

**Meeting of the Council of Governors  
Held on 15 June 2022 at 10.30 am**

**PART I**

**Via MS Teams**

**Royal Papworth Hospital**

**MINUTES**

<b>Present</b>	John Wallwork	JW	Chair (Trust Chair)
	Michelle Barfoot	MBa	Staff Governor
	Stephen Brown	SB	Public Governor
	Susan Bullivant	SAB	Public Governor
	Doug Burns	DB	Public Governor
	Trevor Collins	TC	Public Governor
	Aman Coonar	AC	Staff Governor
	Yvonne Dunham	YD	Public Governor
	John Fitchew	JF	Public Governor
	Caroline Gerrard	CG	Staff Governor
	Ian Harvey	IH	Public Governor
	Richard Hodder	RHo	Public Governor & Lead Governor
	Marlene Hotchkiss	MH	Public Governor
	Rhys Hurst	RHu	Staff Governor
	Christopher McCorquodale	CMC	Staff Governor
	Trevor McLeese	TML	Public Governor
	Harvey Perkins	HP	Public Governor
	Martin Ward	MW	Staff Governor
<b>In Attendance</b>	Michael Blastland	MBI	NED
	Cynthia Conquest	CC	NED
	Tim Glenn	TG	Chief Finance Officer
	Jackie McDermott	JMD	Specialist Diabetes Nurse
	Eilish Midlane	EM	Chief Operations Officer
	Oonagh Monkhouse	OM	Director of Workforce
	Stephen Posey	SP	Chief Executive
	Andy Raynes	AR	Director of Digital
	Gavin Robert	GR	NED
	Maura Screaton	MS	Chief Nurse
	Ian Smith	IS	Medical Director
	Julie Wall	JYW	PA (Minute Taker)
<b>Apologies</b>	Jag Ahluwalia	JA	NED
	Abi Barhouni	AB	Staff Governor
	Julia Dunncliffe	JD	Public Governor
	Caroline Edmonds	CE	Appointed Governor
	Amanda Fadero	AF	NED

	Abigail Halstead	AH	Public Governor
	Anna Jarvis	AJ	Trust Secretary
	Diane Leacock	DL	NED
	Philippa Slatter	PS	Appointed Governor
	Bob Spinks	BS	Public Governor
	Lorraine Szeremeta	LS	Appointed Governor
	Ian Wilkinson	IW	NED

Agenda Item (minute reference)		Action by Whom	Date
<b>1</b>	<b>WELCOME, APOLOGIES AND OPENING REMARKS</b>		
	<p><b>The Chair (JW) welcomed everyone to the meeting.</b></p> <p><b>JW</b> apologised that the meeting could not be attended in person. He went on to explain that there had been technical issues at the Board meeting, so the decision was made to revert to MS Teams. The issues will be resolved soon and for the next meeting in September.</p> <p><b>JW</b> explained that the style of this meeting will be different from previous meetings. Presentations from NED's will be included in CoG meetings and for this meeting MB and GR will present a report from meetings they chair.</p> <p><b>JW</b> formally welcomed Ian Smith Medical Director and informed the Council of Governors that this is the last Council of Governor meeting that Stephen Posey will be attending due to him leaving the Trust which is a great career opportunity for him but a huge loss to RPH.</p>		
<b>2</b>	<b>DECLARATIONS OF INTEREST</b>		
	<p>There is a requirement those attending Committees raise any specific declarations if these arise during discussions.</p> <p>There were no new declarations of interest today.</p>		
<b>3</b>	<b>MINUTES OF THE PREVIOUS MEETING – 16 March 2022</b>		
	<p>The minutes of the meeting held on 16 March 2022 were agreed as a correct record.</p>		
<b>4</b>	<b>PATIENT STORY – Reported by Jackie McDermott</b>		
	<p>JMD, Specialist Diabetes Nurse, introduced herself to the Council of Governors.</p> <p>Jackie informed the Council of Governors about a patient who is a 27-</p>		

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	<p>year-old male with a 2-year-old son. He was diagnosed with Type 1 diabetes at the age of 13. He was diagnosed with ischaemic cardiomyopathy and had a heart transplant more recently.</p> <p>Following his transplant, he suffered several complications, renal failure, ischaemic left foot, loss of hearing, a small bleed on the brain, hallucinations and was put on ECMO.</p> <p><b>Nurse Issues reported</b></p> <ul style="list-style-type: none"> <li>• Communication and lack of understanding of Type 1 diabetes</li> <li>• The patient had a needle phobia and he felt nurses didn't understand that he needed time to prepare himself.</li> <li>• CCU – nurses handed over at start of night shift, patient was not involved and felt that he needed to be.</li> <li>• All nurses need to understand the risk of diabetes and should encourage patients to self-manage their diabetes</li> <li>• Matrons have been contacted to discuss adding this to education awareness and to be proactive in asking the patient regarding their care of their diabetes.</li> <li>• Despite this he felt 95% was good</li> </ul> <p>JW commented that it is important for the patient to have a voice</p> <p>RH thanked JMcd for her story.</p>		
5	<p><b>RECRUITMENT OF NEW CEO &amp; INTRODUCTION OF NEW MEDICAL DIRECTOR</b></p>		
	<p><b>Recruitment of new CEO</b></p> <p><b>JW informed</b> the Council of Governors that Stephen Posey will be leaving the Trust in August. JW commented that although this was a good career move for SP after 6 years at RPH he would be missed.</p> <p><b>JW</b> explained that the process and the search for a new CEO had begun. There has been a lot of interest in the role. The closing date is Wednesday 22 June 2022, and the interviews will take place on 20 July 2022. Details will follow.</p> <p><b>Introduction of new Medical Director – Ian Smith</b></p> <p><b>JW introduced IS to the Council of Governors</b></p> <p><b>IS</b> firstly, wanted to thank Roger Hall for his service to RPH. He explained that he had been in post for 2 months now but there were challenges and things to improve. He explained that he is a Chest Physician and Director of Research and added that the HLRI is an exciting project.</p>		

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6	<b>ICS SYSTEM DEVELOPMENT</b>		
	<p><b>Reported by SP</b></p> <p><b>SP</b> commented that as this was his last Council of Governor meeting he would like to thank the Governors for their support.</p> <ul style="list-style-type: none"> <li>• He went on to explain that the ICS is on track to go live on the 1 July 2022.</li> <li>• The Integrated Care Board (ICB) is largely complete.</li> <li>• SP has seat on ICS Board, and this will pass to the interim CEO and then to the substantive CEO</li> <li>• RPH contribution has been well received and recognized for high standards of leadership.</li> <li>• RPH nominated for contribution from Executives regarding the Shared Care Record</li> </ul>		
7	<b>COMMITTEE CHAIR REPORTS</b>		
	<p><b>Reported: Michael Blastland NED &amp; Chair of Quality and Risk</b></p> <p><b>MB</b> began by welcoming the opportunity to report at the Council of Governors and welcomed comments about the new format.</p> <ul style="list-style-type: none"> <li>• Immediate operational concerns are the number of (surgical Site Infections) SSI's. Attention to this has been raised.</li> <li>• The second concern, and has been for some time, is M abscessus</li> <li>• The committee have investigated the appropriate governance and assurance and RPH are managing it as well as possible and taking steps to improve outcomes</li> <li>• The committee have initiated some work around administration of SSIs within the hospital to make sure there are no underlying problems and have discussed whether the committee should spend more time examining serious incidents. It was decided that because there is already a degree of rigor and the likelihood of outside members spotting anything serious would be low. There are however occasions when the committee do find things for example, recently a patient with a fractured hip was taken to CUH for an x-ray when possibly that x-ray could have been done at RPH and the image sent through.</li> <li>• The committee are interested in how they can be assured that learning from previous SSI's is embedded into practice and the recurrent question is that we don't feel full assurance</li> <li>• We have asked if investigation of new SSI's is referred to previous SSI's and if lessons were learnt. What happened to that learning before we move on.</li> <li>• This is one recommendation of the New Patient Framework. Louise Palmer is helping with this, and we hope to see</li> </ul>		

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	<p>reassurance once the learning cycle is complete and embedded.</p> <p><b>Quality Agenda</b></p> <ul style="list-style-type: none"> <li>• An area where a project has been set up and reports to Q&amp;R is Critical Care Transformation. This is a quality improvement project, and it has been extraordinary. We are getting remarkable engagement and we have seen genuine increase in the number of beds available in critical care. The method and application have been impressive and quality improvement.</li> <li>• A systematic process of quality improvement within the organisation will be created but how to do this routinely. A set of special projects will be looked at and systematically move through the organisation where the pressures of productivity are high. We need efficacy without jeopardizing quality and safety.</li> <li>• Louise Palmer has got a map of the entire audit quality reviews and has been doing some good work reviewing clinical quality over the years so that we can see how those are prioritized, how they are done through the year and whether there are questions and overlaps so this can be made a more efficient process</li> </ul> <p><b>JW</b> thanked MB and commented that this was a perfect start and a very insightful report. He asked if there were any questions</p> <p>No questions were put forward</p> <p><b>Reported: Gavin Robert NED and Chair of Performance</b></p> <ul style="list-style-type: none"> <li>• A lot of ground has been covered but the focus of the Committee has been to bring about the introduction of divisional presentations to the Performance Committee which has been widened out to Board members.</li> <li>• Over the last quarter we have had divisional presentations from respiratory and radiology imaging. It is part of the assurance we obtain by listening to the management layer below the executive. Hearing about the work of those individuals who present their division forms part of the assurance mechanism that the performance committee focus on.</li> <li>• The Performance Committee focus a lot on activity and productivity. The responsive and effective domains on PIPR have captured over recent years and months considerably high covid infections resulting as an impact on staff absence. Less correlated but equally important high emergency activity.</li> <li>• Recently this has begun to alleviate particularly staff absences coming own and the one thing that is important is making sure we get the balance between quality and productivity right.</li> <li>• Focus has been on reviewing productivity in the cath labs,</li> </ul>		

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	<p>theatres, and critical care</p> <ul style="list-style-type: none"> <li>The Committee has drawn assurance from clinical decision groups who meet on a weekly basis which is embedded standard practice and has given assurance. The balance is constantly being reviewed.</li> <li>Although showing as Red in PIPR, these are our own targets, so we must bear in mind the broader context. For activity we are outperforming other Trusts regionally and nationally which indicates that we are getting the balance right.</li> <li>The other area of focus is on finance and the 2022/23 plan which has been submitted. Considering the continuing impact of covid there is a significant deficit. Added to that we have spiralling inflation.</li> <li>The committee agree that planning for a deficit is unacceptable even though it is regarded, as necessary. It is important that the Trust puts into place a financial recovery plan and the review has given us assurance of that recovery plan.</li> <li>The Trust is doing everything it can to reduce that deficit and there is effective governance in place to enable a high quality of scrutiny of achievements.</li> <li>Tim Glenn and his team were congratulated for putting the review plan together and all their efforts regarding the recovery plan. What is clear is the need of accelerating the trajectory for productivity improvements to reduce the deficit.</li> <li>A close eye is being kept on the Cost Improvement Plan (CIP) and so far, most savings are recurrent and are in the CIP which is good news.</li> <li>Staff risks are key and staff absences and vacancies are critical to achieve performance targets. The impact on productivity should not be underestimated. Hard working staff are under stress and there is a need to look after their wellbeing. Filling vacancies is going to be important.</li> <li>Divisional presentations have provided us with some additional assurance. The recent presentation from radiology which has suffered structural vacancies on a long-term basis assured us by their approach which demonstrated innovative things to improve productivity rather than relying solely on traditional recruitment.</li> </ul> <p><b>GR</b> thanked Susan Bullivant and Abi Halstead for attending the Performance Committee meetings.</p> <p><b>GR</b> welcomed any comments</p> <p><b>SB</b> commented that she found the two presentations informative and successful</p> <p><b>GR</b> explained that there is a plan in place for other divisional meeting reports</p>		

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	<p><b>JW</b> thanked GR and commented that he had given another insightful and concise presentation. He agreed the scope of work and the depth of knowledge they have to deal with the problems and interactions is vast. He also agreed with SB that other chairs of other committees are going to have a hard job to follow.</p> <p><b>RH</b> wanted to add that he was impressed with the thoroughness of the reports and both MB and GR were “spot on” about telling the Council of Governors what they want to know.</p> <p><b>JW</b> reiterated that this will be repeated by other committee chairs and are going to be a regular fixture.</p>		
<b>8</b>	<b>NHS IN-PATIENT SURVEY RESULTS</b>		
	<p>Reported by Maura Screaton</p> <p><b>IPC Changes – New Guidance</b> Stepping back of restrictions which were revised in conjunction with the Patient Group</p> <p><b>Mask wearing changes:</b></p> <ul style="list-style-type: none"> <li>• Continue wearing masks for patient care or contact</li> <li>• No other obligations</li> <li>• Personal preference or choice if would like to carry on wearing</li> <li>• Not needed in office areas</li> </ul> <p>Anyone who has symptoms are asked not to come into the hospital or offices.</p> <p>Hand hygiene is still very important</p> <p><b>Visitors:</b> There is a staged plan for volunteers to be re-introduced into hospital</p> <p><b>IN PATIENT SURVEY:</b> (MS shared slides)</p> <p>MS explained that the survey from 2021 is currently embargoed until the CQC release. The information she is giving is benchmarked with other organizations that used Picker as their provider of the same survey.</p> <p>The survey design was changed in 2020. The same methodology was used in 2021 with a few changes in terms of using the month of November instead of July for collection of data and that the letters and multilink language sheets were updated.</p> <p><b>The data shows:</b></p>		

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	<ul style="list-style-type: none"> <li>• The response rate was slightly down at 63% but is higher than the Picker average.</li> <li>• Overall, the score was positive</li> <li>• The top five scoring questions asked referred to patients being prevented from sleeping at night, rest, privacy and dignity. We are in a fortunate position where we have single rooms, and this helps. Score of 84%</li> <li>• Improved scores: Following last years survey we wanted to improve informing patients more about their procedure before the procedure and the percentage shows improvement in terms of supporting patients with what they needed when they were discharged.</li> <li>• Reduced scores: Not enough support from health and social care professionals after discharge due to the lack of staff</li> <li>• The situation has been challenging in terms of staffing pressures nationally, so this was an expected decline</li> <li>• Not surprisingly there was a decline due to waiting times and delays for procedures. Some patients didn't mind waiting for admission due to covid infection. However, this will all be looked at to make sure we have some actions planned and review how we can do better.</li> </ul> <p>In terms of the next steps, we are waiting for the CQC to lift the embargo so we can publicise this more and investigate improvements.</p> <p>Good news is that the survey was good. There are things to improve but there were good scores overall.</p> <p><b>The Council of Governors noted the slide presentation</b></p>		
<b>9</b>	<b>NHS STAFF SURVEY RESULTS</b>		
	<p><b>Reported by Oonagh Monkhouse – Shared slides presentation</b></p> <ul style="list-style-type: none"> <li>• The 2021 survey results were received in April 2022</li> <li>• The response rate was 70% which is positive and above average</li> <li>• Results provided a good oversight. They were benchmarked against 12 other specialised organisations</li> <li>• The Survey was re organised this year against the National People Promises</li> <li>• Trends across the Country as well as the Trust confirmed pressures on staff which were evident over the last 2 years</li> <li>• The proportion of staff feeling unwell with work related stress rose to 46.8%</li> <li>• There was an increase to about one in three saying they often think about leaving their organisation.</li> <li>• The impact of covid wasn't so much in 2020 but you can really see it in the 2021 survey</li> </ul>		



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	<ul style="list-style-type: none"> <li>• In comparison to our peer group, we averaged 5 and just below in 4.</li> <li>• We saw an improvement from 2020 when with our peer group we were below average in 9/10 and above average in 1 theme.</li> <li>• Improvement in several areas has been seen in 2021 and the deterioration downward trend wasn't as steep as others.</li> <li>• Scored above the national average for staff recommendation, both in the Trust as a place to work and to be treated as a patient.</li> <li>• There was improvement seen against our compassionate, inclusive score. Staff agreed that the support charity have given has improved health and wellbeing significantly.</li> <li>• Disappointingly and a concern to the Board is that we are significantly below our peers and against the national benchmark in the experience of staff from a black, Asian and minority ethnic background. There are some improvements but overall, we are not at the level that we need to see. We saw a significant increase in the staff from a BAME background reporting discrimination from public, colleagues, and managers.</li> <li>• There was an improvement seen in the reported experience of staff from BAME background for quality of opportunities and career progression and development. There is still a lot of work to be done in this area.</li> <li>• There was an improvement in the reported experience of staff around bullying and harassment but no level of this is acceptable.</li> <li>• WDES also reported below the national average which is not acceptable and is upsetting.</li> <li>• In terms of Divisions and Directorates there is a wide variation, and we can identify with the scores where they are significantly below the average for other areas. Critical Care and Clinical Admin areas. Above average were nurse clinical teams. Thoracic and ambulatory care. Some Directorates were better than average.</li> <li>• The results have been shared and the leadership teams are looking at engagement plans and their practices. There is a need to double down efforts to drive the improvement in all areas and major focus on values and behaviours.</li> <li>• Last week Reciprocal Programmes commenced which give a potential for change.</li> <li>• Values and Behaviours workshops continuing</li> <li>• Team Development important for career progression</li> </ul> <p><b>JW</b> thanked OM and asked if there were any questions</p> <p><b>MS</b> commented that the Reciprocal Mentoring was an amazing two days. The conversation with pairs and groups of people was fantastic</p>		

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	<p>for changing staff experience and metrics</p> <p><b>SB</b> asked how it would be picked up that staff working extra time for extra money due to cost of living crisis were balancing this with their wellbeing</p> <p><b>OM</b> explained that additional hours are already worked due to the specialist nature of the profession. This is monitored under regulations of working times. Staff are aware of wellbeing advice and there is a process of good management.</p> <p>The cost-of-living crisis has been discussed by the Board because of concern around staff. The pay award is still outstanding and will be paid in September. Initiatives are being introduced this month to help support staff. Reductions with travel and parking expenses. Discount on food in the restaurant. The Blue Light Card becoming free as able to claim back payment of £6 fee from expenses.</p> <p><b>IH</b> asked if the results of the survey had been shared with staff?</p> <p><b>OM</b> replied that yes it had.</p> <p><b>AC</b> commented that fantastic work had been done and wanted to make a couple of points</p> <ol style="list-style-type: none"> <li>1. BAME members of staff had reported in their experience the Trust had shown real interest and this had given them the confidence to speak up which is a good sign</li> <li>2. He has been approached regarding fuel vouchers for staff travelling to work.</li> </ol> <p><b>OM</b> Joint staff council have discussed what will be the most cost effective for most staff and a decision was made that car parking, bus fare reduction and food in the restaurant would help more staff so the money would have a wider impact. Fuel allowance would be a taxable benefit</p> <p><b>CMcC</b> commented that staff had approached him to say that they are unable to afford to come to work and that big groups are affected.</p> <p><b>OM</b> The NHS staff council and Trade Union pay review body understand structure to NHS pay, delay in pay award should happen in April and doesn't come through until July which impacts staff.</p> <p>Focus is on career progression and development so that staff have the opportunity to earn more.</p> <p><b>SP</b> Thanked AC and CMcC for raising these issues. He agreed and said that it is recognised but there is a limit to what the organisation can do. He is keen to keep the conversation going and other options are</p>		

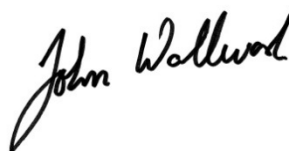
Agenda Item (minute reference)		Action by Whom	Date
	being looked at.		
<b>10</b>	<b>DIGITAL SHARED CARE RECORD UPDATE</b>		
	<p><b>Reported by Andy Raynes</b></p> <ul style="list-style-type: none"> <li>• The project is now well under way and gaining momentum.</li> <li>• Orion Health are providing the Shared Care Record and are contracted for the next 8 years.</li> <li>• Recently led a meeting with equivalents from Orion Health</li> <li>• There are several phases to the project. Later, this year we are hoping to connect our GP community and mental health to the Shared Care Record providing they connect using standards compatible. That will enable us to proliferate that data across the community early next year.</li> <li>• Connection to the acute sector will follow and then access to the patient portal</li> <li>• There are several conversations about a national App and using that as a window into the Shared Care Record. There is a need to discuss the impact in terms of data and availability to the population to help better manage services and resources</li> <li>• Next steps include public campaign. Need the public trust about data and there is the matter of consent which is important. Ramping up communications campaign before implementation and connection services</li> <li>• Colleagues from the Patient and Public Involvement Committee have now got involved with this project and we are grateful for their support in driving that forward.</li> <li>• Progress will be reported at the next meeting about the communications campaign.</li> </ul> <p><b>JW</b> asked if there was a way of doing an audit regarding patients being asked same questions of details several times.</p> <p><b>AR</b> explained that one of the key benefits of the business case, was that there will be a monitoring system in place. The Project Management Team will be keen to examine this.</p>		
<b>11</b>	<b>OPERATIONAL REPORT – INFOGRAPHICS</b>		
	<p><b>Received: The Council of Governors received copy of the Infographics from April.</b></p> <p><b>EM</b> ran through the main points:</p> <ul style="list-style-type: none"> <li>• The first two weeks in April, pre-Easter were heavily impacted by high levels of COVID in the community. This affected us with lots of short-term sickness from staff and patients who cancelled or DNA appointments because they had COVID.</li> <li>• Things improved after Easter and the numbers reflect that.</li> </ul>		

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	<ul style="list-style-type: none"> <li>• Outpatient recovery was good. Over 7000 patients were seen in the month which exceeded the baseline measured against.</li> <li>• Elective admissions were lower due to a lot of cancellations and patients phoning in to say they were unable to come and have their care.</li> <li>• Day case activity largely recovered.</li> <li>• Transplant activity: There were 8 transplants completed, 4 hearts and four lungs. There were 14 donor runs including other organisations. Over the month 113 offers came through which need work up from clinical teams and a selection of potential recipients for the organs. This involves huge effort by the transplant team.</li> <li>• Cardiology and Emergency care: ACS pathways and PPCI pathways are 50% busier than they were before the move and the pandemic will be a consequence. Although there was an increase pre pandemic. The Team continues to deliver a high level of responsive services.</li> <li>• There has been an agreed increase in beds for cardiology and CCU to respond to that level of emergency demand.</li> <li>• Diagnostics: Performance has recovered. This was ring fenced as is key to all patient pathways.</li> <li>• RTT: This dipped in April to 78.19% but still good in comparison to relative other organisations. In May figures are showing that we are now on an upward trajectory. We continue to work through with the teams addressing the backlog in order of clinical priority.</li> </ul> <p><b>JW thanked EM</b></p> <p><b>Noted: The Council of Governors noted the content of the Infographics</b></p>		
<b>12</b>	<b>GOVERNOR MATTERS – RH</b>		
	<p><b>Governor Committee Membership</b></p> <p><b>RH</b> reminded Governors that:</p> <ul style="list-style-type: none"> <li>• The attendance requirements for Governors are set out in the Constitution of the Trust and regular attendance at Council meetings and at Governor Committees is essential.</li> <li>• The Council has agreed that Governors should join at least one Committee/Group in addition to their regular attendance at Council meetings. This ensures that Governors can be fully involved and engaged with the work of the Trust.</li> <li>• A summary of committee membership was received by the Governors with the current vacancies highlighted in red. There is one vacancy remaining for a lay member on the Ethics Committee. If any Governor is interested in taking on that role,</li> </ul>		

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	<p>please advise Anna Jarvis Trust Secretary.</p> <ul style="list-style-type: none"> <li>The Council needs to ensure that there is good engagement and participation across the full range of Committees to support the work of the Council and the Trust. New Governors are welcome to attend all meetings as observers to help support their introduction into the role.</li> </ul> <p><b>Governor Elections</b></p> <p>The Council of Governors is asked to note that Governor Elections in 2022 will be taking place in the following constituencies and the number of governors due for election/re-election are as follows:</p> <p>Cambridgeshire: 1 Norfolk: 2 Suffolk: 2 Rest of England &amp; Wales: 4 Nurses: 1 Ancillary, Estates &amp; Others:1 Administrative, Clerical &amp; Management:1</p> <p>The election timetable will be circulated to governors once confirmed</p> <p><b>Governor Training and Awareness Raising</b></p> <p>It has been noted that Governors have joined training events since the last meeting. Please note the dates sent out for further events (Item no 16 &amp; 17) <b>Received:</b> Summary of Committee Membership</p> <p><b>Public Board Meetings</b></p> <p>It has been noted that the number of Governors attendance has gone up since the meetings have been held via Teams.</p> <p><b>RH</b> reminded Governors that Board meetings are held through Microsoft Teams. Any Governors wishing to join the meeting can do so by notifying the Trust Secretary. A reminder and a copy of the Board Agenda is sent out ahead of each meeting.</p> <p>The dates for the next Board meetings in public are: Thursday 7 July 2022 Thursday 8 September 2022</p>		
13	<b>PIPR</b>		
	<p><b>Received:</b> The Council of Governors received the latest copy of PIPR for information.</p> <p><b>JW</b> asked if there were any questions regarding the PIPR.</p>		

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	No questions were put forward.		
<b>14</b>	<b>QUESTIONS FROM GOVERNORS AND THE PUBLIC</b>		
	No questions were put forward either before or during the meeting.		
<b>15</b>	<b>AOB</b>		
	No other business put forward		
<b>16</b>	<b>FUTURE MEETING DATES</b>		
	<ul style="list-style-type: none"> <li>• Wednesday 14 September 2022 (followed by the Annual Members Meeting)</li> <li>• Wednesday 16 November 2022</li> </ul>		
<b>17</b>	<b>GOVERNOR DIARY DATES</b>		
	<p><b>Patient Safety Visibility Rounds – Limited spaces</b></p> <ul style="list-style-type: none"> <li>• 1 July at 09:00 to 10:00 (Patient Safety)</li> <li>• 22 July at 09:00 to 10:00 (15 Steps)</li> </ul> <p><b>NHS Providers Governor Focus conference</b></p> <ul style="list-style-type: none"> <li>• 5-7 July 2022 - Limited spaces</li> </ul> <p><b>Trust Values and Behaviour Workshops:</b></p> <ul style="list-style-type: none"> <li>• 18 July 2022 – 10:30 – Places available</li> <li>• 25 July 2022 – 14:00 – Places available</li> </ul> <p><b>ICS Governor Development Session</b></p> <ul style="list-style-type: none"> <li>• 26 October 2022 17.30 – 19.30</li> </ul>		

The meeting finished at 12:00



Signed:

Date: 16 November 2022

**Royal Papworth Hospital NHS Foundation Trust**  
**Council of Governors**  
Meeting held on 15 June 2022