

Council of Governors

Minutes of the Council of Governors' Meeting on Tuesday, 30 January 2018 at 14:30 in Classroom 1, Saïd Business School, Oxford.

| | | | |
|-----------------------|------------------------|------|--|
| Present: | Dame Fiona Caldicott | FC | Chairman |
| | Mr Tony Bagot-Webb | ABW | Public Governor, Northamptonshire & Warwickshire |
| | Dr Arthur Boylston | ABo | Public Governor, South Oxfordshire |
| | Mr Simon Brewster | SBre | Staff Governor, Clinical |
| | Mr Steve Candler | SCa | Public Governor, Rest of England & Wales |
| | Mrs Sue Chapman | SCh | Public Governor, West Oxfordshire |
| | Mrs Sally-Jane Davidge | SJD | Public Governor, Bucks, Berks, Glos & Wilts |
| | Dr Elizabeth Gemmill | EG | Nominated Governor, Oxford University |
| | Mr Martin Havelock | MHa | Public Governor, Vale of White Horse |
| | Mrs Jill Haynes | JHy | 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 |
| | Mr Gareth Kenworthy | GK | Nominated Governor, Oxfordshire Clinical Commissioning Group |
| | Mr David Radbourne | DR | Nominated Governor, NHS England |
| | Mr Thomas Snipe | TS | Staff Governor, Non-Clinical |
| | Mr Brian Souter | BS | Public Governor, Bucks, Berks, Glos & Wilts |
| | Ms Julie Stockbridge | JS | Staff Governor, Clinical |
| | Cllr Lawrie Stratford | LS | Nominated Governor, Oxfordshire County Council |
| | Dr Chris Winearls | CW | Staff Governor, Clinical |
| | Mr Mariusz Zabryznski | MZ | Staff Governor, Non-Clinical |
| | Emily | | Young People's Executive [YPE] |
| In Attendance: | Mr Matt Akid | MA | Head of Communications |
| | Mr Paul Brennan | PB | Director of Clinical Services |
| | Mr Jason Dorsett | JD | Chief Finance Officer |
| | Ms Paula Hay-Plumb | PHP | Non-Executive Director |
| | Dr Claire Hobbs | CH | Clinical Director Oncology & Haematology (for Item 8) |
| | Mr Scott Lambert | SL | Young People's Executive Co-ordinator |
| | Ms Susan Polywka | SP | Head of Corporate Governance and Trust Secretary |
| | Dr Neil Scotchmer | NS | Programme Manager |
| | Ms Anne Tutt | AT | Non-Executive Director |
| | | | |
| Apologies | Dr Susy Brigden | SBri | Public Governor, West Oxfordshire |
| | Ms Lucy Carr | LC | Staff Governor, Clinical |
| | Dr Cecilia Gould | CGI | Public Governor, Oxford City |
| | Dr John Harrison | JHr | Public Governor, Oxford City |
| | Mrs Rosemary Herring | RH | Public Governor, Northamptonshire & Warwickshire |
| | Mr Keith Strangwood | KS | Public Governor, Cherwell |
| | Lewis | | Young People's Executive [YPE] |

CoG18/01/01 Welcome, apologies and declarations of interest

The Chairman welcomed Simon Brewster, Tony Bagot-Webb, Lawrie Stratford, David Radbourne, Gareth Kenworthy and Emily to their first meeting as governors.

The Chief Finance Officer, the Director of Clinical Services and the Head of Communications were also welcomed to the meeting, as were Non-Executive Directors Mrs Anne Tutt and Ms Paula Hay-Plumb.

Apologies were received as outlined above.

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

CoG18/01/02 Minutes of the meeting held on 5 October 2017

The minutes were **accepted** as an accurate record.

CoG18/01/03 Matters arising from the minutes

AH asked for the outcome of Elizabeth Gemmill's request to see the memorandum of understanding entered into by the Trust and the University of Oxford with the Mayo Clinic. The Chairman advised that the status of the document was still being checked.

CoG18/01/04 Chairman's business

The Chairman reported that, further to the Council's recommendation at its last meeting, the Board had confirmed the proposed extensions to the role of Lead Governor. Nominations had been sought and Cecilia Gould was confirmed unopposed in the newly-expanded role.

The Council was informed that the Secretary of State for Health had referred the decision regarding Obstetrics at the Horton General Hospital to the Independent Review Panel [IRP] and that OUH had contributed to the Oxfordshire system's response. A response from the IRP was expected by February and the Chairman confirmed that this would be communicated to governors.

Action: NS/SP

The Director of Clinical Services explained that, as part of the Trust's PFI contract at the John Radcliffe [JR] hospital, Carillion staff provided catering, portering and cleaning, along with some estates services and a helpdesk. The Council was informed that, following the recent liquidation of Carillion plc, the Trust's PFI partner (The Hospital Company [THC]) had stepped in to ensure that services had continued to run smoothly. PB reported that Carillion staff had been fantastic and the supply chain had been maintained. Thanks had been communicated through staff emails and briefings to all Carillion staff who had continued to provide vital services in difficult circumstances.

MHa asked for clarification as to whether their employment status had changed. PB noted that the majority of staff had been seconded back to the Trust with fewer than 30 directly employed by Carillion. These were now employed through the Hospital Company.

CoG18/01/05 Update on winter pressures and Emergency Department performance

The Director of Clinical Services gave a presentation to update governors on winter pressures and the performance of the Emergency Department. He explained that attendances had increased by 2% on the previous year but that ambulance conveyances were up by 7-10% at both the Horton and John Radcliffe, demonstrating

an increase in the acuity and severity of attendances. The number of breaches of the four hour standard was running ahead of the previous year except in October (there having been a spike in breaches during October 2016). The most troubling element of performance had been on twelve hour breaches (patients waiting for more than twelve hours in the Emergency Department following a decision to admit) of which there had been 50 reported during the first ten days of January 2018.

PB explained that a bid had been made for national winter pressures funding which had been used to introduce an incentive scheme for staff to carry out additional shifts, as a result of which beds at the John Radcliffe that were usually closed at the weekend were currently being kept open. He emphasised that the position was being maintained through the incentive scheme and not new recruitment and that there was a need to monitor the position to ensure that staff were not working excessive hours. E ward at the NOC had been opened in order to cohort patients who were ready and medically fit for discharge. The Trust had opened additional hub beds and there had also been support from system partners; Oxford Health had opened a number of closed community beds and Oxfordshire County Council had contracted additional nursing home beds. In line with national guidance, the Trust had cancelled operations for non-urgent elective inpatients but, contrary to what the national guidance proposed, daycase activity had been maintained.

It was recognised that the current arrangements could not be maintained indefinitely and admissions to E ward had been stopped with the aim of closing it by the end of the week. The weekend beds were to be maintained at that stage along with additional beds on John Warin, 5F and in the hub. It was intended that elective activity would be recommenced incrementally with most areas starting operating from 5 February and the remainder from 12 February.

The Director of Clinical Services noted that external clinical review had been undertaken of 'stranded' patients within the Trust (patients in hospital for 7 days or more). A view had been expressed that 30-40% of patients could be discharged by improving Trust processes but this review had found that the room for improving the rate of discharge was far smaller than that.

ABW noted that bed pressures appeared to have been managed well and asked for more detail on the types of patients who had presented. PB explained that investment had been made in ambulatory assessment units and that many patients had been suitable for management through these and could be discharged from them directly. He commented that 80-90% of these patients would previously have required admission. Over the winter there had been some occasions on which it had been necessary to keep the ambulatory unit open overnight.

ABW asked whether more could be done to prevent patients who did not need to from presenting to hospital. PB explained that changing behaviour was a major challenge and could not be done quickly, making it necessary to respond to those patients who were presenting. He suggested, however, that there was a question of whether there was more that could be done by beginning to plan for the following winter 2018/19 earlier in the year. JD added that more clinicians had been made available by phone to the ambulance service which could either speed up or avoid admissions as appropriate.

EG asked how the figures compared with other historical years and whether it was possible that it was the previous year that had been unusual. PB explained that these numbers showed year on year increases over a long period but that the extent of the rise in ambulance conveyances was unusual.

SC asked whether there was further work that could be done with primary care to treat patients in a different way at home. PB explained that the Trust was in discussion with colleagues from the Oxford City GP Federation who had provided support to E ward. It was felt that this had been a useful experience and the possibility of setting up a virtual version of this to support patients in their own homes was being explored. Concerns were noted regarding the issue of access to GPs and the possibility that this meant that patients were deteriorating at home.

AH asked for further detail about arrangements in the north of the county. PB highlighted that there had been a 10.2% increase in ambulance conveyances to the Horton General Hospital, a higher percentage than for the JR though based on lower numbers. He explained that the dialysis unit had temporarily been shut to provide capacity due to its proximity to the Emergency Department although this facility had then been decanted into F ward so that the service could be maintained with the gain of six additional beds.

SBre asked about the financial impact of the cancellation of non-urgent elective patients. PB explained that the full impact was currently being assessed but that it was accurate to say that this would have an impact on income. He noted, however, that it would in part be balanced by an increase in both non-elective work and daycase activity. PB also confirmed that the incentive scheme had been funded from a national funding bid and would not impact financially on the Trust.

The Council noted this update on the performance of the Emergency Department and wider winter pressures.

CoG18/01/06 Recommendation from Audit Working Group on appointment of external auditor

Non-Executive Director, Mrs Anne Tutt briefed the Council on the Audit Working Group's recommendation on the appointment of the external auditor in her role as Chair of the Trust's Audit Committee. Ernst and Young had been the Trust's auditors since 2012 and it was recognised that a review was required from time to time. A working group had therefore been established to undertake this consisting of three governors, members of the Audit Committee and other relevant Trust staff.

AT informed governors that eight auditors were part of the national framework and were asked to tender. Three chose to submit proposals against the agreed criteria. All three (Ernst and Young, Mazars and Grant Thornton) covered the requirements and were close in initial scoring. They were therefore asked to give a presentation in November to generate refined scoring. Following this, the Working Group had recommended that Mazars be appointed as the Trust's external auditors for a three year period.

The process that had been conducted was commended. MHa noted that there had been enough time to explore the relevant issues and praised in particular the support that had been provided by Richard Gardner.

The Council agreed to accept the recommendation of the Working Group to appoint Mazars for the 2018/19 financial year and for the subsequent two years subject to satisfactory performance.

CoG18/01/07 Update on business plan process for 2018/19

The Chief Finance Officer provided an update on the business planning process to the Council, noting that he had picked up the lead role for this following the departure of Andrew Stevens, formerly Director of Planning and Information. He explained that the

previous year's guidance had been for two year plans and had included nine national 'must dos'. He noted that, following the allocation of additional money for the NHS in the Budget, it was expected that the planning guidance would be revised and that this might result in new requirements.

JD noted the importance of the Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Partnership [the BOB STP] as context for planning. He noted that the other two systems (Buckinghamshire and Berkshire) were early examples of Accountable Care Systems. In addition, he noted that the second phase of the Oxfordshire Transformation Programme, covering community care, primary care, children's services and emergency departments, was due to commence shortly.

Given that this was the second year of a two year contract it was anticipated that there should be a smaller set of local variations. These would be based on the amount that commissioners could afford to fund and the impact of this on how quickly the Trust could treat patients. Plans had been developed outlining how OUH could economically increase activity across ten key specialties and JD noted that the issue would be the proportion of this plan that would prove affordable.

The Chief Finance Officer explained that the baseline contract was expected to include an extension to the current risk share arrangement. He noted that the affordability of specialist services was of concern.

Capital prioritisation was underway, including both the prioritisation of schemes and assessment of the work required to manage key constraints on quality and services and compliance issues. JD confirmed that the John Radcliffe Emergency Department Resuscitation Area was regarded as a high priority, along with the relocation of the Renal Ward and the replacement of radiology equipment. Other key developments were likely to include the establishment of a 24/7 thrombectomy service and the delivery of development plans for the Horton General Hospital.

JD outlined the various elements of the operational plan and explained that this was a coordinating device to ensure that workforce, activity and finance components were integrated. He noted that discussion was likely to be required regarding the balance between a high financial target (the current one being one of the highest in the country) and progress against elective performance targets. The Chief Finance Officer outlined the timetable for development of the plan, highlighting the need to consider how best to link with the Council given that it had no further meeting prior to the March Board.

TBW noted that a triage service had previously existed for Warwickshire and Northamptonshire and that this had now been withdrawn, which he posited was likely to have resulted in an increase in patients presenting at the Horton General Hospital. He suggested that the Trust might wish to work with the CCG in Northamptonshire to reintroduce the service. JD confirmed that relationships existed with CCGs for surrounding counties although these were less developed than for Oxfordshire and the other STP CCGs. He confirmed that he would explore this issue with colleagues.

The potential for confusion between Accountable Care Organisations, Systems and Units was recognised. The Council was informed that Accountable Care Units [ACUs] were being proposed as clinical units within the Trust which would be given enhanced autonomy. The ACU terminology was a working title and might be altered. An Accountable Care System [ACS] was a grouping of organisations working together with an agreed set of goals and responsibilities. MHo explained that the purpose was to work more closely together, thinking about funding and priorities across the whole system so as to use resources to the best advantage of the population. The Chief

Finance Officer explained that an Accountable Care Organisation [ACO] was a single legal entity which was responsible for all healthcare (and possibly social care) for a population although some elements could be subcontracted.

The Council noted this update on business planning and agreed that its link with the process would be through the Performance, Workforce and Finance Committee.

Action: JD

CoG18/01/08 Communications with patients, the public and key stakeholders about chemotherapy services

Dr Claire Hobbs provided a briefing on the Trust's chemotherapy services following a recent adverse headline in the Times newspaper. She explained that OUH was currently treating 90-95 patients per day at the Oxford Day Treatment Unit [DTU], the Brodey Centre and at other clinics. Numbers of patients receiving chemotherapy were rising due to greater incidence of cancer, improved survival rates and new treatments. She noted that the Trust must comply with decisions about new treatments that were made by the national drug standards agency and the National Institute for Clinical Excellence [NICE].

Dr Hobbs explained that recruitment of nurses for the service was a significant challenge. This was true Trustwide but the issue was more acute where specialist training was required. There was an increasing need for additional posts in the context of an existing vacancy rate, with concerns that this could reach 40%. It was noted that there had been a national reduction in funding for nurse training. The Trust Cancer Group had been carefully monitoring the situation and developing plans. Dr Hobbs outlined developments to increase capacity which included private provision in patients' homes as well as a recruitment drive and a shift in skillmix.

The Council was informed that an open discussion had been initiated by a member of the consultant team, to elicit views on how the difficulties could be addressed in an equitable way. An email had been sent asking for suggestions and outlining some options, which included extending waiting times for subsequent treatments whilst remaining within national waiting time requirements. It was also noted that three months of chemotherapy could be as good as six for survival rates in some cases, with better quality of life.

The Head of Communications explained that a member of staff had shared this email with the *Times* newspaper. OUH had provided a statement but recognised that this was unlikely to prevent a story being run. Liaison took place with communications colleagues at other organisations at this stage. MA noted that the issue with stories of this type, as in this case, is often with the headline. He noted that the story itself was mostly fair and accurately quoted the email and the Trust's statement.

MA explained that Dr Hobbs had agreed to assist with media interviews and noted that it was recognised that the story would not subside if the Trust did not respond actively. It was understood that patients would be reading the headline and story and that this needed to be addressed. Patients rapidly began ringing to check if their treatment would be affected. Arrangements were made for senior nurses to be visible to reassure patients with messages placed on digital screens and information provided through the Maggie Centre.

The aim was to ensure that there was a balance in reporting by the end of the day, not denying that staffing issues existed, but addressing the inaccurate impression that

treatment was being changed. The initial focus was with local media so as to reach the Trust's own patients. MA highlighted the importance of ensuring that journalists have someone credible and honest to give them an accurate picture. Later coverage started to reflect that this was a limited story. Significant further work took place on the day to have information on the Trust's website and social media, to provide a briefing on the Governors' Forum and to brief local MPs, HealthWatch, the CCG and NHSI. The work undertaken ensured that the Prime Minister was able to respond accurately when the issue was raised at PMQs in the House of Commons.

MA explained that there was uncertainty regarding when the story would be released and how it would be headlined and that this had affected what information could be communicated to governors and when. The Council was reminded of the advice provided by NHS Providers regarding the role of governors in a crisis.

BS noted that he read the Times and that there had been a large number of comments blaming the issue on Brexit. Dr Hobbs noted that relatively few chemotherapy unit staff were from the EU.

SCh explained that she had had complete confidence in how the situation was being managed on the day. She highlighted the issue that had been raised by CW on the Governors' Forum regarding why staff might have felt that they needed to leak information to the press. MA explained that following the episode an email had been sent by the Chief Executive to all staff to highlight the ways in which concerns might appropriately be raised. In addition, it was planned that staff governors be brought together as a group to discuss their role and the extent to which it might include assisting with this.

Dr Hobbs noted that the incident had caused unnecessary anxiety for patients and that there was also a concern that this would prevent staff from exploring issues with colleagues in an environment of trust. AH suggested that the leak might have been from a partner or relative rather than a member of staff. Dr Hobbs suggested that, given the distribution of the email, this was probably unlikely.

SBre asked when it would be possible to know if the actions being taken on staffing were working. Dr Hobbs explained that treatments required and staffing were both going up and that realistically the latter was unlikely to catch up with the former and so it would be necessary to consider different ways to expand. The Chemotherapy Operational Group would continue to evaluate the situation monthly. CH suggested that there was a desire to expand services at the Horton General Hospital to prevent patients needing to come to Oxford.

SBre highlighted that there was an online petition to apply pressure on Parliament for an Oxford weighting. Dr Hobbs explained that there was a problem with nurses being trained in Oxford and then moving elsewhere and that such a weighting was likely to assist in preventing this. The Chairman confirmed that the Trust intended to continue to lobby on this issue.

The Chairman noted that the account provided had been helpful in clarifying why it was not possible for communicating with governors to be the earliest priority in managing a situation of this nature.

The Council noted this update on chemotherapy services and the account of the actions taken in responding to the story reported.

CoG18/01/09 Reports from sub-committees of the Council*i. Patient Experience, Membership and Quality*

Sally-Jane Davidge provided an update to the Council as Chair of the Patient Experience, Membership and Quality Committee, having replaced Sue Chapman who had stood down from the Committee, given other commitments. SJD reported that the Committee had met twice since the last Council meeting and the November minutes had been circulated. It was noted that Art Boylston had joined the membership and that David Mant had taken over from Geoff Salt as Chair of the Board's Quality Committee. The new Chief Nurse had indicated that she would join meetings where possible.

Regular reports were received from the Chair of the Quality Committee and on the Trust's membership. The Committee had also received reports on End of Life Care and on the National Children's Survey. The latter had showed good results and an improvement on the previous survey. The Chief Nurse had indicated that there was potential for governors to be involved in the process of internal accreditation on wards and would update further on this.

SJD noted that public attendees at the Council had suggested that there could be a greater focus on patients, noting that they were mentioned infrequently. It was proposed that meetings be scheduled for longer to allow for a period prior to the formal meeting for governors to interact with members of the public in attendance. SJD noted that this would need to be properly publicised in order to be effective.

The Committee had discussed the issue of staff morale and how it could obtain a clear picture of this. It was understood that the remit of the Committee was patient experience and quality, but recognised that staff morale could impact on these. Other items on the Committee's work programme included the governor elections, a survey of members, review of the Quality Account and the selection of the quality metric for audit.

The Chairman noted that the Board shared the Committee's concerns regarding morale and suggested that John Drew be invited to attend the Committee to discuss this.

Action: NS/SP

SJD explained that members of the Committee had undertaken a visit to the HART (Home Assessment Reablement Team) service. Some members had also attended as observers the daily operational meetings led by Jules Stockbridge. This had been informative and other governors were encouraged to consider attending, noting that this should be via prior arrangement with JS.

Stalls were being organised to give governors an opportunity to recruit members and to speak to patients, carers and staff members. Governors were encouraged to contact Caroline Rouse to volunteer to support with these.

SJD also updated the Council on the Quality Conversation Event which had been attended by staff and members of the public and had employed a 'dragon's den' approach with attendees voting on priorities. Four priorities had been identified: partnership working, end of life care, preventing patient deterioration and 'go digital'.

Finally SJD noted the work being undertaken to involve young people in the work of the Committee with the July meeting to have a particular focus on the Children's Hospital.

The update from the Patient Experience, Membership and Quality Committee was noted.

It was agreed that meetings of the Council of Governors be scheduled for an additional 30 minutes to allow for interaction with the public before the meeting commenced.

ii. Performance, Workforce and Finance

Martin Havelock provided an update from the Performance, Workforce and Finance Committee in the absence of Cecilia Gould. Three meetings of the Committee had taken place since the last meeting of the Council, with minutes circulated for two of these. MHa explained that Geoff Salt had now taken over the role of Chair of the Board's Finance and Performance Committee from Peter Ward.

The overlap with PEMQ regarding responsibility for workforce was highlighted but it was recognised that staffing shortages were a significant concern and that the Committee should maintain its focus on this and seek assurance on the actions being taken. The Committee had received a presentation from the Director of Improvement and Culture regarding the large body of work that he was putting in place in relation to recruitment but would like to see more detail on this.

MHa noted that the relationship with the Finance and Performance Committee of the Board was developing. The PWF Committee was interested in strengthening its understanding of the specifics of the strategy being developed. In particular it wished to see more granular information regarding staff vacancy rates, recognising that overall figures could mask higher numbers in specialist areas.

The update from the Performance, Workforce and Finance Committee was noted.

iii. Remuneration, Nominations and Appointments Committee

The Council **approved** the recommendation from the Remuneration, Nominations and Appointments Committee to reappoint Professor Sir John Bell as the Non-Executive Director representing the University of Oxford up to 31 October 2018.

It was noted that a further recommendation would be brought in due course regarding his successor, nominated by the University of Oxford.

The Chairman suggested that in the absence of the Senior Independent Director it would not be appropriate to comment on the Chairman's appraisal, the content of which was noted to be as reported in the minutes of the last meeting of RNAC.

CoG18/01/10 Appointment of a NED to replace Peter Ward on the Trust Board

The Chairman informed the Council that there was not yet a recommendation regarding appointment of a NED which could be put to the Council.

CoG18/01/11 Working arrangements of Council committees and work programmes for 2018/19

The arrangements for new members to join committees with the approval of the Chairman were clarified. SCh expressed some disappointment that there were not appointed governors on the PWF and PEMQ Committees. She suggested that an appointed governor might be linked to a committee on the understanding that attendance at it might be less frequent than for other members. The Chairman agreed that this could be put to the appointed governors but highlighted that these individuals often had onerous responsibilities elsewhere.

LS noted that it was helpful to understand what was required before volunteering and to understand where skills and experience might best be employed.

The Chairman expressed her gratitude to the committees for their work, noting that they now seemed to be functioning effectively.

The proposed terms of reference for governor committees were **accepted** and the proposal that annual reviews of committee effectiveness be used as a formal opportunity to review committee membership **agreed**.

CoG18/01/12 Update from Young People's Executive

Emily provided an update from the Young People's Executive. She explained that two meetings had taken place since the last meeting of the Council of Governors, one of which had been during the evening to provide an opportunity to discuss sleep on the wards. Part of the December meeting had been used to give out Lego sets on the wards as presents.

Five YPE members had attended the NHS Big Meet Up in London which had the aim of advocating for young people's needs. This included a focus on staff talking to patients rather than their parents about their care.

A Take Over Day had taken place in November and focussed on ways in which the Children's Directorate could improve the response to the Friends and Family Test. YPE members had presented recommendations including learning from other Trusts. Anne Tutt was thanked for her involvement in this event.

Emily and Hannah had also been involved in the provision of a seminar to second year children's nurses at Oxford Brookes in November which had received a positive response.

The update from the Young People's Executive was noted.

CoG18/01/13 Proposed changes to Constitution

The Council of Governors **approved** the changes to the Constitution that had previously received the approval of the Trust Board.

A number of further areas where the Council might wish to recommend changes were highlighted. It was **agreed** that responsibility for developing proposals to come to the Council should be delegated to the Patient Experience, Membership and Quality Committee with the suggestion that this might be done through a 'Task and Finish' group co-opting one or two other governors.

CoG18/01/14 Use of vote in elections to NHS Providers Advisory Council

The Council was reminded of the forthcoming elections to the NHS Providers Governors' Advisory Council in which the Trust had a vote to use.

It was **agreed** that the chairs of the PEMQ and the PWF Committees be asked to consider how the vote should be used and provide a recommendation to the Council.

CoG18/01/15 Lead Governor's business

In the absence of the Lead Governor Sue Chapman noted that she had been approached by the Deputy Lead Governor for Oxford Health to suggest that it might be helpful to have occasional meetings between herself or the OH Lead Governor and the Lead Governor for OUH. In addition it was proposed that they might attend each other's Council of Governors meetings. It was suggested that this might provide an

opportunity for the two Councils to learn from each other, to share an understanding of key issues and to work collaboratively.

SCh explained that she was happy to support the Lead Governor with this as she knew the individual, noting that she did herself work for Oxford Health.

AH supported this, noting that Oxford Health had been a foundation trust for longer and that there could therefore be opportunities to learn from them.

It was noted that Oxford Health had a Council meeting in March and that it might be possible to bring back any observations from this.

Action: SCh

It was confirmed that the Council had for the meantime not accepted the suggestion to have a Deputy Lead Governor.

CoG18/01/16 Any Other Business

No other business was raised.

CoG2018/01/17 Date of the next meeting

The Council of Governors will meet in public on **Monday, 30 April 2018** in the John Paul II Centre, Bicester.