Royal Papworth Hospital
NHS Foundation Trust

Meeting of the Council of Governors
PART I
Held on Wednesday 15 March 2023 at 10:30am
Via MS Teams
Royal Papworth Hospital

M I N U T E S

Present	John Wallwork	JW	Chair (Trust Chair)
	Angela Atkinson	AA	Public Governor
	Michelle Barfoot	MB	Staff Governor
	Paul Berry	PB	Public Governor
	Susan Bullivant	SAB	Public Governor
	Trevor Collins	TC	Public Governor
	Aman Coonar	AC	Staff Governor
	Yvonne Dunham	YD	Public Governor
	John Fitchew	JF	Public Governor
	Andrew Hadley-Brown	AHB	Staff Governor
	Abigail Halstead	AH	Public Governor
	Ian Harvey	IH	Public Governor
	Richard Hodder	RHo	Public Governor (Lead Governor)
	Marlene Hotchkiss	MH	Public Governor
	Lesley Howe	LH	Public Governor
	Rhys Hurst	RH	Staff Governor
	Christopher McCorquodale	CMc	Staff Governor
	Trevor McLeese	TMc	Public Governor
	Harvey Perkins	HP	Public Governor
	Philippa Slatter	PS	Appointed Governor
	Martin Ward	MW	Staff Governor
In Attendance			
	Alex Baldwin	AB	Interim COO
	Michael Blastland	MBl	NED
	Tim Glenn	TG	CFO
	Larraine Howard-Jones	LHJ	Deputy Director of Workforce
	Anna Jarvis	AJ	Trust Secretary
	Eilish Midlane	EM	Chief Executive
	Oonagh Monkhouse	OM	Director of Workforce
	Andy Raynes	AR	CIO
	Gavin Robert	GR	NED
	Maura Screaton	MS	CN
	Ian Smith	IS	Medical Director

	Julie Wall	JYW	PA to Chair (Minute Taker)
	Caroline Weldon	CW	Matron
Apologies	Jag Ahluwalia	JA	NED
	Sarah Brooks	SBr	Staff Governor
	Stephen Brown	SB	Public Governor
	Doug Burns	DB	Public Governor
	Cynthia Conquest	CC	NED
	Caroline Edmonds	CE	Appointed Governor
	Amanda Fadero	AF	NED
	Ian Harvey	IH	Public Governor
	Diane Leacock	DL	Associate NED
	Ian Wilkinson	IW	NED

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1	**WELCOME, APOLOGIES AND OPENING REMARKS**		
	JW (Chair) welcomed everyone to the meeting. Apologies were noted as above. ***Discussions did not follow the order of the agenda however for ease of recording these have been noted in the order they appeared on the agenda.*** **JW** gave a brief update of recent events which had taken place since the last meeting: • JW and EM went to see RPH Patron the Duchess of Gloucester, for JW to introduce EM to the Duchess. • Some members of staff have been running in a half marathon and have been involved in other events to raise money on behalf of our Charity. • He advised the Council that he was halfway through the Appraisals for the NEDs, and these will be completed by the end of the month. **JW handed over to EM for her update:** **EM** welcomed everyone and acknowledged the number of Governors who had attended in person and commented how nice it was to see so many people face to face instead of on screen. **EM** explained that she would give an overview and summary of what has been happening since the last CoG meeting. • The Staff Survey Results have been published and these will be talked about further down the agenda. • Response to the Industrial Action. RCN action took place in		

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	December and February. The Chartered Society of Physiotherapy were taking action. Currently we are on day 3 of the BMA Junior Doctors action. • We have reflected on all the events, and they were all well managed. The safety of our patients has been paramount. There has been an impact on elective activity, and we are very mindful that patients are waiting for planned care. We are looking at recovery and to accelerate this we will be doing some additional events over the rest of March and in April. The latest action by the Junior doctors did not allow for any derogations so consequently, elective cardiology, surgical and respiratory activity for the three days was lost. She assured the Council of Governors that throughout all the actions we had maintained all of our emergency pathways. • In the last 24 hours we have had 10 emergency procedures carried out despite the industrial action taking place. They range from cardioversions to tracheostomy, ECMO and circuit change. These levels of emergency are normal for RPH, so we continue to respond. • We have been clear as a Trust throughout all the industrial actions that we support our staff and their right to take action and the decisions they make. It is recognised this is not a dispute with us but a part of national dispute over pay. • There have been several positive things since the last CoG. The teams have delivered 25 transplants, 13 hearts, 11 lung and a heart and lung. There are two more transplants being performed today. • Cardiology Intervention Team have appeared in the British Society of Interventional Cardiology as one of the top performing teams in terms of productivity when compared to other teams nationally. • We delivered a very successful Nested Ward Initiative over the Winter months working collaboratively with CUH. This ward will be decommissioned at the end of March. • Our Corporate Functions and Admin staff moved in January from Justinian House to Kingfisher House, in Huntingdon. Kingfisher House is shared with CPFT. The move went incredibly smoothly. • As part of our 5-year strategy development, one of the strategic choices was celebrated yesterday with the arrival and installation of our very first Thoracic Robot, the first in the UK. The Teams are very motivated and excited to start training in the coming month and to deliver high quality robotics care. This will not impact on surgical outcomes. • RPH are rekindling work that the Trust was involved with on the campus, working collectively with Partners. • There is a review of our facilities to realign and optimise the use of our facilities to give us the best springboard into the new financial year.		

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	JW asked if anyone has any comments or questions. **TMcL** asked how much training is involved with the new robot and when does the Trust envisage the use to go ahead on patients? **EM** explained that there are several different elements to the training. The Surgical Team will do 60 hours on a simulator building up experience of how to use the robot and then must get the hours in working with the robot. The training does involve the surgical and scrub team going to Europe. The first team will go on the 18th to the 20th of April. Currently we are looking at the first procedure to be delivered on site in the week commencing 24th of April. **TMcL** asked if the training comes with the purchase of the machine. **EM** replied that it does, and it will be ongoing for a while. The Cambridge Robotic Company Team will be on site and bringing other surgeons to use it for other specialties. This is an opportunity for developing partnerships in terms of innovation.		
2	**DECLARATIONS OF INTEREST**		
	There is a requirement those attending Committees raise any specific declarations if these arise during discussions. There were no new declarations of interest.		
3	**MINUTES OF THE PREVIOUS MEETING – 16 November 2022**		
	The minutes of the meeting held on Wednesday 16 November 2022 were agreed as a correct record.		
4	**PATIENT STORY – Caroline Weldon**		
	• The story is regarding a Cystic Fibrosis patient who was admitted on ward 4S. The patient was happy to share their experience of what it was like being on the ward. • The patient was booked as a planned admission. She had started gene therapy a year previous and had felt amazing since starting the medicine. • Six months ago her lung function had dropped from 85% to 70%. She was keen to optimise her breathing so liaised with the specialist nurse about being admitted. • The patient at her previous admission had a PICC line inserted for her treatment for IV antibiotics, but it had taken four hours to get her line inserted so she was clear that she didn't want a PICC line inserted on this admission.		

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	• Prior to coming in she had flagged to the specialist nurse that she wanted a central line. When she arrived on the ward, she was aware there could be a delay in putting the central line in, depending on theatre activity. • The line was put in on the day of admission, so she was really pleased with that. She said she would highly recommend a central line to anybody because it was brilliant for taking bloods and it was a smooth process for getting the line in quickly and then straight back to the ward. • On the ward she was started on IV Aminophylline and IV antibiotics. The antibiotics that she was on made her nauseous and because of this she was put on some anti-sickness medicines. The anti-sickness medicines then made her become constipated, so she needed further treatment for that which involved some enemas and some horrible oral medicine. • She described the nursing care as brilliant during her care especially when she was worried about being constipated, she said the nurses took such good care of her and always maintained her privacy and dignity. She described the nurse as being chatty which helped her during the admission. • She had seen the physio's while she was on the ward, and they gave her a new physio device which she felt really helped her further clear her chest. • When CW saw the patient, she had been on the ward 10 days and was due to go home within a couple of days. She said the food was brilliant. However, she had to ask the Housekeeper every day what the restaurant options were. She didn't realise that menus were offered on the TV. She was pleased that she could now look at the menu's using the TV. • She described the ward as being exceptionally clean. • One thing that the patient pointed out as is an area that could be improved was that she was uncertain of who everybody was. • Being a cystic fibrosis patient, all staff wear gowns and masks when going into the room, so she was unclear about who anybody is. For example, on ward rounds she wasn't clear who was the consultant or who was the junior doctor if they didn't introduce themselves. This is an important issue we can improve on. • She also said the ward rounds are sometimes done and there was then a delay in getting the prescription discussed. • As a vulnerable patient she had been given the information letter regarding the water issue and making sure she drank only bottled water and she felt that was very good. The one thing she thought could be added to that letter would be about what to do when you are brushing your teeth. **Action:** • To improve things for future patients we spoke to the medical teams to reinforce introducing themselves. There are patient		

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	boards within the rooms so we discussed whether these would be a useful place to write down staff names. This was fed back to the Cystic Fibrosis Team, and they are going to discuss this further in their Business Unit meeting to see if there are any other ways of improving on badges as they are hidden. • Teeth brushing has been flagged to Infection Control Team and the nurse who attends the M.abscessus meetings so this will be discussed. • Overall, the patient was very pleased with her experience, environment was great and staff all helpful. There was an MDT approach to her care which she appreciated. **JW** thanked CW for telling the story and commented that a similar issue had come up in a patient story told at the Board Meeting. He agreed that this was a problem especially when staff are wearing scrubs and suggested that perhaps the TV's could be used more to show the doctors name whose care they are under and perhaps the nurses names. Maybe some form of generic identification. **JW asked if there were any questions.** **MS** wanted to comment on this as she is following up the Board story and she is getting a group together to do a campaign on "my name is". This goes back to the basics of people introducing themselves. TVs are being looked at but sometimes a patient's consultant changes during admission. **AH** commented that people could ask the member of staff. **TMcL** commented on the use of the screens and suggested that the message about the water could be constantly on there as a regular thing for updates. **LH** suggested that the white Boards could be used for information as some people don't want the TV on. **MS** thanked people for suggestions and commented that there is a specific communications group that she will take them to. **AR** agreed about the content on the TVs in the room. Digital will contact Comms to discuss the interface to put that message out. He is very happy to do that. **CW left the meeting at 11.35.**	MS AR	06/23 06/23
5	**COMMITTEE CHAIR'S REPORT**		
	i. Michael Blastland Chair for Q&R		

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	• There is anxiety on the Committee regarding the level of staff pressures and burnout seen. A natural question is to ask how much this is affecting the service to patients and the quality and safety being delivered to patients. • Scrutiny of the data is being done to make sure that it is not feeding through as more incidents, falls, ulcers or lapses in care. • MB was interested to hear from AH about stresses being apparent on wards and noted that worse patient outcomes are not being seen. • The Q&R committee had asked Louise Palmer who is the Assistant Director for Quality & Risk to collate a large number of metrics that are used to assess safety. It is important not to focus on the small changes but to assess the trends over a longer period. This has been a big piece of work, accessing a lot of data and provided assurance around outcomes. • MB ran through some slides showing the charts a copy of which had been sent out to the Council of Governors before the meeting. • He had noted the use of the Statistical Control Process. This is a new way of presenting data and gives a good sense of reasonable variation. It will show if there is a sudden change, up or down and allows for identifying the trend. This is to give further assurance and judgement whether we are remaining safe or not. Despite all the pressures on the inputs we are remaining safe. The outputs are ok. Looking at PIPR safe staffing is red, which doesn't mean the inputs are dangerous it means that the outputs are under stress. It is a tribute to staff that we have not seen a deterioration in safety. • The Committee had considered how we respond to the data shown, should we be more demanding, more supportive, more curious. Our response has been in these cases that supportive is right. We have been testing and very curious to get as much data as we can. We then turn to the Board on whose behalf we do all this, and we think we can give them proportionate judgement and assurance that things are ok. **MB** asked AH for clarification as she said that she has sensed stress, but had she sensed deterioration in the quality of care. **AH** replied that honestly, she had and explained that there was a redeployed member of staff from another area who did not know how to set up a very specific IV and there was no one else around to ask so that member of staff had to ask her as the patient. This was during a previous admission. AH had recently been an in-patient again and had noticed some deterioration. **MB** was interested in how that is captured and how the extent of it is measured. MB suggested he and MS talk with AH about this later due to time constraints at this forum.	MB/MS/AH	06/23

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	JW commented that measuring what comes out of this was very important. These reports at meetings are very useful to see how the Committees work and how they function. **JW asked if there were any questions for MB.** No questions were put forward. **JW introduced GR**. **ii. Gavin Robert Chair of Performance Committee** • Performance Committee focus on Effective and Responsive domains within PIPR. • Every month this continues to demonstrate the pressure that the hospital is under, compounded by high levels of staff sickness and industrial action. Consistently, we are seeing long waiting lists and breached RTT dates. • On a brighter note, generally out-patients and diagnostics have been performing well and cath lab utilisation, although variable is also performing well. • We are trying to understand productivity of the hospital and if we are using the resources that the hospital has effectively. • We have been looking carefully at activity recovery, post pandemic and some of the issues particularly in theatres. • There is a recovery programme underway looking at productivity in theatres and this is a specific item on the agenda for each meeting to scrutinise the efforts being made every month. • The Committee received a presentation shown from surgery, transplant, and anaesthetics in January and the monthly targets of the Programme have been met. • There are 4.5 theatres open, and we are trying to achieve 3 pump days. The number of times this has been achieved is increasing but we want it to become business as usual, but we are still a long way from that. • The trajectory of recovery needs to be accelerated but this is something we haven't yet seen. • Fundamental to all of this and worth bearing in mind is the staff shortages and vacancies that we have seen. Recruitment and retention need to be as effective as possible to achieve targets. • Following on from the staff survey results, work on retention needs to be maximised. Recruitment is now the responsibility of the new Workforce Committee although the Performance Committee will keep an eye on this as well. • The recruitment challenges to fill vacancies are understood in the context of the current labour market and those challenges are faced across the NHS across the Country. • We are trying to maximise recruitment and retention to make it as effective as possible but at the same time maximise productivity.		

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	• The impact of staff sickness and vacancies is being seen in other areas of activity beyond theatres. Performance is doing a deep dive to make sure we are doing everything to maximise productivity as well as doing the utmost to fill vacancies. • Finance is also an area of Performance responsibility. • This has been very positive. There is a substantial surplus largely because of block funding arrangements, but the outcome is expected to be very different in the next financial year. • Every NHS provider is required to seek cost improvements. Cost Improvement Programme (CIP) which has a target set each year around cost savings of around 2% or more. The target for 2022/23 has already been met as would be expected at this time in the financial year. Focus has since been shifted to the cost improvement pipeline for 2023/24 and we have identified savings which will go a substantial way towards meeting target. • The Finance Team deserve credit as they have been extremely good at meeting CIP targets and the quality of reporting is also very good. They also deserve credit for improving performance under the Better Payments Code of Practice. There is a target to pay 95% of our NHS and non-NHS suppliers within payment terms of 90 days. We were concerned that we were falling below the target. Substantial improvements have been made and in the last two to three months the target has been met consistently. This is important because the hospital is a major contributor and support to the local economy. • In the next financial year things will not look as calm. It is understood that the NHS will be moving away from block funding to activity-based funding for a significant proportion so there will be much more uncertainty. • Recovery of our activity will be critical in achieving the funds the hospital needs. • An operational plan briefing will be held tomorrow by finance and Governors that are members of the Performance Committee have been invited to that. • The Committee had reviewed soft FM contracts and the benchmarking of services which were proposed by existing provider for things like catering and cleaning. The review gave considerable assurance around the proposal. **JW thanked GR and asked if there were any questions.** **EM** thanked GR for doing a “shout out” to the finance team but she wanted to inform the governors that there are very few organisations that had achieved Level 3 accreditation for finance which demonstrated they are not only good at doing their finance role, but they are very good at working with other organisations to support and educate people in the finance arena. This is a fantastic achievement.		

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	TG commented that CIP and Better Payment Code of Practice is a team effort and wanted to say that he is proud of the team.		
6	**INTIGRATED CARE SYSTEM DEVELOPMENT**		
	Reported by Eilish Midlane CEO • Since November EM has been confirmed as a voting member of the Integrated Care Board and has attended three of those Board meetings as an NHS Provider representative. • The most recent meeting was held face to face which is hugely helpful in forming relationships and getting into the nitty gritty of what is needed. • The ICS define and develop their agenda working closely with community providers and primary care in local neighbourhoods. • The ICS have developed some amazing insights which pull together statistics for the forecast of the population demand and growth for health right up to 2041. • In early January we received notification that our local ICS was stood down from the Strategic Oversight Framework Level 4, which is equivalent to special measures to SOF 3 which is a much better place to be. This gives greater confidence particularly with finance colleagues who have generated this confidence with the Regional and National Teams. • The ICS has developed and delivered the first integrated Winter surge plan and that has put the system into a good place. This includes: Our nested ward which has been a success over the last 3 months and fantastic development in terms of ambulance type cars that have been able to visit patients at home. The 111 service has also been utilized. • There has been a coming together of local authorities both in informal forums and collectively with the ICB and local authorities. A health and wellbeing Board has been developed to help with wellbeing partnerships. • A two year forward plan is being developed which is intended as a high-level vision for the ICS. A review of all Trusts, small and large is taking place as a stocktake for developing and delegation of specialist services and elective recovery. • There are some challenges ahead moving forward including finance and the significant pressure in primary care. • Additional successes of providers working together in terms of patients waiting for care, have now reduced from 78 weeks wait down to 75 weeks. Cancer care, improvement seen on pathways. **Questions:** **AC** wanted to comment that it is fantastic that RPH are joining the robotic revolution. This is a pivotal moment for the Thoracic Units and Teams who are very excited. He wanted to thank EM and TG and other		

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	colleagues for their involvement in making this a reality. **TMcL** asked EM if the work she does with the ICB takes up a lot of her time? **EM** explained that it does take up about a third of her working week and finds that she is reading documents in her own time but knows that this will get better the more established it becomes. There are a lot of strategies to get into place. **PS** agreed that it is a lot of work to get the ICS going, but it will be worth it. There is awareness in the acute sector for preventative work, stopping smoking and trying to stop underage vaping. **EM** commented that she was happy to invest the time knowing there will be benefits further on. **RH** asked if there an element of duplication. **EM** replied that there is a potential for duplication, but time will tell. There is a risk of people missing out on "lessons learnt" when the development finishes and doesn't address the fundamental health and inequalities in the community so there is a lot more to be done.		
7	**DIGITAL UPDATE**		
	Reported by AR **Shared Care Record** • Just before Christmas there were leaflet drops across Cambridge and Peterborough informing patients how information would be shared using Orion Healthcare Shared Care Record. • Just after Christmas we saw a technical go live with Mental Health Services which testifies to the fact, we can now share data across the systems. • Earlier this month we started to see connected records by seeing GP systems connect with our own electronic patient records. Users of Lorenzo can now see GP records thanks to the Shared Care Record platform. Work continues by the Digital and Technical workforce to enable connections between systems. **Digital Update** • Several new workstations on wheels have been received and are on wards. These computers enable clinical staff to do their ward rounds using the latest technology on those workstations. We received 50 and the teams are in the process of rolling those out. • Availability of patient letters online went live last week. This is a product called Dr.Dr. which makes letters available online as part of improving paperwork flow and enabling access to technologies and services through the internet. Progression on our digital and technologies continues to enhance our		

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	services. **JW asked if there were any questions**. No questions were put forward.		
8	**QUALITY ACCOUNTS PRIORITIES FOR 2023/24**		
	Reported by Maura Screaton • MS explained that included with the papers there is an initial draft of the Quality Priorities for this coming year. These were presented to the PPI Committee at the previous meeting in February. • They are also being presented here at CoG for comment before a decision is made which will be top priorities for the coming year. • The list of priorities reflects key priorities of the Trust, or the challenges faced now. There are some national initiatives and others that are more local to the system or to RPH. **MS** asked if there were any questions regarding the list now or if anyone would like to drop her a line to raise any questions, after more consideration, that would also be welcomed. **PS** wanted to mention the County Council Adults and Health committee has a scrutiny function and at their last meeting they did resolve to try to organise that function better in terms of the way we scrutinise Trusts in our area. Kate Parker from the Public Health Business Programme has been involved to help us bring these things together. It is these key KPI's that we are supposed to be taking note of. PS also wanted to highlight that staff retention and resourcing should be a focus. **JW** commented that it is useful to be looking at this list and that inequalities in healthcare is important to focus on and builds in with all the other work. JW asked the Council to reflect on the list. **Recommendation:** The Council of Governors is requested to review the proposed list of Quality Account Priorities for 23/24 and governors are invited to provide any feedback on the priorities to the Chief Nurse.		
9	**STAFF SURVEY RESULTS for 2022**		
	Reported by Oonagh Monkhouse **This includes:** **Workforce Race Equality Results** **Workforce Disability Equality Results** **Bank Worker Survey Results** The Bank Worker Survey was not compulsory in 2022 but RPH was keen		

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	to get a feel of the experience of bank workers. This will be compulsory in 2023. Since last November a staff Pulse Survey has also been undertaken. These are some key areas and a summary: **OM Shared Survey Result slides:** **Key Points:** • Staff Survey undertaken at the end of October to beginning of December each year. • Benchmarked against Acute Specialist Trusts • Reduction of response rate this year to 61% from 70% in previous year. Average response in peer group is 52% • The overall feeling from the Executive and the Board is sadness and disappointment. • No improvement in 54 of the questions and a deterioration in 36. Only a small improvement in 2 areas. • The survey is structured against the 7 areas of the people promise and has a set of questions against each of the themes. It was an overall measure of staff engagement and staff morale. In total staff answer 111 questions. For context: The pandemic although 2 years ago is still having an impact on staff. We have still experienced over the last year waves of infection which has affected our patients but also staff so absence then goes up in those periods. There was still redeployment and remote working. • This year 37.5% of staff reported working on a COVID ward and 15.7% of staff reported being redeployed. • Compared to the national average, we are higher than our Peer Group in terms of the impact that covid still had. **National Overview**: Recommender Scores • Recommended place to work – reduced to 57.4% • Recommended as a place to receive care – reduced to 62.9% **RPH Scores**: • Recommended as a place to work- reduced from 70% to 61.6% which is low in our peer group but above the average. • Recommended as a place to be treated – we remain average at 85.7% **Overall categories:** RPH is below average in quite a few categories and in the bottom for our peer group in terms of response to those questions. • Staff engagement score is 7.1 • We had seen steady improvements being made following the move but we seem to have now lost ground following such big		

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	changes over recent years. • Feeling Secure to Raise Concerns: 6.4 (2021 6.5%) • Speaking up about concerns – 61.5% (2021 67.1%) • These remain above the national average. 72.4% of staff said that they raise concerns about clinical practice. This is a reduction from last year. This is concerning and Maura Screaton, David Meek and Oonagh Monkhouse met to start a piece of work a couple of weeks ago to fully understand the reasons for the deterioration. There haven't been any significant changes seen in the clinical governance reporting so there needs to be some digging underneath what has prompted those responses. Speculation is that it could be linked with the level of pressure staff are under and vacancy levels, but we have some plans to form some focus groups with staff. **Harassment, Bullying and Abuse:** • National Score – 27.8% of staff experienced bullying from patients and other service users. • RPH – Lower than national score at 20% but a significant difference to last year. This remains an area of significant concern for RPH. The Stockholm Burnout scores are evidence-based questions measuring burnout. RPH 35% staff said that they feel emotionally exhausted which is lower than the national average at 37.4% but is still quite a stark result that over a third of staff are feeling burnout because of work. **Workforce Race Equality Scheme (WRES) and Workforce Disability Equality Scheme (WDES) Results:** WRES: A third of BAME staff report that they have experienced bullying form either patients or relatives and 36.5% of staff report bullying from colleagues which is an increase and upsetting to see. White staff have reported 27.1% For career progression 35.6% of staff from a BAME background felt there was inequality of opportunity. We also saw a low score for white staff. Discrimination from managers or work colleagues was reported as 26.5% for BAME staff against 11.2% of white staff experiences. **WDES:** There is some improvement seen for staff with a disability. **Key Themes**: • High levels of exhaustion and burnout. This is seen across the NHS but particularly at RPH compared to specialist Trust peers, because the pandemic being a respiratory virus continues to have		

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	an impact in terms of staff redeployment. • Impact of staff vacancies. Rates have an impact on how people are feeling. Pay disputes ongoing. • Bullying and Discrimination. There have been high levels of staff reporting bullying and discrimination from both patients and colleagues. There has also been a decrease in kindness, politeness, and understanding. Despite the results above our inpatient positive experience score is still 99% and outpatients 97%. A huge number of patient compliments and positive comments are received. **What we are doing:** • Workforce Strategy: Compassionate and Collective Leadership Programme, Resourcing and Retention Improvement Programme • Values and Behaviours Workshops – 70% staff have attended. • Line Manager Training • New Appraisal Process • Transformational Reciprocal Mentoring Programme • Recognising the previous service of overseas staff **Bank Survey Results**: • There is no comparative data as this is the first year and was voluntary. • Scores are much more positive, interestingly the recommended score for a place to work is higher at 70% • More positive about career progression and raising concerns. • Primarily people work on the bank for flexibility of their working patterns, and it is noticeable that makes people happier having control and not being in a set working pattern. • This will be tracked as we go through future years. **Recent Pulse Survey:** • These do broadly triangulate with what has been seen in the staff survey in terms of the drop off in recommended place to work. • Reduction in staff having regular 1:1's and regular team meetings were noted. • Data has now been published on the national website. It was suggested due to the amount of data if people wanted more time than is possible today then OM is happy to set up a forum for Governors to attend with herself and Larraine if this would be helpful. **JW** agreed that he thought that would be very useful to arrange another session as it is a complex area. He wanted to assure the Governors that this is being discussed a lot, both at Board and Exec meetings. It is noted that these issues are felt throughout the whole health service.	**OM**	

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	Discussion: **AH** noted that she disagreed with the comment about this not being felt on the floor by patients. She said that over the last two years she had experienced as a patient that staff are more tired and even though the staff are fantastic it is being felt by patients. She added that she wouldn't write in a survey that her nurse was tired as it is not a fair thing to write. **JW** agreed but also added that when we walk around there was not a feeling of doom and gloom, and people are getting on with their jobs. We need to work out where this is having impact and when but there are so many parts to this so a separate meeting to discuss this is needed. **OM left the meeting at 11.20am**		
10	**OPERATIONAL PERFORMANCE SUMMARY (INFOGRAPHICS)**		
	Received: The Infographics were circulated for Information **EM** commented that these triangulate well with the conversations already had. Slight suppression of activity due to industrial actions but quality metrics and feedback to outpatient and inpatient surveys have come back strongly. **Discussion:** **JW** asked if there were any other hospitals using Laudits. **AR** commented that there is a pipeline of other organisations that are interested in it. There is a trial of implementing it at several of them, but they are not live yet. There are about 20-25 on the list. **JW** commented that it would be useful to know how many go live and the size of the organisations that use it.		
11	**PIPR**		
	Received: PIPR was Circulated for Information **JW asked if there were any questions regarding PIPR.** No questions were put forward.		
12	**GOVERNOR MATTERS**		
	Update from RH • NHS Providers Induction sessions have taken place. • Some governors have been observing committees to get an idea whether they would like to formally join membership. • Unfortunately, 15 Steps on the 6 March was cancelled due to Industrial Action taking place. New date to be announced. • Some Governors will be stepping down in September and a new		

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	Lead Governor and chairs to committees are needed. **AJ** informed the Council that the Workforce Committee had been formed since the previous meeting and AH had joined as well as MH and AHB as Governor observers. **Appendix 1: Governor Committee Membership** **Recommendation:** The Council of Governors is asked to note the current Governor Committee membership **Appendix 2: Minutes of Governor Committees** I. Patient and Public Involvement – 14 November 2022 II. Access and Facilities – 11 January 2023 III. Forward Planning – 11 January 2023 **Appendix 3: TOR005 Appointments Committee** The COG is asked to review approve TOR005: Appointments Committee which was **recommended for approval** by the Appointments Committee held on 20 February 2023: **The Council of Governors approved the recommendation.** The Council of Governors had been advised that the review of the Constitution had been held pending publication of the code of Governance for NHS Providers. We have been looking at options for some collaborative work supported by NHS Providers and they are planning to undertake this through 2023/24 and so the Council of Governors is asked to agree that the Trust review is aligned to that timetable to allow for the joint working to proceed. **The Council of Governors approved the review for alignment.**		
13	**LEAD GOVERNOR AND DEPUTY LEAD GOVERNOR ELECTION**		
	Reported by the Trust Secretary • The paper set out the process for the election of the Lead Governor • The Council of Governors were informed that the process that had been used previously had been looked at and pulled together for Lead and Deputy Governor elections. • Under the constitution all the governor elections are done under a single transferable vote. • The Lead Governor job role description which was circulated		

Agenda Item *(minute reference)*		Action by Whom	Date
	outlined more than we had in there previously, so it has been expanded. • Expressions of interest were required by the 31 March 2023. The process of election will be completed by the 28 April 2023. **Approved**: The Council of Governors approved the timetable and Role Description for the Lead and Deputy Lead Governor **JW asked anyone who is interested to speak with AJ or himself.**		
14	**QUESTIONS FROM GOVERNORS OR PUBLIC**		
	TMcL asked about the expense claim process. **AJ** explained that a new procedure was being set up so all the Governors will be set up on our Shared Business Services. This will enable payment to be paid automatically through the standard operating procedure. The procedure will be shared once written up. Expense claims may be sent in to either Anna or Julie to be put on the system electronically, but the approvals system needs to be sorted out first. **LH** commented that she has a problem trying to open NewsBites sent out by Julie because she is not on the Papworth intranet. If expense claims are going electronic, she felt there will be a problem. **AJ** explained that expenses will be put onto the Finance system. The database system has just changed that is used for NewsBites but because it was being forwarded by Julie, they didn't think they needed to add everyone on to it. **JW** commented that Comms and Digital need to get involved with this. **AR** asked if people could let him know the challenges and he will investigate. **AH** commented that there are papers sent to her that she cannot read so asked if she could have an email address. **JW** commented that there appears to be a general problem in terms of how our Information systems connect with Governors and asked AR to investigate this. **PB** commented that the All-Staff monthly briefing is very useful and said thank you for this. **RH** commented that a discussion was had about diversity for membership of governors as it is predominantly white and asked how to increase the diversity of the council.	AR	06/23

Agenda Item *(minute reference)*		Action by Whom	Date
	AJ commented that this year we must look at the strategy of membership by September. Starting there and looking at ways that we can encourage people to take part. We can also look at the constitution structure and how we deal with representation within the constitution. **AJ** suggested that it may need a working group to be set up with governor representation and communications so this can be looked at. **JW** thanked everyone for attending the meeting both those in person and online and wished everyone a good afternoon.		
15	**ANY OTHER BUSINESS**		
	No other business		
16	**FUTURE MEETING DATES: 2023**		
	14 June **13 September – Followed by the Annual Members Meeting** **15 November**		

The meeting finished at 12:21

Signed: John Wallwork

Date: 14 June 2023