

**Oxford Health NHS Foundation Trust**

**CoG 23/18**

(Agenda item: 6)

**Council of Governors**

Minutes of the Meeting held on

13 June 2018 at 18:00

Conference Room, Whiteleaf Centre, Aylesbury HP20 1EG

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) Kelly BarkMatthew BezzantGeoff BrahamMaureen CundellAllan JohnsonAlan JonesTina KennyReinhard Kowalski | Davina LoganJacqueline-Anne McKennaNeil OastlerAbdul OkoroGillian RandallDebbie RichardsClaire SessionsSoo Yeo |
| **In attendance:**  |  |
| John Allison Jonathan AsbridgeStuart Bell Tim Boylin Alyson CoatesBernard GaltonMark Hancock Dominic Hardisty Chris Hurst Mike McEnaney Martyn Ward Lucy WestonJill Bailey (*part meeting*)Donna Mackenzie (*part meeting*)Dominic McKenny (*part meeting*)Kate Riddle (*for Ros Alstead*)Charles Vincent (*part meeting*)Hannah Smith (*for Kerry Rogers and Minutes*) | Non-Executive Director Non-Executive DirectorChief Executive Director of HR Non-Executive Director Non-Executive DirectorMedical DirectorChief Operating Officer Non-Executive Director Director of Finance Director of Strategy & PerformanceAssociate Non-Executive DirectorAssociate Clinical Director of the OHI CentrePatient Experience and Involvement ManagerChief Information OfficerDeputy Director of NursingDirector of the OHI CentreAssistant Trust Secretary |

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| **1.**a | **Welcome**The Chair brought the meeting to order and welcomed all those present, noting that the meeting would hear first from the various presenters before turning to the business items.  | **Action** |
| **2.**abcd | **Information Management & Technology (IM&T) presentation – Electronic Health Record (EHR) Interoperability**Dominic McKenny, Chief Information Officer, gave a presentation on records sharing and interoperability between clinical systems. He highlighted progress against the stages in the roadmap from the Trust’s Digital Strategy in relation to: * e-Correspondence Phase 1 – involving the electronic transfer of discharge summaries from within Carenotes directly to GP systems and for which go-live had been achieved in July 2017;
* e-Correspondence Phase 2 – involving the uploading of correspondence to a portal for electronic delivery directly to GP systems and for which go-live was scheduled for July 2018 for the podiatry, dentistry and children’s community nursing services;
* EHR interoperability – the ‘views’ phase which involved viewing GP system clinical information directly from within Carenotes and Adastra and for which go-live had been achieved in January 2018. Further EHR interoperability phases were scheduled for Oxfordshire and wider geographies; and
* e-Referral Management which was in a planning stage as this phase was due to commence in 2019.

Chris Roberts asked about the functionality and operability of Carenotes in community services, noting that this had been discussed in governor sub-group. The Chief Information Officer replied that Carenotes was operational in both mental health and community services; further work had recently been undertaken with community hospitals to move them towards becoming as paperless as possible and this work would be extended into district and community nursing services. He added that progress was also being made to negotiate with the software supplier to extend the contract and agree terms. The Chief Executive noted that usage of an EHR could also differ between mental health services and community services and there were some cultural differences to overcome; mental health services tended to have been earlier adopters of electronic systems whilst community services had stayed longer operating with more paper in their systems/processes. Chris Roberts asked whether the Chief Information Officer had looked into an issue which had been raised around booking appointments in community services. Alan Jones added that the time taken to book appointments had apparently increased from 3-4 minutes up to sometimes 15 minutes which was potentially frustrating for administrative services, as well as for clients. The Chief Information Officer replied that he had been in contact with Madeleine Radburn, Deputy Lead Governor, to discuss a similar issue which had been raised around podiatry services. Chris Roberts noted that he would discuss further with Madeleine Radburn and consider if this should be followed up further. **The Council noted the presentation and the Trust Chair thanked the Chief Information Officer.** *The Chief Information Officer left the meeting.*  | **CR** |
| **3.**abcdefgh | **Oxford Healthcare Improvement (OHI) Centre presentation – Approach to Improvement**Charles Vincent, Director of the OHI Centre, and Jill Bailey, Associate Clinical Director of the OHI Centre, gave a presentation on the development and objectives of the OHI Centre, highlighting the importance of engaging with non-clinicians as well as with clinicians and from across a variety of sectors and research disciplines. The OHI Centre’s objectives were to: collaborate in improvement projects with Trust improvement leads, patients and families; build capacity and capability in the Trust; and communicate and share experience and findings. Year 1 would focus on the following 4 aspects of OHI capability building and development: * framework development – to provide guidance and discipline without undue constraint and to support use of the Institute for Healthcare Improvement Model for Improvement;
* coalescence with system enablers – to support service change and performance, Learning & Development and Human Resources functions;
* training delivered to – the Extended Executive, the Leadership Programme (60 participants), preceptorship participants (30 participants) and the planned scholars programme (10 participants); and
* coaching projects for a variety of wards and teams including around: ‘highly reliable ward’; observations and engagement; physical healthcare in older adult mental health; Carenotes mental health assessment; ligature reduction; recruitment processes; referral and discharge processes; self-harm reduction; service evaluation of new models of care; and policies and procedures.

The Chief Executive asked how governors could get involved with the work of the OHI Centre. Charles Vincent replied that he and his colleagues would be delighted to involve governors and that this would be an important role and opportunity to be developed; governors would also be kept informed of/invited to upcoming OHI seminars. John Allison referred to the presentation and the press headline which had been quoted that ‘asking for airline levels of safety in hospitals could represent a flight of fancy’. He noted that compared to the repeatable and predictable environment of airline flying, the number of variables dealt with in hospital care may indeed render this aspiration unattainable. Charles Vincent acknowledged the challenges but noted that there could still be parts of healthcare with repeatable tasks where safety was the primary objective and automation could be usefully introduced in order to improve safety and consistency. However, he noted that in other parts of healthcare, the priority may be more around the management of risk in order to facilitate patient recovery and rehabilitation, rather than providing an ultra-safe environment which may inhibit patient independence and development. Despite these variables, there were still ways in which healthcare, especially the more process-driven aspects, could learn from industrial approaches including from the aviation industry. Neil Oastler asked where the OHI Centre was based and how posts within it had been funded. Jill Bailey replied that the OHI Centre was based in the PoWIC building (Prince of Wales International Centre) at the Warneford Hospital, Oxford. Charles Vincent noted that the majority of the new team had come from existing funded Trust posts but that the OHI Centre provided a new way to bring improvement, safety and quality work together. Chris Roberts noted the potential positive implications of the work of the OHI Centre across the wider NHS; he asked whether other NHS organisations were carrying out similar work and, if so, whether the OHI Centre was connected and collaborating with them as this could avoid unnecessary replication or duplication of effort. Charles Vincent replied that although internationally and nationally there were some similar developments, they were not common. He noted that although the OHI Centre would aspire to be connected with other places running similar projects, it would not necessarily need to formally partner with them. He referred to the OHI seminar programme, commencing in July 2018, noting that invited speakers included those from other places running similar projects or with improvement initiatives, as well as from outside the NHS. Reinhard Kowalski asked if the OHI Centre was involved in the integration of the Trust’s Psychological services and Adult Mental Health Teams and if not, why not. He noted that it could be very valuable for clinicians and managers to have assistance with evaluation of the integration process to ensure that it achieved quality and service improvement outcomes. Jill Bailey replied that the OHI Centre had not yet been approached to be involved. Charles Vincent added that it was still early days for the OHI Centre which was in its first year but that he hoped in the future that the OHI Centre would be invited early on to be part of such projects; he noted the importance of putting in place measures/objectives at the start of big projects and then ensuring that these were returned to and evaluated after a reasonable period of time. **The Council noted the presentation and the Trust Chair thanked Charles Vincent and Jill Bailey.**  |  |
| **4.**abcdef | **Patient Experience presentation** Donna Mackenzie, Patient Experience & Involvement Manager, explained that, further to governor feedback, the Patient Experience presentation to this meeting would be an oral update on the outcome of a patient story which had been presented to the Board. She referred to the patient story from the Older People’s Directorate which had been presented to the Board meeting in public in April 2018 by the family/carers of a former patient, now sadly deceased. Although the family had praised the support they had received from one of the Trust’s district nurses, they had had some difficult and challenging experiences which had been particularly exacerbated by the patient’s geographical location falling between the boundaries of different providers. The family had set out their experiences and concerns in relation to: 1. capacity and consent – and the way in which the former patient’s wishes were challenged by medics and in their presence which exacerbated anxiety issues;
2. attitudes and culture – towards respecting the family’s views and opinions;
3. geographical location and effective communication – including challenges which living near county borders brought and uncertainty as to which county may be responsible for delivering services;
4. information about care; and
5. the former patient’s freedom of choice being questioned around whether to remain at home or enter hospital or nursing home environments.

 Further to this patient story, the family had provided the Trust with a list of 25 suggestions/suggested action points; 14 of these related to the wider healthcare system and the remainder were for the Trust. Donna Mackenzie provided an update on developments in response to the suggestions: * an audit had taken place across district nursing teams on the information which they provided about care, available procedures, funding and availability of equipment. So far in response to this, the Trust had recognised that some of the information which had been provided had needed to be updated and that more signposting could be provided for patients to assist them to access advice and information. Relevant webpages and nursing information leaflets would be updated;
* contact had been made with a neighbouring hospital to discuss the feedback provided by the family. The neighbouring hospital did not have a patient experience team but their Patient Advice & Liaison Service was engaging with the Trust on the feedback; and
* the granddaughter of the patient had been working with the Trust on the end of life care pathway in the Older People’s Directorate.

Alan Jones commented upon how positive it was to hear how the Trust had responded and was collaborating with the family of the patient. He emphasised the importance of: (i) collaboration and how this should become a consistent feature right from the start of care and also throughout the organisation; and (ii) respecting the views of carers as well as patients. He noted that if the Trust could develop the area of patient experience around collaboration, consistency and communication then it would become a more efficient patient/service user orientated organisation. The Trust Chair noted that the patient story had been a challenging one but that it was important to hear about areas which needed improvement. He noted that the Board did not isolate itself from more challenging feedback but was prepared to consider, address and be held to account by the Council and service users. In this case, a significant proportion of the issues had also been with other providers. The Chief Executive added that service users were still the stakeholders of the wider NHS and it was the responsibility of individual providers to collaborate to improve the experience provided by the whole system, as far as reasonably possible. Jonathan Asbridge added that the care provided by the Trust’s district nurse in this case had been particularly helpful because not only had she been able to provide the clarity of a single point of contact but she had also used her skills to resolve the feelings of exclusion which the family had been experiencing. **The Council noted the presentation and that it had been helpful to have been given an update on outcomes.** *Jill Bailey, Charles Vincent and Donna Mackenzie left the meeting.*  |  |
| **5.** ab | **Introduction**The Trust Chair referred to the outcome of the recent contested elections for seats on the Council of Governors. He welcomed back Gillian Evans and Alan Jones who had been re-elected and he welcomed back Maureen Cundell who had served on the Council of Governors previously. He also welcomed as newly elected governors: Matthew Bezzant, Gordon Davenport, Vicky Drew, Tom Hayes, Jacqueline-Anne McKenna and Claire Sessions.  |  |
| **6.** abc | **Apologies for absence and quoracy check**Apologies were received/absences noted from the following governors: Adeel Arif, Mark Bhagwandin, Caroline Birch, Terry Burridge, Gordon Davenport, Vicky Drew, Gillian Evans, Tom Hayes, Lin Hazell, Karen Holmes, Chris Mace, Richard Mandunya, Andrea McCubbin, Madeleine Radburn, Astrid Schloerscheidt, Lawrie Stratford and Sula Wiltshire. Apologies were received from the following members of the Board: Ros Alstead, Director of Nursing & Clinical Standards; Sue Dopson, Non-Executive Director; Aroop Mozumder, Non-Executive Director; and Kerry Rogers, Director of Corporate Affairs & Company Secretary.The meeting was confirmed to be quorate as over a third of the total number of governors were present, including at least 5 governors representing the public or patients’ constituencies.  |  |
| **7.** abc | **Minutes of the last meeting on 22 March 2018 and Matters Arising** The Minutes of the meeting were approved as a true and accurate record. ***Matters Arising*** **Item CG 6(a) – Joint Governor/Non-Executive Director session** The Trust Chair noted that this should remain as an action for consideration to hold a joint session and that it may be especially helpful for the newly elected governors as well as for the newer Non-Executive Directors. The Council confirmed that the remaining actions from the 22 March 2018 Summary of Actions had been completed, actioned or were on the agenda for the meeting: 8(e) – update on EHR Interoperability; 14(b) – promotion of governor elections; and 16(b) – final amendments to new Trust Chair job description.  | **MGH/****KR** |
| **8.** ab | **Declarations of Interest**No interests were declared pertinent to matters on the agenda. The Trust Chair reminded new governors to separately provide their Declarations of Interest and their Fit & Proper Persons Declarations to the office of the Director of Corporate Affairs & Company Secretary.  |  |
| **9.** ab | **Trust Chair update report**The Trust Chair referred to the Buckinghamshire Integrated Care System (**ICS**) and noted that its Integrated Operations Plan 2018/19, which described delivery priorities, had been: (i) published; and (ii) presented and discussed as part of the papers to the Board meeting in public in May 2018. The Trust continued to be an active partner in the Buckinghamshire ICS as well as in moves towards the development of an Oxfordshire ICS.**The Council noted the oral update.**  |  |
| **10.** abcd | **Appointment of new Trust Chair** Chris Roberts provided an oral update on the process proposed by the Nomination & Remuneration Committee (**NRC**) for the appointment of a new Trust Chair. Further to the update provided to the last meeting, members of the NRC had been part of the panel, which had also included the Head of Inclusion, to select the search agency from amongst the shortlist prepared by the Director of HR. He reported that GatenbySanderson had been selected and the post/job description had now been published. Members of the NRC would meet again in July to discuss the longlist of candidates and select a shortlist. The shortlisted candidates would be invited to: (i) present to governor, staff and stakeholder focus groups in August; and (ii) interview. The final interview/recruitment panel would consist of 3 governors from the NRC (including Chris Roberts who, as Lead Governor, would chair the interview panel), 2 Non-Executive Directors and 1 independent panel member who had been an experienced NHS chair with involvement in service improvement. **The Council noted the oral update.**  |  |
| **11.**abcd | **Associate Non-Executive Director update report**The Trust Chair introduced Lucy Weston and reminded the Council of the importance of getting to know Non-Executive Directors and their work, as part of being able to hold them to account. Lucy Weston introduced herself and provided an oral update of her experiences since she had joined the Board as Associate Non-Executive Director (non-voting) in September 2017. She noted that, in addition to Board meetings, she had attended the meetings of various Board sub-committees including the Audit Committee, Finance & Investment Committee and the Charity Committee. She had also been out and about getting to the know the Trust, the various experiences of staff and patients and visiting services including Learning Disability teams, Health Visitors, the Abingdon Child & Adolescent Mental Health Service, the Highfield unit and Marlborough House; she would also be visiting the Emergency Department Psychiatric Liaison Service and the Luther Street practice. She noted that although she was often asked if she had a particular area of interest, and she felt strongly about most of the Trust’s activities, the following themes particularly resonated: * how the wider system(s) could work together and focus upon the patient and the patient journey. She referred back to the Patient Experience presentation and noted how, from her own experiences, she could appreciate how complex it could be to navigate various systems including healthcare (and its sectors), social services and education;
* prevention especially at a time of increased demand for healthcare services;
* the role of mental health in education and the importance of developing aware and resilient teachers; and
* tackling issues such as isolation, accessibility and equality of access.

**The Council noted the oral update.**  |  |
| **12.** abcdef | **Chief Executive update report**The Chief Executive presented the report CoG 13/2018 which provided an update on local, regional and national issues. Chris Roberts referred to section 5 in the report on Workforce and the cessation of routine use of agency Health Care Assistants (**HCAs**) since mid-May 2018. He asked how well this was progressing or whether it was too early to tell. The Chief Executive explained the background to the decision, noting the impact of high agency spend upon the Trust’s Use of Resources risk rating as set out in the report at section 3. He reported that more HCAs had joined the Trust’s staff bank of inhouse temporary workers. He noted that it was important to see the decision through and also demonstrate that the Trust’s staff bank could: offer the kind of flexibility which agency workers sought; be a new form of career choice, not a second-best model of employment; and offer support and supervision. He noted that additional resource had been invested in HR in order to enable the staff bank to provide more management support for staff who joined the bank. Gillian Randall asked if this approach to ceasing agency use would also be rolled out more widely to other professions. The Chief Executive replied that this could be considered but would need to be carefully targeted for services/groups as may be appropriate. Geoff Braham referred to section 1 in the report on the unexpected death and asked about the learning for the Trust which was referenced. The Chief Executive explained the background, noting that this tragic case had been a ‘never event’ involving a child who had been living at home and been receiving support including from the community therapy service. The inquest had taken place and the conclusion had been natural causes, with evidence of an infection; the family had requested privacy. The Trust’s own investigation had identified areas in which the Trust could have done better – for example around the procurement and management of specialist equipment and the assessment of needs. Although this learning was not necessarily causative of the tragic event, the Trust recognised that it could still have done better and it had therefore changed its procedures and checked any similar cases to ensure that risks around specialist equipment were being managed. The Chief Executive added that since the report had been written, it had been announced that Dr Wendy Woodhouse had been awarded an OBE in the Queen’s Birthday honours for her services to children and young people’s mental health. He congratulated Dr Woodhouse. **The Council noted the report.**  |  |
| **13.** abcde | **Finance report**The Director of Finance presented the report CoG 14/2018 which summarised financial performance for the first month of the new financial year (April 2018, Month 1 in FY18/19). He reminded the meeting that the Trust had ended the previous financial year FY17/18 with an operating deficit of £2.1 million. The financial year ahead was therefore expected to be challenging for the Trust to: meet its Cost Improvement Programme (**CIP**) target of £6 million; improve revenue for services; manage cost pressures which had manifested last year; and meet the control total set by NHS Improvement of a deficit of £0.8 million (before Sustainability & Transformation Funding). Although the cash balance was healthy and higher than plan, the Trust’s performance on Income & Expenditure and EBITDA (Earnings Before Interest, Taxation, Depreciation and Amortisation) was adverse to plan. The adverse variance of £0.4 million was driven by operational pressures mainly in relation to:* the cost of Out of Area Treatments (**OATs**) which had been high in April and were still looking significant in May for the Adult Mental Health and Learning Disability services. He noted that there had been no change in the number of beds available/open but there had been high demand for these services;
* high use of residential care services; and
* contract negotiations had still not been resolved with local commissioners. A prudent approach was being taken on accounting for revenue whilst negotiations were ongoing.

Reinhard Kowalski asked if the high cost/usage of OATs could be broken down into categories. The Director of Finance replied that as at the end of last week, the position on OATs by bed type was: in Buckinghamshire 20 acute and 3 Psychiatric Intensive Care Unit (**PICU**); and in Oxfordshire 15 acute, 9 PICU and 3 rehabilitation. The Chief Executive added that at one point in early May, the total number of OATs from across the Trust had been 24, all of which had been patients who had been detained under the Mental Health Act and for whom this had been necessary. The Medical Director added that this had also been linked to a significant rise in demand around the early May Bank Holiday. Davina Logan noted that the Trust had not met its CIP target last year; she asked how confident the Trust was about meeting its FY18/19 CIP target of £6 million. The Director of Finance replied that there was risk around the Trust’s ability to achieve the CIP target. Although good CIP project plans were in place around reducing agency spend and reducing non-pay spend, there was still work to do around the project to improve service line productivity. **The Council noted the report.**  |  |
| **14.** abcd | **Performance report**The Director of Strategy & Performance presented the report CoG 15/2018 which set out consolidated performance against national and local contract indicators for the period January to March 2018 (Quarter 4 of the previous financial year FY17/18). The report was in 3 parts: narrative to provide more explanation around exceptions; performance scorecard and trend reporting; and, this time around, a performance dashboard on Improving Access to Psychological Therapies (**IAPT**) access and waiting times (further to specific discussion at the last meeting on the IAPT service and the area for improvement around reducing hidden waits). He explained that a standard scorecard approach was used to assess the Trust against the contract performance indicators which were set by commissioners. The Trust’s ability to achieve the targets set in the. indicators was assessed over time; exception reporting highlighted issues which may be causing the Trust to fail to meet indicators. The Board also reviewed and discussed performance reporting at each Board meeting in public. Overall the Trust continued to meet or exceed 90% of contracted performance indicators. In relation to specific directorate performance, the Children & Young People’s Directorate had continued to achieve 95% performance through FY17/18 and during Quarter 4. The Adult Directorate’s performance had improved from a position of 58% in late 2016 and had maintained an average of 75% through FY17/18 and during Quarter 4. The Older People’s Directorate performance had generally maintained an average of 76% during FY17/18 and had reported 75% during Quarter 4. **The Council noted the report.**  |  |
| **15.** abcdef | **Workforce Performance report**The Director of HR provided an oral update and apologised that his report anticipated at CoG 16/2018 had not been available in time. He referred back to the Chief Executive’s report and the cessation of routine use of agency HCAs; he reported that since the recent implementation in mid-May there had been a reduction in agency spend and this was expected to be even more apparent when the figures for June were finalised. Since the start of the calendar year, although the Trust had recruited 513 staff, of which 170 had joined the staff bank, 419 staff had also left the Trust. He noted that despite the recruitment work taking place, the Trust continued to have issues with retaining staff. However, the Trust was trying to improve retention through: more work to support staff with stress; talent management; and reward schemes. The Director of HR referred to the national pay deal which had been ratified nationally last week. He reported that the Trust would implement the new pay deal in July 2018 with back pay to be included as part of August pay. Gillian Randall asked why staff left and if themes had been identified around this. The Director of HR replied that themes had been identified around: leaving for better opportunities/reward elsewhere; and issues with cost of living. He acknowledged that work could be done around opportunities/reward but cost of living was a challenge which did not just affect the Trust; he noted that whilst many staff joined for the training opportunities they also left to work in areas where pay could go further or where they could benefit from a local cost of living salary uplift. Neil Oastler referred to the national pay deal and asked whether the Trust would receive additional income to cover this or whether it would be a further cost pressure for the Trust. The Director of Finance replied that the Trust had been told that it would receive additional income to cover the national pay deal but it was not yet clear through which route this would be provided and whether this would come through local or national commissioners or funding bodies. Alan Jones asked what progress was being made with apprenticeships. The Deputy Director of Nursing introduced herself and reported that the Trust currently had 26 nurse associates on apprentice schemes, with a further 100 undergoing processes to join the Trust by September 2018. **The Council noted the oral update.**  |  |
| **16.** ab | **GP Out Of Hours (OOH) service review**The Chief Operating Officer presented the report CoG 17/2018 and explained the background and challenges for the OOH service since the Care Quality Commission (**CQC**) inspection in November 2016 had rated the OOH service as needing improvement. A detailed improvement action plan had been developed for the OOH service over a year ago. In March 2018, the CQC had reassessed the service and given a draft rating of ‘good’ with some further recommendations. However, there were still issues around the sustainability of the service and the Trust’s ability to secure the right workforce to maintain it. In the long term, he noted that support would be helpful from commissioners to consider the service model for the OOH service. **The Council noted the report.**  |  |
| **17.** abcd | **Oxfordshire Adult Mental Health Night Team report**The Chief Operating Officer presented the report CoG 18/2018 which summarised the staffing, activity, incidents, response to complaints and concerns and future service developments for the Oxfordshire Night Team. He highlighted future service developments: * the 6 month pilot since March 2018 of the Safe Haven service which operated over Friday to Sunday evenings to provide support for patients experiencing a mental health crisis; and
* the new assessment hub to be based at Littlemore Hospital and provide a variety of assessment and treatment functions as well as replacing the ‘front door assessments’ which had taken place at the Warneford Hospital.

The Chief Operating Officer noted that the report had been developed at the request of governors; he asked if the Council meeting was the place to discuss the detail further or whether this would be through a Council sub-group or at a special purpose session. Chris Roberts explained that governors had asked for reassurance about the monitoring and supervision in place for the service following 5-6 contacts from constituents expressing concerns with the service. He noted that he was not yet assured from this report and expressed concern that 3 staff on duty each night may not be sufficient to deal with Oxfordshire Adult Mental Health out of hours crisis needs, especially if these staff were also to be involved in handovers at the start and end of ward night shifts or expected to support staffing numbers on wards if required. Jonathan Asbridge added that the work of the Oxfordshire Night Team could also be considered in more detail at the meeting of the Quality Committee (a Board sub-committee with Executive and Non-Executive members which he chaired) on 11 July and at the Governors’ Safety & Effectiveness sub-group on 26 July which was chaired by Madeleine Radburn, Deputy Lead Governor. Chris Roberts noted that this sounded appropriate for further discussion. Alan Jones expressed concern about the current provision for patients experiencing a mental health crisis, compared to a few years previously when the former crisis team had been able to travel to visit patients out of hours. He noted that he was less assured by the current arrangements especially with contact to be directed through the reception switchboard. **The Council noted the report and that this would be discussed further at the Quality Committee and the Governors’ Safety & Effectiveness sub-group meetings in July 2018.**  | **DH/****JAsb** |
| **18.** abcdefgh | **The Oxfordshire Care Alliance – a joint venture between the Trust and Oxfordshire’s GP Federations**The Chief Operating Officer gave a presentation on the Oxfordshire Care Alliance, noting that this was in place of the paper which had been anticipated at CoG 19/2018. He set out the case for change due to:* increasing demand which was unmanageable, unaffordable and unnecessarily acute-focused;
* disjointed care pathways, in particular for frail older people and those with long-term conditions;
* fragmentation of primary care which was becoming highly variable, often unprofitable and increasingly fragile with 15% vacancies and 17% of Oxfordshire GPs aged over 55;
* long term underinvestment in community services/mental health; and
* challenges in recruitment and retention with Oxford being amongst the most expensive places to live in the country and the domiciliary care market being in deficit with providers exiting the market.

He suggested how current pathways of care through referral to and from GPs could be transformed into a Primary Care Home model based around neighbourhoods. He noted how the current referrals-based processes were not sufficiently patient-centred and could lead to delays in accessing treatment. In place of this he suggested how, through joint working with GPs in neighbourhoods, care could be provided through a multi-disciplinary team which could link GPs into community services including mental health services, social care, community nursing, diagnostics, allied health professionals and third sector partnerships. Multi-disciplinary teams could be about connecting people better, not necessarily around what/where buildings were. Multi-disciplinary teams could identify those patients most at risk of an escalation in their condition and then enable care to be wrapped around their particular needs; earlier intervention may help to then lower referral rates to more specialist or urgent care. He acknowledged that not all care could be delivered at a neighbourhood level and that urgent care in particular may need to remain separate. He explained how the delivery of integrated, person-centre care through joined-up primary and community services could be structured through a corporate joint venture between the Trust and Oxfordshire’s 4 GP Federations (OxFed, PML, Abingdon and SEOX). Initially this could be piloted in shadow form, as the model evolved, and also subject to consultation and feedback. This would also not require organisational change, novation of contracts or TUPE-transfer of employees (under the Transfer of Undertakings (Protection of Employment) Regulations 2006). Instead it would involve collaboration between the Trust and GP Federations in the best interests of patients and under the umbrella of a not-for-profit, joint decision-making operation of equal partnership (but with some rights reserved for the Trust in relation to matters which could have the potential to put at risk quality requirements or service sustainability). In terms of priorities, he noted that the first year of the joint venture in shadow form could focus on admission avoidance and step-down pathways in both health and social care for frail older people. It was intended to pilot this in the Oxford City and Witney areas this winter with the aim of strengthening out of hospital care and avoid hospital/acute care admissions. Once this had been implemented and evaluated then the focus could broaden to other patient cohorts, pathways and conditions. Davina Logan asked if other organisations were already operating similar models. The Chief Operating Officer replied that there was a good international and national evidence base for the value of this kind of working but no single ‘one size fits all’ model. Alan Jones asked whether funding for community services was available to enable this. The Chief Operating Officer replied that the current situation was a consequence of reduction in funding for community services and mental health. It was therefore now necessary to demonstrate why that funding should be put back and to build an evidence base for this. Allan Johnson asked for an outline of funding flows and how these could change. The Chief Operating Officer replied that at a ‘bronze’ and ‘silver’ level of service provision, non-urgent work was funded through existing resources into primary care and community services. However, what was potentially missing was funding for a ‘gold’ level of non-urgent care with funding currently more channelled towards urgent care services. The Trust Chair added that reviewing the flow of funding was also a fundamental point for ICSs to consider; he noted that discussions about this were more advanced in Buckinghamshire through the ICS than in Oxfordshire. **The Council noted the presentation.** |  |
| **19.** abcd | **Corporate Governance self-certifications – governance arrangements and governor training**The Assistant Trust Secretary presented the report CoG 20/2018 on the self-certifications required for the Trust to be able to confirm compliance with governance arrangements and the training of governors. Subject to the views of the Council, the Board would review and, if appropriate, approve the final Corporate Governance Statement of compliance with required governance arrangements at its meeting in public on 27 June 2018 and confirm the self-certifications to make. All NHS providers were required, under the terms of their provider licences, to make self-certifications in both May and June; the self-certifications to make in June were to be made having taken into account the views of the Council. The report set out: * for information, the self-certification which the Board had already made in May 2018 in relation to compliance with provider licence conditions and Required Resources to provide commissioner requested services; and
* for views/comment, the proposed self-certification for the Board to make in June 2018 in relation to: (i) the Corporate Governance Statement of compliance with required governance arrangements (including a series of proposed statements around governance); and (ii) training for governors to ensure that governors were equipped with the skills and knowledge to undertake their role (including suggested evidence to support the proposed statement).

Davina Logan asked about the uptake of governor training during 2017/18. The Assistant Trust Secretary replied that uptake had not been as high as for the previous period but that this need not imply that training had not been available or sufficient, especially if experienced governors had already received the necessary training to equip them with the relevant skills and knowledge. **The Council noted the report and supported the proposed self-certifications for the Board to consider in June 2018.**  |  |
| **20.** abc | **Council sub-groups and Governor Forum update report*****Governor sub-groups and Governor Forum***No particular updates to note from the Finance sub-group, the Patient & Staff Experience sub-group, the Working Together sub-group, the Governor Forum or the Membership Involvement Group. As discussed earlier in the meeting:* the work of the NRC (Nomination & Remuneration Committee) on the appointment of a new Trust Chair was acknowledged (item 10 above); and
* the opportunity for the Safety & Effectiveness sub-group to consider the Oxfordshire Night Team in more detail was noted (item 17 above).

***Oxford University Hospitals NHS FT (OUH) Council of Governors***Chris Roberts reported that he and Madeleine Radburn had met with their counterparts from OUH’s Council and discussed common ground and issues. He noted that they would continue to maintain open lines of communication. This was supported by the Council. **The Council noted the oral updates.**  |  |
| **21.** ab | **Questions from the public**A member of the public asked why the Council of Governors meeting had: (i) been provided with catering, including sandwiches and fruit, which was better than that which was available on wards; and (ii) not been better publicised so that more patients, especially those on wards could have been encouraged to attend. The Trust Chair replied that it may not be possible to respond on the catering point and comparison but that it was an aberration that the meeting this evening had been provided with sandwiches as normally only fruit should be provided for the evening meeting. Chris Roberts noted that if future Council meetings were held on this Trust site then they could be better publicised however it was unusual for the meetings to be held here as normally they were off-site in Thame which was more equidistant between the Trust’s Oxfordshire and Buckinghamshire sites. A member of the public asked if the Trust would support a national petition raising awareness about lack of training for healthcare professionals around learning disabilities and autism. The Deputy Director of Nursing replied that she would discuss this separately with the member of the public after the meeting. Alan Jones noted that staff in the Trust were being trained around learning disabilities, autism and Asperger syndrome.  |  |
| **22.**ab | **Any Other Business**The Trust Chair announced the retirement of Ros Alstead, Director of Nursing & Clinical Standards. The Chief Executive praised the Director of Nursing & Clinical Standards for her outstanding and distinguished contribution in her professional field and to the Trust. The Trust Chair announced the departure of Dominic McKenny, Chief Information Officer for a new post. The Chief Executive congratulated the Chief Information Officer on his appointment to a newly created post in the healthcare IM&T industry, noting that this was a testament to his capability and experience. He noted that the role of Chief Information Officer would be taken on by the Director of Strategy & Performance and included within his portfolio.  |  |
| **23.**  | There being no further business, the Chair declared the meeting closed at 21:00. |  |
|  | **Dates of Next Meetings:**

|  |  |  |
| --- | --- | --- |
| **Governor Forum**  | Thursday, 09 August 2018 18:00-20:00 | Forthergill Room, Spread Eagle Hotel, Cornmarket, Thame OX9 2BW |
| **Council of Governors****Annual General Meeting and Annual Members’ Meeting** | Wednesday, 05 September 2018 18:00-20:00Wednesday, 19 September 2018 17:30-20:00 | Forthergill Room, Spread Eagle Hotel, Cornmarket, Thame OX9 2BWJury’s Inn, Godstow Road, Oxford OX2 8AL |

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**Council of Governors**

**Member attendance 2018**

|  |  |  |
| --- | --- | --- |
| **Name** | **March 2018** | **June 2018** |
| Abdul Okoro | **✓** | **✓** |
| Adeel Arif | X | X |
| Alan Jones | **✓** | **✓** |
| Allan Johnson | **✓** | **✓** |
| Andrea McCubbin | **✓** | X |
| Andy Harman | **✓** | N/A |
| Astrid Schloerscheidt | X | X |
| Caroline Birch | **✓** | X |
| Chris Mace | **✓** | X |
| Chris Roberts | **✓** | **✓** |
| Claire Sessions | N/A | **✓** |
| Davina Logan | **✓** | **✓** |
| Debbie Richards | X | **✓** |
| Geoff Braham | **✓** | **✓** |
| Gillian Randall | X | **✓** |
| Gillian Evans | X | X |
| Gordon Davenport | N/A | X |
| Jacqueline-Anne McKenna | N/A | **✓** |
| Karen Holmes | **✓** | X |
| Kelly Bark  | **✓** | **✓** |
| Lin Hazell  | X | X |
| Lawrie Stratford | X | X |
| Madeleine Radburn | **✓** | X |
| Mark Bhagwandin | X | X |
| Matthew Bezzant | N/A | **✓** |
| Maureen Cundell | N/A | **✓** |
| Neil Oastler | **✓** | **✓** |
| Reinhard Kowalski | X | **✓** |
| Richard Mandunya | X | X |
| Sula Wiltshire | **✓** | X |
| Soo Yeo | X | **✓** |
| Terry Burridge | **✓** | X |
| Tina Kenny | X | **✓** |
| Tom Hayes | N/A | X |
| Vicky Drew | N/A | N/A |
|  |  |  |
| Alyson Coates | X | **✓** |
| Aroop Mozumder | **✓** | X |
| Bernard Galton | X | **✓** |
| Chris Hurst | **✓** | **✓** |
| Dominic Hardisty | **✓** | **✓** |
| John Allison | **✓** | **✓** |
| Jonathan Asbridge  | X | **✓** |
| Kerry Rogers | deputised for | deputised for |
| Lucy Weston | X | **✓** |
| Mark Hancock | **✓** | **✓** |
| Martin Howell | **✓** | **✓** |
| Martyn Ward | deputised for | **✓** |
| Mike McEnaney  | **✓** | **✓** |
| Ros Alstead | **✓** | deputised for |
| Stuart Bell | **✓** | **✓** |
| Sue Dopson | **✓** | X |
| Tim Boylin | **✓** | **✓** |

**Summary of Actions from the meeting of the Council of Governors on 13 June 2018**

|  |  |  |
| --- | --- | --- |
| **Relevant Item** | **Action** | **Responsibility:** |
| 2(c) | **Booking appointments in community services**Chris Roberts to check with Madeleine Radburn the outcome of discussions on this point with Dominic McKenny, Chief Information Officer. To consider if this should be followed up further. ***Status*** *(please delete as applicable and include further detail if required to clarify):* ***completed / on the agenda / in progress / not yet actioned*** | CR |
| 7(b) | **Joint Governor/Non-Executive Director session** To consider holding a joint session for Governors and Non-Executive Directors; this may be especially helpful for the newly elected Governors as well as for the newer Non-Executive Directors. ***Status*** *(please delete as applicable and include further detail if required to clarify):* ***completed / on the agenda / in progress / not yet actioned*** | MGH/KR |
| 17(d) | **Oxfordshire Night Team**To be discussed further at the meetings of the Quality Committee and of the Governors’ Safety & Effectiveness sub-group in July 2018. ***Status****:* ***completed***  | DH/JAsb |