvements. As a result of the meeting, links to the ‘Getting Involved’ section had been added to the homepage.The draft Membership Strategy was reviewed including a discussion about recruitment, with particular focus young people, carers and families. There was discussion around the impact of the new General Data Protection Regulations (GDPR) on membership, whether this would require staff members to actively consent to membership and the actions which the Communications Team may need to take. The Assistant Trust Secretary added that she was looking into alternatives with the Trust’s solicitors. The meeting also considered the Membership Matters bulletin, Insight magazine, the governor elections and having a governor award at the staff awards. Madeleine Radburn asked for the governors to send feedback on the most recent issue of Insight. **Agreement about OUH governor**Chris Roberts asked for the Council’s agreement for the Deputy Lead Governor and himself to communicate with the Lead and Deputy Lead Governor of OUH. The Council of Governors agreed to this. **The Council of Governors noted the oral update.**  |  |
| **19.** a  | **Any Other Business** No further business to discuss.  |  |
| **20.** a | **Questions from the public** No members of the public were present.  |  |
| **21.**  | **There being no further business the Chair declared the meeting closed at 20:34.** |  |
|  | **Date of Next Meeting:**

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| **Governor Forum**  | Thursday, 10 May 2018 18:00-20:00 | AJR Room, Spread Eagle Hotel, Cornmarket, Thame OX9 2BW |
| **Council of Governors** | Wednesday, 13 June 2018 18:00-20:00 | Conference Room, Whiteleaf Centre, Bierton Road, Aylesbury, HP20 1EG |

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**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 |  |  |  | **N/A** |
| Davina Logan |  |  |  |  |
| Geoffrey Forster |  |  |  | N/A |
| Gill Randall |  |  |  |  |
| Gillian Evans |  |  |  |  |
| Karen Holmes |  |  |  |  |
| Kelly Bark  |  |  |  |  |
| Reinhard Kowalski |  |  |  |  |
| Madeleine Radburn |  |  |  |  |
| Martin Dominguez |  |  |  | N/A |
| 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 |  |  |
| Andrea McCubbin | N/A | N/A | N/A |  |
|  |  |  |  |  |
| Martin Howell |  |  |  |  |
| Anne Grocock  |  |  |  | N/A |
| Mike Bellamy |  |  |  | N/A |
| Jonathan Asbridge  |  |  |  |  |
| John Allison |  |  |  |  |
| Chris Hurst  |  |  |  |  |
| Sue Dopson  |  |  |  |  |
| Alyson Coates  |  |  |  |  |
| 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 |  |  |  |