Agenda item: 3

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

DRAFT GOVERNORS' COUNCIL MEETING (IN PUBLIC)

As part of the Trust's robust plans to keep patients and staff safe during COVID-19, the Trust's Governors' Council Meetings are being held using virtual arrangements, until further notice. The Governors' Council held a virtual public meeting on 15 December 2022 at 10.30am. Papers were published in advance of the meeting and are available on the Trust's website.

Minutes of the Governors' Council Meeting held on Thursday 15 December 2022 at 10.30am via MS Teams

Governors	Class and Constituency
Lesley Bambridge (LB)	Appointed Governor, Norfolk County Council
David Chittenden (DC)	Public Governor, Breckland N Norfolk & the Rest of England
Tracy Corbett (TC)	Public Governor, West Norfolk
Esmé Corner (EC)	Public Governor, West Norfolk
Jonathan Dossetor (JD)	Public Governor, West Norfolk
Jane Evans (JE)	Appointed Governor, West Norfolk Carers
Gilli Galloway (GG)	Public Governor, West Norfolk
Antonia Hardcastle (AH)	Public Governor, Breckland, N Norfolk and the Rest of England
Penny Hipkin (PH)	Public Governor, West Norfolk
Sheena Johnson-Banks (SJB)	Staff Governor, Non-Clinical
Leanne Kendrick (LK)	Staff Governor, Non-Clinical
Betty Lewis (BL)	Public Governor, Cambridgeshire/Fenland
Sue Madden (SM)	Appointed Governor, University of East Anglia
Alan Maltby (AM)	Public Governor, South East Lincolnshire (Lincs)
Stuart Nimmo (SN)	Staff Governor, Non-Clinical
Mike Press (MP)	Public Governor, West Norfolk
James Richardson (JR)	Staff Governor, Clinical
Sara Shaw (SS)	Public Governor, West Norfolk
Andy Walder (AWa)	Appointed Governor, Freebridge Community Housing
Kenneth Wicks (KW)	Public Governor, West Norfolk
Peter Wilkinson (PW)	Appointed Governor, Breckland Council
Attendees	**Role**
Chris Lawrence (CL)	Trust Chair, Non-Executive Director (NED)
Chris Benham (CB)	Finance Director pp Alice Webster, Acting CEO
Alan Brown (AJB)	Non-Executive Director
Sue Hayter (SH)	Non-Executive Director
Dr Ian Mack (IM)	Non-Executive Director
Simon Roberts (SR)	Non-Executive Director
Graham Ward (GW)	Non-Executive Director
Andrea Prime (AP)	Trust Secretary
Sarah Renwick (SHR)	Governor and Membership Officer (minutes)

No	Item	Action
85/22	**1. ACTING CHAIR'S WELCOME AND OPENING REMARKS**	
	CL welcomed the Governors' Council and thanked EC for her support and advice in his early days as Chair of the Trust. CL informed that Alice Webster (AW), Acting CEO was unable to attend at short notice due to the weather conditions and travel delays and CB would be representing the Acting CEO.	

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Apologies were received from Alice Webster, Laura Skaife-Knight, Barry Hunt Ann Compton, Claire Fernandez, Garry Monger, Linda Purdy, Jackie Schneider, David Dickinson, Chris Brewis, Paul Kunes, Julian Litten.

86/22 2. DECLARATIONS OF INTEREST

There were no declarations of interest in items on the agenda.

87/22 3. GOVERNORS' COUNCIL MINUTES 13 OCTOBER 2022

The minutes of the meeting held 13 October 2022 were agreed as a correct record.

88/22 4. ACTIONS LOG

Actions 9 and 10: were agreed as complete and moved to the completed actions log.

Action 7: was added to the actions log from the minutes. EC explained that the regional Governors' Forum had been helpful for exchange between Governor colleagues across the region. CL confirmed the importance of the Governors from the three Foundation Trusts being aligned, to ensure that the Governors are united in their contribution to the system. CL will liaise with EC to agree the best way forward and the FT Office will update the Actions Log.

Action 9: SR reported that this incentive had arisen from a discussion by the People Committee on the various strands of education when it was identified that an overarching education strategy is needed. There is a timeline in place with a target completion of April 2023. SR confirmed that this takes the system's approach to education and related strategy into consideration.

89/22 5. CHAIR'S UPDATE

CL informed that he would have written a report for the Council but he was keen, as Chair of his first Governors' Council meeting, to gain an understanding of the Governors' Council and the Governors. CL thanked GW for his skilful management of the Trust as the interim Acting Chair.

CL acknowledged that the Trust is in transition with an interim CEO, Acting Medical Director, Interim Chief Nurse and two part-time interim Chief Operating Officers. These are experienced Executives determined to maintain high levels of patient care and staff welfare. The Director of People and her deputy would also be leaving in 2023.

CL congratulated the Deputy CEO on her appointment as CEO at NHS Orkney. CL informed that the Deputy CEO portfolio will be covered by the new Director of Estates & Facilities and the new Associate Director of Communications, Engagement and Fundraising and other members of the Executive Team.

CL assured the Council that the Trust is committed to building on the hard work of the Executive Team over the previous three years and not fall back into special measures and the Trust Board Committees are focussing relentlessly on patient outcomes and safety. CL highlighted that:

- Final interviews for the new CEO will take place in February 2023
- CL acknowledged that it is disappointing that a decision has not been made on the new hospital programme before the Christmas break, as anticipated.
- CL understood the reasons behind the current nursing strikes but was grateful that the strikes would not extend to the Trust.
- The Committees in Common (CIC) meets again in January 2023 and CL is regularly in touch with the Chairs of the other Acutes; Anna Davidson at JPUH and Tim Spinks, interim Chair of the NNUH, to ensure that the Trust plays an active part in the support and development of excellent care for the people of West Norfolk, South East Lincolnshire and Cambridgeshire/Fenland.
- CL has renewed acquaintance with some members in the system and is forging links with others, including Councillors, portfolio holders and people involved in social care.

CL is positive that the Executive Team will be rebuilt with experienced, confident and dedicated people and, whilst the winter will be tough, the QEH is able to provide excellent care for our patients and is ever mindful of staff welfare.

- LB sought assurance that not replacing the Deputy CEO role does not leave a worrying gap in the management team, the incumbent, having done an excellent job. CL agreed that Laura Skaife-Knight (LSK) leaves a huge gap personally but her portfolio has been allocated to experienced Executives and new postholders.
- AWa considered that strong leadership is almost more important now than it has ever been and sought assurance that staff are seeing strong leadership. CL stressed the need for strong leadership as staff are working under extensive pressure.
- CB informed that, whilst there is no local strike action, the driver for stoppages is pay and the Trust will be following national rules. There are wellness initiatives for staff including free tea and coffee, a free Christmas meal and subsidised 2-course meals for staff. Staff are being encouraged to take their breaks across all spectrums of the workforce.
- AWa expressed concern that the hospital leadership needs to be visible. CL informed that he is encouraging staff to take their breaks when he walks around the hospital and the Executives are often walking around the hospital. CL encourages NED colleagues to take every opportunity to visit the organisation so that they are visible and seen to be engaged.
- PW sought assurance that the excellent work of the previous management team will not be discarded. CL informed that he has been meeting the Board's Committee Chairs to understand their data, approach and risk awareness for their areas of responsibility and assured the Council that the work of the previous Executive Team would not be discarded.
- SR supported AWa's call for strong leadership and confirmed that the People Committee is assured by the strength and scope of the staff wellness initiatives. SR acknowledged that there will be a transition period

in terms of the Executive Team and assured the Council that these colleagues have positive reasons for moving on to progress their careers.

- EC informed that the skills and experience of the six staff Governors could be helpful to inform the NEDs' understanding of the staff experience.
- SJB sought assurance that the Executive Team has the resources in place to cover the Deputy CEO role. CB confirmed that a good package of support is in place to take those responsibilities forward:

    - Paul Brooks, Director of Estates and Facilities and Board member, has extensive experience with a construction organisation and in the NHS.
    - Ian Bryant is the Chief Digital and Information Officer with responsibility for EPR which is a key programme of work.
    - Sara Dean has been appointed Associate Director of Communications, Engagement and Fundraising and starts in January 2023. Sara will be heading up a fully staffed Communications Team.

- AJB, as the responsible NED for the digital programme, confirmed that the Digital Programme is complex because it incorporates the three acute trusts, each with multiples of data. External expertise has been engaged to support the digital work.
- GG commended the support provided to staff but noted that some staff feel that the upwards communication channels are not accessible so it is important to ensure that channels of communication are open both ways. GG hoped the Associate Director of Communications, Engagement and Fundraising would address this issue. CL informed that the Communications Team will be covering the breadth of communication and stressed the importance of listening to staff views because people need to know that their voice is important.

Acting CEO verbal update

On behalf of the Acting CEO CB highlighted that:

- The hospital is busy and demand on the Urgent and Emergency Care (UEC) pathway is unrelenting and elective work is hampered by the progression of the work on the RAAC roof. This is stretching the workforce from AHPs to nurses, domestic staff and porters.
- Ambulances parked outside the hospital waiting to admit patients restrict the ambulances available to respond to 999 calls which is a risk to the health economy and it is the same picture across the system and wider NHS.
- The 4-hour performance standards provide an indicator of how the hospital is performing from a flow perspective but there are approximately 125 patients (30% or 2½-3 wards) of the adult bed base who do not need acute medical care. The Trust has an obligation to ensure patients are discharged to home or to the correct residential setting.
- Staff sickness and vacancies continue to add to the pressure.
- The Trust's performance is under scrutiny by regional and national teams.
- CL informed that the Trust has developed a weekly dashboard of Key Performance Indicators (KPIs) which the Board of Directors receives weekly. The dashboard looks at trends with ambulance handovers, 4-hour emergency access performance, referral to treatment (RTT), cancer waiting times, agency staff usage and spend and vaccination rates. The aim is to keep the Board informed and the dashboard provides an early alert if

things are beginning to slip back, in turn providing more informed discussion between Board colleagues.

- AM noted that the Trust is in the bottom nine in the country for ambulance handovers and asked what will happened in January and February 2023 when things will get worse. CB informed that the problem lies with the lack of flow through the hospital. The medical staff ensure that patients waiting in ambulances are safe, warm and monitored regularly. It can be a greater risk to take them into an overcrowded ED due to the lack of space.
- CB informed that Same Day Emergency Care (SDEC) space is expanding and is due to open mid-January 2023 for which capital funding has been secured. This will be an important short-stay treatment area where patients who need some medical care but do not need to be ward-based can be treated.
- CB noted that the recent budget has made provision for additional funding for social care and it is expected that some of the domiciliary care schemes will unlock some discharges. CB reiterated that the GP front door scheme continues to be successful. This was not in place last winter.
- JD asked whether the Trust is still planning to discharge patients into a new build unit. CB informed that the area to the right of ED recently vacated by the medical records library will contain clinical cubicles which will facilitate more timely ambulance handovers. It will be completed mid-March 2023.
- AWa asked if the NEDs are assured that sufficient work is being done to regulate and accelerate the flow of patients. CL asked IM and GW to respond to AWa through their committee reports.

90/22 6. QUALITY AND BUSINESS COMMITTEE ASSURANCE REPORTS

The Governors' Council received the Chairs' Assurance Reports from the Trust Board Committees and the Governors' Council Committees

6a FINANCE AND ACTIVITY COMMITTEE

GW thank AJB for chairing the Finance and Activity Committee (F&A) while he was the Acting Chair and highlighted that:

- The Trust is experiencing financial pressures so the F&A required a more formal agenda for its informal meeting in November 2022.
- The financial position at Month 7 has been affected by adverse variants mainly due to the run rate having been at winter levels nearly all year, inflation and COVID costs but the position is generally as anticipated. Consequently, the Trust is slightly behind schedule and is looking carefully at pay and non-pay costs and drivers and the F&A is working closely with CB around expected expenditure levels for the rest of the year.
- GW added that the ICS is expected to predict its annual financial outcome at Month 9 which will include the financial position the Trust will have to meet. There is a new national protocol which will come into operation if the Trust forecasts it is unable to meet the original planned breakeven position. CB is working closely with the ICS and the ICS Finance Committee. The F&A is having a joint focus with the People Committee to look at workforce levels in greater depth.

Business cases approved by the Board:

- **Multi-storey car park:** This is a key enabler for the new hospital and was strongly supported, subject to the Trust securing the necessary finance.
- **RAAC investment, years 3 and 4:** GW reported that the Trust has managed the RAAC programme well to date, with flexibility built in to respond to issues such as the the roof area above the theatres.
- **Shared Business Systems (SBS):** Some services have transferred to SBS which is a system-wide initiative. The SBS system has been difficult to implement but the Finance Team has worked hard to resolve the issues. Payments to small suppliers have to be done manually for now to ensure that these suppliers are not disadvantaged. Progress is being monitored closely.

- DC referenced the F&A papers presented to the Board meeting which show that numbers had jumped in-month from month 7 and asked if this was SBS-related and whether it could lead to the deficit being higher than £6m. GW informed that the figures are running as expected had it not put measures in place to bring the numbers back to breakeven and it continues on that course. Discussion continues around how money can be sourced and controlled to achieve year-end predictions. Governors are aware that Trusts are obligated to show a breakeven position. If in deficit the ICB would take control of spend over £50k. These difficulties are being faced nation-wide so the next few weeks are going to be challenging and the ICB may be approached to support the financial position.
- EC asked if the Trust is receiving information from the ICB in time to make decisions for the Trust. CL informed that he and the Committee Chairs have been discussing this and will be taking it forward.

6b BUSINESS COMMITTEE

AWa informed that the Business Committee is assured in terms of understanding the run rate, the capital programme and the Cost Improvement Programmes (CIP) and that there is good grip on the finances internally. AWa expressed doubt that the Trust has good grip on the system finances and leadership and whether the Trust can be assured that this will not have a negative impact on the patients. AWa highlighted areas of concern:

- Stroke provision
- Improvement plans and whether they are delivering improved outcomes for the patients
- Data quality
- How the Trust is working with the system to improve patient flow
- Improved analysis of staff costs is informative but what actions is the Trust taking to improve the situation.

- GW informed that at the last ICB Finance Committee meeting he had enquired about the other Trust's expenditure. Consequently, the Chief Finance Officers of the three Trusts have been asked to report their positions at the next meeting. GW assured the Council that the QEH is

well-represented on the ICB finance forums. It is complex with many component parts but the Trust is in a good position to influence.

- AJB accepted that there are data issues and there are multiple data sources that need to be checked before the data can be used. The F&A has agreed a change in priorities with the Board and an external company is helping with an accelerated Information Services Improvement Plan. AJB added that EPR requires data from the three Acutes to be combined, some of which will contain information about one patient in all three hospitals. This complicated and needs to be started as soon as possible.
- LK asked if lessons learned from the introduction of SBS can be transferred to the EPR project to ensure the EPR is fit for purpose and requires little tinkering. CL informed that he has discussed this with the CEOs of the NNUH and JPUH. AJB added that lessons can also be learned from experience of setting up EPR in the NHS, not all of which has gone well. It will be vital to set the scope correctly so that the Trust understands what is needed to successfully transform the way the hospital works.
- IM informed that the Executive Team is engaged with the system to try and deliver change but there is insufficient evidence that the system is effectively improving patient flow. The Government funding in January 2023 will enable the QEH to pilot a domiciliary care service and IM agreed with AWa that channels of communication need to be utilised within the system to make a difference and counselled the development of a process for holding the various parts of the system to account. CB confirmed that the Trust has a duty to make a significant contribution to the system.
- CB reported that the ICS response to elective recovery has given the Trust better traction and the Trust is developing its elective programme.
- EC asked if the NEDs have been able to investigate the development of not-for-profit social care. CB considered that this would be of interest but the QEH's ability to expand is limited currently due to the winter pressures.

91/22 7. QUALITY COMMITTEE AND PATIENT EXPERIENCE COMMITTEE

7a QUALITY COMMITTEE

IM addressed the areas of positive assurance:

- Mandatory training levels in midwifery have improved which, it is hoped, will assist with the CNST Maternity Incentive Scheme.
- The Clinical Audit Action Plan is making good progress, particularly with national audits.
- Excellent work continues in research and innovation.

Areas of concern and key risks include:

- The Compliance Plan and Quality Improvement Plans are slipping. This has been attributed to operational pressures and a critical appraisal on delivery is needed.
- A Regulation 28 notice has been received and the Trust will respond in full to the Coroner and the CQC. An update will be provided following presentation to the Board.
- Serious Incidents (SI) are not being closed at an acceptable rate and further internal action is being taken.
- There has been a fall in incident reporting attributed to operational pressures impacting on low-level reporting and national changes to

reporting requirements for 12-hour breaches in the Emergency Department (ED).

- Some forums reporting into the Executive Groups are being changed but it is too early to determine whether the refreshed groups will be more effective in achieving quoracy regularly than their predecessors.
- The Stroke Improvement Plan progress report will come to the Quality Committee in January 2023. Stroke metrics performance has varied between poor and indifferent for many months with a delay in reporting stroke metrics which makes it difficult to form a judgement until the progress report is received in January 2023. The IPR metrics in the assurance report are from September 2022. The Stroke Unit has benefitted from an external review visit and it is hoped to gain assurance from the outputs which are expected at the January 2023 meeting.
- The Quality Committee seeks further assurance on mortality metrics. The Trusts in the region use different activity data sources. A formal request has been made to the ICB for standardisation of sources for better benchmarking comparators.
- The Committee received a detailed analysis of the National Inpatient Survey from 2021 with comparators from other Trusts and looks forward to receiving an innovative action plan with clear metrics in January 2023.
- Some Committee members visited Feltwell and Leverington Wards which enabled assurance into the high levels of staff motivation and satisfaction with leadership on the wards, including the practical activities provided for the patients.
- The Committee will seek deeper understanding of how high substantive vacancy rates impact on patient care.

- AM expressed concern that the stroke and maternity improvement plans are behind schedule and asked what the weekend experience is for cancer patients. IM informed that the Committee has received presentations from the Cancer and End of Life (EOL) Teams where it was advised that there is a contact number for Norfolk to access a consultant specialist. This specialist can give advice and ensure that the critical elements of care are delivered to patients at the weekend. IM added that the Team would like to move to 7-day working regarding this particular element.
- AM asked what the colorectal report had found. IM informed that the Committee is looking again at this service and the vacancies which will be filled by locums. IM added that the Trust is part of the system across Norfolk and the Committee is pressing for the system to share its experts more freely where there is a pressure in a service. IM will be meeting the Acting Medical Director to look at how the service is being delivered and noted that 7-day working is required with the same for Maternity where there are ongoing issues. IM recognised there is a need for national negotiations between the British Medical Association and NHS England to ensure there is a comprehensive 7 day service. Within Maternity there is the ongoing issue of twice daily consultant ward rounds and the mitigations in place for weekends. The Committee is partly assured in relation to this and continues to request executive colleagues find ways to have an identical service all 7 days of the week.
- IM acknowledged the issues with the improvement plans in stroke, maternity, ophthalmology and radiology. Mindful of a recent court case, IM emphasised the importance of delivering the Radiology Improvement Plan.

- DC sought assurance that the QEH is using the correct data sets for hospital mortality statistics. IM informed that he was surprised that there is no clear national data set which means that some denominators can vary. This has been raised with the ICB because it will affect some numbers and a consistent approach is needed.
- JD noted that there is a small proportion of staff-on-staff aggression and asked if this comes up during ward visits. IM reported that this had not been the case on Leverington and Feltwell wards where a domestic colleague had reported that this was the best ward they had worked on and commended all medical and support staff on the ward for their caring approach to their work.
- JE asked if there is any intelligence on the reasons for the downward trend in stroke performance as this was one of the organisation's high performing departments five years ago. IM cited the impact of high volumes of patients presenting to ED which has restricted capacity to admit to the stroke unit, change of leadership over time, the post-COVID impact and national trends in increased patients. IM accepted that the Trust benchmarks poorly against other stroke units and the Committee is working with the F&A to return this unit to its previous strong reputation.
- PH observed that strong leadership on wards is key to ensure that people feel valued and that there is a constant strive for improvement. IM reported that the quality performance meetings which the Quality Committee will observe, looks at issues including data, vacancies, mandatory training, patient complaints and challenges and it provides valuable triangulation to consider whether actions are effective. SR added that the Trust has recognised issues with middle management and is providing ongoing support, training and development which is under constant review.

7b PATIENT EXPERIENCE COMMITTEE

The assurance report highlighted that the Governors require a clear, defined pathway for reporting complaints but there was no further discussion.

92/22 8 PEOPLE COMMITTEE AND MEMBERSHIP, COMMUNICATIONS AND ENGAGEMENT COMMITTEE

8a PEOPLE COMMITTEE

SR highlighted some areas of concern:

- Job planning is behind schedule and the trajectory of the end of 2022 for completion is testing. The People Committee is closely monitoring progress.
- There have been huge efforts by the Trust to engage with staff to complete the National Staff Survey. Survey results are expected to be published nationally in March 2023.
- Partial assurance had been provided by the workforce metrics but there are ongoing concerns regarding appraisal compliance with only three departments currently achieving 90% compliance. Some seriously overdue appraisals have slipped further.
- Vacancy rates are close to target but turnover rate is high compared to the target. The Director of People has given assurance that the Trust is making

more effort to find out reasons for leaving through the exit interview process.
- There is a low take up of mandatory training around conflict resolution which the team is looking to address urgently.

Areas of assurance include:

- The Junior Doctors' Forum is enabling swift and timely resolution of issues raised and there is more positive feedback about the Junior Doctor experience which is reflected in the papers.
- There is a comprehensive action plan in place to tackle, resolve and avoid violence and aggression.
- The Committee is working with the Finance & Activity Committee on a full workforce establishment review.
- The Committee was assured that there are signs of improvement that staff are increasingly 'speaking up' which shows that they are willing to seek guidance and raise matters internally. CL confirmed that the number of complaints and comments received externally (and direct to the CQC) has reduced considerably.
- Sickness rates have not gone up at the rate expected and SR is assured by the measures being put in place to address sickness. Setting realistic sickness targets has enabled the Divisions to address sickness levels gradually and this is beginning to produce results.

- DC asked if the rise in staff turnover by 14% in October 2022 is affecting the groups of staff where turnover is high. SR reported no immediate trends but the HR Team continues to try to use exit interviews effectively. These are not always candid, with too many 'unknowns' and no obvious pattern but work continues in this area.
- AM asked if the progression of Healthcare Assistants into nurse training is affecting rates of turnover. SR acknowledged that progression could affect the staff group but not significantly to distort the trend. SR informed that some large staff groups are transient by nature which could distort the numbers if they are leaving the organisation.

8b MEMBERSHIP, COMMUNICATIONS AND ENGAGEMENT COMMITTEE

JD highlighted that:

- The Committee has been heavily involved in the publication of the winter 2022 Trust Matters.
- A 'Living with Dementia' Healthcare event was held on 8 November 2022 with good public attendance. JD thanked the dementia hospital team for their enlightening presentation and welcomed contribution from West Norfolk Carers, the Alzheimer's Society and other external providers and partners.

93/22 9. SUMMARY OF GUIDANCE ISSUED OCTOBER 2022

The Council received the report which was provided to inform the Governors' Council of the publication of the 'Addendum to Your statutory duties', the reference guide for NHS foundation Trust Governors, System working and collaboration and the role of Foundation Trust Councils of Governors'.

CL proposed a workshop with Governors in the new year around these system responsibilities to collectively consider how the Trust plays into the system, and to understand the statutory and formal responsibilities of Governors. This includes how Governors represent the views of patients and plays those into system considerations. It shows the Governor role is recognised within the system. Governors are required to take a system view.

AP informed that the Addendum was published in October 2022. It does not change Governor statutory duties but gives clarification of the system and collaboration context within which Governors consider those duties.

Recommendations

- **The Governors' Council noted this national publication.**
- **The Governors' Council welcomed that the Board would consider this guidance to inform a workshop with Governors.**

CLOSING BUSINESS

EC informed that five Governor colleagues will be leaving the Council on 31 January 2023 and extended her thanks and gratitude.

- TC has served one term and, with a roving commission, has contributed sterling work to many patient-based activities including being a Freedom to Speak Up Champion.
- Linda Purdy and James Richardson, staff Clinical Governors, have taken time out of their busy schedules to contribute their medical knowledge to benefit the Council. EC noted that it is hard for Clinical Governors to attend meetings and hoped that time for Governor work could be scheduled into the working calendar for Clinical Staff Governors moving forward.
- JD and PH have served four terms as a Governor, since the hospital became a Foundation Trust in 2011. EC thanked them for their resourceful leadership of the Membership, Engagement and Communications Committee and for their valuable contribution to the Council.
- EC thanked Laura Skaife-Knight (LSK), Deputy CEO for her contribution to the Governors' Council. Governors concurred that LSK will be much missed but joined EC in wishing her every success in her new role as CEO of NHS Orkney. LSK leaves with the Council's grateful thanks.

CL endorsed EC's words. CL shared that he would take over the relationships with the Governors, and would be the key point of contact supported by Sarah Renwick as Governor and Membership Officer, to work together to ensure the collaboration between the Governors and the Trust continues to deliver and add value for patients, staff and the wider system. CL looked forward to face-to-face meetings in 2023 and forging close working relationships with the Governors, starting with meetings with the Governor Committee Chairs early in 2023. CL and EC will have regular dialogue.

NEXT GOVERNORS' COUNCIL MEETING – Tuesday 21 February 2023 at 2.30pm

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The public meeting closed at 11.24pm and the Council moved to the private session.