

**Minutes of the Council of Governors meeting held on
20th May 2024 in the
Trust Boardroom and via Microsoft Teams**

Present:

Kevin Arnold	Public Governor
Mark Brewin	Public Governor (via Teams)
Barry Bull	Public Governor (via Teams)
Mary Clunie	Public Governor
Frank Cunnane	Public Governor (via Teams)
Jason Goodchild	Nominated Governor (via Teams)
Lucinda Herklots	Deputy Lead Governor
William Holmes	Public Governor
Peter Kosminsky	Public Governor
John Mangan	Public Governor
Angela Milne	Public Governor
Frances Owen	Public Governor
Jane Podkolinski	Staff Governor
Anthony Pryor-Jones	Public Governor
Paul Russell	Staff Governor
Peter Russell	Public Governor
Andy Rhind-Tutt	Public Governor
Jayne Sheppard	Lead Governor
Matthew Swift	Public Governor

In Attendance:

Ian Green	Chair
Lisa Thomas	Interim Chief Executive
Judy Dyos	Chief Nursing Officer
Peter Collins	Chief Medical Director
Tania Baker	Non-Executive Director
Debbie Beavan	Non- Executive Director
David Buckle	Non- Executive Director (via Teams)
Eiri Jones	Senior Independent Director
Michael von Bertele	Non-Executive Director
Isabel Cardoso	Membership Manager (minute taker)
Fiona McNeight	Director of Integrated Governance
Kylie Nye	Head of Corporate Governance
Ben Browne	Head of Clinical Effectiveness

1
CoG
20/05/1.1

OPENING BUSINESS**Action**

I Green welcomed everyone to the meeting and noted that apologies had been received from:

- John Parker, Public Governor

Non- Attendance:

- Cllr Rich Rogers, Nominated Governor

I Green welcomed J Goodchild to his first Council of Governors as the Military nominated Governor. I Green noted that this was the final Council of Governors for four long standing Governors who have come to the end of their term of office. I Green thanked May Clunie, Lucinda Herklots, John Mangan and John Parker on behalf of the Trust for their support over the

- Paragraph 17 updated to recognise joint committees.
- Annex 4 updated to reflect changes to 'partnership organisations' in relation to Appointed Governors.
- Annex 8, paragraph 5.9 added to reflect the establishment of Joint Committees and Committee-in Common.

K Nye informed the Council that as part of the changes described that there was a proposed change to the number of 'partnership organisations' included under the Appointed Governors section. K Nye said that Appointed Governors are representatives of organ

- Reducing patient harm measured through *Falls* increased to 6.6 per 1,000 bed days however is below the improvement target again and finishes the year with an outstanding 8 months achievement of this.
- Staff Availability measured by *Agency Spend* reduced sharply to 3.8% from 4.5% and is again only fractionally above the target.

L Thomas informed the Council on the deteriorating performance:

- Cancer remained under national monitoring with the Trust in tier 2 Cancer oversight for the current 62-day backlog position. Performance against this metric improved again for the second consecutive month, with a sharp reduction in the backlog and is forecast to be close to the target of 78 by the end of March 2024. Positive improvement was seen across all pathway metrics in month:
 - 28-day Faster Diagnosis Standard (FDS) from 65.2% to 73.8%
 - 31-day Standard from 87.8% to 92.4%
 - 62-day Standard from 53.2% to 66.2%
 Note: Cancer data is one month behind, reporting February in this IPR.
- Stroke 4-hour Standard performance was static at 30% performance however this extended the negative trend since November 2023 and has room for improvement, despite being a better comparative position than the previous year. Time to CT scan fell for the second month with 40% of stroke patients receiving this within an hour.
- Diagnostics 6-week Standard (DM01) was slightly below plan of 87.9% at 83.6%. Although this is also a good starting point as substantially better than the comparative 69% achieved the previous year.

L Thomas said that the alerting metrics were as follows:

- The Emergency Department (ED) improved performance across all metrics despite highest attendances in over 6 years at 7,411. The 4-hour Standard increased after recent decline to 74.9% and Ambulance Handovers reduced to 22 minutes average. Service model changes of Rapid Assessment Treatment and Triage (RATT) and more recently utilising Short-Stay Emergency Unit (SSEU) as a Clinical Decisions Unit (CDU) have contributed to commendable performance.
- The number of Complaints Closed within Agreed Timescale and High Harm Falls fluctuate as proven this month at 28% and 4 respectively.

The Council said that there were quite a few alarming metrics but knew that there were contributing factors to them and were hopeful that the Trust could return to a better situation soon.

A discussion was had regarding 'no right to reside' and the percentage of people that went home before midday. L Thomas informed the Council that it was still a challenge and that the Trust was focused on getting this right. A question was raised on the number of people who have been readmitted and if the Trust knew the number. L Thomas informed the Council that there had been no increase in readmission rate.

J Mangan said that there had been evidence of improvement with the IPR report on mortality and thanked the Trust for reintroducing it as it had previously been. J Mangan noted that the mortality data report was eight months out of date and that the reports needed to be up to date not matching the trend in the group an HSMR.

D Buckle informed the Council that the CGC group kept mortality rates under surveillance and that the changes to the report that had been agreed to are taking place.

The Council noted the IPR report.

The Council noted the minutes and approved the ToR.

CoG
20/05/5.3

Trust-Led Subgroup Reports

I Green took the reports as read.

- **Organ Donation** – L Herklots informed the Council that it had been the best year of organ and tissue donations. L Herklots said that there had been many promotional activities.
- **Patient Experience Steering Group/ Food and Nutrition Steering Group** – A Pryor-Jones informed the Council that this was a really well-run group and that meeting times had increased due to the level of work. A Pryor-Jones said that by 13.5 (d) – 6.1

CoG
20/05/6.2

Any Other Business

Main Front – J Podkolinski enquired if there had been any progress on the main entrance issues that had been previously raised. L Thomas said that no progress had yet been done but that discussions were on going.

I Green thanked the Governor who were leaving for their support over the last nine years and wished them all well.

There was no other business.

CoG
20/05/6.3

Date of Next Public Meeting: 20th May 2024

CoG
20/05/7

RESOLUTION

CoG
20/05/7.1

Resolution to exclude Representatives of the Media and Members of the Public from the Remainder of the Meeting (due to the confidential nature of the business to be transacted)