Oxford University Hospitals NHS Foundation Trust

Council of Governors

A meeting of the Council of Governors will be held in public at 18:00 to 20:00 on **Wednesday 17 July, 2019** in the Main Hall, Town Hall, Bridge Street, Banbury, OX16 5QB.

[To be preceded by informal discussions between governors and members of the public in attendance from 17:30.]

Professor Sir Jonathan Montgomery, Trust Chair

Agenda			Paper Reference
1. **18:00**	**Welcome, Apologies, and Declarations of Interest**		
2.	**Minutes of the Meeting Held on 16 April 2019**		**CoG2019.13**
3.	**Action Log and Matters Arising**	5 mins	**CoG2019.14**
4. **18:05**	**Chairman's Business** Jonathan Montgomery, Trust Chair	10 mins	
5. **18:15**	**Reports from Committees of the Council** *including annual reports:*		
	a. **Patient Experience, Membership and Quality Committee** Sally-Jane Davidge, Committee Chair	5 mins	**CoG2019.15**
	b. **Performance, Workforce and Finance Committee** Cecilia Gould, Committee Chair	5 mins	**CoG2019.16**
	c. **Remuneration, Nominations and Appointments Committee** Jonathan Montgomery, Trust Chair	5 mins	**CoG2019.17**
6. **18:30**	**Lead Governor's Business** Cecilia Gould, Lead Governor	5 mins	**Verbal**
7. **18:35**	• **Annual Audit Letter** • **External Assurance on the Trust's Quality Report** Stephen Nixon, Mazars	20 mins	**CoG2019.18** **CoG2019.19**
8. **18:55**	**Update on Trust Strategy** Hannah Iqbal, Deputy Director of Strategy and Partnerships	20 mins	**Presentation**
9. **19:15**	**Healthwatch Annual Report** Rosalind Pearce, Healthwatch Executive Director	20 mins	**CoG2019.20**

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10. **19:35**	**Update on Emergency Departments** Sara Randall, Chief Operating Officer	20 mins	**Presentation**
11. **19:55**	**Any Other Business** *to include:* • **Update on Gynaecology Service** Sara Randall, Chief Operating Officer	5 mins	
12. **20:00**	**Date of Next Meeting** 14.30-16.30 on Wednesday 16 October 2019 in Ladygrove Room, Didcot Civic Hall, Britwell Road, Didcot, OX11 7JN		

Council of Governors

Minutes of the Council of Governors' Meeting at 18:00 on Tuesday 16 April 2019, in Classroom 2, Said Business School, Thatcher Business Education Centre, Park End Street, OX1 1HP.

Present:	Professor Sir Jonathan Montgomery	JM	Chairman
	Mr Tony Bagot-Webb	ABW	Public Governor, Northamptonshire & Warwickshire
	Dr Arthur Boylston	AB	Public Governor, South Oxfordshire
	Ms Rebecca Cullen	RC	Staff Governor, Non-Clinical
	Mrs Sally-Jane Davidge	SJD	Public Governor, Bucks, Berks, Glos & Wilts
	Dr Cecilia Gould	CGl	Public Governor, Oxford City
	Mr John Harrison	JHr	Public Governor, Oxford City
	Mr Martin Havelock	MHa	Public Governor, Vale of White Horse
	Mrs Rosemary Herring	RH	Public Governor, Northamptonshire & Warwickshire
	Mrs Anita Higham	AH	Public Governor, Cherwell
	Mr Martin Howell	MHo	Nominated Governor, Oxford Health NHS Foundation Trust
	Mrs Janet Knowles	JK	Public Governor, South Oxfordshire
	Ibifunke Pegba-Otemolu	IPO	Staff Governor, Clinical
	Mr Graham Shelton	GSh	Public Governor, West Oxfordshire
	Mr Tommy Snipe	TS	Staff Governor, Non-Clinical
	Ms Jules Stockbridge	JS	Staff Governor, Clinical
	Mrs Sue Woollacott	SW	Public Governor, Buckinghamshire, Berkshire, Wiltshire and Gloucestershire
	Mr Jonathan Wyatt	JW	Public Governor, Rest of England & Wales
	Emily	E	Young People's Executive [YPE]
In attendance:	Dr Bruno Holthof	BH	Chief Executive
	Mr Christopher Goard	CGr	Non-Executive Director and Senior Independent Director
	Ms Anne Tutt	AT	Non-Executive Director, Vice Chairman of the Trust
	Ms Clare Winch	CW	Deputy Director of Assurance
	Ms Kathy Hall	KH	Director of Strategy
	Ms Caroline Rouse	CR	Foundation Trust Governor and Membership Manager
	Ms Marilyn Rackstraw	MR	Corporate Governance Manager
Apologies	Mr Simon Brewster	SB	Staff Governor, Clinical
	Mrs Jill Haynes	JHy	Public Governor, Vale of White Horse
	Mr Gareth Kenworthy	GK	Nominated Governor, Oxfordshire Clinical Commissioning Group
	Dr Astrid Schloerscheidt	AS	Nominated Governor, Oxford Brookes

		University
Cllr Lawrie Stratford	LS	Nominated Governor, Oxfordshire County Council
Mr Mark Booty	MB	Public Governor, West Oxfordshire
Dr Shad Khan	SK	Staff Governor, Clinical
Mr Keith Strangwood	KS	Public Governor, Cherwell
Mr David Radbourne	DR	Nominated Governor, NHS England
Sara	S	Young People's Executive [YPE]

CoG19/04/01 Welcome, Apologies and Declarations of Interest

Apologies were received as outlined above.

Trust staff and members of the public attending were welcomed to the meeting.

Anita Higham declared an interest as the Chair of the North Oxfordshire Locality Forum. Graham Shelton declared an interest as the Chair of the West Oxfordshire Locality Forum.

JM declared that he is the Chair of the Health Research Authority (HRA), which protects and promotes the interests of participants, patients and the public in health research. He is also a Health Data Research UK Board Member.

CoG19/04/02 Minutes of the Meeting Held on 22 January 2019

It was suggested that the wording contained within the following paragraph be clarified with the Chief Finance Officer to ensure accuracy;

Financial objectives for the NHS were laid out in the document. JDo noted that additional money was being invested in the NHS to a greater extent than in the rest of the public sector but still at a lower rate of increase than across the long term average rate of increase before inflation. He emphasised that the level of investment was not sufficient to solve the existing financial challenges.

The Chief Finance Officer has subsequently confirmed that he is happy with the minute as written.

The minutes were accepted as a true and accurate record.

CoG19/04/03 Matters Arising

At the previous meeting, the Deputy Director of Clinical Services had been asked to provide Governors with ED performance separately for both the JR and HGH. It was asked that this item be followed up as the action remained open.

It was further suggested that an action log be developed by the Corporate Governance Team for the Council meetings to enable the status of actions to be tracked.

Action: MR

CoG19/04/04 Chairman's Business

JM introduced himself to the Governors, some of whom he had not yet had a chance to meet, and shared some of his previous experiences and how they were relevant to work of the Council of Governors going forward. He also reported on the meet the chair sessions that had been held, and some of the feedback that he had received, including issues that had been raised.

These included a number of issues in relation to staff morale, including concerns about culture. It had been highlighted by some members of staff that there was a sense of

disconnection between the main business of the Trust and what the Board was concerned with, which was consistent with the Deloitte review's comments on 'visibility'. There was interest across the Trust in gaining a better understanding of where OUH fits into the local NHS system, and a sense of less extensive engagement in the past than might have been ideal. There appeared to be a general appetite for a stronger narrative of the Trusts route to success.

JM reported that he would appreciate further meetings with Governors in smaller groups, by constituency, to test some of the observations and understand if they resonated with their knowledge.

GS noted that patient experience information could be telling, and enquired as to how JM planned to gain a better understanding of this, and how to do not just the small things but the big things also

JM highlighted that his role was a Non-Executive role and it was important not to blur the accountability of the Executive Directors of the Trust, but noted that he would pass any concerns to BH and the team if it was felt necessary. He was working on building informal networks which it was hoped would provide a channel for any concerns or issues to be reported back. It was also noted that CG and JM had a meeting with Healthwatch to discuss the relationship between the two organisations, as this would provide another channel for the Trust to better understand the patient experience, and how and what, improvements could be made.

CoG19/04/05 Reports from Committees of the Council

Patient Experience, Membership and Quality Committee [PEMQ]

SJD provided this update from the Committee. The approved minutes of the November Committee were attached. The Committee had met twice since November, on 24 January 2019 and 28 March 2019.

At its meeting in January the Committee received its regular reports from the Quality Committee. In addition, the Committee received an update from the Chief Nurse on the Patient Experience Action Plan.

Professor Mant reported to PEMQ that he had highlighted his concerns around the age of the anaesthetic machines, and the replacement process.

At its meeting in March the Committee received its regular reports from the Quality Committee and an update on membership. In addition the Committee reviewed its annual report, and received an update on the 2018/19 Quality Priority achievements, and the Draft 2019/20 Quality Priorities.

NHSI had made a recommendation that all acute hospitals select Standardised Hospital-level Mortality Indicator [SHMI] as a quality priority. As Governors were required to select a quality indicator to be tested by the Trusts auditors, this task was delegated to the PEMQ Committee to come back with a recommendation to the Council. PEMQ recommended that the Council select SHMI for Audit.

PEMQ Committee had visited level 7 [Acute General Medicine] to look at work that had been done to improve the area. The Committee noted the positive effect the improvements had made, and commended staff.

The Committee had also reviewed an update on hospital transport, and gained an understanding of system. It was suggested that a presentation might be provided to the whole Council on this topic.

It was noted that the Committee had reviewed its Annual Report, which would come to the Council for noting at its next meeting.

Action: MR / NS

CGI highlighted that she had raised concerns previously around cost saving exercises within the Trust and asked NEDs for assurance that the savings would not affect patients, especially in the context of the replacement of equipment. She enquired as to whether there was enough assurance from the Board that this was the case. She also highlighted that procurement delays could be frustrating to staff.

CGo responded that assurance was provided that each case was reviewed not only financially but clinically. Each project would have a quality impact assessment, with the Chief Nursing Officer and Chief Medical Officer closely monitoring these.

AT noted that the Board would provide a more in depth response detailing the process of equipment replacements to provide assurance to the Governors.

Action: JDo

It was noted that Divisions had been asked to put forward capital investment as part of the Business planning process, which would cover any replacement equipment that was needed.

The Council noted this update from the Committee.

Performance, Workforce and Finance Committee

CGI presented this update from the Committee. The Committee had most recently met in March and had reviewed the work of the Finance and Performance Committee [F&PC] with the Committee's Chair.

The Committee had heard that F&PC had received an update on the NHSI undertakings and that Non-Executive Directors felt assured that the work that the Programme Management Office [PMO] was undertaking was having a positive impact.

The Director of Improvement and Culture had attended the meeting to provide an update on the changing things for the better events held following the 2018 Staff Survey. The Committee heard that the response rate for the 2018 staff survey had exceeded that of the previous year.

The Deputy Director of Clinical Services attended to update the Committee on Theatre Utilisation. Shad Khan, in his consultant role, had sought comments from colleagues and presented his concerns to the Committee. He had subsequently been invited by the Acting Director of Clinical Services and the Chief Medical Officer to participate in the Theatre Efficiency Group

JM highlighted that the effort that had gone in to improving performance across the Trust was not to be underestimated.

The Council noted this update from the Committee.

CoG19/04/06 Lead Governor's Business

CGI reported that she had met with the Chairman, Anne Tutt and Christopher Goard and it had been agreed that they would meet monthly to discuss any issues.

It was asked that Governors receive the reports and minutes for Council meetings, and Subcommittee meetings in a timely fashion, notwithstanding the pressure on the Corporate Governance team currently due to staff shortages.

CGI reported that she had attended the Health Overview and Scrutiny Committee Meeting [HOSC] at which a report from NHS England was considered in relation to the regional PET-CT Scanning Service provision. She highlighted that she thought the Trusts presentation was excellent, and also that AH had addressed the topic extremely well.

It was reported that a letter from the Horton Housekeepers had been sent to the Lead Governor expressing concerns around pay, and subsequent implications for that staff group. This was referred to the Director of Improvement and Culture and a meeting had been set up to discuss this issue with the team concerned.

The National Lead Governors Association had released a survey, which the Lead Governor sought approval from the Council to respond to. It was agreed that a response should be provided, and CGI and JM would meet to discuss possible further involvement and engagement with the association.

Action: CGI / JM

CoG19/04/07 Update on PET-CT Discussions

BH provided a verbal update. He reported that the Oxfordshire Health Overview and Scrutiny Committee [HOSC] had heard from members of the public, clinicians and patients at their meeting on 4 April 2019. BH and Trust wide Cancer Lead, Mr Nick Maynard, had addressed the committee. Representatives from NHS England and InHealth were also present at the meeting to address the committee. The HOSC had subsequently decided to exercise its power to refer the matter to the Secretary of State for Health and Social Care.

BH thanked members of staff, the Council of Governors and Local MPs for their involvement and support.

AH noted the need for staff to feel fully supported during this period of limbo. JM reiterated this, and the need for consistent messaging to reassure patients that no changes had been made yet.

RH enquired as to whether the referral was regarding the decision, or the process, and whether negotiations with InHealth had been paused while the decision has been referred. BH confirmed that the referral could only be made on process, and that the Trust remained in contact with specialist commissioners.

CoG19/04/08 Staff Survey 2018

BH presented an update to the Committee on current actions in response to the 2018 staff survey.

Improvements had been seen in the response rate compared to previous years, which was positive. The Trusts response rate for 2018 was also better than the NHS average. 57% of people would recommend OUH as a place to work, and 74% of people would recommend the Trust to a friend or relative that needed care.

Some areas had seen significant improvements in the Employee Engagement Index scale, such as radiology.

The Trust was continuing to work on the key themes that had emerged from the 2017 survey, which included recognising and valuing each other, supporting and developing

managers, meaningful appraisals and empowering teams. It was noted that appraisal forms were now personal development plans, which linked into team objectives.

Work had commenced on retention initiatives, such as retire and return options and future roles and leadership courses. Oxford Hospitals Charity had developed a scheme where a staff member could apply for a grant, which could be used to make a difference within teams, or for patients. For example, a small grant of £818 helped to buy 100 medication alarm clocks to assist with medication for patients with Parkinson's disease.

Next steps included holding Trust wide sessions to share the key themes and share what has worked well, hold listening events across all Directorates, and draw up action plans in April and May. A pulse survey will then be taken in June / July to check on progress and the listening cycle will be repeated in the autumn.

SW reported that she knew of a large teaching hospital where staff regularly stayed longer on shift, and enquired as to what the Trust was doing to combat this and ensure that there was a process in place to monitor staff wellbeing.

BH noted that the rostering system allowed the Trust to monitor how many shifts an individual was doing, and ensure safe staffing levels.

RH suggested that the report contained headline good news, although noted the percentage of staff feeling bullied in the workplace and enquired as to how the Trust could improve on this figure and what policies were in place.

BH responded that the Trust had a respect and Dignity policy, and also a Freedom to Speak Up Guardian, so there were channels for staff members to speak up, and for a formal investigation to be conducted if necessary. If concerns related to mental wellness, the Occupational Health team were on hand to support individuals and advise further.

He noted that the Trust remained as one with the lowest reported sickness rates across the country and attributed this to the extremely committed and loyal workforce.

JM suggested that an analysis of hot spots be undertaken and reported back to the CoG or the PWF committee.

Action: JDr

JS was asked for her opinion of the Trusts appraisal system as a Staff Governor. She confirmed that she felt that some staff / managers views of appraisals were that of a tickbox exercise. She noted that the quality of appraisals was vital, as was ongoing monitoring throughout the year.

RC reported that within Renal and Transplant, Values Based Appraisals had been introduced, which staff had found very useful and valuable.

CoG19/04/09 Any Other Business

AH raised items of AOB as noted below

- TS had at a previous meeting invited interest from Governors on becoming members of the Equality Committee. SJD and AH had applied, but it had not been identified at this time that travel expenses would not be reimbursed, therefore AH asked that another Governor take on this role as she would be unable to continue to do so.

- Lead GPs in Oxfordshire had raised concerns with AH around the poor achievement of the Trusts Cancer standards. BH confirmed that the Trust was not

meeting the 62 day standard, and was focusing on 5 particular patient groups. These were known areas of concern, and an action plan had been developed with NHS Improvement.

- AH had been encouraged to apply to be a member of the Health Overview and Scrutiny Committee [HOSC] but had been subsequently advised by the Trust that acceptance of this position would mean she would have to stand down as a Trust Governor due to a conflict of interest, as defined within the Constitution. AH was due to meet with JM to discuss this further.

JM noted that Healthwatch would be releasing a report on patient's experiences of OUH services from March 2018 to April 2019. This would be an agenda item for the next meeting of the Council.

Action: MR/NS

AH enquired as to how many NED vacancies the Trust was currently carrying. JM confirmed that the Trust had just appointed a new Non-Executive Director with effect from 1 May subject to referencing. He confirmed that he would bring an update to the Council on succession planning.

Action: JM

CoG2019/01/10 Date of the Next Meeting

The Council was next due to meet from 18.00-20.00 on Wednesday 17 July 2019 in Main Hall, Town Hall, Bridge Street, Banbury OX16 5QB.

The Council approved the motion that representatives of the press and other members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

CoG2019/01/11 Update on PET-CT – Next Steps

It was noted that a paper would be submitted to the Trust Board for consideration. Further information would be provided to the Council in due course.

CoG2019/01/12 Update on Consultation on Executive Structure following Deloitte Report Recommendations

BH reported on the recent consultation of the Executive Structure that had been undertaken.

- The Trust Board had approved the creation of three new Director Roles – Chief Operating Officer [COO] (held by Sara Randall in the interim), Chief People Officer [CPO] and Chief Digital Officer [CDO] (held by Chris Bunch in the interim).

- John Drew, Director of Improvement and Culture, would be leaving the Trust.

- The newly created posts would be advertised at the end of June, with interviews being held mid July.

The Trust needed to place further focus on Human Resource and Digital capabilities. A Director of Workforce would be recruited. The Clinical Divisions and Facilities would report into the COO. The Director of Clinical Services post would remain, but would also report into the COO.

TS enquired as to whether there was a revised organisational chart. JM noted that he would ensure that one was uploaded onto the Governors Forum.

Action: JM

IPO enquired as to whether when creating the new roles, it was ensured that there was no duplication of existing roles.

BH confirmed that this had been taken into consideration when the consultation took place. It had been identified that a lot of the Executive functions had previously been working in siloes and a greater sense of joint working was needed as to ensure that quality drives operations, operations drives finance and finance drives the workforce.

JM confirmed that he was assured that the Trust had undertaken a fair and proper process.

AH enquired as to the redundancy implications of the new structure. BH confirmed that there were no redundancies associated with the implementation of the new structure.

CoG2019/01/13 Update on Strategy Development

KH provided a presentation to the Council on the OUH Strategy Refresh 2020-2025.

The following points were highlighted.

- A Trust wide framework would be developed over the summer period, which would summarise the current strategy but also refresh the current themes and develop some measures of success.

- Divisional and Directorate strategies will be developed with an overall Trust Strategic Plan

- The strategy would feed into the NHS long term plan and take into account population growth and demographic needs

- Current achievements and success will be celebrated, this will be a key theme

- The Trust will map the services provided and further thought will be given as to how the Trust works with providers.

JH enquired as to how the Strategy would fit into the [Sustainability and Transformation Partnership] STP.

KH reported that she was due to meet with the STP leader to discuss this and ensure alignment. Members of the STP team would also be attending the Trust Strategy event on the 24th April 2019.

TBW enquired as to whether with the development of the Oxford / Cambridge corridor, any consideration had been given to where the population might get services, as there would be around ½ a million additional houses.

KH confirmed that this would be something that the STP would help with determining.

GS enquired as to how the Trust would measure whether the strategy was successful and by when. KH confirmed that measures of success would need to be developed.

CGI enquired as to whether there was a plan for public engagement. KH confirmed that there were ideas, but no firm plans as of yet.

CGI further reminded the Council of their statutory duty to review and comment on any such forward plan for the Trust.

JM noted that he would meet with CGI to keep her informed, and asked that an update be reported to the Council at its meeting in July 2019.

Action: KH

IPO highlighted that although local populations had been incorporated, the Trust was specialised and offered world class services, and therefore worldwide private care could be built in.
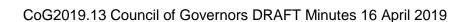
JS noted that the Trust values could also be built into the strategy as these had not been reviewed recently.

RH noted that the Councils should not be discounted as this could have implications. She further enquired as to whether any funding had been allocated by the Department of Health in connection with the Oxford / Cambridge corridor.

KH confirmed that she would take into consideration all points raised and ensure that these were addressed and reflected into the Strategy. She noted that as of yet no funding had been allocated, but suggested that there could be an opportunity to make a case for funding.

CoG2019/01/14 Feedback to Governors on Meet the Chair Sessions and First Impressions

Due to time constraints, discussion of this item was deferred, but the Chair expressed interest in meeting with Governors in the near future to provide feedback.

	Board or Committee	Meeting Date	Minute Ref	Topic - if distinct from topic of source paper	Action	Executive Lead	By When	Status	Comment/ Updates
	COUNCIL of GOVERNORS ACTION LOG 2019/20								
1	Council of Governors	16-Apr-19	CoG19/04/03	Matters Arising	Action Log for Council to be developed.	Corporate Governance	17-Jul-19	To Close	Action Log developed and will be a regular agenda item.
2	Council of Governors	16-Apr-19	CoG19/04/04	Annual Report	CoG to review committee annual reports.	Corporate Governance	17-Jul-19	To Close	Annual Reports to be reviewed with Committee Reports.
3	Council of Governors	16-Apr-19	CoG19/04/09	Any other Business	Healthwatch Annual Report to be added to the CoG agenda in July.	Corporate Governance	17-Jul-19	To Close	Annual Report to be consider with Healthwatch Executive Officer attending to present.
4	Council of Governors	16-Apr-19	CoG19/04/09	Any other Business	JM to bring an update on sucession planning to the Council.	Trust Chair	17-Jul-19	To Close	Update to be provided under RNAC Report following approach discussed with governors at June Seminar.
5	Council of Governors	16-Apr-19	CoG19/04/12	Update on Strategy Development	An update on the development of the Trust Strategy to be reported to the Council.	Director of Strategy	17-Jul-19	To Close	Update on Strategy Development on July agenda.
6	Council of Governors	16-Apr-19	CoG19/04/08	Staff Survey	An analysis of staff sickness hotspots to be reported to the Council / PWF committee.	Director of Improvement and Culture	22-Jul-19	Open	To be discussed at July meeting of PWF Committee.
7	Council of Governors	16-Apr-19	CoG19/04/04	Equipment Replacement	A report on the process for replacement of equipment to be submitted to the Council.	Chief Finance Officer	16-Oct-19	Open	
8	Council of Governors	16-Apr-19	CoG19/04/06	National Governors Association	JM and CGI to discuss further engagement and involvement with the NGA and report back to the Council.	Trust Chair	16-Oct-19	Open	
9	Council of Governors	16-Apr-19	CoG19/04/12	Update on Consultation	A revised organisational structure is to be uploaded onto the Governors forum.	Trust Chair	16-Oct-19	Open	Final changes to structure are being agreed and structure will be uploaded when finalised.

Council of Governors Meeting: Wednesday 17 July 2019

CoG2019.15

Title	Report from the Patient Experience, Membership and Quality Committee including Annual Report 2018/19

Purpose	For information.
History	The Patient Experience, Membership and Quality Committee provides a regular report from each of its meetings held to the Council of Governors.

Report from Patient Experience, Membership and Quality Committee

1. Since the Council of Governors last met on 16 April 2019, the Patient Experience, Membership and Quality Committee [PEMQ] has met once on 25 May 2019.

2. Approved minutes of the meeting held on 28 March 2019 are attached (Appendix 1).

3. At its meeting in May, the Committee received its regular report from the Quality Committee.

4. In addition, the Committee received an update from the Safeguarding and Patient Services Manager on Patient Experience.

5. The Committee also received its regular update on membership and in addition the Committee reviewed an initial draft of the updated Council of Governors Handbook for comment.

6. In line with best practice in other sectors and as required by its terms of reference, the Patient Experience, Membership and Quality committee also produces an Annual Report to the Council summarising the activities of the Committee for the financial year 2018/19 and setting out how it met its Terms of Reference.

7. The Patient Experience, Membership and Quality Committee's Terms of Reference are attached at Appendix 2.

8. The Council is asked to **note** the Committee's report, to r**eceive** the Annual Report and to **approve** proposed changes to the Terms of Reference.

Appendix 1

Council of Governors' Patient Experience, Membership and Quality Committee

Minutes of the meeting held on Thursday, 28 March 2019 at 10:30 in the Boardroom, Level 3, John Radcliffe Hospital.

Present:	Sally-Jane Davidge	SJD	Public Governor, Buckinghamshire, Berkshire, Wiltshire & Gloucestershire **[Chair]**
	Art Boylston	AB	Public Governor, South Oxfordshire
	Jill Haynes	JH	Public Governor, Vale of the White Horse
	Anita Higham OBE	AH	Public Governor, Cherwell
	Janet Knowles	JK	Public Governor, South Oxfordshire
	Jules Stockbridge	JS	Staff Governor, Clinical
In Attendance:	Clare Dollery	CD	Deputy Medical Director
	David Mant	DM	Non-Executive Director and Quality Committee Chair
	Caroline Rouse	CR	Foundation Trust Governor and Membership Manager
	Helen Wiskin	HW	Patient Transport Manager
Apologies:	Mark Booty	MB	Public Governor, West Oxfordshire
	Neil Scotchmer	NS	Deputy Head of Corporate Governance [minutes]
	Lawrie Stratford	LS	Nominated Governor for Oxfordshire County Council

CoGPEMQ/19/03/01 Welcome, Apologies and Declarations of Interest

It was noted that the Committee's meeting on this date had been preceded by a visit to the Level 7 Acute General Medicine Area.

Apologies were received as recorded above.

Anita Higham declared an interest as the Chair of the North Oxfordshire Locality Forum.

CoGPEMQ/19/03/02 Minutes of the Meeting held on 24 January 2019

It was noted that on p3, the third line of the third paragraph in relation to Maternity should be rephrased for clarity.

On p5 in the Update on Membership paragraph 2, line 1 should read 'event', not 'events'.

It was noted that in discussions with Professor Mant, JK had suggested the idea of sponsorship from local businesses for awards such as 'midwife of the month'. In addition AB had expressed the view that there should be an executive director whose sole responsibility was for workforce.

The minutes were otherwise accepted as an accurate record of the meeting.

CoGPEMQ/19/03/03 Matters Arising

Staffing Issues

DM informed the Committee that the new senior management structure included a Director of Workforce and a Workforce Committee.

Open Visiting

The Committee noted that the Chief Nurse's evaluation of this initiative was still ongoing.

Committee Annual Report

The Committee noted that a draft of this document was on agenda for consideration in advance of presentation to the Council of Governors in April.

Hospital Transport

The Committee received a presentation on this subject from Helen Wiskin, Patient Transport Manager. The Committee heard that almost all hospital transport was provided by the South Central Ambulance Service [SCAS], and not by the Trust. HW highlighted the complex issues surrounding transport to and from Trust hospitals. 8500 journeys a month took place, of which 6000 were for outpatients. Committee members were provided with a copy of a document outlining who was eligible for hospital transport. JS agreed to email this to all governors.

Action: JS

The Committee noted that hospital transport was regarded as a contentious issue by the public within their constituencies. It was suggested that the whole Council of Governors might find it helpful to hear this presentation.

CoGPEMQ/19/03/04 Report from the Quality Committee Chairman

The Chair of the Board Quality Committee provided his regular report on the business of that Committee, highlighting in particular the following issues:

- Risk Registers (p3): DM explained the process via which these were reviewed against the Trust's quality priorities. He noted that he regarded the age of the 141 anaesthetic machines to be a particularly significant risk.

- NHSI Undertakings (p3): DM suggested that oversight of progress against these was significantly improved.

- Quality Priorities (p3): DM noted that the use of SMART metrics for tracking of these was very positive.

- PET-CT (p3): The Chair of the Quality Committee indicated that he felt that some progress was now being made in addressing the significant concerns that existed in relation to the future of this service.

- Integrated Psychological Medicine: DM explained that this was regarded as hugely valuable by the Trust but that there was a need for more quantitative data to demonstrate that it covered its costs. JK asked whether it was possible that the impact of running this service could have a negative impact on the resources available for the treatment of other patients. AB suggested that funding from other sources might be sought.

AH noted the information regarding cleanliness in the Quality Report. DM reflected that outsourcing arrangements made issues in relation to this more difficult to resolve.

The Chair of the Quality Committee informed PEMQ that Birthrate Plus had altered its recommended maternity staffing ratio to 1:25. The Trust was still not achieving this but DM noted that the Maternity Department had not reported any concerns regarding their outcomes.

CoGPEMQ/19/03/06 2018-19 Quality Priority Achievements and Draft 2019-20 Quality Priorities

The Deputy Medical Director attended the meeting to present the progress against Quality Priorities as described in the Trust's Quality Account for 2018-19 as well as feedback from the Quality Conversation event in January 2019 which she was to present to an April meeting of the Health Overview and Scrutiny Committee in April.

The Committee noted that there had been discussion about sepsis at a previous meeting. PEMQ heard that sepsis awareness and training was good in ED, but that it had not been rolled out in detail to the rest of the Trust and so this remained a priority area for 2019/20. It was also noted that there was only one specialist sepsis nurse for the Trust.

Under the 'Safety First' priority for 2019/20, Dr Dollery explained that an immediate high-level response to Never Events was now in place.

As this would be her final attendance before taking on a new role as Medical Director at the Whittington, the Committee thanked Dr Dollery for the open and honest relationship which she had developed with PEMQ and members expressed their best wishes for her in the future.

CoGPEMQ/19/03/07 Update on Membership Survey

CR shared with the Committee a draft membership survey, which the Committee reviewed. Members suggested that question 5 would be better expressed as an open question, perhaps asking for suggestions for topics to be covered in the future. SJD asked if the matter of the accessibility of the form could be addressed.

Action: CR

Concerns were raised that the intention was that the form should only be emailed out to members who have internet access, thus excluding those who do not. CR suggested that details would be included in the membership newsletter, so that those members without an email address could take part if they wished. This prompted discussion about how to keep in touch with members who do not have internet access. Caroline provided members of the Committee with a copy of the January 'News and Events' postal communication.

CoGPEMQ/19/03/08 Committee Annual Report

The Committee reviewed the draft Annual Report for the Committee and proposed the following revisions prior to presentation to the Council of Governors:

- p4 3.3, line 3: delete the word 'are'.
- p4: table has the wrong name for the committee in the top left hand corner. In the same table, the letters 'P' and 'S' need to be inserted to denote the type of governor.

- p5, 5.1: line 2 should read 'required' rather than 'require'.
- p6, 1.3: a query was raised about whether 'other Trust staff' should be extended to those who work with a contract with OUH and advice was to be sought on this.
- p7: 4.5 was agreed.
- p7, 6.1: bullet point 2 needed to have the sentence completed.
- p7, 6.1, bullet point 6: there was uncertainty about whether this had been undertaken and this was to be verified.

It was agreed that the draft Annual Report should be amended and then emailed to all Committee members to check before being presented to the Council of Governors.

Action: CE

[Post meeting note: this report was not presented to the April Council of Governors as initially planned and so will now be taken in July.]

CoGPEMQ/19/03/09 Governors' Report on Activities

JH was to have a stand at the County Show which would provide opportunities for recruitment.

The Committee noted that the Swindon Radiotherapy Unit now has the required ministerial approval to go ahead.

JK noted that she had attended her national governor training. She informed the Committee that she had attended the Chipping Norton Maternity Unit open day, and has spoken with the Head of Midwifery. She suggested that there should be a celebration of the midwives from the Trust who gave of their time to go out and help midwives in third world countries.

The constituency meeting in Didcot with a talk on Dementia and Delirium by Sarah Pendlebury was noted to have gone well, with 55 people attending. CR suggested that she would ask Graham Shelton and Mark Booty whether they would like to hold a constituency meeting next.

The Committee were reminded of the Biomedical Research open day event on 24 May at which recruitment would also take place.

CoGPEMQ/19/03/10 Any Other Business

AH suggested that the Freedom to Speak up Guardian, Jane Hervé be invited to a future PEMQ meeting.

Action: CE

CoGPEMQ/19/03/11 Date of Next Meeting

The next meeting will be held at 10:30 to 12:30 hours on Thursday 23 May 2019 in the Boardroom, John Radcliffe Hospital.

<u>**Appendix 2**</u>

Patient Experience, Membership and Quality Committee Draft Annual Report

1. Background

1.1. Good practice states that the Council of Governors should review the performance of its Committees annually to determine if they have been effective, and whether further development work is required.

1.2. This Annual Report summarises the activities of the Council's Patient Experience, Membership and Quality (the Committee) for the financial year 2018/19 setting out how it has met its Terms of Reference.

1.3. The purpose of the Committee is laid down in its Terms of Reference. In summary it is responsible for providing information to the Council Patient Experience and Quality issues. Also maintaining active and engaged membership and how the Board obtains assurance in relation to these matters.

2. Terms of Reference and Review of Activities

2.1. The terms of reference for the Committee are provided at the Appendix. Its primary purpose is to consider, for the Council of Governors, matters concerning the development and maintenance of an active membership; the experience of patients using OUH services and how the Trust's Board of Directors gains assurance about this; and measures of the quality of services provided by the Trust and how its Board of Directors gains assurance about this.

2.2. The Committee has, at each of its meetings, received an update from either the Chair or Deputy Chair of the Trust's Quality Committee to hear an update of business that has been considered by the Board Committee on Patient Experience and Quality issues.

2.3. At its meeting in May 2018 the Chief Nurse attended and provided an update on both the Urgent Care Improvement Programme and the Ward Accreditation Programme.

2.4. In July 2018 the Committee's particular focus was on Children's services. It was attended by both of the young people's governors and received updates on the Hospital School Programme, Developments in Transition Services and an update on work following the National Children's and Young Peoples Survey.

2.5. The Committee's November meeting received an update on membership which included benchmarking of election turnout with other Trusts. In addition the Committee reviewed its terms of reference and planned Committee business for 2019. Appendix 1 indicates some proposed revisions to the latter for approval by the Council of Governors.

2.6. In January 2019 the Chief Nurse presented the Patient Experience Delivery Plan to the Committee, and a brief overview of work that was being undertaken.

2.7. The Committee has provided a report on its activities to each meeting of the Council of Governors held during the year.

2.8. On reviewing these activities the Committee is regarded as having delivered the key responsibilities as set out in the Terms of Reference.

3. Committee Membership and Attendance Record

3.1. The current membership of the Committee is as outlined below:

Sally-Jane Davidge [Chair] (P)	Public Governor for Buckinghamshire, Berkshire, Gloucestershire & Wiltshire
Arthur Boylston (P)	Public Governor for South Oxfordshire
Mark Booty (P)	Public Governor for West Oxfordshire
Jill Haynes (P)	Public Governor for Vale of White Horse
Anita Higham (P)	Public Governor for Cherwell
Janet Knowles (P)	Public Governor for South Oxfordshire
Jules Stockbridge (S)	Clinical Staff Governor
Cllr Lawrie Stratford (P)	Nominated Governor for Oxfordshire County Council

3.2. As the Committee has lost Steve Candler from its membership following the recent governor elections the Council of Governors was made aware that an additional one or two governors volunteering to join its membership would be welcome. Janet Knowles and Mark Booty have since joined the Committee. Cllr Laurie Stratford agreed to receive papers and attend where possible although he could not commit time to becoming a full member due to other commitments.

3.3. During 2018/19 the Committee will have met on five occasions with the attendance record as shown below. This demonstrates that every meeting held during the year was quorate with at least three members of the Committee are present, at least two of whom should be public governors.

Performance, Workforce and Finance Committee Members	24 May 2018	26 Jul 2018	27 Sept 2018	22 Nov 2018	24 Jan 2019
Sally-Jane Davidge [Chair] (P)	✓	✓	✓	✓	✓
Mark Booty (P)					✓
Arthur Boylston (P)	✓	✓	✓	✓	✓
Steve Candler (P)	✓	✓	✓		
Jill Haynes (P)	✓	✓	✓	✓	✓

Anita Higham (P)	✓	✓	✓	✗	✓
Janet Knowles (P)				✓	✓
Jules Stockbridge (S)	✓	✓	✓	✓	✓

P = Public Governor, S = Staff Governor

4. Planning of Priorities for 2019

4.1. The scheduled meetings for the Committee during 2019 are as outlined below:

PEMQ Meeting Dates 2019
10:30-12:30 Thursday 28 March
10:30-12:30 Thursday 23 May
10:30-12:30 Thursday 25 July
10:30-12:30 Thursday 26 September
10:30-12:30 Thursday 28 November

4.2. A number of areas have been suggested which the Committee intends to incorporate into its work programme for the coming year beyond its core functions as outlined in its terms of reference as follows:

➢ a review of the Trust Constitution;

➢ triangulation on staff morale metrics with quality measures and patient experience, in particular through the results of the staff and inpatient surveys;

➢ briefing of the Trust's Psychological Medicine service;

➢ volunteers and fundraising;

➢ patient transport issues;

➢ reception services; and

➢ appointment bookings and cancellations.

5. Recommendations

5.1. The Committee is asked to:

• **consider** this draft report to the Council of Governors and to **recommend** any revisions that may be require before the final version is presented to the Council.

Paper prepared by:

Marilyn Rackstraw

Corporate Governance Manager

March 2019

Patient Experience, Membership and Quality Committee
Terms of Reference

1.   Authority

1.1.   The Membership, Patient Experience and Quality Committee (the Committee) is constituted as a standing committee of the Council of Governors. The Terms of Reference can only be amended with the approval of the Council of Governors.

1.2.   The Council of Governors may commission work from the Committee within its scope, taking account of paragraph 5.4 of Annex 6 of the Constitution which states that "the Council of Governors shall not delegate to any committee any of the powers or responsibilities which are to be exercised by the Council of Governors."

1.3.   The Committee is authorised to secure the attendance of ~~outsiders~~ other Trust staff with relevant experience and expertise if it considers this necessary. External expert opinion may exceptionally be sought with the approval of the Council of Governors.

2.   Purpose of Committee

2.1.   The remit of the Committee is to consider, for the Council of Governors, matters concerning the development and maintenance of an active membership; the experience of patients using OUH services and how the Trust's Board of Directors gains assurance about this; and measures of the quality of services provided by the Trust and how its Board of Directors gains assurance about this.

3.   Membership

3.1.   The membership of the Committee shall be determined by the Chairman of the Council of Governors from amongst those members of the Council of Governors who express an interest in joining it. The composition of the Committee should be considered in respect of required skills and experience, and of ensuring an appropriate balance between public, staff and stakeholder governors relevant to the work of the Committee.

3.2.   Only members of the Council of Governors may be members of the Committee although other individuals may be invited to attend meetings and participate in the work of the Committee with the agreement of its membership as noted in paragraph 1.3 above.

3.3.   The Chairman of the Council of Governors may at any time suggest additional governors to join the Committee. The existing membership of the Committee is entitled to be consulted in advance of any additions to the membership.

3.4.   The Committee will review its membership annually and may make recommendations at any time to the Chairman of the Council of Governors for the addition or removal of governors from the Committee.

4.   Attendance and Quorum

4.1.   A governor chosen by the members of the Committee from amongst its membership shall act as chair of the Committee and shall preside over any meetings of the

Committee. If the chair is absent from the meeting or is absent temporarily on the grounds of a declared conflict of interest, a chair the governors that are present shall appoint, shall preside.

4.2. No business shall be transacted at a meeting unless at least three members of the Committee are present, at least two of whom should be public governors.

4.3. Meetings of the Committee should be attended by the Chair of the Board's Quality Committee though they are not a member of the Committee and do not have a vote.

4.4. The chair of the Committee may request attendance by relevant staff at any meeting.

4.5. The Chairman and Vice-Chairman, if not members of the Committee, may choose to attend any meeting of the Committee with the prior agreement of the Committee Chairman.

5. Frequency of meetings

5.1. Meetings of the Committee should take place with a frequency to be agreed by its membership as appropriate to fulfil its agreed purpose.

5.2. The chair of the Committee may at any time convene additional meetings of the Committee to consider business that requires urgent attention.

5.3. Meetings of the Membership, Patient Experience and Quality Committee shall be set at the start of the calendar year.

6. Specific Duties

6.1. The Membership, Patient Experience and Quality Committee shall:

- Liaise with the office of the Medical Director regarding the development of the Quality Account and Quality Priorities and be in a position to make a recommendation to the Council of Governors regarding its choice of Quality Priority for audit on an annual basis.

- Receive feedback on the Council's chosen Quality Priority and to report on this to the

- Consider issues regarding recruitment of the Trust's membership and involvement of members, making relevant recommendations to the Council of Governors.

- Consider requests for advice by the Membership Office regarding the arrangements for any elections or by-elections that are to be held for governors.

- Consider specific issues in relation to Patient Experience as agreed with the Council of Governors in line with the Council's overall priorities, making relevant recommendations to the Council of Governors as required.

- Undertake an annual review of the Membership Strategy.

- Undertake any other responsibilities as delegated by the Council of Governors.

7. Administrative Support

7.1. The Committee will be supported administratively by the office of the Head of Corporate Governance.

7.2. The agenda for meetings will be drawn up and circulated by the office of the Head of Corporate Governance in consultation with the chair of the Committee. Members of the Committee will be invited to submit items to be taken into account in preparing the agenda.

7.3. The minutes of the proceedings of a meeting shall be drawn up by the office of Head of Corporate Governance and submitted for agreement at the next ensuing meeting.

8. Accountability and Reporting arrangements

8.1. The Committee shall be directly accountable to the Council of Governors and will agree work priorities with the Council of Governors on an annual basis.

8.2. The Committee should provide a verbal update on its work to each meeting of the Council of Governors through a nominated member of the Committee. Written reports on specific areas of work should be provided as required by the Council of Governors.

8.3. The minutes of the Committee meetings shall be formally recorded and submitted to the next meeting of the Council of Governors following the production of the minutes.

9. Conflicts of Interest

9.1. If a governor is present at a meeting of the Committee and has an interest of any sort in any matter which is the subject of consideration, s/he shall at the meeting and as soon as practicable after its commencement disclose the fact. The Chair of the Committee shall determine whether the governor should take part in the consideration or discussion of the matter.

10. Monitoring Effectiveness and Compliance with Terms of Reference

10.1. The Committee will carry out an annual review of its effectiveness and provide an annual report to the Council on its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference.

11. Review of Terms of Reference

11.1. The Terms of Reference of the Committee shall be reviewed at least annually by the Membership, Patient Experience and Quality Committee and approved by the Council of Governors.

Council of Governors Meeting: Wednesday 17 July 2019

CoG2019.16

Title	Report from the Performance, Workforce and Finance Committee including Annual Report 2018/19

Purpose	For information.
History	The Performance, Workforce and Finance Committee provides a regular report from each of its meetings held to the Council of Governors.

Report from Performance, Workforce and Finance Committee

1. Since the Council of Governors last met on 16 April 2019, the Performance, Workforce and Finance Committee has met once on 28 May 2019. The approved minutes from the meeting held on 25 March 2019 are appended.

2. At its meeting on 28 May the Committee received its regular report from the Chairman of the Finance and Performance Committee of the Board. This included an update on performance against key standards.

3. In addition, the Committee received an update on Appointment and Booking Systems.

4. In line with best practice in other sectors and as required by its terms of reference, the Performance, Workforce and Finance Committee also produces an Annual Report to the Council summarising the activities of the Committee for the financial year 2018/19 and setting out how it met its Terms of Reference.

5. The Performance, Workforce and Finance Committee's Terms of Reference are attached at Appendix 2.

6. The Council is asked to **note** the Committee's report, to **receive** the Annual Report and to **approve** proposed changes to the Terms of Reference.

Appendix 1

Council of Governors' Performance, Workforce and Finance Committee

Minutes of the meeting held on Monday 25 March 2019 at 14:00 to 16:00 in the Board Room, Level 3, John Radcliffe Hospital.

Present:	Dr Cecilia Gould	CG	Public Governor, Oxford City (Chair)
	Mr Martin Havelock	MH	Public Governor, Vale of the White Horse
	Mr Tommy Snipe	TS	Staff Governor, Non-Clinical
	Mr John Harrison	JH	Public Governor, Oxford City
	Mr Graham Shelton	GS	Public Governor, West Oxfordshire
	Mr Jonathan Wyatt	JW	Public Governor, Rest of England and Wales
In attendance:	Ms Paula Hay-Plumb	PHP	Non-Executive Director and Chair of the Finance and Performance Committee
	Ms Marilyn Rackstraw	MR	Corporate Governance Manager
Apologies:	Dr Shad Khan	SK	Staff Governor, Clinical
	Mr Tommy Snipe	TS	Staff Governor, Non-Clinical
	Dr Neil Scotchmer	NS	Deputy Head of Corporate Governance

The minutes are produced in the order of the agenda

CoGPWF/19/03/01 Welcome, apologies and declarations of interest

Apologies for absence were received from Dr Shad Khan, Mr Tommy Snipe and Dr Neil Scotchmer.

CoGPWF/19/03/02 Minutes of the meeting held on 28 January 2019.

The minutes of the meeting held on 26 November were accepted as a true and accurate record of the meeting.

CoGPWF/19/03/03 Matters arising

MH enquired as to whether any progress had been made in the development of a channelled PMO [Programme Management Office] report to the Committee. PHP noted that she would obtain a status update.

Action: PHP

A meeting between CG and the new Trust Chairman had been arranged, and CG confirmed that she would enquire about the possibility of Governors attending the Trust Board Subcommittee meetings.

Action: CG

CoGPWF/19/03/04 Report from the Finance and Performance Committee [F&PC] Chairman

Paula Hay-Plumb (Chair of F&PC) presented the report from the Finance and Performance Committee's meeting held in March 2019.

The following points were highlighted from the meeting;

NHSI Undertakings

PHP reported to the Committee that the Non-Executive Directors felt assured that the work that the PMO was doing was having a positive impact. 2-3 Board to Board meetings had been held with NHS Improvement [NHSI] and open dialogue had been had to ensure that NHSI were given any advance warning of any concern to delivery of the plans. Focus remained on 52 week waits, and the Trusts control total. At the next Board to Board, a deep dive on quality was to be undertaken to ensure that quality has not suffered in the delivery of the other specified targets, and to determine when the Trust undertakings could be lifted, as this was especially important for all staff working hard to deliver.

Urgent Care

The Committee heard that in December 2018, the Trust's four-hour wait performance had been 87.39%. This represented an improvement of 6.7% when compared to December 2017, but did not achieve the trajectory of 90.3%. However the Trust's four-hour wait performance in December was above both the Shelford and national means.

The GP streaming service at the John Radcliffe treated 523 attenders in January, up from 480 in December, although none waited for longer than four hours.

Key actions were in place to assist with delivery. In accordance with experience gained elsewhere, assessment in ED by the Frailty Intervention Team (FIT) was identifying patients able to go home either without care or with care ('Pathway 1') as distinct from those thought to require bed based rehabilitation or further assessment ('Pathway 2').

Despite best efforts, bed occupancy remained a concern at both the John Radcliffe and Horton General sites. As of the date of the FPC meeting, 92 beds remained closed due to staffing issues. It was however confirmed that the Trusts position remained positive in context with the national picture.

CG noted that despite the progress made by the Trust, A&E attendances continued to rise, and enquired as to whether the Trust was addressing this with the Clinical Commissioning Group [CCG]. PHP confirmed that the Trusts relationship with commissioners was positive, and still improving. The work on reducing super stranded patients was used as an example, as this would not have improved as it did without joint system working.

MH enquired as to whether PHP felt that the internal team were more coherent. PHP confirmed that she felt that the team worked very well together, and were united in their ambition to deliver. Positive changes had been seen in terms of planning, and the involvement of Divisional representatives in the Business planning process had been viewed as a positive step change to ensure buy in from bottom up planning.

PHP confirmed that as the NED assigned to the urgent care work stream, she had witnessed joint system working and confirmed that she was confident that the joint working could deliver improvement.

Financial Performance

The Committee heard that in-month for December, performance against the Control Total, excluding Provider Sustainability Funding (PSF), was a surplus of £0.8m, £1.6m higher than plan. Key drivers of this performance were:

- +£1.6m due to the delivery of one-off items;
- - £1.4m due to undelivered required improvements in the run rate, due to unidentified efficiencies and productivity improvements;
- +£1.3m net benefit from prior period items;
- -£0.5m due to staff incentive and premium costs to maintain capacity; and
- +£0.4m release of contingencies

The Committee received an update on the projected forecast outturn, including performance to date, risks and opportunities. This detailed progress against one-off items, Operational Estates, IM&T and the NOTSSCaN. This detailed the discrete areas of improvement required and key assumptions to deliver the Control Total by year end, including that overall there was a plan to mitigate any quantified risk to operational financial performance through one-off items, albeit with a risk to a worsening underlying financial position.

MH enquired about the planned pay spend, and whether this was related to what the Trust could get, rather than what was needed, as there was currently a high vacancy rate.

John Drew, Director of Improvement and Culture noted that in terms of the bank staff, most of these were actually the Trusts own staff. The Trust had a higher usage of bank staff than agency staff, which he felt was the right way round.

PHP confirmed that she would focus more on pay at the next meeting.

Action: PHP

An earlier question had been raised as to whether the Ramsay health professionals were resourced as a package. JDr confirmed that to the best of his knowledge, in order to run additional sessions, the Trust offered their own surgeons and provided incentives to be able to staff theatres at the Ramsay Independent Treatment Centre at premium pay, with the Ramsay ITC providing other staff.

CoGPWF/19/03/05 Staff Survey 2018
JDr attended to present an update to the Committee on current actions in response to the 2018 staff survey.

Improvements had been seen in the response rate compared to previous years, which was positive. The Trusts response rate for 2018 was also better than the NHS average.

Some areas had seen significant improvements in the Employee Engagement Index scale, such as radiology.

The translation of learning about staff retention from NOTSSCAN into other departments was discussed, and CG enquired as to whether Carole Forde-Johnston,

Lecturer Practitioner in Neurosciences, might be able to attend a meeting to present how the division had changed their ways of working to drive the improvements staff in retention that had been seen.

PHP noted the positives contained within the staff survey, and suggested that it was important for staff morale that the negatives were addressed but also that the positives were highlighted.

It was suggested that a staff story be presented to the Council of Governors at a future meeting.

Action: JDr

JW noted that historically nursing programmes would be offered with accommodation, and enquired as to the possibility of this type of package being offered within the Trust. JDr confirmed that there was currently a nursing associate's programme, within which a subset of apprentices undertook training and clinical work, but confirmed that he was unsure of whether accommodation was part of this package. He confirmed that he would look into this.

Action: JDr

The low response rate for appraisals was noted. JDr confirmed that the ELMS was due to be replaced within the next 12 months, and that the Trust was keen to drive appraisals, but to maintain quality to ensure that they did not just become a tick box exercise.

The Committee thanked JDr for attending and providing an update.

CoGPWF/19/03/06 Committee Annual Report
Under its terms of reference, the Committee is responsible for providing information to the Council on workforce, financial and operational performance issues and how the Board obtains assurance in relation to these matters.

In line with best practice in other sectors and as required by its terms of reference, the Performance, Workforce and Finance Committee also produces an Annual Report to the Council summarising the activities of the Committee for the financial year 2018/19 and setting out how it met its Terms of Reference.

The Committee reviewed its annual report, and agreed to recommend the proposed changes to its terms of reference to the Council of Governors.

CoGPWF/18/01/07 Any Other Business

There was no other business.

CoGPWF/18/01/08 Date of the Next Meeting

The next meeting will be held from 14.00 to 16:00 hours on Tuesday 28 May 2019 in the Boardroom, Level 3, John Radcliffe Hospital.

Appendix 2

Performance, Workforce and Finance Committee Draft Annual Report

1. **Background**

   1.1. Good practice states that the Council of Governors should review the performance of its Committees annually to determine if they have been effective, and whether further development work is required.

   1.2. This Annual Report summarises the activities of the Council's Performance, Workforce and Finance Committee (the Committee) for the financial year 2018/19 setting out how it has met its Terms of Reference.

   1.3. The purpose of the Committee is laid down in its Terms of Reference. In summary it is responsible for providing information to the Council on workforce, financial and operational performance issues and how the Board has obtained assurance in relation to these matters.

2. **Terms of Reference and Review of Activities**

   2.1. The terms of reference for the Committee are provided at Appendix 1. Its primary purpose is to consider, for the Council of Governors, matters concerning the performance of the Trust against key standards and how the Trust's Board of Directors obtains assurance about this; matters concerning the planning and development of the Trust's workforce and how the Trust's Board of Directors obtains assurance about this; and matters concerning the Trust's financial position and planning and how its Board of Directors obtains assurance on this.

   2.2. The Committee has, at each of its meetings, received an update from either the Chair or Deputy Chair of the Trust's Performance and Finance Committee to hear an update of business that has been considered by the Board Committee on matters related to financial and operational performance and to understand how the Board has obtained assurance regarding the issues that have been raised.

   2.3. The Committee has been regularly updated by the Director of Improvement and Culture regarding the actions that the Trust has been taking in response to the outcome of the 2017 Staff Survey, including the listening events that were held following publication of the results. The results of the 2018 Staff Survey are to be reported to the Committee at its March meeting.

   2.4. At its meeting in May 2018 the Committee received an update on the development of the Trust's Business Plan for 2017/18 and also an update on workforce planning for the year.

   2.5. In July 2018 the Committee was updated by the Chief Information and Digital Officer regarding the Project Management Office arrangements that had been put in place to support the delivery of the NHSI Enforcement Undertakings.

   2.6. The Committee's November meeting received a briefing on the 2018/19 Winter Plan for the Oxfordshire system.

2.7. In January 2019 the Committee discussed issues related to theatre utilisation and intends to follow these up further at future meetings.

2.8. At its meeting in January the Committee undertook a review of its effectiveness and of its Terms of Reference. Appendix 1 indicates some proposed revisions to the latter for approval by the Council of Governors.

2.9. The Committee has provided a report on its activities to each meeting of the Council of Governors held during the year.

2.10. On reviewing these activities the Committee is regarded as having delivered the key responsibilities as set out in the Terms of Reference.

3. Committee Membership and Attendance Record

3.1. The current membership of the Committee is as outlined below:

Cecilia Gould [Chair]	Public Governor for Oxford City
John Harrison	Public Governor for Oxford City
Martin Havelock	Public Governor for Vale of White Horse
Shad Khan	Clinical Staff Governor
Graham Shelton	Public Governor for West Oxfordshire
Tommy Snipe	Non-Clinical Staff Governor
Jonathan Wyatt	Public Governor for Rest of England and Wales

3.2. The Council of Governors noted at its meeting on 20 November that membership of this committee was low and the Committee has subsequently been strengthened by being joined by Shad Khan, Graham Shelton and Jonathan Wyatt.

3.3. During 2019/19 the Committee will have met on five occasions with the attendance record as shown below, noting that a planned meeting in September was cancelled. This demonstrates that every meeting held during the year was quorate with at least three members of the Committee are present, at least two of whom should be public governors.

Performance, Workforce and Finance Committee Members	29 May 2018	23 Jul 2018	26 Nov 2018	28 Jan 2019	25 Mar 2019
Cecilia Gould (P) – Committee Chair	✓	✓	✓	✓	
John Harrison (P)			✓	✓	
Martin Havelock (P)	✓	✓	✓	✓	
Shad Khan (S)			✗	✓	
Graham Shelton (P)			✗	✓	

Brian Souter (P)	✓	✗			
Tommy Snipe (S)	✓	✗	✓	✓	
Jonathan Wyatt (P)				✗	
Mariusz Zabrzynski (S)	✓	✓			

P = Public Governor, S = Staff Governor

4. Planning of Priorities for 2019

4.1. The scheduled meetings for the Committee during 2019 are as outlined below:

PWF Meeting Dates 2019
14:00-16:00 Monday 28 January
14:00-16:00 Monday 25 March
14:00-16:00 Tuesday 28 May
14:00-16:00 Monday 22 July
14:00-16:00 Monday 23 September
14:00-16:00 Monday 25 November

4.2. A number of areas have been suggested which the Committee intends to incorporate into its work programme for the coming year beyond its core functions as outlined in its terms of reference as follows:

- to review the results of the Staff Survey 2018 when available and any resulting action plans developed by the Trust; and

- to be updated on issues related to theatre utilisation.

5. Recommendations

5.1. The Committee is asked to:

- **consider** this draft report to the Council of Governors and to **recommend** any revisions that may be require before the final version is presented to the Council; and

- to **recommend** the proposed changes to its terms of reference to the Council of Governors.

Paper prepared by:

Neil Scotchmer

Deputy Head of Corporate Governance

March 2019

Performance, Workforce and Finance Committee
Terms of Reference

1. Authority

1.1.   The Performance, Workforce and Finance Committee (the Committee) is constituted as a standing committee of the Council of Governors. The Terms of Reference can only be amended with the approval of the Council of Governors.

1.2.   The Council of Governors may commission work from the Committee within its scope, taking account of paragraph 5.4 of Annex 6 of the Constitution which states that "the Council of Governors shall not delegate to any committee any of the powers or responsibilities which are to be exercised by the Council of Governors."

1.3.   The Committee is authorised to secure the attendance of ~~outsiders~~ other Trust staff with relevant experience and expertise if it considers this necessary. External expert opinion may exceptionally be sought with the approval of the Council of Governors.

2.   Purpose of Committee

2.1.   The remit of the Committee is to consider, for the Council of Governors, matters concerning the performance of the Trust against key standards and how the Trust's Board of Directors obtains assurance about this; matters concerning the planning and development of the Trust's workforce and how the Trust's Board of Directors obtains assurance about this; and matters concerning the Trust's financial position and planning and how its Board of Directors obtains assurance about this.

3.   Membership

3.1.   The membership of the Committee shall be determined by the Chairman of the Council of Governors from amongst those members of the Council of Governors who express an interest in joining it. The composition of the Committee should be considered in respect of required skills and experience and of ensuring an appropriate balance between public, staff and stakeholder governors as relevant to the work of the Committee.

3.2.   Only members of the Council of Governors may be members of the Committee although other individuals may be invited to attend meetings and participate in the work of the Committee with the agreement of its membership as noted in paragraph 1.3 above.

3.3.   The Chairman of the Council of Governors may at any time suggest additional governors to join the Committee. The existing membership of the Committee is entitled to be consulted in advance of any additions to the membership.

3.4.   The Committee will review its membership annually and may make recommendations at any time to the Chairman of the Council of Governors for the addition or removal of governors from the Committee.

4.   Attendance and Quorum

4.1.   A governor chosen by the members of the Committee from amongst its membership

shall act as chair of the Committee and shall preside over any meetings of the Committee. If the chair is absent from the meeting or is absent temporarily on the grounds of a declared conflict of interest, a chair the governors that are present shall appoint, shall preside.

4.2.   No business shall be transacted at a meeting unless at least three members of the Committee are present, at least two of whom should be public governors.

4.3.   Meetings of the Committee should be attended by the Chair of the Board's Finance and Performance Committee though they are not a member of the Committee and do not have a vote.

4.4.   The chair of the Committee may request attendance by relevant staff at any meeting.

4.5.   The Chairman and Vice-Chairman, if not members of the Committee, may choose to attend any meeting of the Committee.

5.   Frequency of meetings

5.1.   Meetings of the Committee should take place with a frequency to be agreed by its membership as appropriate to fulfil its agreed purpose.

5.2.   The Chair of the Committee may at any time convene additional meetings of the Committee to consider business that requires urgent attention.

5.3.   Meetings of the Performance, Workforce and Finance Committee shall be set at the start of the calendar year.

6.   Specific Duties

6.1   The Performance, Workforce and Finance Committee shall:

- Liaise with the office of the ~~Director of Planning and Information~~Chief Finance Officer regarding the development of the Trust Business Plan.

- Work with the Audit Committee to prepare recommendations for the Council of Governors as required to fulfill the Council's statutory duties in relation to the appointment of the Trust's external auditors.

- Consider specific issues in relation to Workforce, including matters related to the recruitment and retention of staff, as agreed with the Council of Governors in line with the Council's overall priorities, making relevant recommendations to the Council of Governors as required.

- Undertake any other responsibilities as delegated by the Council of Governors.

7.   Administrative Support

7.1.   The Committee will be supported administratively by the office of the Head of Corporate Governance.

7.2.   The agenda for meetings will be drawn up and circulated by the office of the Head of Corporate Governance in consultation with the chair of the Committee. Members of the Committee will be invited to submit items to be taken into account in preparing the agenda.

7.3.   The minutes of the proceedings of a meeting shall be drawn up by the office of Head of Corporate Governance and submitted for agreement at the next ensuing meeting.

8.   Accountability and Reporting arrangements

8.1.   The Committee shall be directly accountable to the Council of Governors and will agree work priorities with the Council of Governors on an annual basis.

8.2.   The Committee should provide a verbal update on its work to each meeting of the Council of Governors through a nominated member of the Committee. Written reports on specific areas of work should be provided as required by the Council of Governors.

8.3.   The minutes of the Committee meetings shall be formally recorded and submitted to the next meeting of the Council of Governors following the production of the minutes.

9.   Conflicts of Interest

9.1.   If a governor is present at a meeting of the Committee and has an interest of any sort in any matter which is the subject of consideration, he shall at the meeting and as soon as practicable after its commencement disclose the fact. The Chair of the Committee shall determine whether the governor should take part in the consideration or discussion of the matter.

10.   Monitoring Effectiveness and Compliance with Terms of Reference

10.1.   The Committee will carry out an annual review of its effectiveness and provide an annual report to the Council on its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference.

11.   Review of Terms of Reference

11.1.   The Terms of Reference of the Committee shall be reviewed at least annually by the Performance, Workforce and Finance Committee and approved by the Council of Governors.

Council of Governors' Meeting: Wednesday 17 July 2019

CoG2019.17

Title	Report from the Governors' Remuneration, Nominations and Appointments Committee

Status	For information

Report from the Governors' Remuneration, Nominations and Appointments Committee

1. Since the last meeting of the Council of Governors held on 16 April 2019, the Governors' Remuneration, Nominations and Appointments Committee [RNAC] has met once, on 15 February 2019.

2. Business considered by the Committee included:

   - Proposals for recruitment to current and prospective Non-Executive Director vacancies; and

   - The future work programme of the Committee.

Non-executive Director Recruitment

3. The Committee noted that there remained one vacancy for a non-executive director on the Trust Board. In addition, the terms of office for two further non-executive directors were due to expire on 12 October 2019. The Trust has been advised that under the current Constitution neither individual would be eligible to be appointed for a further term of office.

4. The Committee noted the approved appointment process for non-executive directors, recognising its role in convening a Panel to undertake the recruitment process and noting that decisions regarding appointment to these roles are reserved to the Council of Governors. The Committee approved the initiation of recruitment to three non-executive director roles in accordance with the Constitution.

5. A proposed timetable for the recruitment process was considered by the Committee. The use of recruitment consultants to support the process was supported.

6. In considering the composition of the Appointment Panel it was agreed that, recognising the need to comply with the requirements of the Constitution, this should provide for a mixture of those with recent experience of recruitment to non-executive roles in the Trust alongside an opportunity for the participation of a wider group of governors where they had received the appropriate training. The final membership was to be determined guided by the availability of individuals on the relevant dates.

7. The Committee discussed the skills and experience that the Appointment Panel were to be asked to seek in recruiting to these roles, considering in support of this a high level summary of skills and experience amongst the Trust's current non-executive directors.

   7.1. It was proposed that the appointment of a non-executive director with recent experience in digital transformation be sought in line with the recent recommendations of the Deloitte review.

   7.2. The Committee also agreed that the appointment of an individual with strong links to the clinical community should be sought.

   7.3. It was further felt that an individual with an estates or facilities management background would be of benefit to the Trust in the third role.

   7.4. Other factors that the Committee suggested should be considered were diversity, representation of the Trust's geographical communities and
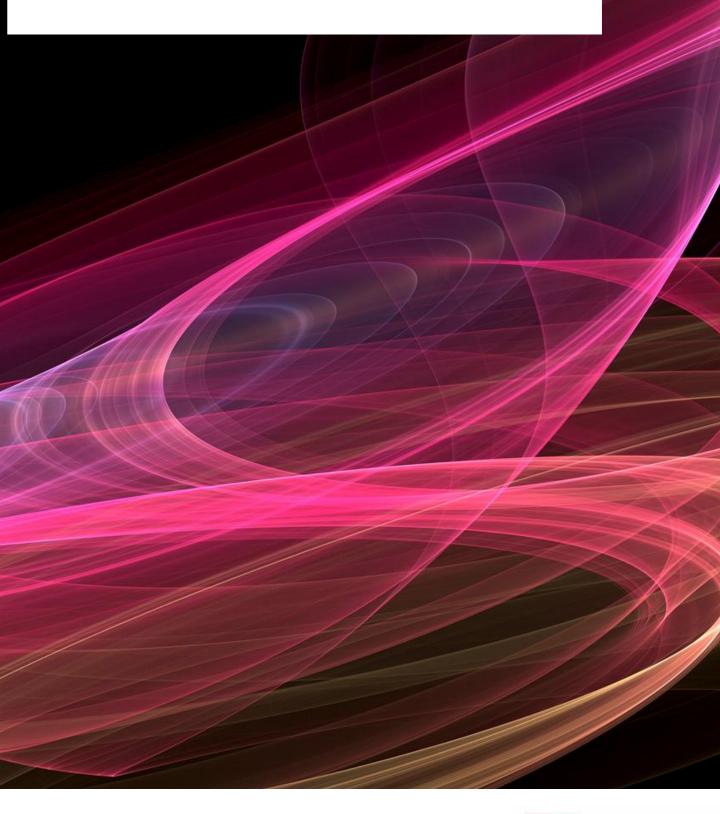
knowledge of local government.

8. It was agreed that the outcomes from the Committee's discussions would be shared with the wider membership of the Council at its seminar on 18 June to seek the support and input of other governors for these proposals.

Future Work Programme

9. In addition to being updated on the progress of the Appointment Panle in relation to the above process, the Committee considered the following areas for consideration at future meetings:

    9.1. Benchmarking of non-executive director remuneration to be undertaken with a view to undertaking a review of remuneration within an agreed framework; and

    9.2. Consideration of how the appraisal process for non-executive directors could be further developed to improve assurance to governors.

Annual Audit Letter

Oxford University Hospitals NHS Foundation Trust
Year ended 31 March 2019

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1. **Executive summary**

2. **Audit of the financial statements**

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4. **Other reporting responsibilities**

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1. EXECUTIVE SUMMARY

Purpose of the Annual Audit Letter

Our Annual Audit Letter summarises the work we have undertaken as the auditor for Oxford University Hospitals NHS Foundation Trust (the Trust) for the year ended 31 March 2019. Although this letter is addressed to the Trust, it is designed to be read by a wider audience including members of the public and other external stakeholders.

Our responsibilities are defined by the NHS Act 2006 (the 2006 Act) and the Code of Audit Practice issued by the National Audit Office (the NAO). The detailed sections of this letter provide details on those responsibilities, the work we have done to discharge them, and the key findings arising from our work. These are summarised below.

Area of our responsibility	Summary of Findings
Audit of the financial statements	On 22 May 2019 we issued our opinion that the financial statements gave a true and fair view of the Trust's financial position as at 31 March 2019 and of its financial performance for the year then ended.
	A detailed report was provided to the Audit Committee on 20 May 2019. We also would like to point out that the draft accounts and supporting working papers were of a high standard and we did not report any significant control weaknesses.
Value for Money conclusion	We concluded that that we had no matters to report in respect of the Trust's arrangements to secure economy, efficiency and effectiveness in its use of resources.
Reporting to the group auditor	In line with group audit instructions issued by the NAO, on 22 May 2019 we reported that the Trust's consolidation schedules were consistent with the audited financial statements.
Statutory reporting	We have not needed to use our powers under schedule 10 of the 2006 Act to issue a report in the public interest.
Quality Report	We also perform a separate, 'limited assurance' engagement, on the Trust's Quality Report. We perform limited procedures on a smaller scope than a reasonable assurance engagement. Having completed our work, we issued our limited assurance opinion on the Quality Report on 22 May 2019 and concluded:
	• the Quality Report was prepared in line with guidance from NHS Improvement;
	• the Quality Report was not inconsistent with information specified by NHS Improvement;
	• the Cancer 62 day wait indicator in the Quality Report subject to our limited assurance work was reasonably stated: and
	• the Accident and Emergency 4 hour wait indicator in the Quality Report subject to our limited assurance work contained data accuracy errors preventing us from concluding that the indicator was reasonably stated.
	Detailed findings are reported separately in our report to Governors and are not referenced in this Annual Audit Letter.

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2. AUDIT OF THE FINANCIAL STATEMENTS

Opinion on the financial statements	Unqualified

The scope of our audit

The purpose of our audit is to provide reasonable assurance to users that the financial statements are free from material error. We do this by expressing an opinion on whether the statements are prepared, in all material respects, in line with the financial reporting framework applicable to the Trust and whether they give a true and fair view of the Trust's financial position as at 31 March 2019 and of its financial performance for the year then ended.

Our audit was conducted in accordance with the requirements of the Code of Audit Practice issued by the NAO, and International Standards on Auditing (ISAs). These require us to consider whether:

- the accounting policies are appropriate to the Trust's circumstances and have been consistently applied and adequately disclosed;

- the significant accounting estimates made by management in the preparation of the financial statements are reasonable; and

- the overall presentation of the financial statements provides a true and fair view.

Our response to significant risks and key audit matters

We carried out our work according to a timetable agreed with the Trust which was included in our Audit Strategy Memorandum present to the November 2018 Audit Committee. The significant audit risks and key audit matters were:

- Management Override of Controls: The risk that management, being in a position of authority, may seek to override controls to materially manipulate accounting records. Auditing standards expect this risk to be included in all financial statement audits.

- Revenue Recognition: The risk that revenue or income may be materially overstated in order to improve the Trust's financial position. Auditing standards expect this risk to be included in all financial statement audits, although it can be rebutted in certain circumstances.

- Valuation of Land and Buildings: The Trust's Land and Buildings are the highest value assets in the financial statements and management engage an expert to assist in determining the current value to be included in the financial statements. There is a high degree of estimation uncertainty meaning there is a risk the values could be materially misstated.

We designed and performed suitable tests to address these risks and reported our detailed findings to the Audit Committee on 20 May 2019. We are pleased to report that there were no significant findings arising from the work performed to address these audit risks.

Our audit opinion

Using the results of the work performed, we issued our report to the Trust on 22 May 2019 that stated, in our view, the financial statements give a true and fair view of the Trust's financial position as at 31 March 2019 and of its financial performance for the year then ended. The full version of our auditors report is included in the published financial statements.

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3.   VALUE FOR MONEY CONCLUSION

Value for Money conclusion	Unqualified

Our approach to Value for Money

We are required to consider whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The NAO issues guidance to auditors that underpins the work we are required to carry out in order to form our conclusion, and sets out the criterion and sub-criteria that we are required to consider. We are only required to report if we conclude that the Trust has not made proper arrangements..

The overall criterion is that, 'in all significant respects, the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people.' To assist auditors in reaching a conclusion on this overall criterion, the following sub-criteria are set out by the NAO:

- Informed decision making

- Sustainable resource deployment

- Working with partners and other third parties.

Significant Value for Money risks

The NAO's guidance requires us to carry out work to identify whether or not a risk to the Value for Money conclusion exists. Risk, in the context of our Value for Money work, is the risk that we come to an incorrect conclusion rather than the risk of the arrangements in place at the Trust being inadequate.

In the planning of our audit, we perform a detailed risk assessment to consider whether there are any significant Value for Money risks. The results of this work was reported to the Audit Committee in our Audit Strategy Memorandum, where two significant Value for Money risks were identified.

- The risk that management arrangements to comply with NHSI enforcement undertakings could be inadequate

- The risk that the Trust does not achieve its 2018/19 financial targets.

The work we carried out in relation to significant risks is outlined on the following pages.

We reported these findings to the Audit Committee on 20 May 2019 that we had carried out sufficient work to address the risk to our VFM conclusion and are satisfied that adequate arrangements were in place during 2018/19.

3.   VALUE FOR MONEY CONCLUSION

Risk	Work undertaken	Conclusion
VFM Criteria: Informed Decision Making Risk: Management arrangements to comply with NHSI enforcement undertakings	In July 2018, Trust management agreed a series of enforcement undertakings with NHS Improvement which required the Trust Board to develop clear plans for improvement in performance in key priority areas which the Board already identified for 2018/19: • emergency care; • planned care (including cancer and elective care); • financial sustainability – underpinned by governance and strategic workforce planning. The Trust updated its 2018/19 Business Plan in September 2018 and put in place a Programme Management Office to coordinate the development and implementation of plans to address the issues, with regular updates provided to the Trust Management Executive and the Trust Board. This has included establishing a clear and concise performance dashboard to monitor and quantify the work being completed.	We carried out sufficient work to address the risk to our VFM conclusion and are satisfied that adequate arrangements were in place during 2018/19.
VFM Criteria: Sustainable Resource Deployment Risk: Achievement of 2018/19 financial targets	At the beginning of the year, the Trust agreed a financial target with NHS Improvement for a surplus of £10.4million, finishing the year with a surplus of £13million. The Trust's financial performance was supported by a number of planned and unplanned non-recurring items totalling £26.7million. The one off items included: • Profit from the disposal of land of £20million • A prior period adjustment for income recognition of £18million • A gain from equity investment £7million • Revaluation gains from the valuation of investment property of £4.8million. On top of the NHSI control total performance, core Provider Sustainability Funding (PSF) of £11.4million was earned, based on delivery of the full year financial performance and delivery of core performance measures. A further £12.9million in bonus PSF was also received, including an incentive for the Trust having exceeded its control total performance. As a result the Trust recorded a overall surplus at the end of 2018/19 of £37.3million.	We carried out sufficient work to address the risk to our VFM conclusion and are satisfied that adequate arrangements were in place during 2018/19.

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4. OTHER REPORTING RESPONSIBILITIES

Exercise of statutory reporting powers	**No matters to report**
Governance Statement	**No matters to report**
Consistency of consolidation data with the audited financial statements	**Consistent**
Other information published alongside the audited financial statements	**Consistent**

The NAO's Code of Audit Practice and the 2006 Act place wider reporting responsibilities on us, as the Trust's external auditor. We set out below, the context of these reporting responsibilities and our findings for each.

Matters which we report by exception

The 2006 Act provides us with specific powers where matters come to our attention that, in our judgement, require reporting action to be taken. We have the power to:

• issue a report in the public interest; and

• make a referral to the regulator where we believe that a decision has led to, or would lead to, unlawful expenditure, or an action has been, or would be unlawful and likely to cause a loss or deficiency.

We have not exercised any of these statutory reporting powers.

We are also required to report if, in our opinion, the governance statement does not comply with the guidance issued by NHS Improvement or is inconsistent with our knowledge and understanding of the Trust. We did not identify any matters to report in this regard.

Reporting to the NAO in respect of consolidation data

The NAO, as group auditor, requires us to report to them whether consolidation data that the Trust has submitted is consistent with the audited financial statements. We have concluded and reported that the consolidation data is consistent with the audited financial statements.

Other information published alongside the financial statements

The Code of Audit Practice requires us to consider whether information published alongside the financial statements is consistent with those statements and our knowledge and understanding of the Trust. In our opinion, the information in the Annual Report is consistent with the audited financial statements.

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5.   FORWARD LOOK

Financial and operational outlook

The Trust has performed well in 2018/19, despite the significant challenges of financial pressure across the NHS.

The Trust achieved and exceeded its overall year-end surplus target which depended on material one-off income sources and required careful management throughout the year.

Operationally, the Trust is currently rated by the Care Quality Commission (CQC)as "Good" (March 2018). We will consider the findings published by the CQC during 2019/20 to inform our Value for Money conclusion work and we note that, alongside a number of other Trusts, the target for the maximum waiting time of 4 hours from arrival to admission/transfer/discharge in A&E and 18 weeks from referral to treatment targets were not met during 2018/19.

The balance between meeting the ongoing financial challenge, including achieving cost efficiencies and ongoing improvements in patient care remain a challenge for the Trust, and we will keep this under review as part of our audit for 2019/20.

Our ongoing support to the Trust

We will continue to support the Trust through our audit work including:

- liaising with KPMG (the Trust's Internal Auditors) to minimise duplication of work;

- attendance at Audit Committees where we will continue to inform the Committee about progress on the audit, report our key findings and update it about developments in the NHS and the wider environment;

- attending Council of Governors' meetings to present the findings from our work; and

- hosting events for staff, such as our NHS Accounts workshop.

The Trust has taken a positive and constructive approach to our audit and we wish to thank the Board, Audit Committee, and Trust staff for their support and co-operation during our audit in the past year.

We are committed to supporting the Trust as your external auditor. We will meet with the Trust to identify any learning from the 2018/19 audit and will continue to share our insights from across the NHS and relevant knowledge from the wider public and private sector.

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External Assurance on the Trust's Quality Report
Oxford University Hospitals NHS Foundation Trust

Year ended 31 March 2019

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1.   EXECUTIVE SUMMARY

Purpose of this report

This report summarises the findings from our assurance work on Oxford University Hospitals NHS Foundation Trust's (the Trust's) Quality Report for 2018/19. As set out in the audit opinion at appendix A, our work is limited to reviewing prescribed aspects of the Trust's data and is hence defined as a limited assurance review. This report includes a summary of:

▪ our limited assurance work on the content of the Quality Report and the two indicators mandated by NHS Improvement subject to a limited assurance opinion; and

▪ our other findings on the local indicator selected by Governors.

Section 2 of this report sets out the scope of our work and a draft of the limited assurance opinion is included as an appendix to this report.

Indicators within the quality report

The following mandated indicators were selected by the Trust based on the indicators mandated by NHS Improvement:

• percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge; and

• maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers.

The following local indicator was selected by the Council of Governors: Summary Hospital-level Mortality Indicator (SHMI). Governors were encouraged to select this local indicator for testing by NHSI, although not mandated.

At the time of writing this report our work is substantially complete, subject to resolution of a small number of queries and our usual final closure processes.

Limited Assurance Opinion	**Content of the Quality Report** Our review of the Quality Report content is substantially complete subject to completing our documentation review and receipt and review of stakeholder feedback. The Trust has now been preparing a Quality Report for a number of years. We have no issues to report in relation to consistency or compliance with NHS Improvement's requirements. We have however noted in section 5 areas for improvement. **Testing of the mandated performance indicators** Based on the sample testing of the two mandated indicators subject to our limited assurance opinion, we have identified the following: • percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge – qualified conclusion due to data errors within the sample tested. • maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers – no matters arising to suggest this indicator is not reasonably stated. As a result of the A&E errors we propose to issue a qualified "except for" opinion based upon the accuracy of the A&E data.
Local Indicator	Our sample testing of the local indicator not subject to our limited assurance opinion, Summary Hospital-level Mortality Indicator (SHMI), has identified three data quality errors out of 25 cases tested. This does not affect our limited assurance opinion, but we report the data accuracy errors in this report to Governors.

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2. SCOPE OF WORK AND CONTENT OF QUALITY REPORT

Scope of work

NHS Improvement's NHS Foundation Trust Annual Reporting Manual (ARM) sets out the Trust's responsibilities in respect of the Quality Report. The ARM and accompanying guidance issued by NHS Improvement sets out our responsibilities, which are to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the ARM;

- the Quality Report is not consistent in all material respects with the sources specified in the ARM; and

- the mandated indicators subject to our limited assurance opinion in the Quality Report are not reasonably stated in all material respects in accordance with the ARM and the six dimensions of data quality set out in the Detailed Guidance for External Assurance on Quality Reports.

We have met these responsibilities by:

- reviewing the content of the Quality Report to consider whether it has been prepared in line with the requirements set out in the ARM and whether it is consistent with the other information sources as set out in that guidance;

- substantively sample testing the performance indicators mandated by NHS Improvement to consider whether they are reasonably stated in all material respects in line with the requirements set out in the ARM; and

- substantively testing another indicator from the quality report selected by Governors (local indicator).

Content of Quality Report

We have reviewed a draft version of the Trust's Quality Report:

- against the requirements in the ARM and other information specified by NHS Improvement; and

- considered the NHSI detailed requirements for external assurance for quality reports 2018/19 document.

We have not identified any matters to report from this work. We identified a small number of disclosure omissions which management agreed to include in the Quality Report.

Status of our work

At the time of writing this report our work is substantially complete, subject to our usual final closure processes.

We expect to conclude that we have not identified anything to cause us to believe that the Quality Report is not:

- prepared in line with the criteria in NHS Improvement's ARM; and

- consistent with the other information specified by NHS Improvement.

We have identified data quality errors in the two mandated indicators and the locally chosen indicator. Details are set out in the pages overleaf.

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3. MANDATORY PERFORMANCE INDICATORS SUBJECT TO LIMITED ASSURANCE OPINION

As detailed below we have identified matters which mean we are unable to conclude that the two mandatory indicators chosen by NHS Improvement for a limited assurance review are reasonably stated.

Please note that the extent of the procedures performed is designed to give limited assurance and does not extend to the population as a whole. As such, the nature of the procedures may be different and less challenging than those used for a reasonable assurance engagement. Our work is not a reasonable assurance engagement of either the performance indicators or the processes used to collate and report them.

Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge

Review of the system

No issues were identified in respect of the overall design of the system or the Trust's controls for this indicator.

Results of testing

We tested an initial sample of 25 cases selected on a pro-rata basis across John Radcliffe Hospital (19 cases) and Horton General Hospital (6 cases); 22 cases where the patient was seen within the target time and 3 breaches i.e. where the patient was not seen within 4 hours. Patients had a range of outcomes including admission, transfer or discharge.

Each case was tested to ensure the A&E start and end time was appropriate and consistent with supporting evidence and to confirm that the stop time was compliant with rules and guidance. The time recorded as the A&E wait was also re-calculated to check for accuracy together with the validity of the patient being an A&E attender.

The following data quality errors were noted:

- One case where the clock stop time used to calculate the indicator was understated, resulting in the incorrect classification as non-breach. This has been attributed by management to human error and not a systemic error within the A&E data

- One case where the wait time was recorded as 26 days and a breach, which was inaccurate as the patient died on the day of arrival at A&E. This would not have impacted the reported indicator as the four hours was breached

- One case where the clock start and clock stop time was recorded as 0:00 hours (no breach). This patient was confirmed as a ophthalmology emergency and seen immediately but the accurate clock start and clock stop time were not reported for the purposes of the indicator. This would not have impacted the reported indicator

The Trust is reporting 87% compliance with the 4 hour wait. The national target is 95%.The reported indicator has been agreed to the underlying Trust information system.

Findings and conclusions

Based on the sample testing undertaken, we propose to give a qualified audit opinion due to four data accuracy errors (from three cases) within the sample tested (12% error rate).

3. MANDATORY PERFORMANCE INDICATORS SUBJECT TO LIMITED ASSURANCE OPINION

Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers

Review of the system

No issues were identified in respect of the design of the system or the Trust's controls for this indicator.

Results of testing

We tested an initial sample of 25 cases, comprising 18 non-breach and 7 breach cases selected from the Infoflex data population used to compile the indicator. Each case was tested to confirm the clock start date (the patient referral date), and that the clock stop end date (date pathway closed) was within 62 days and classified correctly against the target. The patient's records often contain copies of appointment and referral letters and closure details to allow confirmation of the correct start and end dates. We were also able to verify dates to the Electronic Referral System (ERS) where appropriate as this is an online booking system accessed directly by GPs and patients. Where this was not the case we obtained further evidence to support the audit. We also tested that the patients were valid cancer referrals for inclusion in the indicator.

We also verified that the patients were valid cancer pathway patients and that the wait time in days was calculated correctly.

We were able to verify the data accuracy for 24 of the 25 cases sampled. There was one case recorded as a breach where the clock start referral date recorded could not be fully agreed to the underlying GP referral letter, but there was evidence that the case could only be classified as a breach and therefore no error in the reported breach flag.

Based on the sample of cases reviewed, non-breach and breach cases were correctly disclosed and no errors were identified.

The Trust's draft Quality Report is reporting performance of 72.29% against a target of 85% for this indicator. The reported indicator has been agreed to the underlying Trust information system.

Findings and conclusions

Based on the sample testing undertaken, we propose to give an unqualified audit opinion on the reported cancer 62 day wait performance indicator.

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4.   OTHER INDICATORS NOT SUBJECT TO LIMITED ASSURANCE OPINION

We have identified matters to suggest that the indicator selected by Governors for review is not reasonably stated. Our testing does not extend to the population as a whole.

NHS Improvement require NHS foundation trusts to also get assurance through substantive sample testing over one local indicator included in the quality report. The foundation trust's external auditors are required to do the work but they are not expected to provide a limited assurance report over this indicator. The local indicator is determined by the governors of the NHS foundation trust.

The findings on the locally selected indicator are shown below.

Summary Hospital-level Mortality Indicator (SHMI)

Review of the system

The design of the system and the Trust's controls for this indicator were reviewed and considered satisfactory, other than where the patient banner was updated to overwrite the date of death by administrative staff who subsequently updated the patient record in the three error cases identified below.

Results of testing

The SHMI is published 4 months in arrears. For the 2018/19 Quality Account, the Trust is reporting up to the February 2019 publication (that is, for the data period October 2017 to September 2018) as the most recent available data.

The purpose of the work is to check that the underlying data used in the calculation of the indicator is based on, and supported by, information fields completed within the Trust. We have reviewed the eight information fields identified in the guidance for review of this indicator. We note that this is not a coding audit and, therefore, for disclosure of the primary diagnosis and secondary diagnosis we have reviewed the process for the production of the data and, on this basis, whether the coding structure is subject to review prior to submission as part of the overall Trust procedures to ensure this is acceptable. We have then assessed the data based on the accuracy, completeness, validity, reliability, timeliness and relevance of the data in supporting the SHMI.

We tested an initial sample of 25 cases, agreed back to discharge summaries and/or operation and other supporting notes and, for patients who died in hospital, the death certificate. Based on the sample of cases reviewed, the indicator was correctly disclosed and no errors were identified.

Audit testing identified three cases where the date of death submitted to NHS Digital to compile the indicator was one day later than the actual date of death. Management have advised that this has arisen due to administrative staff updating the patient record the day after the death occurred and the system defaulting the date of death to the date that the file was updated.

The latest SHMI, published on 14th February 2019, for the data period October 2017 to September 2018, is 0.92. This value is banded 'as expected' using NHS Digital 95% confidence intervals.

The reported indicator has been agreed to the latest NHS Digital data download.

Findings and conclusions

Based on the sample testing undertaken, we have identified three errors (12% error rate) in recording the date of death but due to the algorithm used by NHS Digital to compile the indicator we are unable to conclude whether or not this error would impact the reported SHMI score.

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5. CONTROL WEAKNESSES AND OTHER MATTERS TO REPORT

During our work we noted some weaknesses in control and other matters which should be reported. These are detailed in the following table:

Recommendations
Recommendation 1: A&E 4 hour wait Review the inconsistency between the timings of ward admission (discharge from A&E clock stop time) on the patient record and the data used to record the clock stop for the purpose of reporting A&E performance data to understand and rectify data inaccuracy. Priority: High Management Response: The data accuracy has been incorporated as a key programme of work in the Urgent care section of the Trusts Integrated performance Programme for 2019/20, which has the executive sponsor, Sam Foster, Chief Nurse Recommendation 2: Ensure that ophthalmology A&E attendances clock start and clock stops are recorded consistently with other A&E attenders. Priority: Medium Management Response: We will introduce in year audits to ensure that we are compliant with the tracking of the 4 hour standard using current methodology. We will also work up a plan to see that Ophthalmology is recorded on our Firstnet system in line with other Emergency department tracing. Recommendation 3: SHMI Introduce controls to prevent overwriting of the date of death on the patient banner. Priority: High Management Response: *To be confirmed*

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APPENDIX – DRAFT LIMITED ASSURANCE REPORT

Independent auditor's report to the Council of Governors of Oxford University Hospitals NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of Oxford University Hospitals NHS Foundation Trust to perform an independent assurance engagement in respect of Oxford University Hospitals NHS Foundation Trust's Quality Report for the year ended 31 March 2019 (the "Quality Report") and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge; and

- maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers.

We refer to these national priority indicators collectively as the "indicators".

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance;

- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's Detailed Requirements for External Assurance for Quality Reports 2018/19; and

- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and supporting guidance and the six dimensions of data quality set out in the Detailed Requirements for External Assurance on Quality Reports.

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period April 2018 to May 2019;

- Papers relating to quality reported to the Board over the period April 2018 to May 2019;

- Feedback from Commissioners, dated [XXX] 2019 (Oxfordshire Clinical Commissioning Group), dated [XXX] (NHS England Specialised Commissioning);

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- Feedback sought from governors, dated [XXXX[2019;

- Feedback from local Healthwatch organisations, dated [XXXX[2019;

- Feedback from Overview and Scrutiny Committee, dated [XXXX] 2019;

- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated September 2019;

- The (latest) national and local patient survey dated June 2018 and March 2019 respectively;

- The (latest) national and local staff survey September to November 2018;

- Care Quality Commission inspection, dated [XXXXX];

- The Head of Internal Audit's annual opinion over the trust's control environment, dated 17 April 2019;

- CQC inspection reports dated January 2019 (System-wide review, Well Led inspection, Maternity inspection, and the Oxford Centre for Enablement inspection.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively the "documents"). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Oxford University Hospitals NHS Foundation Trust as a body, in reporting Oxford University Hospitals NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019, to enable the Council of Governors to demonstrate that it has discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Oxford University Hospitals NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;

- making enquiries of management;

- testing key management controls;

- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;

- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and

- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

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APPENDIX – DRAFT LIMITED ASSURANCE REPORT (CONT)

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the Quality Report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance.

The scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Oxford University Hospitals NHS Foundation Trust.

Basis for modified conclusion

We identified errors in our detailed testing:

- percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge; We identified three A&E attendances which contained data quality accuracy errors from a sample of 25 regarding admission times and departure time. One of these errors resulted in the patient being misclassified as a non-breach...

As a result of these issues, we are unable to confirm that the above indicator included in the Quality Report for the year ended 31 March 2019 has been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and six dimensions of data quality set out in the Guidance.

Conclusion

Based on the results of our procedures, except for the effects of the matters described in the 'Basis for modified conclusion' section above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance;

- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's Detailed Requirements for External Assurance for Quality Reports 2018/19; and

- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and supporting guidance.

Signed:

Gareth Davies
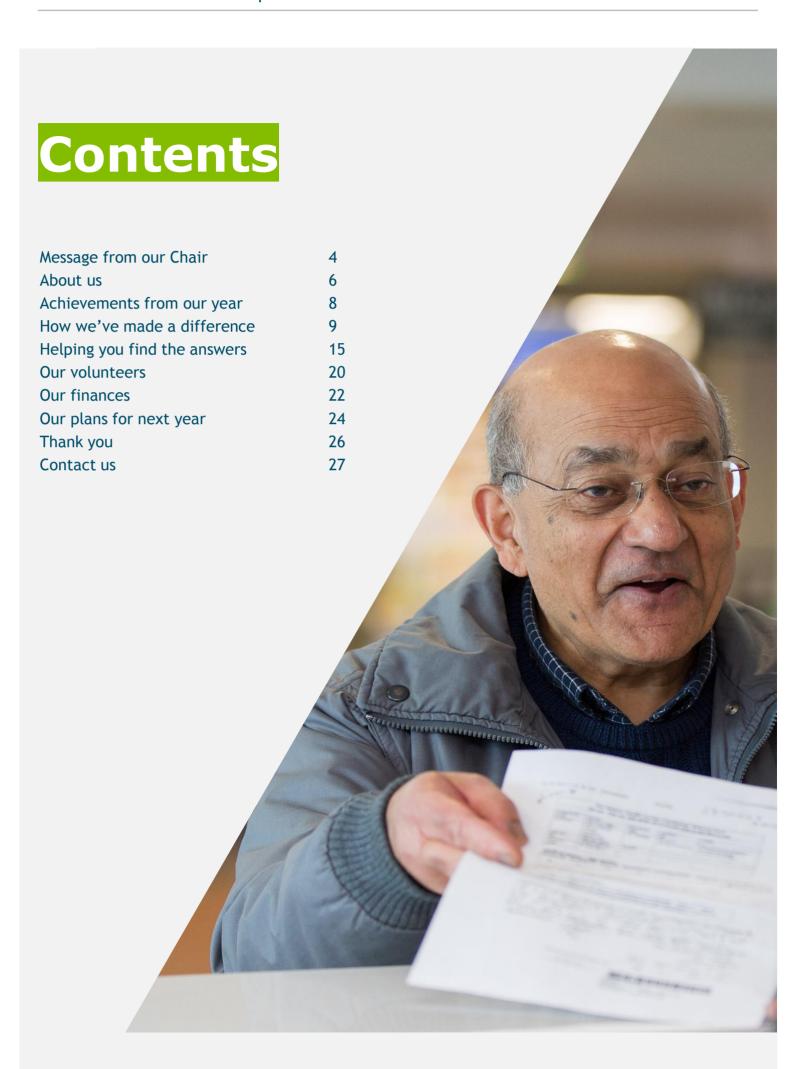Partner, for and on behalf of Mazars LLP

Date: 22 May 2019

Chartered Accountants and Statutory Auditor
Tower Bridge House
St Katharine's Way
London
E1W 1DD

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Healthwatch Oxfordshire

Annual Report 2018-19

Contents

Message from our Chair

Professor George Smith FRS outlines some of the main achievements of Healthwatch Oxfordshire during 2018/19

Welcome to the 2018-19 annual report of Healthwatch Oxfordshire. We are the official 'watchdog' body for oversight of all health and social care provision in the county. We gather information from individuals and voluntary organisations, we carry out research and investigations, and we make recommendations about how services can, and should, be improved.

We also have statutory powers. The local health and social care authorities must respond to matters that we raise with them, and if we are not satisfied with their response, we can escalate our concerns to national level.
We have had a busy and successful year.

Our new website, which contains a feedback centre enabling everyone in the county to record their experiences of health and social care provision, has already received more than a thousand postings. These cover the services provided by GPs, pharmacies and care homes throughout the county, as well as every department of all hospitals.

Feedback in this way provides a rapid means of identifying the best and worst of service provision, and is a key factor in driving improvement. Please make maximum use of it!

Reports and investigations carried out this year include in-depth studies of community service provision in Banbury and Wantage, and in the OX4 postcode zone of Oxford city (mainly the Greater Leys, Rose Hill, Temple Cowley and Littlemore areas), a detailed study of the need for improved dental provision in the county; a review of the restructured day centre provision, following funding cuts the previous year; and a major probe into the widely-publicised failings of the (recently-outsourced) musculo-skeletal physiotherapy service.
(Continues next page)

'Feedback in this way provides a rapid means of identifying the best and worst of service provision'

(From previous page)
We have been gratified to see significant improvements made in several areas, in response to our reports and recommendations, and we will continue to follow up on these.

In the coming year, we intend to focus especially on mental health provision, and on the need for improvements in social care.

We will also be working hard to improve the links between the very active and vibrant voluntary sector in Oxfordshire and the statutory authorities for health and social care. There is much to be done to improve

communication and partnership working, which is likely to become more and more important as demand for services increasingly exceeds supply.

We will also be keeping a very close eye on the latest round of re-organisation of the state health care system, seeking to ensure that the changes which are made are not purely administrative, but offer real benefits to real people. Your support and encouragement in this work are greatly appreciated.

Prof George Smith FRS
Healthwatch Oxfordshire Chair

Changes you want to see

Last year we heard from more than 4,000 people who told us about their experience of a number of different areas of health and social care. Here are some examples of the changes that you want to see.
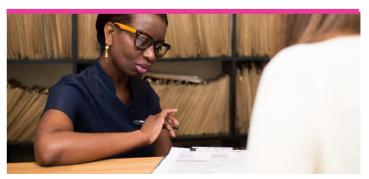

+ Make it easier to see a doctor or nurse quickly

+ Healthcare professionals should have a positive attitude and be empathetic

+ Staff should take the time to speak to people about what to expect next

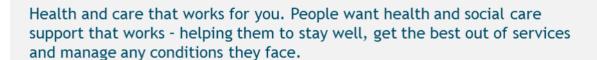+ Services should provide information so that people can make informed decisions about their care

About us

Healthwatch is here to make care better

We are the independent champion for people using local health and social care services. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make care better for people.

Our vision is simple

Health and care that works for you. People want health and social care support that works – helping them to stay well, get the best out of services and manage any conditions they face.

Our purpose

To find out what matters to you and to help make sure your views shape the support you need.

Our approach

People's views come first – especially those that find it hardest to be heard. We champion what matters to you and work with others to find solutions. We are independent and committed to making the biggest difference to you.

People are at the heart of everything we do

We play an important role bringing communities and services together. Everything we do is shaped by what people tell us. Our staff and volunteers identify what matters most to people by:

+ Visiting services to see how they work
+ Running surveys and focus groups
+ Going out in the community and working with other organisations

Our main job is to raise people's concerns with health and care decision-makers so that they can improve support across the country. The evidence we gather also helps us recommend how policy and practice can change for the better.

Achievements of our year

Find out how we have researched, engaged and represented the public's views and experiences in 2018-19

4,279 people shared their health and social care story with us.

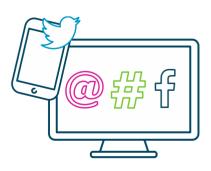We have **12** volunteers including Board members helping to carry out our work.

25,198 people accessed Healthwatch advice and information online or contacted us with questions about local support.
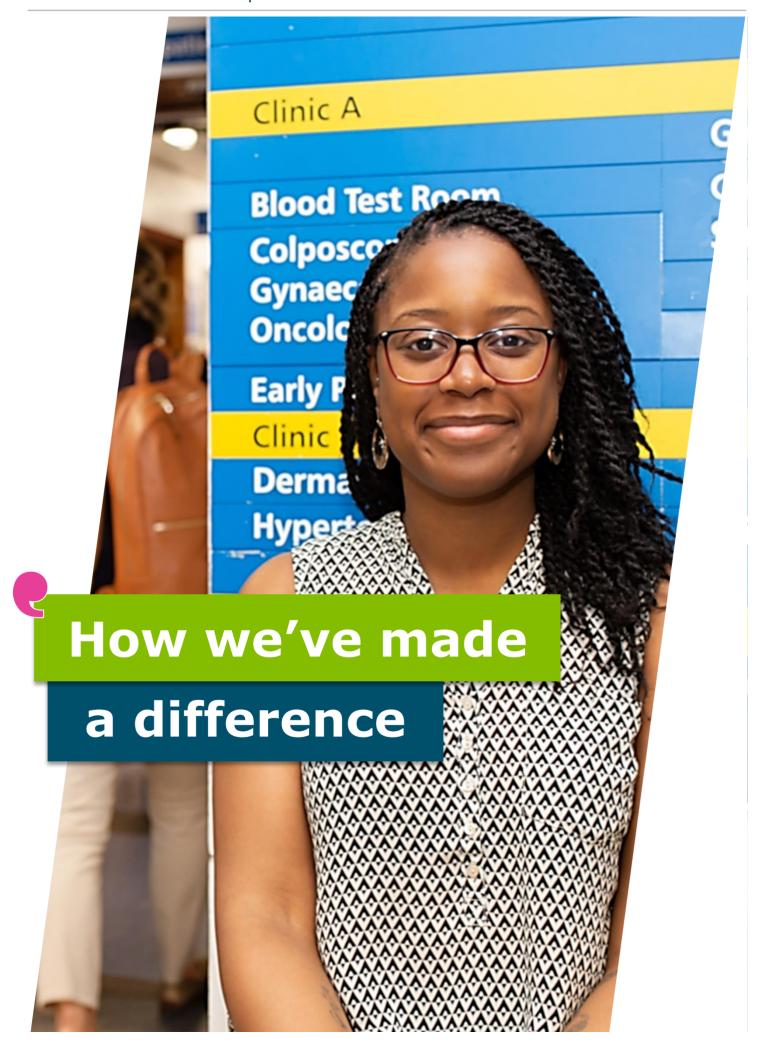

We visited **124** services and community events to understand people's experiences of care.

13 improvements to health and care services were made as a result or in part because of our contribution.

114,900 people engaged with us through social media.

How we've made
a difference

Dentistry and care homes – our findings

Residents in Oxfordshire's care homes need better access to dentistry services

- Our research found that care home residents face a number of hurdles in obtaining access to a dentist, including:
- a lack of NHS dentists visiting care homes,
- poor physical access at some dental surgeries,
- lack of transport and staff to take residents to the dentist, and
- a feeling by some care home managers that some dentists are unwilling or unhappy to treat patients with dementia or a learning disability.

As a result of the findings, Healthwatch Oxfordshire brought together representatives from NHS England, Oxfordshire County Council, Community Dentistry, care home providers, and Oxfordshire Clinical Commissioning Group to

discuss how they could work together to improve access to dentists for people living in care homes. One result has been the improved promotion of the Time to Smile service in Oxfordshire care homes, together with promotion of the use of the oral assessment tool by staff.

The full report can be accessed at Healthwatch Oxfordshire's website at https://bit.ly/2WDOSyl

Filling the gaps – the bigger picture across the county…

In a separate piece of work, Healthwatch Oxfordshire looked at the wider provision of dental care in the county. We found that people in Oxfordshire are finding it increasingly difficult to find an NHS dentist. In some areas of the county, notably Bicester, Wantage, Faringdon and

People in Oxfordshire are finding it increasingly difficult to find an NHS dentist

Abingdon, people were worried that the number of NHS dentists was not keeping up with housing expansion.

In the report, 'Filling the Gaps; access to NHS dentistry in Oxfordshire', one patient said they had moved to the area and had been trying to register with an NHS dentist for 12 months.

Others found physical access difficult, especially patients with physical disabilities or without their own transport.

Healthwatch Oxfordshire also learned that many patients found information about dentistry confusing and unclear, especially with regard to cost.

Where people did access dentistry, most people found the standard of treatment to be very good.

NHS England has subsequently opened a new dental surgery Bicester.

Read the report at https://bit.ly/2K1S3da

Championing diversity and inclusion

In 2018 Healthwatch Oxfordshire Project Fund gave funding and ongoing project support to Oxford-based community football group East Oxford United.

The project leaders, Hassan Sabrie and Nigel Carter of East Oxford United, explored barriers that men from black and ethnic minority backgrounds face in looking after their health and accessing NHS Health Checks.

With support from Healthwatch Oxfordshire to collaborate on the design of a questionnaire and carry out the research, they reached more than 300 men from across east Oxford. Building on local networks and the energy of community volunteers, they were able to reach men in mosques, local shops, taxi and bus companies, and workplaces.

Men are keen to have more tailor-made, targeted information about a range of health issues, including diabetes, heart disease, mental ill health among other issues.

The work culminated in a Men's Health football tournament, with teams from more than 22 different nationalities at the Oxford Eid Extravaganza. This enabled them to give out 'Man Manuals' and other information about men's health, distribute questionnaires and raise awareness linking to national Men's Health Week.

Mujahid Hamidi and Hassan Sabrie presented the report to the Health Improvement Board of the Oxfordshire Health & Wellbeing Board

The study found that:
• While men generally knew about messages for living healthily, there were barriers to this and gaps in understanding about the free health checks available from the NHS.
• Factors preventing men from accessing NHS health checks included shift work, long working hours, and family constraints.
• Involving communities and working with local networks was key to understanding barriers to health and finding solutions.
• Men tended to use the GP as a source of information on health, closely followed by the internet, friends and family.

• Men were keen to have more tailor-made, targeted information about a range of health issues, including diabetes, mental ill health among other heart disease issues.

East Oxford United and Healthwatch Oxfordshire presented the report to the Oxfordshire Health Improvement Board and to the Oxfordshire Health and Wellbeing Board to give insight to public health officials into barriers to NHS checks.

(Continued on next page)

Left: a still from the Men's Health video

Championing diversity and inclusion, (continued)

Hassan Sabrie, coach of East Oxford United, said: "As a diverse multi-ethnic community group, East Oxford United initiated the Men's Health Project with Healthwatch Oxfordshire. We did this to highlight how community-centred, participatory approaches involving marginalised and disadvantaged groups can help to address health inequalities.

"The successful Men's Health Football Tournament delivered by the Men's Health project as part of Oxford's 2018 Eid Extravaganza, engaged over 5,000 people. It showed how communities themselves can be involved in reaching out to deliver key health messages."

Useful links
Men's Health video:
https://bit.ly/2V3PNag

Men's Health report:
https://bit.ly/2HT069U

Participants in the football tournament

The film was jointly funded by NHS England's Sharing and Celebrating Patient and Public Involvement in Healthcare Community Grant and Healthwatch Oxfordshire.

The report and film have been welcomed and used as a showcase for good practice in how the energy of community networks can be harnessed to capture people's views about how local services can be improved.

Rosalind Pearce, Executive Director of Healthwatch Oxfordshire, said: "This report shows that while men, in general, are aware of the importance of living a healthy lifestyle, and do take steps such as taking exercise and thinking about their diet.

"However, it shows that more could be done to make it easier for men to access free NHS health checks and information, and address other barriers to good health such as concerns about money, secure housing, cost of healthy food, exercise, and general life concerns."

A short film was made on Men's Health in Oxford, showing how Healthwatch Oxfordshire and East Oxford United worked together to reach men through community networks. Video can be a fantastic way of communicating good practice and getting voices heard.

The film was launched by East Oxford United and Healthwatch Oxfordshire to an audience of more than 50 people at the Oxfordshire Health Inequalities Commission Good Practice event, and a shorter social media clip will be shared via the men's networks to highlight the importance of looking after your health.

Oxfordshire County Council public health practitioner Stephen Pinel commented: "The Oxfordshire County Council's Public Health team welcomed the recent Men's Health report from Healthwatch. It was reassuring to see that the majority of men want to receive information on health and how to take care of themselves from their GP, where the NHS Health Check is currently provided. "On the whole the NHS Health Check Programme does perform well in Oxfordshire. However, this report highlights that there is room for improvement. The report complements the findings of a recent Health Equity Audit of the programme that also highlighted that after receiving the NHS Health Check offer, men are less likely to take up the offer. This is important because men experience higher than average rates of cardiovascular disease, and therefore stand to benefit most from the NHS Health Check.

"The council would now like to build on the Healthwatch report by designing and conducting a piece of behaviourally-informed qualitative research to gain full insights into drivers behind why men are less likely to take up the NHS Health Check offer."

Review of daytime support services

Healthwatch Oxfordshire published the findings of a major survey undertaken among users of daytime support services for adults in Oxfordshire.

You can read it at https://bit.ly/2MtEt47

Oxfordshire County Council's Adult Social Care department asked the health and social care watchdog to undertake an independent review of the services after major changes in how they were delivered in October 2017.

The county council's Health and Wellbeing Centres and Learning Disability Daytime Support Services were replaced with a new Community Support Service as planned, securing the services for the future.

The services provide daytime support for both older people and those with learning disabilities.

A picture by a Daytime Support Service user

Healthwatch Oxfordshire made a number of recommendations, including a suggestion that the county council reviews its approach to major changes to services that were accepted. Other recommendations referred to:

- communications with service users and their carers;
- communication throughout all levels of the system affected;
- the impact of service changes on carers should be addressed through the change process.

The Project Fund

2018 saw another round of Healthwatch Oxfordshire Project Fund grants. This offered ongoing support and funding to enable local groups to carry out small scale focused research and explore issues important to them. This proved a positive way of linking into local communities, building on local networks across the county.

All reports were highlighted in a chapter on local evidence in the Oxfordshire Joint Strategic Needs Assessment 2019.
We supported five groups:

Rose Hill Primary School Healthy Eating Consultation 2018: The research highlighted involvement and voice of parents, teachers and school children in exploring barriers and opportunities for healthy food in school.

Be Free Young Carers: explored levels of support to young carers in the city of Oxford.
Oxford Citizens Advice - Barriers to health and social care services faced by people on low incomes in Oxford. 206 clients from CAB Oxford responded to a questionnaire, and highlighted some of the barriers faced by this group to accessing health and social care.

East Oxford United; see pages 11 and 12.

Oxford Community Aqua: carried out research into acceptability of peer-led therapeutic exercise classes, including water-based activity, for people with muscular skeletal conditions.

Right: a music session organised by Be Free Young Carers

Improving health and social care: case study – Healthshare

Healthwatch Oxfordshire secured pledges from the county's provider of community physiotherapy to make improvements to the service following complaints from patients.

Healthshare Ltd., which was given the contract to provide community musculoskeletal services last year, has accepted the recommendations made by the county's independent health and social care watchdog.

Healthwatch Oxfordshire reported to the county's Health Oversight & Scrutiny Committee (HOSC), in response to increasing concerns about the service provided by Healthshare.

The report was based on patients' experiences, and made seven recommendations, including:

- Improving the service provided to people trying to contact Healthshare by telephone

- Increasing the number of locations where services are available

- Putting in place a clear complaints procedure

- Ensuring patients are sent a confirmation letter within 24 hours of an appointment being made, with clear contact details should they need to change.

In response to Healthwatch Oxfordshire's report, both Healthshare and the Oxfordshire Clinical Commissioning Group, the body responsible for 'buying' health services in the county, accepted the recommendations and agreed to act upon them. The report was subsequently endorsed by a HOSC Task-and-Finish Group.

Rosalind Pearce, Executive Director of Healthwatch Oxfordshire, said: "We are very grateful to all of those patients who took the time to tell us their experiences.

"As a result, we have suggested a number of ways in which the service could be improved.

"We will be monitoring the situation closely, and in particular, we would hope for a clear timetable, with a deadline, on when the problems with communication are going to be resolved."
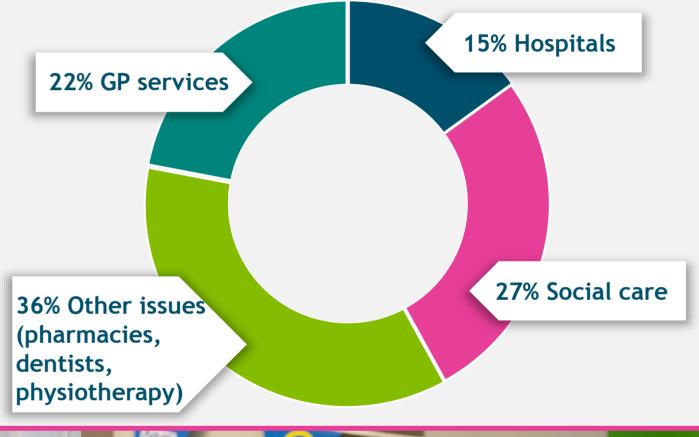
You can read Healthwatch Oxfordshire's report and the responses to it at https://bit.ly/2WDOSyl

Helping you find the answers

What services do people want to know about?

People don't always know how to get the information they need to make decisions about their own health and care. Healthwatch plays an important role in providing advice and pointing people in the right direction for the support they need.

Here are the most common services that people ask us about:

15% Hospitals

22% GP services

27% Social care

36% Other issues (pharmacies, dentists, physiotherapy)

How we provide people with advice and information – working with Patient Participation Groups

In January 2019 Healthwatch Oxfordshire held two Patient Participation Group (PPG) Forums. Both forums were well attended, with 106 delegates representing all six localities, PPG and practice representatives from 34 practices and nine health-focused agencies.

The aim of the Forum was to hear how patients benefit from Patient Participation Groups (PPGs) was working well with their GP practices, and to learn from others what had been achieved at different surgeries. This was also an opportunity to establish new and stronger partnerships across the surgeries.

Generally made up of a group of volunteer patients, the practice manager and one or more of the GPs from the practice, patient participation groups meet on a regular basis to discuss the services on offer, and how improvements can be made for the benefit of patients and the practice.

Presentations were made by local GPs, who spoke about the Changing Face of Primary Care. Patient Participation Groups talked about using social media, how their practice used leaflets designed and produced by the Patient Participation Group in an easy-to-understand format, and the Woodlands Medical Practice Manager and PPG Secretary described how they worked in partnership - entitled Practice and Patients working in Partnership.

A Locality Forum Chair explained the role of the forum in bringing the patient voice into commissioning through the relationship with PPGs

and Oxfordshire Clinical Commissioning Group. Following discussions in small groups common themes emerged including:

- Overall PPGs found it hard to reach different groups of patients.
- Wanting to hear more about how to reach younger patients.
- More opportunities to share practices and work together to develop the groups.
- Closer working together between patient groups, practice managers and GPs.

While working together on the day, Patient Participation Group representatives from three practices in the North East locality set a date to have a joint meeting.

The outcome of these discussions will form part of the programmes for future forums in 2019

So, what next?

Healthwatch Oxfordshire is committed to run two more PPG Forums in spring and autumn of 2019. These will focus on working together and the new Primary Care Partnerships. We continue to develop our PPG resource and information page on our website. This work is part of our ongoing contract with Oxfordshire Clinical Commissioning Group to provide support to PPGs and Locality Forums.

Next steps

Enter and View: vital visits to hear your voice

Enter and View is a visit to a healthcare setting that lasts approximately three to four hours which allows us to make observations of the environment and staff / patient interactions as well as talk with service users, staff and relatives.

Under the Local Government and Public Involvement in Health Act 2007, providers of health and care have a duty to allow access to Healthwatch Authorised Representatives to carry out Enter and View activities.

Enter and View visits allow us to get a snapshot of life within a healthcare setting and allow us to offer a fresh pair of eyes to the provider.

We can provide recommendations and highlight areas of good practice.

We carried out Enter and View visits to 10 different healthcare providers across Oxfordshire in 2018/2019.
These included visits to seven care homes, the SOS bus run by South Central Ambulance Service, the Urgent Care Centre at john Radcliffe Accident and Emergency and one GP Practice.

This leaflet is sent to services before we carry out out our visits

Our recommendations resulted in the following outcomes:
- The implementation of a staff buddy system
- Revamped care home activity programme
- The replacement of carpets within care homes
- The provision of additional staff assistance during mealtimes at care homes
- The establishment of a new resident menu committee
- The recruitment of a care home mini bus driver
- Additional staff training on a range of subjects
- Introducing a system to record all contacts made/signposted to demonstrate broader effectiveness of service
- Production and distribution of a patient information leaflet

Could you be a Healthwatch Oxfordshire Trustee?

Are you feeling inspired? We are always on the lookout for more Trustees. If you are interested in joining our Board, get in touch.
w: www.healthwatch.co.uk
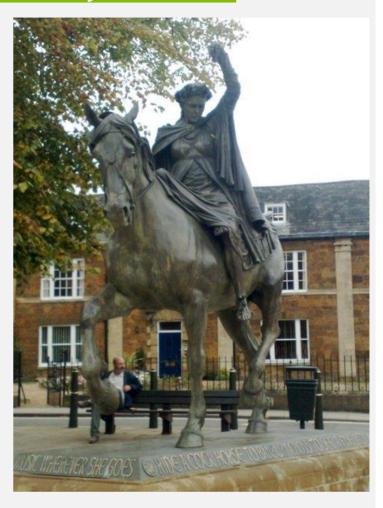
Tel 01865 520 520

e: hello@healthwatchoxfordshire.co.uk

Banbury Voices – what you told us about your services

In October and November 2018, Healthwatch Oxfordshire turned its focus on Banbury. Through this approach, we were continuing to create a geographical snapshot of people's experiences of using health and social care services in different areas across the county.

Healthwatch Oxfordshire focused hearing from those seldom-heard communities, whose voices may not always have been heard and who may not always give us their feedback on services via the internet or at public events.

We used the Health and Wellbeing profile of Banbury to guide where we should target our activities within the town. We were keen to hear from Banbury's diverse communities as it has a higher than average percentage of ethnic minority population of people from Pakistan (4.4% rather than the England average of 2%) and from the newer EU states (such as Bulgaria and Romania) (4.6% rather than the England average of 2%).

Previous towns we have focused on include Witney, Bicester, OX4 (parts of Oxford) and Wantage.

Key themes

- Young people's dissatisfaction with Child and Adolescent Mental Health Services (CAMHS), specifically long waits for initial appointments, cancelled appointments, and lack of continuity of care.
- The barriers in using health services when patients' first language is not English and not feeling listened to.
- Returning to 'home countries' to pay for treatment.
- Appreciation of NHS staff.
- Long waiting times for GP appointments (three to four weeks).
- Difficulties in travelling from Banbury to Oxford for medical services.
- Fears about the future of the Horton General Hospital.
- The challenges of living in Banbury and using maternity services in Oxford.

Immediate actions

Sharing of people's experiences
Healthwatch Oxfordshire has shared this report with the relevant commissioners and service providers including Oxfordshire Clinical Commissioning Group, Oxford University Hospitals NHS Foundation Trust, Oxfordshire County Council, and Oxford Health NHS Foundation Trust.

Healthwatch Oxfordshire focused hearing from those communities' seldom-heard, whose voices may not always have been heard and who may not always give us their feedback on services via the internet or at public events.

Our volunteers

"I wanted to do something that would keep me occupied but had a meaningful purpose. Healthcare had been an important part of my life before my wife passed away in 2016. I have a background in operations that makes me ideally suited to help the permanent staff in performing their tasks dealing with the public.

"I can help at different events, which frees up members of the Healthwatch Oxfordshire team to carry out other work." Brian, volunteer

How do our volunteers help us?

At Healthwatch Oxfordshire, we could not make all of these improvements without the support of the volunteers who work with us to help make care better for their communities.

- Raising awareness of the work we do in the community
- Visiting services to make sure they are meeting people's needs
- Supporting our day-to-day running, e.g. governance
- Collecting people's views and experiences which we use in our reports

Volunteers form a vital part of the Healthwatch Oxfordshire team

At Healthwatch Oxfordshire we are incredibly fortunate to be supported by a dedicated and hard-working team of volunteers who take on a range of roles and responsibilities.
We would like to say a big thank you to the Board members who have guided and supported our work over the last year and are very sad to be saying goodbye to Dave Butterworth and Ian Keeley.
Our Volunteer Ambassadors play a vital role in representing Healthwatch at both the Health Improvement Board meetings and Children's Trust Board.
The Health Improvement Board focuses on effective partnership working across Oxfordshire to meet people's health and social care needs. The Children's Trust, like the Health Improvement Board, is part of the Health and Wellbeing Board and brings together the public, private and voluntary sectors to improve outcomes for all children and young people who live in the county.
Our volunteers also support us to carry out key outreach work as well as important Enter and View visits. As a small team we simply could not achieve all that we do without them.

Meet some of our volunteers...

Sylvia

Sitting on the Children's Trust Board has enabled me to ask specific questions regarding some vulnerable children schooled in Oxfordshire and have meetings with specific members of the county council.
I hope this will have made a positive difference to this vulnerable group. It has also enabled me to question OFSTED reports again related in the main to children with SEND (special educational needs and disability).

Carolyn

Being a volunteer with Healthwatch Oxfordshire allows me to further my lifelong interest in high quality ways to meet the needs of children, families and adults. As an Enter and View volunteer I hope I am able to contribute to people getting their voices heard. I enjoy meeting the residents and people who use the services, and the staff involved in their care, and hearing about their lives and work.
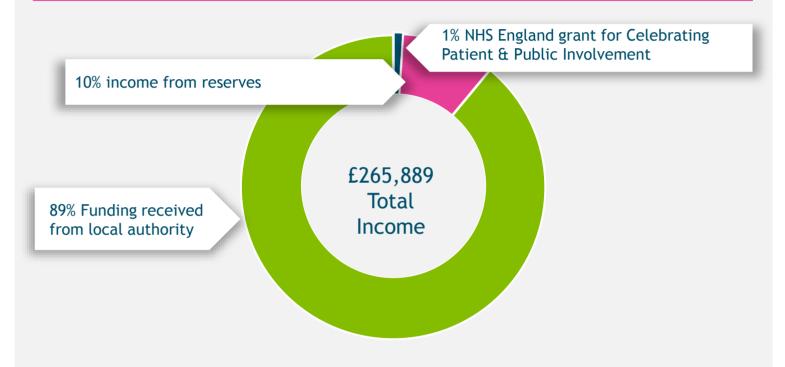Being a volunteer contributes so much towards my ongoing learning. I am able to use and develop skills from my working life, especially in conversational interview techniques, and I learn so much from the people with whom I have these conversations. I like to think I am making a small difference to the lives of the people I meet.

Our finances

How we use our money

To help us carry out our work we are funded by our local authority, Oxfordshire County Council. In 2018-19 we received £235,948 from them, and a community grant from NHS England.
In 2018/19 we spent £265,889 delivering our core Healthwatch activity.

1% NHS England grant for Celebrating Patient & Public Involvement

10% income from reserves

£265,889 Total Income

89% Funding received from local authority

4% How much it costs to run our Healthwatch (office costs)

18% Our operational costs

£265,889 Total expenditure

78% How much we pay our staff

Our plans for
next year

Message from our Executive Director

Rosalind Pearce reflects on the past year – and looks ahead to our future plans.

Another very busy and productive year!

I believe that this report goes a long way to showing how hard the team works to listen to people's experience of health and social care services, which is then followed up with more focused research to inform and influence the service providers and commissioners.

A big thank you from me to everyone involved – staff, volunteers, and those we have heard from. Without them, services would not be improved or praised by our actions.

2018-19 was a big year for Healthwatch Oxfordshire, as we successfully negotiated with the county council for renewal of our grant to continue to deliver the Healthwatch functions in the county.

This gives us the confidence to continue to consolidate our presence and develop our approaches to listening to the population of Oxfordshire.

In 2019/20, mental health is the theme to our listening activities. We have heard much about people's experiences of mental health services over the past few years – we want to know more.

We will work with, and through, existing partnerships and organisations. We will use our enter-and-view powers to hear from service-users in NHS and voluntary sector settings.

Other plans include listening to families of serving military personnel and visiting schools to hear from pupils.

We will continue to:

- focus on hearing from those communities that are seldom heard;
- listen to and give voice and opportunity to the voluntary sector;
- work with neighbouring Healthwatch organisations where populations access services across boundaries.

'We have heard much about people's experiences of mental health services over the past few years – we want to know more.'

Rosalind Pearce
Healthwatch Oxfordshire Executive Director

Thank you

Thank you to everyone who is helping us put people at the heart of health and social care, including:

+ Members of the public who shared their views and experience with us

+ All of our amazing staff and volunteers
+ The voluntary organisations that have contributed to our work
+ Our Board members
+ The providers and commissioners of health and social care in the county.

Meet the team

**Rosalind Pearce
Executive Director**

**Carol Ball
Business Manager.**

**Richard Maynard
Communications
Manager**

**Jeanne Humber
Community
Involvement Officer.
Outreach**

**Veronica Barry
Community
Involvement Officer.
Projects**

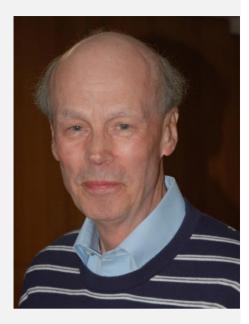**Emma Teasdale
Community
Involvement Officer.
Localities**

Our Board of Trustees, 2019/20

Prof George Smith, FRS, Chair

Andy McLellan, Vice-Chair

Martin Tarran-Jones, Treasurer

Sylvia Buckingham

Tracey Rees

Don O'Neal

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