Council of Governors

Minutes of the Council of Governors’ Meeting on Thursday, 19 January 2017 at 14:30 in the Magdalen Suite, Godstow Road, Jurys Inn, Oxford, OX2 8AL.

Present:

Dame Fiona Caldicott FC Chairman
Ms Ruth Barrow RB Public Governor, Cherwell
Mrs Margaret Booth MB Public Governor, Oxford City
Mrs Brenda Churchill BC Public Governor, West Oxfordshire
Mrs Sally-Jane Davidge S-JD Public Governor, Bucks, Berks, Glos & Wilts
Dr Cecilia Gould CGl Public Governor, Oxford City
Mrs Jill Haynes JHa Public Governor, Vale of White Horse
Mr Martin Havelock MHa Public Governor, Vale of White Horse
Mrs Anita Higham OBE AH Public Governor, Cherwell
Mr Martin Howell MHo Nominated Governor, Oxford Health NHS Foundation Trust
Dr Ian Roberts IR Public Governor, South Oxfordshire
Mr Richard Soper RS Staff Governor, Non-Clinical
Mr Brian Souter BS0 Public Governor, Bucks, Berks, Glos & Wilts
Mr Blake Stimpson BST Public Governor, Northants & Warks
Dr Chris Winearls CW Staff Governor, Clinical
Hannah Young People’s Executive (YiPpEe)
Millie Young People’s Executive (YiPpEe)

In Attendance:

Miss Maria Crawford MC Corporate Governance Manager (minutes)
Mr Paul Brennan PB Director of Clinical Services
Ms Susan Brown SB Senior Communications Manager
Mr Scott Lambert SL Children’s Patient Experience Project Lead
Ms Maria Moore MMo Director of Operational Finance
Ms Susan Polywka SP Head of Corporate Governance and Trust
Board Secretary
Mr Mark Power MP Director of Organisational Development & Workforce
Ms Caroline Rouse CR Foundation Trust Governor and Membership Manager
Ms Janice Smith JS Governance Consultant, Capsticks
Mr Peter Ward PW Non-Executive Director
Ms Lucy Carr LC Staff Governor, Clinical
Mrs Sue Chapman SC Public Governor, West Oxfordshire
Dr Chris Cunningham CC Staff Governor, Clinical
Prof June Girvin JG Nominated Governor, Oxford Brookes University
Ms Julie Stockbridge JS Staff Governor, Clinical
Cllr Judith Heathcoat JHe Nominated Governor, Oxfordshire County Council
Dr Paul Park PP Nominated Governor, Oxfordshire Clinical Commissioning Group
Dr Catherine Paxton CP Nominated Governor, University of Oxford
Ms Rachel Pearce RP Nominated Governor, NHS England

CoG17/01/01 Apologies and declarations of interest

Apologies for absence had been received from Lucy Carr, Sue Chapman, Dr Chris Cunningham, Professor June Girvin, Julie Stockbridge, Judith Heathcoat, Dr Paul Park, Dr Catherine Paxton and Rachel Pearce.
A welcome was extended by the Chairman to members of the public who were attending.

Ruth Barrow and Brenda Churchill two newly elected Governors, were welcomed to their first meeting.

Mrs Anita Higham declared an interest in her capacity, as Chairman of the North Oxfordshire Locality Patient and Public Forum.

CoG17/01/02 Minutes of the meeting held on 20 October 2016

The minutes of the meeting held on 20 October 2016 were accepted.

CoG17/01/03 Matters arising from the minutes

There were no matters arising from the minutes that were not dealt with on the agenda.

CoG17/01/04 Chairman’s Business

The Chairman expressed thanks to Mrs Anita Higham for having served as Lead Governor, and welcomed Dr Cecilia Gould as the newly elected Lead Governor.

PB was invited to provide an update on Phase One of the Oxfordshire Clinical Commissioning Group’s [OCCG’s] consultation on the Oxfordshire Transformation Programme, emphasising that this was distinct from the Buckinghamshire, Oxfordshire and Berkshire (West) [BOB] Sustainability and Transformation Plan [STP], and separate from the decision which had been made on the grounds of patient safety temporarily to suspend obstetric and neonatal services at Horton General Hospital [HGH] with effect from 3 October 2016.

Having passed through the relevant governance processes enabling OCCG to commence Phase One of the consultation, the scope of the first phase was expected to focus on the following:

- Critical Care Services at HGH
- Stroke services in Oxfordshire
- Maternity and obstetric care at HGH
- Planned care at HGH (including elective care, diagnostics and out patients)
- Changes to acute hospital bed numbers in Oxfordshire as part of a plan to provide more care out of hospital

Attention was drawn to the fact that the statutory body consulting on the local transformation programme was the Oxfordshire Clinical Commissioning Group [OCCG], and that whilst the Trust was contributing and supporting OCCG in this process, its position was that of a consultee.

Aspects of the proposals being put forward for each of the acute sector areas within the scope of Phase 1 of the Consultation were briefly outlined, including:
• the current temporary suspension of the Obstetric and Neonatal Services at the HGH to a Midwifery-Led Unit [MLU] being made permanent, on the basis that there was no solution that could ensure a safe, high quality obstetric unit at HGH;
• all patients diagnosed with an acute stroke to be taken immediately by ambulance to the Hyper Acute Stroke Unit at the John Radcliffe [JR], where immediate access to advanced tests and treatments was shown to lead to better outcomes for patients;
• the Intensive Care Unit [ICU] at HGH – currently designated to provide Level 3 critical care in 2 of its 6 beds - being sustained to care for patients at risk of deterioration, and Level 2 critical care patients, as the safest option;
• An expansion of planned care at HGH, including the development of a new ambulatory and diagnostic centre, accommodating more sub-speciality clinics currently undertaken at the JR. It was estimated that between 60,000 – 90,000 patients attending these appointments would benefit from this change in the North Oxfordshire area.
• A renewed focus on ambulatory rather than bed-based care for those patients who did not require an acute bed and could be better managed within the community. The Trust was noted to have reduced its acute bed capacity by 146 beds and invested more than £4.5m to manage non-bed based patients in Oxfordshire, working in partnership with OCCG, Oxford Health NHS Foundation Trust and Oxfordshire County Council.

Phase Two of the consultation on the local Transformation Programme was expected to focus on community hospitals (including Midwifery-led Units) and Accident and Emergency departments.

A brief overview was then provided on the Buckinghamshire, Oxfordshire and Berkshire (West) [BOB] Sustainability and Transformation Plan [STP]. It was noted that the BOB STP had not yet yielded any significant service change, but the three acute hospital trusts within the BOB STP ‘footprint’ were considering how they could work together to enable greater efficiency in the provision of services. Examples of the types of efficiencies that potentially could be made were a single bank for non-substantive staff across all three hospitals, cross-cover of radiology reporting, generating an estimated saving of up to £2m per year and combining out of hours medical rotas across sites. The aim would be to deliver improved resilience in the clinical workforce and structures.

BSTi expressed concerns regarding maternity services, in particular transfer times between the HGH and JR, pointing out that HGH also served women from parts of Warwickshire and Northamptonshire. PB confirmed that this had been taken into account. He reiterated that the evidence-base supported the contention that Midwifery-led Units [MLUs] provided a safe option for low-risk women. The Trust wished to ensure that high risk women could have a 24/7 consultant presence on labour wards, although there were not currently sufficient doctors to deliver this at the JR. It was considered that this would never be feasible at HGH. It was noted that the level of junior doctors choosing to specialise in obstetrics had decreased across the country, and therefore, maintaining two obstetric units was not currently viable from a patient safety or staff workforce perspective.

RH asked whether patients based further afield with long-term health conditions would be prevented from accessing care at the JR, if OCCG were seeking to distribute
patients to more local hospitals. PB confirmed that patients were funded by the CCG within which they were resident, whether they received treatment locally or out-of-area.

The Chairman encouraged Governors to attend the public consultation events that were being offered by OCCG throughout the county, as part of the Governors’ role to represent the interests of members and the public. It was, however, made clear that Governors were not required to represent or speak on behalf of the Trust, and decisions on the options would be made by OCCG.

In response to a query from RS, relating to whether the Trust would actively seek staff engagement with the proposals, it was confirmed that the Trust would seek to discharge its organisational responsibility to communicate effectively with staff; however responses to the consultation needed to be directed to OCCG. Reference was made to the various meetings held by the Chief Executive with staff across all four sites prior to the launch of Phase One of the Consultation and other communication options were being explored.

IR queried the basis of the figures relating to outpatient and diagnostic appointments at HGH, estimated at between 60,000 and 90,000. PB stated that it was proposed that, with the right infrastructure, HGH could accommodate around 6,000 MRI scans, 24,000 medical sub-speciality appointments and 30,000 surgical patients. Detailed modelling had been undertaken, and it was agreed that this could be made available to Governors.

**Action:** PB

CW asked if Great Western Hospitals [GWH] NHS Foundation Trust was also included in the BOB STP ‘footprint’. PB confirmed that, although GWH was not within the BOB STP ‘footprint’, the Trust continued to work with GWH in relation to its membership of the Cancer Alliance, and was also in discussion with GWH in relation to the provision of Intensive Therapy Units [ITU]. The Trust Chairman commented that, as a specialist tertiary centre, the Trust must remain committed to maintaining good working relationships for the benefit of patients, which would include collaboration with partners beyond the boundaries of the BOB STP.

AH asked whether the Trust’s Master Plan would address provision for parking to support the expansion of planned care at HGH, and it was confirmed that it would.

MB challenged whether the bed realignment programme, and the closure of acute hospital beds, was detrimental.

PB emphasised that, although the number of acute hospital beds had been reduced, the Trust had invested almost £5m to enhance the management of patients on a non-bed-based pathway, as being clinically in patients’ best interests. As highlighted within the OCCG’s consultation, evidence\(^1\) showed that an acute hospital bed was not the best place for older people once they were medically fit for discharge. Experience showed that appropriate patient flow through the hospital was blocked by delays in discharging patients who were medically fit for discharge, a significant cause of which was the inadequate provision of domiciliary care. The ‘bottleneck’ in delayed

\(^1\) From the British Geriatric Society, and the National Audit Office
transfers of care [DTOCs] was not alleviated by opening more acute hospital beds. In fact, in the past, the ‘bottleneck’ had only been exacerbated by providing a larger number of beds occupied by patients who were medically fit for discharge.

It was confirmed that additional beds were being managed by the Trust in the Nursing Home sector, to provide the best quality care to patients, in the best environment, and this was being regarded by NHS Improvement as an exemplar of the transformation and reconfiguration of services to be encouraged across the NHS.

The Trust Chairman advised that consideration needed to be given to the totality of health and care services across the system, and the integration of those services, rather than merely looking at the number of acute hospital beds housed within hospital walls.

The Council of Governors received and noted the update on Phase One of the Oxfordshire Clinical Commissioning Group’s [OCCG’s] consultation on the Oxfordshire Transformation Programme, and on the Buckinghamshire, Oxfordshire and Berkshire (West) [BOB] Sustainability and Transformation Plan [STP]

CoG2017/01/05 Board Governance Review

JS conveyed her thanks to the Trust Board for commissioning the review of the Trust Board, and provided an overview of the main findings covered in the full report; highlighting that overall the Trust had a high performing and effective Board.

It was noted that this had been a developmental review which included recommendations of alternative ways of working, consideration and adoption of which would be at the discretion of the Board.

Key points drawn to the Governors’ attention included:

- Patient safety and quality were demonstrated to be the overriding priorities of the Board;
- The Trust had a strong commitment to governance and assurance, amongst the strongest Capsticks had reviewed, with emphasis placed on an effective and efficient Corporate Affairs department.
- Strong inputs from Executive Directors, including outside their portfolios, which indicated a mature Board.

Further areas identified as possible areas of development for the Board included:

- Developing a detailed succession plan to ensure the appropriate skill mix is maintained, to meet the needs of the Trust.
- To consider ways of increasing diversity on the Board, which was noted to be a national problem.
- Identifying further ways of working with the Governors more effectively, though it was emphasised that this would be a work in progress given the Trust had only achieved foundation trust status in October 2015. It was suggested that further discussion may need to take place regarding how Governors’ would hold Non-Executive Directors [NEDs] to account.
• To strengthen the interface between the Board and the clinical Divisions by introducing rotational presentations to the Board and meetings with Non-Executive Directors [NEDs] and Divisional Directors.

RH suggested that it could be advantageous to consider appointing “trainee” or “associate” NEDs and JS confirmed that, subject to the need to avoid the size of the Board becoming too unwieldy, the appointment of an Associate NED could assist in circumstances where specialist input was required for a sub-committee of the Board. It could also provide an opportunity to increase the diversity of committee membership, and develop the individual in readiness to be considered for appointment as a ‘full’ NED and voting member of the unitary board.

Focus turned to the balance of skills required on the Board, and JS summarised the general skills expected on the Board of a large acute teaching hospital trust, including skills relating to the financial analysis, general management, and human resources. It was emphasised that whilst skills gaps should be continually kept under review, a degree of compromise was always likely to be required.

RS was keen to know if JS had any advice for improving working relationships between the Board and Governors. JS advised that, in her experience, it often took time to build up a working rapport, and it was important to have a plan for Governors to work with the Board to address key issues, and achieve shared goals. JS underscored the Governors’ role in ensuring good governance, but highlighted that the role was not one of an inspectorate.

MHa remarked that it was sometimes difficult to judge how to discharge the Governors’ role in seeking assurance on the extent to which the NEDs and the Board collectively was assuring itself as to performance of the Trust. JS suggested that the sub-committees of the Council of Governors should help to focus on the main points upon which to seek assurance.

IR questioned whether the Board could be judged to be functioning well, when operational performance targets had been missed. JS clarified that the assessment of the Board as ‘high performing and effective’ reflected the fact that appropriate processes and systems were in place, supported by constructive behaviours and a positive organisational culture, but this did not mean that there wouldn’t be issues that needed to be addressed, and challenges that depended on factors outwith the Board’s control.

AH expressed the hope that forthcoming NED appointments would provide insight into the nuanced differences in social and community perspectives across the county, though JS highlighted that (unlike Governors) NEDs did not represent a constituency.

The Council of Governors received and noted the presentation of the Board Review

CoG2017/01/06 Proposals for future working arrangements

FC asked the Council to give further consideration to its future working arrangements, including the working relationship with the Trust Board, by reference in particular to:

• the establishment of sub-committees of the Council of Governors;
• the opportunity for Governors to meet informally, and alone, on a regular basis; and
• arrangements for Joint Seminars between Governors and Board members.

MB challenged the proposal that there would no longer be provision for regular attendance of Governors to observe meetings of the Board’s sub-committees. FC submitted that the relationship between Governors and the Board would be expected to change, now that more sub-committees of the Council had been established. Regular attendance by Governors at sub-committees of the Board was understood to be quite unusual amongst other foundation trusts.

CG proposed that Governors may wish to hold their own private meetings without members of the Board or officers of the Trust present, and all Governors were in agreement that this should be arranged. MHo and RH confirmed that such was the practice at Oxford Health NHS Foundation Trust and at Northampton Health Care NHS Foundation Trust.

S-JD expressed support for the joint Seminars proposed between Governors and members of the Board. She remarked that the joint meeting between Governors and the Board held on 26 October 2016 had been very useful, and hoped that Governors could participate more fully in future joint sessions.

Some concern was raised that further separate meetings would result in poor attendance rates given Governors’ competing commitments. Preference was expressed for holding informal, private meetings of Governors prior to Seminars.

SP highlighted that the next joint Seminar was scheduled to take place at 2pm – 4pm on Wednesday 29 March 2017.

The Council of Governors considered the proposals for future working arrangements, and in particular by reference to support for:

• **Establishment of two new sub-committees of the Council of Governors,** *Patient Experience, Membership and Quality and Performance, Workforce and Finance;*  
• **Arrangements for informal, private meetings of Governors; and**  
• **Joint Seminars between Governors and members of the Board.**  

**CoG2017/01/07 Tender process for external audit process**

MMo presented the report, outlining the potential process to appoint an External Auditor for the financial year 2017/18, noting that the term of the Trust’s current external auditors Ernst & Young was due to expire in September 2017, within which time they would be expected to conclude their audit of the financial accounts for 2016/17.

It was highlighted that foundation trusts must have an external auditor in place at all times, appointed by the Council of Governors, with the support of the Audit Committee.

MMo outlined the considerations which the Chairman of the Audit Committee had taken into account in recommending that for 2017/18 the existing contract with Ernst & Young
should be extended, and a tender exercise should be undertaken during 2017/18 to put
in place an external auditor for the financial year 2018/19.

In particular, consideration had been given to:

- The impact of the current internal audit tender process; and
- The lessons learnt from other newly authorised foundation trusts.

The issue of stability during a period of change was regarded as being of particular
importance, especially in the context of the financial pressures facing the NHS in
general and NHS providers.

Governors noted that, in addition to the internal audit tender process, the Trust’s Chief
Finance Officer had only taken up post in October 2016, and so it might be preferable
not to change External Auditors so soon thereafter. MMO clarified that the Chief
Finance Officer would remain independent from the process of appointment of the
External Auditors.

In the interests of offering the opportunity to gain relevant experience, an invitation was
extended for a governor to observe the presentations of suppliers shortlisted for the
provision of internal audit services.

MB asked whether the timetable to review External Audit arrangements was
provisional. MMO confirmed that the timetable included in the paper was intended to
illustrate the timetable for action if the Council of Governors decided not to extend the
existing contract with Ernst & Young. If the Council of Governors decided to accept the
recommendation that the existing contract with Ernst & Young should be extended, then
a revised timetable would be issued for the tender exercise to be undertaken during
2017/18, to put in place an external auditor for the financial year 2018/19.

All Governors present approved extension of the existing contract with Ernst &
Young for 2017/18, and agreed that a tender exercise should be undertaken
during 2017/18 to put in place an external auditor for the financial year 2018/19.

CoG2017/01/08 Update from Governors’ Sub-Committees

Nominations and Remuneration Committee [NRC]

FC reported that the main business of the NRC at its meeting held on 12 December
2016 had been review of the Process for the Appointment of Trust Chairman and other
Non-Executive Directors [NEDs].

The initial draft document had been revised in the light of comments raised by Governor
members of the NRC, and the final Process for Appointment of Trust Chairman and
other NEDs had now been circulated to all Governors.

AH reported that a further informal meeting of Governor members of the NRC had been
held in advance of the meeting of Council, at which it had been suggested that greater
clarity was required about the remit of the NRC as a ‘standing committee’, and that of
the Appointment Panel which had been convened under the Constitution to make
recommendations on the upcoming NED appointment.

BS asked if the role of the NRC was to put forward guidance to be followed by the
Appointment Panel.

MP was invited to provide further clarification, and confirmed that it was part of NRC’s
role to seek assurance that the process applied to the appointment of NEDs was
appropriate, as represented by the document that had been developed with input from
the NRC, and now circulated to all Governors.

The appointment process would be enacted by an Appointment Panel, convened in
accordance with the Constitution, to make recommendations to the Council of
Governors on the specific upcoming NED appointment.

RH suggested that, at s2.3 of the Process for Appointment of Trust Chairman and other
NEDs, it should be made clear that employment by any predecessor organisation of the
Trust within the last 5 years would be relevant when determining the independence of
NEDs.

MHo advised that, in his experience, the important thing was that there was a process
which would culminate in a recommendation being made to the Council of Governors.

No other point was raised in relation to the Process for Appointment of Trust Chairman
and other NEDs.

It was confirmed that an Appointment Panel had been constituted, following initiation of
the process to do so having been approved by the Council of Governors at its meeting
on 20 October 2016, on NRC’s recommendation. A date was to be set for the
Appointment Panel to meet to consider the job description and person specification,
and Governors were supportive of the need to make progress.

In answer to MHa’s request for clarification, it was expressly confirmed that no further
steps were required under the Constitution for the Appointment Panel to proceed
towards making its recommendation to Council in relation to the upcoming NED
appointment.

MB stated that she considered there to be some issues which had not yet been
addressed which would, or should, affect the content of the job description and person
specification when these came to be considered by the Appointment Panel. It was
reported that these issues had been identified and discussed at the meeting of
Governor members of the NRC held immediately prior to the meeting of the Council of
Governors.

MP confirmed that he would be happy to receive and respond to points put forward for
consideration by the Appointment Panel, and AH offered to collate and submit the
points that had been raised.

CW emphasised the importance of ensuring that recommendations made to the Council
of Governors could be seen to have been developed through due and proper process.

FC suggested that Council should be given the opportunity to review and revise the
terms of reference of the NRC, in alignment with the terms of the Constitution.

The Council of Governors received and noted the update from the Nominations
and Remuneration Committee, including the Process for Appointment of Trust
Chairman and other NEDs, in accordance with which the Appointment Panel
would now proceed towards making its recommendation to Council in relation to
the upcoming NED appointment.

Post-meeting note: The recommendation for a NED appointment can only be made to
the Council of Governors by an Appointment Panel that has been constituted and
convened in line with the requirements of s. 2.9 of Annex 8, Appendix 4 of the
Constitution.

At its meeting on 20 October 2016 [Minute ref: CoG16/10/02], the Council of Governors
agreed to initiate establishment of the Appointment Panel. Following a secret postal
ballot of all governors to select the two public governors on the Appointment Panel, the full membership of the Appointment Panel comprises Dame Fiona Caldicott (as Chairman), Sue Chapman (as elected public Governor), Martin Havelock (as elected public Governor), Chris Winearls (as elected staff Governor) and Martin Howell (as appointed Governor).

Patient Experience, Membership and Quality Committee [PEMQ]
S-JD presented a summary of the first meeting of the PEMQ Committee meeting, highlighting the following points:

- Review of the Terms of Reference of the group;
- Outline work programme for 2017;
- Report from the Quality Committee Chairman;
- Feedback from Governors’ attendance at the End of Life Care group; and
- Proposed future meeting dates.

CG reported that she had attended the Quality Conversation event on 16 January and was critical of the video presentations, highlighting the medical jargon used which, in her opinion, was not accessible to the general public. FC agreed that the Trust’s aim to improve public engagement depended upon better use of language. It was confirmed this would be fed-back to the Trust’s Communications Team and considered further by the Patient Experience, Membership and Quality Committee.

The Council of Governors received and noted the update from the Patient Experience, Membership and Quality Committee.

Performance, Workforce and Finance Committee [PWFC]
CG presented a summary of the first meeting of the PWFC meeting, noting the key items identified for the Work Programme 2017 included:

- The Committee’s Terms of Reference;
- A review of updates for any regulatory action;
- Key measures of success;
- A review of the strategy for recruitment and retention;
- Review of the Trust Business Plan;
- A review of risks; and
- Regular reports from the Finance and Performance Committee Chairman to provide assurance.

It was highlighted that the purpose of the sub-committee was to add value rather than to duplicate the work of the Trust Board’s Sub-Committees.

It had been agreed that the next meeting would include consideration of the process for the appointment of the Trust’s external auditors.

The Council of Governors received and noted the update from the Performance, Workforce and Finance Committee.

CoG2017/01/09 Update from Young People’s Executive
Millie and Hannah provided an update on the Young People’s Executive.
YiPpEe had been approached by a lecturer at Oxford Brookes University to deliver a session on Service User Involvement.

In October 2016, YiPpEe met with the Chief Nurse to discuss ways in which the group could be involved in Trust projects. The “Go Digital” theme was one in which YiPpEe identified it could make a significant contribution to given the group were keen users of technology.

In November 2016, five members of YiPpEe attended a Takeover Challenge Event at County Hall in Oxford, which saw the launch of the new Oxfordshire Youth Forum VOXY – Voice of Oxfordshire Youth – and has a YiPpEe member on the Young Peoples’ Steering Group. VOXY has support from the police and fire service as well as other organisations working with children and young people. It was noted Oxfordshire CCG support and partly finance this project whilst Oxford Health is yet to become involved.

In December 2016, members visited patients in the Children’s Hospital, and gave out presents alongside Oxford City Stars ice hockey team. In addition, two representatives from the CCG’s Communications Team, exchanged ideas on engaging children and young people in Phase Two of the consultation – social media was the agreed platform and YiPpEe will form part of the social media campaign entitled #IfIrantheNHS.

On 16 January 2017, 3 members of YiPpEe attended the Trust’s Quality Conversation Event.

Extended thanks were provided to those members of the council who had assisted Millie with her EPQ report on how young people could influence the NHS. In addition, Roger Morgan, former public governor and Children’s Rights Director for England, was formerly thanked for agreeing to be interviewed. This report would be shared with members in due course.

The Council of Governors received and noted the update from the Young People’s Executive.

CoG2017/01/10 Any Other Business

Millie informed the governors she had put together a team for the OX5 run and asked to share the group’s fundraising page with them via the Governors’ web forum, or by email through CR. All agreed to the page being shared.

Action: CR

MB highlighted that she had in the past taken part in the Patient-led assessments of the care environment [PLACE] programme, which involved teams made up of patient representatives going into hospitals to evaluate the care environment. Any Governors who were interested in taking part were asked to contact MB who would provide further details.

The Chairman reported that Roger Morgan, public elected Governor for the constituency of the rest of England and Wales had resigned, and expressed thanks in appreciation of the contribution he had made.
CoG2017/01/11 Date of the next meeting

The Council of Governors will meet in public on Friday, 7 April 2017 at 14.30 in the Didcot Civic Hall, Britwell Road, Didcot, Oxfordshire, OX11 7JN.