**Meeting of the Oxford Health NHS Foundation Trust**

**Council of Governors**

**CoG 28/2019**

(Agenda item: 04)

Minutes of a meeting held on

5 September 2019 at 18:00

Spread Eagle Hotel, Thame

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Present:** |  | Dr Mike Hobbs | (MH) |
| Chris Roberts (Lead Governor) | (CR) | Alan Jones | (AJo) |
| Dr Hasanen Al Taiar | (HAT) | Dr Tina Kenny – *part meeting* | (TK) |
| Geoff Braham (Deputy Lead Governor) | (GB) | Reinhard Kowalski | (RK) |
| Angela Conlan | (AC) | Neil Oastler | (NO) |
| Maureen Cundell | (MC) | Abdul Okoru | (AO) |
| Gordon Davenport | (GD) | Madeleine Radburn | (MR) |
| Gillian Evans | (GE) | Gillian Randall | (GR) |
| Benjamin Glass | (BGl) | Myrddin Roberts | (MRo) |
| Joy Hibbins | (JH) | Sula Wiltshire | (SW) |

|  |  |  |
| --- | --- | --- |
| **In attendance from the External Auditor (Grant Thornton LLP):** | | |
| Laurelin Griffiths | (LG) | Audit Manager, Grant Thornton – *part meeting* |
| **In attendance from the Trust:** | | |
| Stuart Bell | (SB) | Chief Executive |
| Tim Boylin | (TB) | Director of Human Resources (HR) |
| Ben Cahill | (BC) | Strategy & Business Development Manager – *part meeting* |
| Marie Crofts | (MCr) | Chief Nurse |
| Bernard Galton | (BG) | Non-Executive Director |
| Dr Helen Green | (HG) | Director of Education & Development |
| Dr Mark Hancock | (MHa) | Medical Director |
| Mike McEnaney | (MM) | Director of Finance |
| Debbie Richards | (DR) | Managing Director of Mental Health & Learning Disabilities |
| Kerry Rogers | (KR) | Director of Corporate Affairs & Company Secretary |
| Hannah Smith | (HS) | Assistant Trust Secretary (Minutes) |
| Martyn Ward | (MW) | Director of Strategy & Chief Information Officer (CIO) |
| Lucy Weston | (LW) | Non-Executive Director |
| **Observing:** |  |  |
| Daniel Plotkin |  | Temp Corporate Governance Officer |
| Katariina Valkeinen |  | Senior Communications and Engagement Officer |

|  |  |  |
| --- | --- | --- |
| **1.**  a  b  c  d  e  f | **Introduction, Welcome and Update from the Chair**  The Trust Chair brought the Council of Governors’ meeting to order and welcomed all those present.  The Trust Chair provided an overview of: (i) developments in and around the Buckinghamshire, Oxfordshire and Berkshire West (**BOB**) Integrated Care System (**ICS**); and (ii) recent visits he had made to services such as Townlands Hospital in Henley, Marlborough House, the Learning Disabilities sports day in Oxford and the Jericho Health Centre in Oxford.  He commented that a significant part of BOB ICS planning would be around how the ICS would be governed and how to integrate various entities including local authorities and healthcare and other providers. He reminded the meeting of the challenges presented by: (i) historic underfunding of mental health services within the BOB area; (ii) increasing demand for services which, without increasing capacity to meet demand, could lead to increased waiting times; and (iii) environmental sustainability and the Trust’s carbon footprint from travel/journeys, energy consumption and supplying medication to patients. He commented positively upon his recent visit to the Jericho Health Centre and the teamwork and support amongstthe district nurses in dealing with transport and other challenges in the delivery of domiciliary and community care in Oxford. He thanked the services he had visited and noted that the Learning Disabilities sports day had also been a great day out.  He highlighted the opportunities from: (i) digital systems and technologies to enhance services and provide new services, rather than substituting basic services and current funding (he noted that next week he would be attending a conference on digital systems and technology); and (ii) increasing participation in the mental health voluntary sector. He congratulated Buckinghamshire Mind (and Andrea McCubbin, Trust Governor and also Chief Executive of Buckinghamshire Mind) on having been awarded The Queen’s Award for Voluntary Service, the highest award a voluntary group can receive in the UK. He commented that this award reflected the vitality and energy of the mental health voluntary sector and urged further participation in, and support of, voluntary activities.  He drew attention to the upcoming HealthFest at the Warneford Hospital on 14 September 2019 and commended its focus on the integration of body and mind. He stressed the importance of recognising that mental health treatment can be most effective when physical and mental health needs are addressed together, celebrating the integrity of the whole person.  The Trust Chair concluded his introductory remarks by commending Governors for their role in providing feedback and being a voice of the Trust to help to inform and improve service provision. He noted that these meetings provided an opportunity to exchange views in a spirit of common commitment to maintaining and improving the services which the Trust, in collaboration with other partners, could offer. He reminded Governors that they balanced responsibilities for helping to: internally provide feedback and hold Non-Executives to account; and externally raise awareness of/communicate on the challenges which the Trust faced in operating within currently available and insufficient resources. | **Action** |
| **2.**  a  b  c  d | **Apologies for Absence and quoracy check**  Apologies were received from the following Governors: Victoria Drew; Tom Hayes; Davina Logan; Mary Malone; Andrea McCubbin; Paul Miller; Lawrie Stratford; and Hannah-Louise Toomey.  Absent without formal apology were: Laurence Gardiner; Lin Hazell; Louis Headley; Allan Johnson; Richard Mandunya; Jacky McKenna; Chelsea Urch; and Soo Yeo.  Apologies were received from the Board (Non-Executive Directors): John Allison; Jonathan Asbridge; Chris Hurst; and Aroop Mozumder.  The meeting was confirmed to be quorate as over a third of the total number of Governors were present, including at least five Governors representing the public or patients’ constituencies. |  |
| **3.**  a  b | **Register of Interests**  The Chair presented the Register of Interests at paper CoG 17/2019. No interests were declared pertinent to matters on the agenda.  **The Council of Governors received the Register of Interests**. |  |
| **EXTERNAL AUDIT AND ANNUAL REPORT & ACCOUNTS (introduction prior to formal presentation at Annual Members’ & General Meeting on 19 September 2019)** | | |
| **4.**  a  b  c | **External Audit Findings Report**  Laurelin Griffiths presented the report CoG 18/2019 which set out the outcomes of the statutory audit of the Trust and the preparation of the financial statements. She confirmed that the audit opinion was that the financial statements had been properly prepared and gave a true and fair view of the financial position. Only two errors above the threshold of £290,000 (but still below the materiality threshold of £5.7 million) had been identified and both had been minor and were referenced in the audit findings report.  She explained that the Value For Money (**VFM**)conclusion which was given was based upon whether the Trust had made proper arrangements to secure VFM, not upon whether it had achieved it. There were three possible VFM conclusions which an external audit could provide: unqualified; ‘except for’; or adverse. She confirmed that the Trust had received an ‘except for’ conclusion primarily due to the discrepancy between the planned outturn for the year as opposed to the actual outturn which had been achieved. She provided the context that an ‘except for’ conclusion was becoming the norm within the NHS, given financial pressures.  **The Council of Governors noted and received the report.** |  |
| **5.**  a  b  c  d  e  f | **Report to the Governors on the Quality Report**  Laurelin Griffiths presented the report CoG 19/2019 and explained that a limited assurance piece of work involving consistency checking, rather than an audit, was conducted on the Quality Report. Further to a question from the Trust Chair, she explained the difference between the work of External Audit and Internal Audit. Whereas External Audit tended to take a backwards look at the work of the Trust over the year and checked that the accounts were in line with records (and also conducted checks on controls and processes in order to inform the risk assessment for their work), Internal Audit was a broader and more continuous rolling process throughout the year which could also be focused on various specific processes in different parts of the organisation.  She confirmed that no issues of concern had been found and that an unqualified opinion for the limited assurance review on the Quality Report was proposed.  Sula Wiltshire thanked Jane Kershaw, Head of Quality Governance, for her work on the Quality Report and noted that it was prepared in a timely way and that she helped commissioners to adhere to the timetable.  Mike Hobbs referred to page 7 of the report and asked: (i) how the national average figure for inappropriate Out of Area Placements (3,846 days for April 2018 to February 2019) was established; and (ii) how the Trust’s population compared to the wider/national population. Laurelin Griffiths replied that the national average was calculated from data submitted by individual trusts and collated centrally; the Trust’s score was then worked out in relation to its local population.  Mike Hobbs asked about the Cost Improvement Programme and which areas had been targeted in the reporting period. The Director of Finance replied that he could reflect on this when presenting the Finance Report (item 10(a) below).  **The Council of Governors noted the report.** |  |
| **6.**  a  b | **Annual Report including Annual Accounts and Quality Account**  The Director of Corporate Affairs & Company Secretary reminded the meeting that the Annual Report (including the Annual Accounts and Quality Account) was available online and Governors had been provided with the link to access it in advance of presentation at the Annual Members’ & General Meeting.  **The Council of Governors noted the report.**  *Laurelin Griffiths left the meeting*. |  |
| **MINUTES AND UPDATE REPORTS** | | |
| **7.**  a | **Minutes of Last Meeting on 12 June 2019 and Matters Arising**  The Trust Chair presented the Minutes at paper CoG 20/2019 and noted that, given lateness in circulation, there would be an opportunity for approval at the next meeting in November. |  |
| **8.**  a  b  c  d  e  f  g  h  i  j  k  l  m  n | **Update report from the Chief Executive**  The Chief Executive presented the report CoG 21/2019, highlighting matters around the redevelopment of the Warneford Hospital site, and the continued development of the BOB ICS.  ***Warneford Hospital site redevelopment***  He emphasised that as parts of the site were now nearly 200 years old and the Trust was providing clinical services out of one of the oldest buildings still in use throughout the whole NHS, there was a need for re-provision. He provided an update on work to develop the masterplan for the site and noted the opportunity to collaborate with the University of Oxford on the development of infrastructure on the site, including through one of the only two Biomedical Research Centres in the UK to focus on mental health; he highlighted the potential of the site to help to raise the profile of mental health within academic medical sciences and noted the importance of mental health achieving parity of esteem with physical health. He referred to the report and noted that work was taking place with NHS England/Improvement and with NHS Estates to develop plans. He noted that a few years previously, the Trust had discussed the idea of developing the site with local residents/the local community and had displayed some proposals; a further period of public and stakeholder consultation would commence in advance of submitting any planning applications during 2020.  ***BOB ICS (Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System)***  He referred in his report to the section on System Integration on pages 7-9 and the significance of the designation of the BOB Sustainability & Transformation Partnership as an ICS. He highlighted the impact this could have upon: (i) creating a more integrated approach to the management of resources; and (ii) the structure of commissioning as, by April 2021 and in line with expectations in the NHS Long Term Plan, there was anticipated to be a single commissioning organisation within the BOB ICS. This change to commissioning would require a process of consultation with the memberships of the individual CCGs and agreement from the individual CCGs.  ***Governor questions on the Warneford Hospital site redevelopment***  Myrddin Roberts asked whether there were costings for the Warneford redevelopment. The Chief Executive replied that the estimated costs to replace wards were known but plans for the wider research/academic elements needed to be worked through. He emphasised the importance of re-providing the old wards first (and then potentially providing for additional wards for children’s and eating disorders services) before the rest of the development could happen. He noted that the last new build of four wards in Buckinghamshire, at the Whiteleaf Centre, had come to approximately £42 million; the cost of replacement wards at the Warneford, consolidation of wards and potentially additional/new wards could range from £48-80 million.  Madeleine Radburn queried the sense in bringing more staff into the Headington area and noted that this could impact negatively upon recruitment and retention. She suggested that patients and staff should be moved to a more accessible location as this could help to retain staff. The Chief Executive replied that retention had been more of an issue on the Littlemore site than at the Warneford. However, he noted that whether or not the Trust redeveloped the site, it would be necessary to rethink how transport, access and traffic were being handled, including potentially through more Park & Ride access. He added that a location which juxtaposed clinical and research/academic facilities could be a draw to recruit and retain staff.  The Lead Governor asked whether plans for staff housing were part of plans, noting that this had been considered in one of the previous proposals/iterations. The Chief Executive replied that plans for staff housing were not for the Warneford site but the Trust was looking elsewhere for options on its estate and in discussion with Oxfordshire County Council. Gordon Davenport commented that if housing could be provided for visiting researchers then it could also encourage people internationally to work here. The Chief Executive replied that it may not be housing but some form of accommodation for postgraduate researchers linked to the research/academic facilities may be provided for.  Alan Jones commented that it was becoming even more important to resolve the issue of car parking for patients and families/carers at the Warneford, especially as the new housing estate at Barton had brought more people into the area. The Chief Executive agreed and confirmed that car parking was being considered for the plan. However, he asked the meeting to be mindful that issues around transport and driving were of major concern to local authorities and the Trust would be subject to traffic and parking policies.  Gillian Evans asked about plans for patients during the extensive redevelopment work on site. The Chief Executive replied that the development would take place on the opposite side of the site to that currently used for wards; patients would not therefore be directly disrupted but this would still be a big project.  ***Child & Adolescent Mental Health Services (CAMHS) – activity levels***  Mike Hobbs referred to the report on page 3 and expressed his concern about the increase in demand for CAMHS services. He asked if more information could be provided. The Chief Executive agreed that this was a cause for concern, which was why it was included in his report. He highlighted that the gap in availability of care for young people with mental health problems was also a national issue and he referred back to his report for the context of the Five Year Forward View for Mental Health and the target to raise the level of access to treatment for young people. He noted the achievement of the Trust’s CAMHS in getting beyond the national target access rate of 30% and up to 50-60%, which was amongst the best in the country for CAMHS access. However, the Trust was not funded to cover that level of gap and this was placing a strain on services and although staff were working hard, this was impacting on waiting times. The service had also been impacted by the loss of psychological support in schools as more and earlier referrals were now coming directly into CAMHS; he welcomed recent announcements to invest more in services in schools.  *Tina Kenny joined the meeting*.  Gordon Davenport commented that he and the Chief Executive had talked before about the increase in CAMHS activity and the impact of the loss of supporting services. He added for the meeting’s awareness that CAMHS could sometimes end up as the only place left to go for young people to seek support after youth clubs, libraries and scout services etc. were cut.  ***Joint working with local NHS trusts and within the BOB ICS***  Mike Hobbs reported that he had been in discussions with governors from Oxford University Hospitals NHS FT (**OUH**), who had expressed interest in the work of this Council, and there was a mutual appetite for governors of both trusts to consider areas of work they could address collaboratively. The Director of Corporate Affairs & Company Secretary added that she had previously been contacted by South Central Ambulance Service NHS FT about interest in governor joint working. The meeting discussed historic attempts at governor joint working with other trusts and noted that appetite had not yet translated into mutual action. However, the Lead Governor reminded the meeting that Council meetings in all NHS FTs were held in public and a starting point could be for governors to attend one another’s meetings to see if further contact could be progressed even on an informal basis.  The meeting discussed some of the joint work already taking place between Trust staff and OUH. Maureen Cundell noted that staff were working with colleagues at OUH on collaborative work to reduce pressure ulcers. The Chief Executive added that the Trust also collaborated with colleagues more widely within the BOB ICS footprint, such as with colleagues at Berkshire Healthcare NHS FT.  The Lead Governor updated the meeting that he was working on setting up a meeting with the new Independent Chair of the BOB ICS, David Clayton-Smith, and Lead Governors of NHS FTs within the BOB ICS. However, this may be subject to the development of plans for the governance of the ICS in general. The Trust Chair referred to his introduction to the meeting and the BOB ICS planning which would need to take place around how the ICS would be governed; he noted the importance of including lay governance but recognised that challenges could be involved in doing this effectively at the scale of the BOB geographical footprint.  **The Council of Governors noted the report.** |  |
| **WORKFORCE, PERFORMANCE AND STRATEGY (TRUST STRATEGY AND BOB ICS PLAN)** | | |
| **9.**  a  b  c  d  e  f  g  h  i  j  k | **Workforce Presentation on Recruitment & Retention including Leadership Development**  The Director of Education & Development and the Director of HR jointly delivered the presentation.  ***Career Framework***  The Director of Education & Development highlighted the impact of the Trust’s clinical career framework on retention and growing the Trust’s internal leadership capability and helping staff to progress. Many elements of the career framework were also open to non-clinical staff. The career framework covered a range of different levels from apprenticeships (for which support could be available to help staff achieve the relevant functional skills to meet requirements, including language and numerical proficiency) to masters modules and leadership development.  The meeting discussed the educational levels which were referred to in the framework. The Director of Education & Development explained that the levels did not correspond directly to Agenda For Change banding; she explained that level 6 equated to undergraduate degree level, level 7 to masters degree level and level 8 to a doctorate.  The meeting discussed challenges with career advancement sometimes leading to staff moving away from clinical practice or needing to move into managerial roles in order to advance. Gordon Davenport asked if the Trust would acknowledge that Occupational Therapists could be operating at Agenda For Change band 6 or band 7. The Director of Education & Development noted that once staff had trained as advanced clinical practitioners then they would be able to take up band 7 or, in some organisations, band 8a posts and that these could offer opportunities for staff to advance into more senior roles whilst staying in clinical practice. The Director of HR added that the Board had also recognised this challenge and it was an aspiration to support staff to advance and stay closer to their clinical roles.  The meeting discussed the reduction in university courses, following the removal of national bursaries for those undertaking nursing or other training courses, and the impact upon availability of newly trained staff for recruitment. The Director of Education & Development noted how the Trust’s introduction of apprenticeships had helped to provide an alternative route in for people to undertake training.  ***Retention and growing the internal staff bank***  The Director of HR highlighted the positive impact of growing the Trust’s internal staff bank upon the available workforce and in reducing external agency spend. This also involved investing in the internal staff bank so that the Trust’s flexible workers received supervision and felt more part of the Trust’s workforce. He noted that the aim was for internal bank staff numbers to overtake external agency staff at the Trust, leading to a reduction in cost and increase in quality. He also considered the importance of tackling bullying and increasing staff engagement, noting that reward, recognition and pensions were recognised as important areas. It was also critical for leaders to create a culture wherein staff felt supported; he encouraged participation in leadership programmes to enhance skills, such as the Linking Leaders programme.  Myrddin Roberts asked if substantive staff had moved onto the internal staff bank, and away from their substantive/permanent roles, to benefit from a higher pay rate which was closer to the top of their banding. The Director of HR replied that this had not been an issue so far; although it could be a risk, it had not yet materialised potentially due to the uncertainty of working patterns on the staff bank compared to a substantive role.  Myrddin Roberts asked whether exit interviews were routinely conducted. The Director of HR replied that although more were being performed, this was still not enough. He noted that as some other organisations used anonymised third party telephone polling services, this may be worth considering in the future.  The meeting discussed Personal Development Reviews (**PDRs**)/appraisals and supervision. Myrddin Roberts commented that his experience had been of the system of PDRs not being particularly robust. Maureen Cundell noted that she had recently been sent a questionnaire about the quality of supervision. The Director of Education & Development explained that the Trust was focusing on both management and clinical supervision and improving take-up and quality, as with PDRs. The Chief Nurse added that the quality of supervision was also an area of focus for the Care Quality Commission. Gillian Randall commented that the Trust continued to miss an opportunity in not asking staff what they were not happy with and what could be changed. The Director of HR replied that the annual staff survey was a mechanism for this but he recognised that the results delivered may not be sophisticated enough with staff participation at 58%.  Gillian Randall asked what percentage of leaders had participated in the leadership programmes. The Director of Education & Development replied that approximately 60 staff/year undertook the leadership programme, 200 undertook the flyer programme and 200 undertook apprenticeships (albeit that was staff numbers rather than a percentage).  **The Council of Governors’ noted the presentation.** |  |
| **10.**  a  b  c  d | **Finance Report**  The Director of Finance referred to the query at item 5(e) above on areas of focus/target for the Cost Improvement Programme during FY19. He confirmed that these had covered estates rationalisation, New Models of Care, productivity, price reduction, technical (financial) adjustments and reduction in agency premium. Due to particularly strong performance in the lines of productivity and New Models of Care, the Trust had achieved £8.4 million (although the original target had been £6 million).  He presented the report CoG 22/2019 which summarised the financial performance of the Trust for July 2019 (month 4). He reminded the meeting that the baseline plan for the year was a deficit plan of a £4.8 million deficit as the Trust was in a financial recovery position. He added that although the Trust had met its Control Total targets during Q1 FY20, this could be difficult towards the end of the financial year especially with the operational pressures manifesting in particular in Residential Care and Oxfordshire CAMHS (as discussed at item 8(i)-(j) above).  The Lead Governor asked whether there was a risk of the benefit of FY20 CIPs not crystallising until Q3-4, further to the trend which the External Audit had highlighted in the VFM work for FY19 (further to consideration at item 4 above). In that instance, he noted that this could then put the Trust at risk of a more significant deficit. The Director of Finance replied that there was a risk of CIP benefits crystallising later in the financial year, especially as one of the more significant projects this year related to reducing activity levels (which the Trust could only achieve in collaboration with commissioners and other healthcare partners). However, part of the BOB ICS work taking place was to recognise the importance of collaboration, especially over these more challenging aspects.  **The Council of Governors noted the report.** |  |
| **11.**  a  b    c | **Performance Report**  The Director of Strategy & CIO presented the report CoG 23/2019 and highlighted that performance at Q1 FY20 was broadly comparable to performance in Q4 FY19; the Trust had achieved 73% compliance and averaged 75% across all commissioner-targeted indicators.  He highlighted that:   * Out of Area Placements were within target for Q1 but would remain an area of focus for the Trust; * staff turnover remained an area in which improvement was required to meet the national target; * staffing pressures continued to affect performance in the Oxfordshire Emergency Department Psychiatric Service (which would require further funding to resolve); * pressure was being experienced across Oxfordshire and Buckinghamshire mental health services (especially in adults and children’s services) due to underinvestment; * pressure was also affecting Continuing Health Care services in Buckinghamshire and Oxfordshire; and * in Specialised Services, the Trust was not able to use all of its available bed stock in Eating Disorders due to high patient acuity and a lack of available staff/workforce shortage.   **The Council of Governors noted the report.** |  |
| **12.**  a  b    c | **Trust Strategy – update on development**  The Strategy & Business Development Manager joined the meeting and presented paper CoG 24/2019 on the development of the Trust’s five-year strategy. He explained that whilst the Trust’s Vision and Values would remain the same, the Strategic Objectives and Priorities would be refreshed in the context of the partnerships/ICS planning work also taking place; collaboration and partnerships would be themes running throughout the strategy. He emphasised that there would be two types of objectives:   * strategic objectives around patient-facing care (physical health, mental health, learning disabilities and autism and specialised services); and * enabling objectives to make the smartest use of available resources (people, quality improvement, digital, estates and finance).   Alan Jones expressed frustration about lack of progress with learning disability and autism services. The Chief Executive replied that this may refer to proposals to develop an alternative to admission for people with learning disabilities during a crisis. Although the national funding was no longer available, the service was considering a scheme through the Trust’s capital programme but the business case had not yet been finalised for submission to the Board.  **The Council of Governors noted the report.** |  |
| **13.**  a  b  c  d  e | **Briefing on the development of the BOB ICS system plan**  The Strategy & Business Development Manager presented the report CoG 25/2019 and provided an update on the initial development of the BOB ICS system plan, for submission to NHS England by 01 November 2019.  Tina Kenny asked if the system plan was aligned with the Trust’s own financial plan. The Strategy & Business Development Manager confirmed that the financial plan would be.  The Lead Governor commented upon the tight timeframe in which to develop and submit the plan and asked whether this could impinge upon the quality of the plan. The Strategy & Business Development Manager acknowledged that this was a risk and that the feedback to a recent NHS England planning meeting had been that to accommodate the timeframe, it may be that the beginnings of a system plan would be available for submission.  The Chief Executive commented that the Trust and the BOB system needed to be frank and realistic about: (i) which of the 220 priorities in the Long Term Plan could be achievable; and (ii) the resourcing (financial and workforce) constraints, implications and requirements. He recommended commencing discussions early with NHS England about aspirations which it may not be possible to fulfil, rather than having to explain over coming years why certain targets had not been met or were not achievable. A challenge, however, would be to categorise the 220 priorities in this way and in a tight timeframe. He commended the Strategy & Business Development Manager for his work in pulling the system plan together on behalf of the BOB ICS.  **The Council of Governors’ noted the update.** |  |
| **COUNCIL SUB-GROUPS** | | |
| **14.**  a  b  c  d  e  f | **Update Report from Council sub-groups and Governor Forum**  ***Governor Forum***  The Lead Governor confirmed that the subgroups which had met had reported into the Governor Forum. The Forum had also considered: (i) the Deputy Lead Governor’s suggestion to potentially drop the Finance Group; (ii) possibly splitting the Patient & Staff Experience Group into two separate groups, although this may need further discussion at the next Governor Forum meeting; and (iii) findings from governor self-assessment forms, collated by the Deputy Lead Governor.  ***Safety and Effectiveness Group***  Madeleine Radburn provided an update that a task and finish group would focus on the Oxfordshire Out Of Hours and night service.  ***Patient and Staff Experience Group***  Gillian Randall reported that Catherine Sage, Head of Mental Health Urgent Care, had attended the recent meeting to provide an update on crisis management work which would commence in Oxford city. This was an improvement but may only benefit the city area.  ***Finance Group***  The Deputy Lead Governor noted that he had been the sole governor in attendance at the last few meetings with the Director of Finance and he therefore recommended that this group may need to cease.  ***Governance Group***  The Lead Governor reported that the Governance Group had met to discuss the Constitution and the form and wording for a Significant Transactions Clause as well as potential changes to the balance/number of governors to represent particular constituencies (potentially increasing the number of governors to represent service users) and the creation of a new governor category to represent learning disabilities and CAMHS (subject to formal Council review and decision in due course).  ***Other sub-groups and general update***  The Council noted that the following sub-groups had either not met or there was no update to bring:   * Governors’ Nominations & Remuneration Committee; * Finance Sub Group; and * Membership involvement. |  |
| **Questions and Any Other Business** | | |
| **15.**  a | **Questions from the public**  None. |  |
| **16.**  a  b    c    d | **Any Other Business**  Benjamin Glass stated that, in relation to potentially increasing the number of governors to represent service users, he had received interest from people about becoming governors and asked if they could attend the next meeting and whether assistance with transport could be available. The Trust Chair responded that the meeting was held in public and all were welcome to attend. The Director of Corporate Affairs & Company Secretary recommended that he contact her directly about assistance with transport.  Maddy Radburn asked what the CCG was doing about future funding of mental health services and about the future of CCGs in the BOB ICS. Sula Wiltshire referred back to the Chief Executive’s report (item 8 above) and added that funding in Oxfordshire was a recognised challenge as Oxfordshire CCG was the lowest funded CCG in the country due to allocation on a population needs/health of population basis. On the future of CCGs in the BOB ICS, she noted that there would become one commissioning entity rather than three.  Abdul Okoro informed the meeting that he would have a further update to the Register of Governor Interests as he had accepted a role at Berkshire West CCG as a Clinical Nurse Assessor.  Angela Conlon welcomed Governors to attend Witney Healthfest on 07 September 2019. |  |
|  | Meeting close: 20:47.  Next meetings (both at the Spread Eagle Hotel, Cornmarket, Thame OX9 2BW):   * Annual Members & General Meeting – 19 September 2019 * Council of Governors’ general meeting – 21 November 2019 |  |