Agenda item: 04

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, which is consistent with arrangements across the wider NHS. The Governors' Council held a virtual public meeting on 14 October 2021 10.30am to 12noon. 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 14 October 2021 at 10.30am via MS Teams

Governors	Constituency
Lesley Bambridge (LB)	Appointed – Norfolk County Council
Simon Clarke (SC)	Public - West Norfolk
Tracy Corbett (TC)	Public - West Norfolk
Esmé Corner (EC)	Public - West Norfolk
Paul Cullen (PC)	Staff – Clinical
Jonathan Dossetor (JD)	Public - West Norfolk
Jane Evans (JE)	Appointed – West Norfolk Carers
Pru Fox (PF)	Staff - Clinical
Penny Hipkin (PH)	Public - West Norfolk
Leanne Kendrick (LK)	Staff – Non-Clinical
Betty Lewis (BL)	Public – Cambs
Sue Madden (SM)	Appointed – University of East Anglia (UEA)
Alan Maltby (AM)	Public - South East Lincolnshire (Lincs)
Mike Press (MP)	Public - West Norfolk
Sara Shaw (SS)	Public – West Norfolk
Andy Walder (AW)	Appointed – Freebridge Community Housing
Dale Welch (DW)	Public - Breckland, North Norfolk and Rest of England

Attendees	Role
Steve Barnett Chairman (SB)	Trust Chairman
Caroline Shaw (CS)	Chief Executive Officer (CEO)
Chris Benham (CB)	Finance Director
Alan Brown (AJB)	Trust Vice Chairman, Non-Executive Director (NED)
Claire Fernandez (CF)	Non-Executive Director
Nigel Hall (NH)	Chief Digital & Information Officer - Item 16
Sue Hayter (SH)	Non-Executive Director
Jo Humphries (JH)	Director of People
Ian Mack (IM)	Non-Executive Director from 11:36
Karen McGuire (KM)	Deputy Chief Nurse – Items 8 and 13
Lou Notley (LN)	Director of Patient Safety - Item 12
Andrea Prime (AP)	Trust Secretary
Laura Skaife-Knight (LSK)	Deputy CEO
Denise Smith (DS)	Chief Operating Officer
Carly West Burnham (CWB)	Director of Strategy
Sarah Renwick (SHR)	Governor and Membership Officer (minutes)

No	Item	Action
70/21	1. **Chairman's welcome and opening remarks** The Chairman welcomed the new Governors to the meeting: Sara Shaw Public West Norfolk, Barry Hunt Public Cambridgeshire, Leanne Kendrick Staff Non-Clinical and Cllr. Lesley Bambridge Appointed Governor Norfolk County Council.	
71/21	**2. Apologies for Absence** Apologies had been received from Peter Wilkinson, Emma Carlton, Barry Hunt, Ann Compton, Jenny Brodie, Simon Roberts, David Dickinson, Graham Ward, Rebecca Perris and Dan Todd. Ian Mack would be joining a little late.	
72/21	**3. Declarations of Interest** The new Governor details have been included in the report and DW reported a change to his information. **ACTION: FT Office to liaise with DW to amend DW's details in the Declarations of Interest record.**	**SHR**
73/21	**4. Governors' Council minutes 10 June 2021** The minutes of the previous meeting were agreed as a correct record. **4.2 Actions Log - Actions 8 and 9** were agreed as complete and transferred to the completed actions log.	
74/21	**5. Forward Plan** The Council noted the Forward Plan.	
75/21	**6. Chairman's update** The Governors' Council received the Chairman's update report and SB highlighted: • Building work has started on the Maternity Bereavement Suite and SB thanked everyone who has worked hard to make this project happen. • Groundworks have started for the new Endoscopy Suite. Pressures on car parking are noted and the Trust is working to resolve. • The Trust has received additional national recognition recently, winning the Health Service Journal Patient Safety Innovation of the Year Award for its Safira Project. • The Trust has achieved bronze Rainbow Badge award for its support of LGBTQ+ and the organisation is delighted with these achievements. **The Governors' Council noted the Chairman's report.**	
76/21	**7. CEO's update**	

CS thanked Governors for receiving the CEOs report covering the previous two busy months. CS reported that areas of note were covered by the agenda: Learning from COVID and the Urgent and Emergency Care Plan.

- EC congratulated the CEO on the second Leadership Summit held on Wednesday 8 September 2021 with exhilarating speakers and a moving and informative staff story and welcomed future, similar events. SB added that LSK puts the programme together and had sourced an excellent group of national speakers and that feedback had been fantastic.
- CS reported that staff are looking forward to the Team QEH Awards Ceremony on 18 November 2021.
- CS confirmed that she and SB had a good discussion with Ted Baker, Chief Inspector of Hospitals for the CQC on Monday 11 October 2021 and informed that CQC wish to be known as colleagues not inspectors when they arrive on site.
- CS recommended attendance at LN's CQC updates on how the organisation is changing, what is better and what the QEH is doing to resolve issues. Professor Baker confirmed that it is important that the Trust shows the CQC inspectors the issues associated with the roof and the condition of the building, so that the CQC can underline it in their report which may help to attract capital investment.
- CS informed that the CQC Inspection is imminent and could be as early as November 2021.

The Governors' Council noted the CEO update report.

76/21 8. LEARNING FROM COVID-19 REPORT

The Council received the report which provided an update on the report prepared for patients or deceased patients next of kin who, as part of the Trust's Duty of Candour exercise, requested a copy of the Trust's investigation findings, themes, learning and actions.

- SB informed that the QEH was the first Trust to publish a document reporting on COVID deaths which has been broadly welcomed nationally, by politicians and the regulators.
- KM reported that 1,761 COVID-positive patient records were scrutinised which revealed that 389 patients definitely or probably acquired COVID in the hospital. 151 of the 389 had died. These 389 patients or their relatives were offered meetings and 73 people requested a copy of the report and subsequently another five since publication of the report.
- KM informed that some patients and families have been into the hospital for meetings, others have thanked the Trust for the Duty of Candour exercise. KM thanked the Governors for their support and review of the final document.
- CS noted that the Trust has, historically, not been a proactive organisation and confirmed that Dr Ian Mack the NED Chair of the Quality Committee had fully supported the Duty of Candour exercise and report. CS emphasised that the Trust owes it to the patients and the community to look at and embed the 4-5 clear recommendations resulting from this exercise.

ACTION: AW and KM to embed the 4-5 recommendations in the Learning from COVID report to further support the patients. **AW, KM**

- LSK thanked Governors for their impartial support and co-working from start to finish. EC and PH had helped to road test the scripts, check the wording of the letters and the final report to ensure that it is fit for purpose.
- AW asked whether the recommendations could become actions at pace. CS confirmed that some actions are already in place and in the IQIP, others such as bed configuration will be managed through the Quality Committee.
- CF confirmed the support of the Quality Committee which sees it as a huge benefit for the organisation and has helped in many ways to deal with the trauma of COVID for patients, their families and staff.

The Governors' Council noted the report.

STRATEGY / QUALITY

77/21 9. Integrated Care System (ICS) update and Provider Collaborative

The Council received the paper which provided an update on key areas of work within the Norfolk and Waveney ICS.

9.1 Integrated Care System (ICS)

SB reported that Patricia Hewitt will be appointed as the Chair Designate of the new NHS Norfolk and Waveney Integrated Care Board (ICB) with the CEO expected to be confirmed soon.

9.2 Provider Collaborative

CWB highlighted that:

- Work to underpin the details with the NNUH and JPUH Boards of the governance structure of the key positions in the Provider Collaborative will soon be concluded.
- The Committees in Common (CiC) will be strengthened with more decision-making emphasis and work continues on the Terms of Reference to decide which decisions are made at what levels. The CiC last met on 11 October 2021.
- A Tri-board meeting held on 13 October 2021 was well-attended and acute provider collaboration was discussed in greater detail. The intention is to have a Group Hospital Model over time and the Governors will receive a briefing after the Tri-Board meetings to ensure the Governors' Council is up-to-date.

AW posed the following observations and questions:

- A diagrammatic view of the new structure and how it pulls together would be useful and helpful.

- Could the Trust share the case for change as evidence to back up and show where and how savings will be made, customer care improved, including the risks, benefits and costs.
- Was it the Trust Board's intention to join a provider collaborative several months back or has there been a change of view and what were the reasons for this?
- In the Learning from COVID report, localism comes through strongly, but the Trust appears now to be going the other way. Is this the case?

- MP added concern about the command and control structure and feared that good staff may be poached to other acutes to enhance their structure, possibly causing a deterioration in service at the Trust.
- EC asked whether the NEDs have debated the consequences of a shared Chairman and CEO, at length.

SB reported that it will be mandated nationally that the three acute Trust's in Norfolk and Waveney collaborate in ways never seen before and highlighted that:

- The three regional acutes and ICS partners consider that the structural difficulties, poor performance and constitutional standards will be better addressed by effective and closer collaboration.
- The documentation underpinning the legislation outlines the benefits of improved local communication, reducing geographical variation when accessing care, sharing resources and greater staff experience across the three Trust's. A more focused approach to capital investment and new technologies and maximising research and development opportunities is expected across the region.
- The three Boards recognise the need for a new governance approach and streamlined decision-making by one Board across the ICS but also recognise that there will still be three acute 'anchor' hospitals with three strong local management teams focussing on high standards and optimum delivery of genuine health and care provision.
- Trust Board believes that these areas will be better addressed at system level:

    - Digital Workforce and flexibility
    - Targeted capital investment
    - A single approach to managing patient waiting lists and there is evidence in place to support this
    - Sensible transition arrangements at the correct pace so that patient care and staff experience is not compromised.

- CF reported that the Board, including the NEDs, has discussed the move to a group model in detail based on the reasons outlined by SB and noted that the above is still work in progress. The NEDs have recognised that increased collaboration is required to achieve the system benefits that the QEH needs, especially with the Trust's current challenges.
- AJB concurred with CF and added that a strengthened approach to collaboration is beginning to emerge following some wary meetings to begin with. There is agreement and recognition that there needs to be strong leadership at each of the individual hospitals in order to endorse and nourish local cultures.

- AJB confirmed that the Trust needs to be transparent regarding the case for change that has been developed.
- SB informed that the Trust is contributing to the development of a comprehensive case for change and supported the development of a detailed Business Case. SB recommended that this document is provided to the Governors to engage with the Governors' Council and ensure that the journey delivers benefits to patients and staff across Norfolk and Waveney.

ACTION: CWB to share 'The Case for Change' document with the Governors' Council after the meeting. **CWB**

ACTION: CWB to prepare a schematic diagram to illustrate the proposed structure of the Integrated Care System and Provider Collaborative. **CWB**

- CF noted that there was general recognition by the Executive Teams at the Tri-Board meeting the previous day that the Trust cannot look at this in isolation; there is a need to see how system acute collaborative leadership works alongside Place-Based Care (PBC) leadership. External consultancies and experts have been advising on different models and lessons learned by other regions in order to better understand the benefits, challenges and evidence for the best pace for change.
- CS reported that other CEOs have been discussing contextual points and informed that this is national policy and many organisations have already made the changes and experienced strong benefits. CS noted that relationships would not be as strong with NNUH and JPUH if the QEH is not part of the Group arrangement and said the Trust could get a poorer deal if it is not involved in the commissioning of resources in the future.
- CS confirmed that each organisation will retain a Governors' Council and the NEDs from each side will keep the acutes on track.
- PC supported the need for the Trust to be involved at the commissioning stage and asked what format a strong local team might take. SB confirmed there would be a CEO-type role (Managing Director), a range of Executive Directors and Divisional Directors in place and the Trust would retain a strong Governors' Council for input and challenge.
- EC asked if the NEDs and the Board are aware of any public disquiet at the proposed changes in leadership arrangements in the Trust. SB accepted that there has been minor communication around the changes but stressed that the region will retain its three District General Hospitals (DGH) and continue to give the community a choice. SB reported that the QEH Medical Director has been working closely with the medical staff to communicate the changes.
- CS informed that she has been working closely with Alex Stewart (AS) CEO of Healthwatch Norfolk regarding group model arrangements. AS is a proponent of clear consultation and public awareness to provide assurance for the community.

9.3 Place-Based Care (PBC)

CWB confirmed that the place boundaries have not changed and the Trust has been working with system partners, NCH&C NSFT to prepare a strategic framework for Norfolk.

78/21 10. QUARTER ONE CORPORATE STRATEGY KPI PERFORMANCE UPDATE

The Council had received the paper and CWB asked Governors to note the Corporate Strategy for Quarter 1, presented in the pack which demonstrates that the Trust is building upon the Corporate Strategy. Quarter 2 results will be presented to the 16 December 2021 Governors' Council meeting.

79/21 11. ANNUAL WORKPLANS 2021/22

It was agreed between the Chairman and the Lead Governor that the Annual Workplans for: Estates and Facilities, Patient Experience, Medicine Division, Surgery Division and Clinical Support Services would be reviewed in the Governors' Council committee meetings for more in-depth discussion and this item was not taken. Links to the final Workplans had been provided by CWB:

- CSS – https://bit.ly/3zNYaXO
- Medicine – https://bit.ly/39JuyAp
- Estates – https://bit.ly/2XXgbpD
- Surgery – https://bit.ly/3icWHV4

80/21 12. IQIP (INTEGRATED QUALITY IMPROVEMENT PLAN)

The Council received the report which was provided to inform the Governors' Council about the overall progress against the 83 actions within the Trust's 2021/22 Integrated Quality Improvement Plan (IQIP). LN highlighted that:

- The Trust has been making steady progress and 46%of the improvement plan has been completed, despite progress being unavoidably delayed due to the complex and broad nature of some of the actions. The Evidence Assurance Group is ensuring that there is clear evidence that actions have been completed and actions will not be signed off until evidence clearly shows that the action has been sustained for at least three months.
- LN informed that there were a lot of actions relating to Mandatory Training and Mandatory Training now compliant which is positive.

- SB asked LN whether the Governors are sufficiently aware of the Trust's Integrated Quality Improvement Plan should they be challenged by the CQC and suggested LN provides some support with this as needed.
- LN reported that regular updates are shared and Governors attend Clinical Reviews, the results of which are triangulated through the Patient Experience Committee. LN offered to hold a CQC briefing session for the Governors which Governors accepted.

ACTION: LN to liaise with LSK to arrange an informative session on IQIP and areas that may be of interest to the CQC in their inspection. **LN**

- EC thanked LN for the opportunity to prepare for CQC questioning and wider Governor involvement in governance.

The Governors' Council noted the IQIP report.

81/21 13. URGENT AND EMERGENCY CARE PATIENT SURVEY AND ACTION PLAN

The Council had received the paper which provided and update on the results of the UEC patient survey 2020 carried out by Picker on behalf of the QEH

Due to operational pressures this item was taken earlier, after item 8 when KM highlighted that:

- All national patient surveys had been halted in 2020 due to COVID. The Trust had a response rate of 38% compared to 29% from similar organisations.
- Historical comparison with the 2018 data shows 21 areas with no significant difference and 8 areas which are significantly better and no areas significantly worse.
- The 2020 data showed 28 areas with no significant difference, 16 areas which are significantly better and no areas significantly worse which is a big improvement.

CS thanked KM and welcomed this good news story and confirmed that it is work in progress. CS appreciated that the Trust's Emergency Department (ED) is a small area but it has no option but to improve as demand increases on ED.

The Governors' Council noted the survey and action plan.

82/21 14. CULTURE AND STAFF ENGAGEMENT UPDATE

14.1 Freedom to Speak Up (FTSU) Quarter Two Staff Pulse Survey

The Council received the paper which provided an update on the results from the Quarter Two Freedom to Speak Up Staff Pulse Survey conducted in August 2021. This is a Speak Up themed Pulse Survey and is conducted annually so that progress can be measured and monitored. LSK highlighted:

- The Quarter 3 annual National Staff Survey 2021 is running currently and there will be resulting changes in response to staff feedback.
- There are now three Freedom to Speak Up Guardians in post which is helping to increase the visibility of the Trust's Speak Up support for staff. The two staff Guardians are part-time and the third is an independent Guardian who is Lead Guardian at Peterborough and Cambridge hospital. This resource has increased from 30 hours/month to 120 hours/month, which is welcome news.
- Over one third of staff have attended the Values into Action workshops and the values-based approach is becoming embedded practice in induction, appraisals and recruitment.
- Bespoke organisational development culture work is underway with focus on Radiology and Maternity moving on to Ophthalmology and other areas in due course.
- The overriding priorities for the year are kindness, wellness and fairness and progress is being made against the Trust level action plan in response to the 2020 National Staff Survey. There are Divisional and Corporate Service level actions plans in place also which are carefully monitored through Performance Review Meetings
- The Staff Awards event is being held on 18 November 2021 and the Trust is holding a Team QEH Celebration Week the following week. Each day will have a theme, including long service awards for volunteers and a thank you day recognising staff across QEH

14.2 National Staff Survey 2020 Action Plan update & plan for 2021 National Staff Survey

LSK reported that the National Staff Survey 2021 response rate so far is running at 15% which, compared to 2020 puts the Trust on trajectory to achieve a 55% response rate in 2021.

- SB noted that in 2020 the Trust saw welcome improvement in the staff survey outcomes and asked if LSK was expecting a less positive result due to COVID.
- CS informed that Chief Executives nationally have expressed concern at the format of the survey which is considered to include some leading questions regarding signs of tiredness and work/life balance. This has been raised with the Regional Director and CS will be involved with taking these concerns to the national team. Michael West CBE, Senior Fellow of the King's Fund and a group of HR Directors have explained that this was done purposefully to find out how people are really feeling and was intended as direct questioning rather than leading questioning.
- LSK confirmed that this is a national survey so will be in the same context for all Trusts. SB noted that it will be interesting to see where the QEH ranks this time.

83/21 15. RAAC BUSINESS CASE YEAR 1 NEW HOSPITAL UPDATE

The Council had received the report which provided an update to the Board of Directors on the RAAC roof and temporary support in place, progress on the spending of the £20.6m business case to access emergency capital funding for a failsafe system for the roof and the Trust's longer-term ambition to bring in a new hospital for King's Lynn and West Norfolk.

- CB confirmed that earlier discussion and the details in the paper cover the salient issues, including the building of the new Endoscopy Unit.
- LSK declared an interest in this item; her partner works for Exi Architects, Coventry as per the Directors' Register of Interests.

The Council noted the paper.

PERFORMANCE

84/21 16 INTEGRATED PERFORMANCE REPORT INCLUDING FINANCE REPORT & CIP

The Council received the report which provided an update on performance management, focussing on the data using Statistical Process Control which enables greater visibility on ongoing issues, in relation to performance.

This item was taken at 10.36am. The report was taken as read and NH highlighted the August 2021 results:

- Serious Incidents (SI) had increased to 7 in August from 5 in July 2021 but 'falls' are low
- The breast-feeding initiation rate was the highest on record.

- The response to complaints has been within 30-days as standard for three consecutive months
- Agency staff spend is favourable to plan
- Emergency access 4-hour performance fell to 68.6% from 73.2% in July 2021 which is below the 95% standard rate.
- Appraisal rates are running below the 90% target
- Sickness for the previous three months is 6% against the 4% target

Finance Report and CIP
CB confirmed that the papers have been discussed, in detail, at the Finance and Activity Committee and the Governors' Business Committee and highlighted that:

- Month 5 is on plan to deliver a half year breakeven position and the reduction in agency spend is driving good CIP performance, year to date which is positive news.
- Capital spend is experiencing some timing issues, particularly with the response to the RAAC roofing but there are plans in place to catch up on this spend for the rest of the year.

Following on from NH's report, DS provided an operational update:

- There is a sustained increase in ED, post COVID, which is not subsiding and the Trust continues to managed red and amber ED in one location which is extending waiting times and ambulance handovers. This is, however, mirrored nationally and concerns medical and surgical patients so bed occupancy rates are above the recommended 92%.
- Every inpatient ward is open where two would normally be held in reserve to support winter capacity later on.
- Cancer 2-week wait referrals have increased, post COVID, as anticipated and are being managed but it does mean higher numbers of patients on the cancer patient tracking list (PTL). Work continues to manage patients on the 62-day and 104-day waiting lists with focus on gynaecology and colorectal pathways.

- SB asked DS to clarify the position at NNUH which has been put onto weekly reporting due to poor emergency performance. DS confirmed that the 4-hour performance has deteriorated at all of the acute Trusts in the region but the QEH is currently holding its position week to week.

- AW confirmed that the Business Committee discussed capital in some depth and sought assurance from the NEDs because there is concern that the Trust may not have the resources to spend the £20.6m by the end of the year. SB reported that, following discussion with CB and the Chair of the Finance and Activity Committee the overall position is well-balanced and on track. SB noted that it is vital for the Trust's credibility that the £20.6m allocated for the roof is spend, having raised considerable awareness of its condition.
- CB summarised the capital spending schemes for this year:

    - Digital has clear plans to deliver their programmes
    - Installation of the failsafe system for the roof

- NICU redevelopment which was delayed because of the condition of the roof
- Replacement of the MRI scanners, due this financial year.
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- SB confirmed that progress is being reported into the F&A and the Chair, Graham Ward, is confident that the capital will be spent. There are slippages outside the Trust control such as access to materials and delivery times but the F&A will keep the Business Committee informed of progress.
- CB informed that Sarah Jones, previously the Deputy COO, has been seconded as Director of Strategic Estates to strengthen support and focus further. Part of her programme this year is to make sure that the RAAC scheme delivers in-year and some of those programme management arrangements are being strengthened.

- BL asked if there is a theme running through sickness levels such as COVID or staff feeling tired. JH confirmed that staff are tired and sickness is most often due to stress, anxiety or muscular skeletal.
- JH confirmed that the Trust is working hard to give staff the confidence and resilience to come forward for support to alleviate problems before they result in sick leave. Further work is in progress with the Clinical Psychologist and JH will update the Council in two months' time.

ACTION: JH to report to the Governors' Council on the programme to raise awareness that staff can seek help with concerns and health issues before they seek Doctor intervention. **JH**

- PC raised two concerns:
  - Colorectal pathways are being hampered by inappropriate referrals form GPs for example, 20 year olds with rectal bleeding are being referred for checking for colon cancer without the GP investigating the problem first. This could be for reasons of inexperience or lack of face-to-face GP appointments and the situation is out of the Trust's control.
  - The impression from frontline staff is that pressure on Radiology appears to be increasing monthly.
- DS confirmed the increases mentioned by PC. Pressure has subsided slightly but not to pre-COVID levels and DS is working with the Cancer Alliance to resolve this. The Trust has a good performance record for two week waits historically and will work with the Cancer Alliance and Primary Care to ensure that referrals are appropriate, managed differently and conversion rates are monitored. DS noted that there may be a genuine increase, post COVID but the Trust has to consider that levels may be realistic and referrals appropriate, following the suspension of elective services.
- DS reported that the Radiology Team has worked hard to reduce the CT inpatient demand and results should now be received the same or next day. If required, the Team will prioritise clinically urgent and discharge cases. Additional mobile CT capacity is being sourced and the business case for a new MRI scanner has been approved which will provide additional scanning time.
- SB mused whether the Government might force more face-to-face interaction between patients and GPs.
- SC asked how the QEH will manage, not being able to move patients with mental health problems on and what can be done about it. SC also sought an update on how the Trust is handing abuse on staff from patients.

- JH noted that data on staff abuse is reported through the NHS for the Trust and black and minority staff suffer far more abuse from patients, their relatives and families than white staff. The Trust is actively responding to support its BAME staff through the See Me First First Badge and increased FTSU support is now available 24 hours/day and incidents are raised on DATIX. JH reported that many staff accept aggression as part of their role which is not acceptable and staff are encouraged to report incidences. The Trust is working with the Lynn News to promote its zero tolerance for abusive and bullying behaviour, Trust-wide.
- CS confirmed that the Trust has signed up to the national and regional campaigns to send a clear message of zero tolerance to staff and families.
- JD sought clarification on the situation with ED and whether analysis has been carried out. Is COVID still a problem to manage with the increased demand? DS reported that the presenting conditions are the same five as pre-COVID but the numbers are greater. There is little going on at practise level to react to the increase demand which rests mainly with walk-ins but can switch to ambulance levels on any particular day.
- DS reported that there are 18 COVID-positive patients in the hospital on one COVID ward. The impact on ED is that some days there are 20+ suspected COVID positive patients but they do not all turn into a COVID positive patient or a COVID positive patient admission. The challenge is to manage red and amber ED in one footprint and demand flips between the two areas so it can also be logistically challenging. Potential COVID patients are usually not more than 20 per day.

The Council noted the report.

CHAIR'S ASSURANCE REPORTS FROM THE GOVERNORS' COUNCIL COMMITTEES

85/21 17a Business Committee

- AW confirmed that the two items raised for escalation in the report; capital spend and long waiting lists had been picked up earlier in the meeting.

The Governors' Council noted the Business Committee report.

17b Membership and Communications Committee

- JD reported that the Voluntary Services Manager is supportive of volunteers becoming FT Members which is being implemented gradually.
- There is some uncertainty around the status of FT members who unsubscribe but SHR is liaising with the database provider and will report back to a working group of the Committee for clarity.
- CS had attended the League of Friends (LoF) Annual General Meeting recently and thanked the Chair, PH and her members for their support. CS mentioned that the LoF cabin is moving to a different location and confirmed that the Trust's Legal Team will assist PH with the indemnity and insurance requirements.
- CS confirmed the need to continuously look at replenishing the LoF Team and suggested that medical staff might like to get involved after leaving

the Trust. The LoF has funded the new Radiology Information System which demonstrates the huge benefit it provides to the Trust.

- PH reported that there are a lot of volunteers working in the shop but support is needed on the Committee and a range of age groups would add an extra, welcome dimension to the LoF.

The Governors' Council noted the Membership and Communications Committee report.

17c Patient Experience Committee

BL took the Chair's Assurance Report as read and the Council had no further questions.

- CS observed that AW had raised some valid points and the Trust needs to provide sufficient time for the Council to consider strategic intent and other issues like the development of the group model. CS proposed that CWB meets the three Chairs of the Governors Committees to consider that other work can be proportioned to ensure that there is pre-discussion at committee level before coming to Council.
- CW was conscious that the meeting may not have afforded enough time to areas, such as patient experience, communication with the members, the general public, staff and people on the development of the group and the business decisions behind the changes so that the Trust can demonstrate the benefits of moving to a group model

ACTION: CWB to liaise with SB regarding information provision to Governors' Council Committees at Governors' Council Committee meetings.

The Governors' Council noted the Governors' Council Committees reports.

DATE OF THE NEXT GOVERNORS' COUNCIL MEETING – Thursday 16 December 2021 at 10.30am

Exclusion of the Public (GC Standing Orders – para. 4.1)

The Governors' Council is invited to resolve that members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

The public meeting closed at 12.14pm and the Council moved to the private session.