

**Oxford Health NHS Foundation Trust**

**CoG 01(i)/2022**

(Agenda item: 04)

**Council of Governors**

[draft] Minutes of the meeting held on

 25 November 2021 at 18:00

Via Microsoft Teams Virtual Meeting

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

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| **Present:** |  |
| Dr Mike Hobbs (**MH**) | Public: Oxfordshire (Lead Governor) |
| Melissa Clements (**MC**) | Public: Oxfordshire |
| Jonathan Cole (**JC**) | Patient: Service Users Oxfordshire |
| Angela Conlan (**AC**) | Staff: Community Services |
| Gillian Evans (**GE**) | Patient: Service Users Oxfordshire |
| Julien Fitzgerald (**JF**) | Patient: Service Users Buckinghamshire & other counties |
| Charlotte Forder (**CF**) | Staff: Corporate Services |
| Anna Gardner (**AG**) | Public: Buckinghamshire |
| Ben Glass (**BG**) | Patient: Services Users Buckinghamshire & other counties |
| Donna Han (**DH**) | Public Oxfordshire |
| Nyarai Humba (**NH**) | Patient: Service Users Carers |
| Allan Johnson (**AJo**) | Patient: Carers |
| Dr Tina Kenny (**TK**) | Buckingham Healthcare NHS Trust *- part meeting* |
| Christiana Kolade (**CK**) | Public: Buckinghamshire |
| Davina Logan (**DL**) | Age UK Oxfordshire |
| Ben McKay (**BMc**) | Patient: Service Users Oxfordshire |
| Andrea McCubbin (**AMcC**) | Buckinghamshire Mind |
| Ronnie Meechan (**RM**) | Public: Rest of England & Wales |
| Maddy Radburn (**MR**) | Public: Oxfordshire |
| Chris Roberts (**CR**) | Patient: Service Users Carers |
| Myrddin Roberts (**MRo**) | Staff: Community Services |
| Karen Squibb-Williams (**KSW**) | Patient: Services Users Oxfordshire |
| Tabitha Wishlade (**TW**) | Public: Buckinghamshire |

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| **In attendance from the Trust:** |  |
| Tehmeena Ajmal (**TA**) | Executive Managing Director (MD) for Mental Health (MH), Learning Disability (LD) and Autism |
| Sir John Allison (**JA**) | Non-Executive Director |
| Nick Broughton (**NB**) | Chief Executive  |
| Marie Crofts (**MC**) | Chief Nurse |
| Charmaine De Souza (**CDS**) | Chief People Officer |
| Bernard Galton (**BG**) | Non-Executive Director |
| Chris Hurst (**CH**) | Non-Executive Director |
| Karl Marlowe (**KM**) | Chief Medical Officer |
| Mike McEnaney (**MMcE**) | Director of Finance |
| Anna Christina (Kia) Nobre (**KN**) | Non-Executive Director |
| Ben Riley (**BR**) | Managing Director, Primary and Community Care Services |
| Kerry Rogers (**KR**) | Director of Corporate Affairs & Company Secretary |
| Mohinder Sawhney (**MS**) | Non-Executive Director |
| Hannah Smith (**HS**) | Assistant Trust Secretary *- part meeting* |
| Susan Wall (**SW**) *(minutes)* | Corporate Governance Officer  |
| Rachel Miller (**RM**) | Patient Experience Lead – Learning Disabilities |
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| **Observers:** |  |
| Sue Marriott | Staff |
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| **1.** a | **Introduction and welcome from the Chair**The Trust Chair welcomed all those present to the virtual Council of Governors’ (**CoG**) meeting in Public. He reminded governors there was an in private governors’ meeting following the public meeting, and that the possibility of meeting in person would be kept under review dependent on the progression of the pandemic.  | **Action** |
| **2.**abcd | **Apologies for absence and quoracy check**Apologies were received from the following Governors: Reinhard Kowalski; and Giles Loch.Absent without formal apology: Dr Hasanen Al-Taiar; Ekenna Hutchinson; Cllr Carl Jackson; Jacqueline-Anne McKenna; and Claire Sessions.Apologies received from the Board: Martyn Ward, Executive Director, Digital and Transformation; and Lucy Weston, Non-Executive Director. The meeting was confirmed to be quorate.   |  |
| **3.**ab | **Declaration of interests**The Director of Corporate Affairs and Company Secretary referred to paper CoG 15/2021, Register of Governor Interests, and requested that governors yet to complete their declaration did so as soon as possible. She highlighted that even if there were no interests to declare, it was an annual requirement to make a declaration and to confirm ‘no interests’ if that was the case. No interests were declared pertinent to matters on the agenda by those present. | **All governors** |
| **4.**ab | **Minutes of last Meeting on 09 September 2021 and Matters Arising**The minutes of the last meeting held on 09 September 2021 were approved as a true and accurate record, and there were no matters arising.**The Council approved the minutes and noted there were no matters arising.** |  |
| **5.**abcde | **Update Report from the Chair**The Trust Chair acknowledged that this would be the last CoG meeting attended by Bernard Galton, Non-Executive Director (**NED**) who would retire from the role in the Trust at the end of December, however from his extensive career experience he would still be supporting the Trust as a people function mentor. He thanked him for his dedication and contribution to the Trust. The Trust Chair confirmed that Louis Headley had stepped down owing to securing a new job and wished him well. He welcomed new governors Donna Han, Public governor for Oxfordshire, and Ronnie Meechan, Public Governor for the Rest of England and Wales replacing Hannah-Louise Toomey and Tendai Nyoni respectively.The Trust Chair reminded governors of the upcoming Board meeting in Public on 30 November 2021 and encouraged greater governor attendance at Board meetings and also attendance as observers at Board Committees.The Trust Chair informed the Council he had been pleased to be present at the opening of Saffron House, High Wycombe, a repurposed building that allowed patient service users and staff better accommodation. Sir Steve Redgrave had conducted the opening ceremony and had been impressed with the arrangement and quality of the building. The Trust Chair stated he had recently visited services in Melksham and Salisbury saying it was a privilege to drop in and meet with colleagues in their place of work, and it was encouraging to hear thoughts in how services could be better provided and to support and listen to any concerns. **The Council noted the report.** | **All Governors** |
| **6.**abcd | **Lead Governor Update**Mike Hobbs, Lead Governor echoed the welcoming of new governors, Donna Han, and Ronnie Meechan to their roles as Trust governors. Mike Hobbs informed the recent interviews and processes for the recruitment of 4 Non-Executive Directors to the Trust had been an interesting and very productive experience and gave thanks to governors Anna Gardner, Karen Squibb-Williams and Chris Roberts who had taken part. Mike Hobbs reported all governors were now allocated to one of the re-activated 5 Governor Sub-Groups: Safety and Clinical Effectiveness Group; Patient and Carer Experience Group; Staff Experience Group; Membership and Involvement Group; and Finance and Information Group. Interim Chairs had been agreed for the first Governor Sub-Group meetings planned for January 2022. He outlined the Governor Sub-Groups were the forum and key foundation for governor contributions in governance of the Trust with twin responsibilities in representing the public and serving as ‘critical friends’ to NEDs and the Board. He encouraged all governors to take an active part in the groups. **The Council noted the report.** |  |
| **7.**abcdef | **Update Report from the Chief Executive** The Chief Executive commenced by stating many of the Trust Services continued to be under significant pressure, listing: urgent and emergency care services; community services; physical health services across Oxfordshire; and mental health services across the broad geography of the Trust. He noted that coronavirus case rates were continuing to rise and that nationally 5% of acute hospital beds were allocated to Covid-19 positive patients.A key challenge for the Trust was staffing and reported that a scheme to recruit international nurses, led by the Chief Nurse, was progressing well. He highlighted there had been some changes in the Executive Team: Charmaine DeSouza, Chief People Officer had joined the Trust; Martyn Ward, Executive Director of Digital and Transformation had taken over the Estates portfolio; and Debbie Richards, Managing Director Learning Disability and Autism had left the Trust, with Tehmeena Ajmal covering the role for the interim period pending the arrival of the permanent appointee expected in March 2022. There had recently been a successful interview process to appoint an Executive Director for Strategy and Partnerships, a new Executive Team position.*Tina Kenny joined the meeting.***Q&A Session**Anna Gardner asked which countries the international nurses were being recruited from. The Chief Nurse stated the Trust was adhering to NHS England’s (**NHSE**) guidelines for international recruitment that operated strict ethical guidelines on countries that could be approached. The scheme was being overseen by the Director of Workforce and Transformation and the Nursing Workforce Transformation Manager. The scheme was progressing successfully with 35 international nurses already working for the Trust and it was planned for a total of 70 nurses to be in place by the end of the financial year. She added the Trust had ensured there was good pastoral care in place for those recruited. Davina Logan enquired how the decision for all patient facing staff to be double vaccinated soon to be announced by the government would impact the Trust. The Chief Executive responded that staff vaccine uptake was encouraging and for those who were vaccine hesitant there were opportunities for conversations with their line managers and occupational health. The Trust was actively working to reduce the numbers of staff who might require redeployment and were in early conversations with NHSE and Trust union colleagues. The Chief People Officer mentioned the Trust had ‘scaled up’ on uptake of vaccinations earlier as Trust staff entering care homes were required to be double vaccinated. She informed the numbers of staff requiring re-deployment were quite low now. *Hannah Smith left the meeting.*Myrddin Roberts expressed it was positive news regarding the employment of the international nurses, however what was the position for nurses leaving the Trust. The Chief Executive replied that the staff turnover rate for the Trust was around 12%, which was not an outlier position but higher than he would like. He mentioned he had attended a Senior Leaders’ meeting, with approximately 250 in attendance, that week where the focus had been on improving the well-being of the workforce and retention of staff. It was recognised that many in the workforce were tired and burnt out owing to the 18-month response to the pandemic, and the well-being of the Trust’s workforce was a priority. He said additional resources had been allocated in the processes to attract staff to Oxford Health. The Chief People Officer reported the exit interview questionnaire had been relaunched and current data informed that the majority of staff leaving the Trust was due to retirement, with 80% recording they would return to work at the Trust, and a high proportion recording they had had supportive managers. The Chief Nurse reported the number of registered nurses nationally remained generally static as although there were many new nurses registering approximately the same number were leaving so retention was a priority. **The Council noted the oral update and Question and Answer section.**  |  |
| **8.**abcdefghij | **Non-Executive Director updates** The Trust Chair introduced this item describing it as the opportunity for NEDs to tell governors about themselves and their activities in the Trust. He introduced Chris Hurst, Non-Executive Director, whose responsibilities included Chairing the Finance and Investment Committee (**FIC**), Vice Chair of the Board, and Senior Independent Director. Chris Hurst provided an update on his role as Chair of FIC. He outlined that the FIC was one of a number of Board Committees that supported the Board but this did not take away any Board responsibility. Board Committees, as with FIC, gave the opportunity to dive deeper into particular areas and exercise more scrutiny on behalf of the Board. The FIC would scrutinise and regularly review: the Trust’s long term, 3-5 year financial plans; the annual process and plans for budget setting; and in year financial performance to ensure the provision of services were being planned and managed in a competent sustainable manner in terms of financial and other resources, such as staffing. The FIC evaluated Cost Improvement Plans which formed important ongoing work for the organisation in improving efficiencies. This could be challenging when demand for services were high to ensure the capacity to deliver when, for example, there could be issues with staffing levels and or inadequate public funding. Chris Hurst informed the FIC would receive business cases involving long term investment for such cases for buildings, equipment, and IT. The FIC regularly reviewed planned improvement investment into existing buildings to ensure buildings were safe and fit for purpose. Other business cases would involve the opportunity for expansion of clinical services such as in provider collaborations for scrutiny, where he stressed it was not profit that was being looked for but how to achieve the provision of services in a sustainable way to protect resources from other areas so patients and services were not compromised. He referenced digital aspects had grown rapidly in response to the pandemic and this had expanded the computerised agenda, and digital advance and thinking in business support and clinical services. Chris Hurst summarised NHS rules around money and funding during the pandemic had changed. The changes in the main had been supportive with extra funding being received, and with some rules being relaxed in this period, however it was not yet clear when NHS business would revert to pre-pandemic conditions . He noted a real positive on the horizon was the Warneford development project with integrated working and research activities. He concluded that governors were most welcome to observe the FIC Committee, as had been encouraged earlier in the meeting by the Trust Chair. He referenced it to be occasionally necessary for information to remain confidential, citing such as commercial sensitivities in contractual negotiations. The Trust Chair introduced Kia Nobre, Non-Executive Director who had recently joined the Trust having been nominated by the University of Oxford (**UoO**). He said the Trust valued and was privileged to have the long standing relationship it had enjoyed with UoO. He informed Kia Nobre was Head for the Centre for Human Brain Activity, Head of the Department for Experimental Psychology, and Fellow of St Johns College. The Trust Chair spoke of a recent visit to UoO where he had been impressed in research potential, new technology, and the developing relationship of the Trust with the frontiers of science.Kia Nobre began by informing the meeting she would detail her role and work at UoO, and what had motivated her to accept the NED role. She stated she held the position as Chair in Translational Cognitive Neuroscience, that comprised both experimental psychology and psychiatry. She informed she considered herself as an educator and scientist. Her research was grant funded focusing on the human brain in trying to understand the principles through which the human brain supported adaptive behaviour and adaptive cognition by developing new experimental designs and tasks. The research was via non-invasive brain activity measured in human participants to inform how the brain works in real time, how systems develop over a life span, and how this influences psychiatric and neurodegenerative disorders. Her work and outlook were embedded in Oxford Neuroscience strategy. She was Head of Department at the Experimental Psychiatry facility of human brain activity located at the Warneford site that had been launched during the pandemic and that over 100 NHS patients had benefited from attending the first integrated clinical and academic brain health centre.Kia Nobre stated she had been thrilled to be approached by the Trust as she was passionate about the partnering between research and healthcare life sciences. She supported the virtuous cycle of research and patients/carers informing each other in progressing, and saw the opportunity as being part of an important enterprise. During her short time at the Trust she had been impressed by the Executive Team, NEDs and others’ commitment and enthusiasm.Mike Hobbs thanked Kia Nobre for her passion in her approach to research and healthcare in future provision of the Trust mental health and other services. He added that he and Chris Roberts had attended the last FIC as observers, finding it informative and accessible, He noted his thanks to Chris Hurst, Lucy Weston, NED and Chair of the Audit Committee, and the Director of Finance in supporting the provision of future financial related matters to governors in a digestible format.Ben Glass thanked Kia Nobre for her informative presentation noting it was encouraging that learning was being included from patients and carers and enquired if there was funding for patient and or carer led research. Kia Nobre replied patient and carer involvement was at the interface of care provision and embedded in the work of the Biomedical Research Centre and that the centre held patient and participant involvement open days.**The Council noted the two oral updates from Chris Hurst and Kia Nobre.** |  |
| **9.**abcd | **Chief People Officer** The Chief People Officer provided an oral update of her work history and early reflections since joining the Trust. She stated she had worked for over 30 years in people management in both the private sector and latterly the public sector and this had included working in large scale organisations with workforces across a large geographic spread similar to the Trust. From her first couple of months with the Trust the Chief People Officer considered three key observations were: the commitment of staff; the requirement for an increase in staff voice; and matters relating to recruitment and retention. She stated she had undertaken visits to several sites and spoken with front line staff on acute wards and had been impressed in hearing of commitments throughout the past challenging 18 months. An area of focus arising would be to increase line manager capability across sites and locations that would in turn inform changes in culture. A priority focus was staff well-being and job satisfaction. She highlighted the Trust had in place initiatives for staff to be and feel heard. There were a range of staff equality groups and a Religion and Spirituality Staff Group, had been recently launched, and offered the opportunity in sharing lived experiences. Feedback from staff groups reported that staff felt included which in turn would support ongoing improvements in culture. The issue of recruitment and retention was recognised as a national issue and not just an issue for the Trust. She referenced the connections to research projects would facilitate the uniqueness of working for Oxford Health.**The Council noted the oral update.** |  |
| **10.**abcdefg | **Staffing/HR Report**The Chief People Officer presented paper CoG 19/2021, Workforce Performance Report reporting on trends for vacancies, sickness, casework, and training.The Chief People Officer reported that vacancy rates remained high leading to increased use of agency staff, noting there was opportunity to increase the workforce from the Trust’s inhouse bank staff. The recruitment team had been strengthened with two Campaign Managers whose experience encompassed both public and private sectors. An aim was to modernise processes and recruit at speed to be more competitive with other sectors in hiring lead times. Sickness levels had remained fairly consistent over the last 12 months and further analysis was required to understand historical targets against the Model Hospital national comparator. Good feedback had been received from staff on the specialist provider used by the Trust for absence reporting that was manned by clinicians and provided staff with access to early quality interventions.Casework was complex and protracted homeworking had made it challenging for workplace relationships and with winter ahead this could be exacerbated. The Chief People Officer stated she was working closely with the Chief Nurse to ensure all information and tracking was up to date for mandatory training requirements following an update to the Trust’s on-line training portal. Governor Ronnie Meechan enquired if it was part of the Trust’s strategy to work in partnership and build relationships with organisations outside of the Trust to upskill the workforce. The Chief Nurse informed much had been achieved in utilisation of the government apprentice levy and that the Trust was one of six pilots operating a blended nursing degree and apprenticeship and this was in collaboration with the University of Gloucestershire. Additionally, the Trust was one of the first in the country in providing its own accredited ‘Improving Access to Psychological Therapies’ psychological wellbeing qualification and was in collaboration with Oxford Brookes University. The Trust Chair added the Trust very much worked in collaboration to be of benefit to others rather than working in isolation. **The Council noted the report.** |  |
| **11.**abcdefgh | **Integrated Performance Report (IPR)**The Managing Director Primary and Community Care Services gave an oral update reporting that services were extremely busy and under pressure in particular District Nursing Services and Podiatry. Community urgent care had been under significant pressure for the past few weeks and the Trust was working with Oxford University Hospitals and South Central Ambulance Service to relieve pressure by expanding the capacity of community urgent response to assist in the reduction of hospitalisation and use of ambulances. He reported it appeared the vaccination programme for Covid-19 was proving successful as the rise in Covid-19 cases seemed not to be translating to older adult service admissions as had been the case in the previous two waves of the coronavirus.The Executive MD for MH LD and Autism reported referrals had risen, and there were increased pressures particularly for staff at the City Adult Mental Health Team and the Children and Adult Mental Health Services (**CAMHS**), Swindon, Wiltshire and Banes (**SWB**) and that additional support had been put in place during this challenging period. A positive was that the provider collaboratives for; Eating Disorders, CAMHS Tier 4, and Forensic were all now live and working well. The Trust also had a lead role in the Integrated Care Board of the Integrated Care Services in developing CAMHS services.**Q&A Session**In reference to the pressure on CAMHS services Mike Hobbs enquired about the level of referrals to the service, waiting times, and support given during this period. The Executive MD for MH, LD and Autism stated there was a 4 week wait for the service with waiting times increasing for urgent and routine referral. The position was better for Buckinghamshire than SWB and Oxfordshire. Access rates were high for the number of contacts during the reported period indicating a good delivery in the service. Mike Hobbs additionally enquired about the position of full-time equivalent workforce figures reporting overstaffing when the narrative repeatedly spoke of understaffing. The Chief People Officer replied there were a couple of impacting factors: in the setting of the bar of establishment and if this was the right establishment bar being worked to; and operational acuity when recruitment over and above the establishment took place in order for patients to be cared for with safety and quality in mind.Ben Glass raised a current general public concern around services being highly pressured and under resourced and if this had any impact for high intensity users and use of sanctions. The Chief Nurse explained there were liaison teams and crisis teams to support patients to assist in putting in place safety plans, with additional collaborative support. Tina Kenny enquired how staff tiredness and exhaustion may translate in to the next 12-18 months, and if it was possible to prepare for consequences. The Chief People Officer gave assurance staff were given mechanisms for help and support. In the new year workforce modelling and planning would be undertaken and this would be supported by the creation of a workforce planning post working across systems and with mangers to support staff.Jonathan Cole enquired about the difference in reporting figures for Out of Area placements (**OAPs**) following changes in reporting rules issued by NHS England, and what was the Trust’s on-going strategy in reducing OAPs, as this was significant for service users and carers. The Executive MD for MH, LD and Autism explained reporting was for the number of occupied bed days and did not include placement or patient numbers. The change in reporting excluded where continuity of care was deemed to be provided if there was pre-arrangement with an organisation known to be providing effective care, or where it was not possible for the Trust to provide care or did not offer a service. She highlighted the situation regarding OAPs was taken seriously and that all patients, regardless of location, were fully supported whilst under the Trust’s care. The aim was for patient care to be met locally and for a continued reduction in OAPs. There was a balance required for patient safety and movement of patients, as patients on admission were required to be in isolation prior to joining the main part of a ward to reduce transmission of the coronavirus. Work was on-going with Service Directors, Clinical Leads, and partners in ensuring patients were cared for in the right place with the support that they needed.Karen Squibb-Williams raised a query regarding matters with young adults with Autism and Learning Disability and the Chair asked that she make contact with the Chief Nurse directly. **The Council noted the oral update and Question and Answer section.** | **Governor****KS-W** |
| **12.**abcd | **Financial Reporting****i) Finance Report**The Director of Finance gave an oral update of the Trust’s financial position with supporting documentation at RR/App CoG 16/2021. The year-to-date figure at the end of October was £3.4 million surplus and £0.9 million better than plan. The position reflected the financial regime that had been established through the covid period where NHSE had protected all providers enabling focus to be in response to the pandemic, and in the current period of recovery assisting with demands on services covering delayed activity. The cash position was strong at over £50 million, and the forecast for the end of the year was a £1.0 million surplus, being £1.0 million better than the original breakeven plan. He cautioned there was no margin for complacency as if special funding was removed there was an underlying deficit reflecting: high use of agency generating additional costs; increased use in OAPs that were more expensive and were being reduced where possible as this was not beneficial for patients, families and carers; and demand pressures on services in catching up arising from the pandemic. The position was ultimately positive and with attention to effectiveness, and efficiency this would provide a sustainable position into the future.**ii) External Auditor Appointment Process**The Director of Finance explained he was leading this item as Lucy Weston, NED and Chair of the Audit Committee was unable to attend that evening. He commenced by stating that governors have a statutory role in the process in appointing new external auditors for the Trust. He outlined the scope of an external auditor was: to audit the Trust’s annual accounts; undertake an independent examination of the Charity accounts; and provide assurance on the Quality Account, a report on the quality of delivery of the services provided by the Trust. Contracts for auditors were for 3 years with an option to extend for 2 years, and the recommendation from NHSE and Improvement was that auditors should not be retained for more than a total of 5 years maximum for objectivity to be maintained, and that the Trust’s current external auditors, Grant Thornton will have been in place 5 years at the end of March 2022.The Director of Finance stated it was not the role of the Board to appoint the auditors but a statutory requirement of the Council of Governors to do this. In keeping with best practice, the Trust would be going out to test the market for bids for tender. Typically, procurement and finance would oversee the process to maintain process integrity and regulations in terms of delivery. It was proposed for a selection panel comprising of: two finance representatives, to include Director of Finance; two NEDs, to include Audit Committee Chair and an Audit Committee member; two (or more) Governor representatives; and in attendance in an advisory capacity, a senior strategic procurement manager. The role of the panel would be to evaluate the bids to come up with a recommendation for the Council of Governors to make a decision. He said approval for the selection panel in appointment of the external auditor and proposed timeline was being sought from the governors that evening.**The Council agreed the forming of a selection panel and timelines set in the process of appointing an external auditor.** |  |
| **13.**abcdefg | **Warneford Park Development update**The Director of Finance gave an oral update on the Warneford Park Development and referenced the Warneford Brochure at CoG 20/201 that outlined the aspiration and vision for the Warneford site development. He stated the focus for the development was a partnership with UoO and an individual in sponsoring a new college at UoO. He outlined the position was the Trust ran its inpatient services from a 200-year-old building, which although best efforts were made, was not the most appropriate for current times. The Trust was looking to build a new hospital on the Warneford site to consolidate Adult Mental Health Services, and other services. The planned integrated collaborative campus with UoO would focus on brain health, physical health, and medical conditions. When a new hospital was in place the existing Warneford hospital could be vacated and would provide facilities for UoO focus on medicine and health. The Director of Finance informed the cost of building a new hospital for Oxford Health would be approximately £150 million, and this would be achieved by selling some of the existing Warneford site that would be vacated as part of the planned development, plus other funding would be necessary. He reminded that the government had originally offered funding for 40 new hospitals in which the Trust unfortunately had not been successful, and of note there were no new mental health hospitals secured in this original number. The government had added 8 additional places, and Oxford Health was one of 100 applications competing for one of these. Funding for the new hospital would be provided by NHSE and the Department of Health, however alternatives for funding were being explored. As mentioned earlier by Kia Nobre the power of combined hospital and research facilities in integrating healthcare delivery had the potential to accelerate and expand not only services locally and nationally but as part of a world leader in aspiration and delivery. The Director of Finance explained that as £150 million was a significant transaction it would require approval from the Council of Governors at the appropriate time and that the Council would be appraised of progress on development. The current status was option agreements for the transfer and sale of land were being negotiated with UoO so they were in place should the planning and permission for rebuilding of the hospital be achieved. The process was technical and complicated and when the agreements were signed, it was not for approval for the development of the project but the establishment of the vehicle to enable the building of the hospital and progression to the submission of the planning application. Subject to approval of funding a detailed business case would be submitted to NHSE for approval by June 2024, and Council of Governors’ approval would be sought at this time. If successful the plan was for building work to commence in September 2024, with completion estimated by September 2026. Vacation of the existing building for UoO would only take place when the new hospital had been completed.Mike Hobbs expressed there was a more immediate requirement in addressing questions of near neighbours and residents close to the Warneford site and wider population, rather than transactional elements, as there was an awareness of the development but no substantial information yet available to the public. The Director of Finance explained it was complicated as the finances had not been secured for the build yet and the Trust was fully aware there was a requirement for a formal public engagement process to be undertaken at the appropriate time and the process would commence when it was appropriate with governors being updated as such.Kia Nobre said it was important to be able to be open about aspirations to the extent possible. The integration of research, healthcare and education was a symbiotic process with real opportunities in a special facility and service portal to the public for mental health and other aspects dealt with by trust. The spirit of what was being planned would be very much part of the open public engagement. The Director of Finance stressed that all agreements were contingent on approvals by NHSE and the Council of Governors, in response to Chris Roberts enquiry if governor support would be required at an earlier stage. **The Council noted the update.** |  |
| **14.**ab | **Fit & Proper Person Regulations** The Director of Corporate Affairs and Company Secretary reminded those governors who had yet to complete the Fit and Proper Person Regulations to do so as a priority given satisfactory completion was a condition of continuing in the role. **The Council noted the request for all outstanding Fit and Proper Person Regulations to be completed.** |  |
| **15.**a | **Questions from the public**There were no questions from the public. |  |
| **14.**a | **AOB**None. |  |
| **15.**a | **Close of meeting**Meeting closed at 19:50 |  |
| Date of next meeting: 16 February 2022 CoG and Board Development/Strategy Session via Microsoft Teams (remote meeting). |

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