NHS Salisbury NHS Foundation Trust

Minutes of the Council of Governors meeting held on 27th November 2023 in the Trust Boardroom and via Microsoft Teams

Present:

Kevin Arnold	Public Governor
Mary Clunie	Public Governor
Mark Brewin	Staff Governor
Frank Cunnane	Public Governor (via Teams)
Lucinda Herklots	Public Governor
William Holmes	Public Governor
John Mangan	Public Governor
Angela Milne	Public Governor
Jane Podkolinski	Staff Governor
Paul Russell	Staff Governor
Peter Russell	Public Governor (via Teams)
Jayne Sheppard	Lead Governor
Matthew Swift	Public Governor

In Attendance:

Ian Green	Chair
Stacey Hunter	Chief Executive
Tania Baker	Non-Executive Director (via Teams)
Michael von Bertele	Non- Executive Director
Isabel Cardoso	Membership Manager (minute taker)
Fiona McNeight	Director of Integrated Governance
Kylie Nye	Head of Corporate Governance

1 OPENING BUSINESS **Action**

CoG 27/11/1.1 Welcome and Apologies

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

- Barry Bull, Public Governor
- Peter Kosminsky, Public Governor
- Anisa Nazeer, Staff Governor
- Frances Owen, Public Governor
- John Parker, Public Governor
- Anthony Pryor-Jones, Public Governor
- Andy Rhind-Tutt, Public Governor
- Sarah Walker, Nominated Governor
- Judy Dyos, Chief Nursing Officer

Non- Attendance:

- Cllr Rich Rogers, Nominated Governor

CoG 27/11/1.2 Minutes from Public Meeting Held on 24th July 2023

I Green presented the minutes from the meeting held on 24th July 2023 which had been circulated and asked if they could be agreed as correct record.

J Mangan raised that a comment which had been made by the CEO was not reflected with in the minutes and he felt that it was an important comment especially as it pertained to how that Trust viewed mortality within the Trust overall. I Green stated it was not normal to do verbatim summaries of peoples comment but that the key elements were

summarised within the minutes. S Hunter said that maybe the best way to summarise the comment was to say that the Regional Medical Director had looked at mortality indicators across Wiltshire and had not felt concerned about the overall mortality rates and that actually there could be a wide range of factors, not least that there were significant delays in discharge within Wiltshire in particular and that there were many other factors that may have played to the reason that somebody might have died in a hospital rather than Community setting. S Hunter stated that it was not that fact that any death in hospital do not matter it's the context in which other factors may or may not be at play with the data.

J Mangan accepted the clarification.

The Council agreed the minutes as a correct record following the amendments mentioned.

CoG 27/11/1.3 **Matters Arising / Action Log**

Mortality Rate data - I Green informed the Council that he had communicated with all the governors since the last Council of Governors meeting, and following discussions within the Clinical Governance committee the executives have gone back to the Regional Medical Director and had commissioned a specific piece of work to undertake a review of mortality data at Salisbury, so as to gain a better understanding of why our current mortality data was looking out of kilter and also how mortality data is reported. The Regional Medical Director is bringing in a team of colleagues in from the region, from the ICS and from another independent ICS outside of the region and that review will take place imminently and there will be a range of meetings taking place with a variety of different staff across the organization. It is hope that some feedback will come immediately at the end of the day in terms of anything they find and then they will do a three to six month monitoring period and then be in a position if they are still concerned of bringing in the national team to provide additional support.

S Hunter added that the someone from the national team would be part of the team review and that they had already done a desktop view of the data and unsurprisingly to the Trust there were three things that they pointed to that they want to look at:

- Coding – what the depth of our coding was and how accurate. The Trust knows that there is backlog in coding and have done a business case to get on top of it.
- Attendance at Divisional Mortality meetings
- Learning – how the learnings from the divisional mortality meetings were fed back to the Trust and how it was disseminated and implemented across the Trust.

S Hunter informed the Council that the review body would be made up of 10 people and that they would be able to do an in-depth review over a short period of time and get to the qualitative issues because they had such a wide range of people.

I Green informed the Council that he along with E Jones and D Buckle would be interviewed by the review body, and that this was going to be an extensive piece of work which would also be fed back to the CGC and then on to the Council of Governors.

J Mangan thanked the executives for their candour and that he did not want the issue of his concerns over transparency of the mortality reporting to continue but that would come up again when it comes to the IPR. J Mangan expressed that the Mortality report was wholly inadequate and that in the IPR it once again said that the Trust can expect mortality to be high because of the hospice, but that the majority of the deaths that occurred throughout 2022 were not hospice deaths but mortality in hospital and that the report goes on to make an inaccurate comment about the impact of coding, by saying that by having a lower rate of coding the Trust would have a higher expected rate of death. J Mangan said that this was an inaccurate statement. J Mangan stated that in the past on the recommendation of the Council of Governors the Trust had agreed to

introduce process control charts and that the charts were in use right up until things started to go wrong and the reports became adverse and the Trust started to gradually change them, and the irony is the if the Trust had continued to report transparently the Trust would have been able to see what was happening.

I Green said that a very lengthy discussion had already been had at the previous Council of Governors meeting on this issue and that the Trust was already taking steps to review the data with the piece of work that has been commissioned and is going to be done by the Regional Medical Director and that any recommendations that come from this review that Trust would be implementing. I Green asked that the Council wait and see what the review reported and take it from there.

S Hunter is happy for J Mangan to email her with exactly what he wanted to see in the report with the agreement of the other Governors and that the question would be put directly the Regional Medical Director and his team.

I Green informed the Council that this would be the last Council of Governors meeting that S Hunter would be attending as Chief Executive as she would be moving on at the end of January to become the Chief Executive of Tyneside Hospital Trusts, two large hospitals in the northeast. I Green said thanked S Hunter and said that she would be greatly missed. I Green thanked S Hunter for all the work that she has done at the Trust and said that the Governors would have an opportunity sometime during the new year to say their thank you' s and farewells.

There were no further specific actions in the action log.

CoG 27/11/2 **ASSURANCE**

CoG 27/11/2.1 **Non-Executive Director update – Michael von Bertele**

I Green welcomed Michael von Bertele to the meeting who has been invited to provide an overview on the activities that he has been involved in and let the Governors know what has been working well for him as a Non-Executive Director and bring to the attention of the Governors what has not worked well.

M von Bertlele informed the Council that he is the longest serving NED now with the Trust. M von Bertele said that it has been a very interesting experience and that he has always had in mind that he is answerable to the Governors especially as he was appointed by the Governors, which had been an interesting experience in of itself. M von Bertele stated that being a NED in the NHS is a bit like being in a business and probably the same model, unitary board, the NEDs are responsible for setting strategy and holding the executives to account. M Von Bertele informed the Council that the NEDs all come from very diverse backgrounds, and that some are selected for specific expertise such as finance, audit and clinical, but some of the NEDS are more generalists, but that many had a background as executives. The biggest adjustment to make in becoming a NED is not to become overly involved in the running of the day to day.

M von Bertele informed the Council that his background was the army, and the reason that he applied to become a NED at Salisbury was because he had a direct connection to the hospital for the last 35 to 40 years, as he thinks that it is important anyone who is on the Board should have a direct stake in the Trust. M von Bertele said that he identified very personally with the hospital.

M von Bertele provided a summary as to why the hospital was important especially with its links to the military since the second world war, and how the hospital has continued to be important in its support to the military who use all its services.

M von Bertele stated that strategy for the NHS especially for a smaller district hospital like the Trust which is so centrally driven causes the NEDs and executives to spend a lot of time responding to it. As the Trusts strategy is shaped by it and that there was often very

little that the Trust Board can do, and the area where it is most pertinent is the campus scheme and how the Trust can develop the site which has enormous potential, and that there are huge number of ideas that would enable the Trust to deliver a much better service to the community and more widely but the Trust always comes up against problems of capital funding. In strategic terms having good ideas and intent but delivering it without the money is impossible.

M von Bertele stated that the second issue where the Trust has always struggled was with manpower. And that the strategic intent might be to do one thing but recruiting has always been a problem and that central government has failed to deliver a strategic workforce plan that would ever deliver sufficiently qualified and experience people to deliver their intent for the national health service. M von Bertele recognised that this was a very bold statement but that it was true, as there has never been a real understanding of what the needs of the health service would be.

M von Bertele informed the Council of how the NEDs held the executives to account. M von Bertele said that the Board agree on what the Annual Plan is going to be and who is going to do what in the different divisions. The main role of the non-execs is to through the committee structure is to say, 'have you done what you set out to do'. M von Bertele said that he thought that this worked quite well because the committees on the whole are being chaired by very competent people who understand their business very well and often probably usually have more experience than the execs structural way things work but not in the actual delivery as the execs tend to be very good at managing things within the hospital. One of the most interesting things that the NEDs are able to do is being able to get the execs to show the support information that proves that they are delivering what they say they are. Through their experience the NEDs are able to drag out the information from the data provided and to weed out the unnecessary information and get to the crux of the information.

M von Bertele described how the risk approach has changed within the Trust since F McNeight joined the Trust and has improved beyond all measure, but that there was a danger within the NHS that the risks are always very much the same and that Trust tend to use a risk matrix that moves very slowly and subtly from risk to issues management and that most of the Trust risks are actually from issues that have already occurred. The Trust has a mixture of risk management and management of the issues that have already cropped up, but that the Trust cannot become complacent and keep on doing things just because they have always been done that way.

M von Bertele said that one of the things that is important about NEDs is that they bring continuity and that unfortunately the execs have changed quite a bit since he started and that there was no strategic planning for this or in the training of the people who come in. M von Bertele stated that changing things within the NHS is normally quite difficult and that there was a degree of stasis as in 'this is the way we have always done things' and the execs come in usually with ambition and experience and expertise but if they do not stay and see things through it is actually very difficult for an organisation like this, especially as the Trust has to keep delivering operationally and the people taking over are not trained up but are learning on the job. This impacts on the Trust as there are lots and lots of small teams being led by people with various levels of training and experience and a huge turnover, and this is very palpable to me on my walk rounds, this needs to change, and investment is required. The Trust has never had the money or the time to invest in people.

M von Bertele stated that overall, the NEDs are a force for good but that it was quite frustrating at times to stand back and watch and not be too pushy and intervene but make their voices heard which was ultimately what they were there for.

I Green thanked M von Bertele for his comprehensive report and added that the Nominations Committee was looking at as they were going through the recruitment round was to make sure that at least one of the new NED had local links to the local community.

J Podkolinski asked M von Bertele how he obtained assurance other than from the reports provided.

M von Bertele responded that during safety walk arounds staff would come and talk to the NEDs, but that it was important for NEDs just go and talk to people as it takes a while to build up relationships and listen to them this way getting a wide range of views. M von Bertele said that he was the link to the Freedom to Speak up Guardian but did not get involved in case matters but made sure that the Freedom to Speak Up Guardian is being listened to and that she is doing her job properly and that the balance of listening and interference is right

The Governors thanked M von Bertele for his report.

CoG 27/11/2.2 **NED Escalation reports of Trust Board Committees**

I Green asked the Council to take the reports as read unless anyone had any particular issues or questions to highlight.

Clinical Governance – E Jones

L Herklots said that she noticed that the three As had been implemented and it made it a lot easier to see where Governors can get assurance from.

No questions were raised.

Finance and Performance – D Beaven

S Hunter informed the Council that the NHS attempt to get some recognition that industrial action has cost Trusts several million pounds across the NHS in the last nine months with the Treasury has not resulted in any additional money from the Treasury which can be seen in month seven where it shows that over 80% of ICBs and the organisations that sit within them are not on track to deliver the plan that was agreed at the beginning of the year. A large part of that is related to the industrial action. The CFO for the NHS has slowed down or stopped a number of national programmes and paid out £800m across the 42 integrated care systems and the two hundred more providers that sit underneath that. S Hunter stated that £800m is a lot of money but that it was less than half the deficit at month seven, and that the government still expects the NHS to end the year where it said it would.

S Hunter said that pretty rapid and challenging discussions around what more and different actions can be taken in the last four months of the year to make sure that the Trusts financial plan ends up in as good a place as can be, which has to be triangulated with safety first and foremost, emergency and aging activity. S Hunter said that the Trust would be looking at various aspects on how to save money such as agency spend – which was not coming down quickly enough. Discretionary spend would also be looked at to see if it could wait for the next year. The Trust will not be doing anything that compromises the ability to deliver the winter plan, deliver safe care or urgent and emergency work, as well as trying not to slow down elective work either.

I Green assured the Council that they would be kept informed on the situation through the meetings that he has with the Lead and Deputy Lead Governors as they met bi-weekly.

W Holmes stated that in March of this year the Government had made a statement that they would relieve beds during the winter by taking patient who could not be released to their homes into private nursing homes, and wondered if that was progressing.

S Hunter stated that it was a more complex situation than what the headline statement. That it was progressing in respect of the Government releasing the money this year. Community organisations and Wiltshire Council had received additional funding, but the beds that they point to are virtual ward beds and are not always physical fixed beds. The Trusts community provider has been challenged standing up those virtual ward beds in line with their plan they have stood some up but are behind plan as they are having issues getting staff to staff them.

S Hunter informed the Council that the Trust worked quite effectively with partners.

No questions were raised.

Audit Committee – Richard Holmes

No questions were raised.

Trust Management Committee – S Hunter

S Hunter informed the Council that the report was pretty detailed and that she was happy to take questions or comments.

No questions were raised.

People and Culture – M von Bertele
All the reports were noted and there were no further questions from the Governors.

CoG 27/11/2.3 **Aqua Well-Led Developmental Review Outcome Report – I Green**

I Green presented the findings of the Aqua Well-Led review and informed the Council that along with the Trusts partners in the other acute alliance and Trusts Great Western and Royal Bath, commissioned a Well-led review.

I Green stated the SDH was the first Trust that was invited to undertake the review. Well-led is a component in a CQC inspection but this was not part of that. This was done so as to check in to see how well overall the Trust was doing in terms of overall governance and the attached document was the report produced.

I Green said that the Board had the opportunity to discuss the report at a development session and will be going to a public board session in the next week and that essentially the Council was privy to the information before then when it will be received to the public domain. It has come to the Council for the Governors to note and comment upon.

I Green informed the Council of the reflection from the Board is that the report is a fair and accurate reflection of the Trust as an organisation. It puts up a mirror and there were no surprises in the report but that there were some clear areas that the Board should celebrate really good practice in terms of Governance and some areas where the Board needs to do further work on. Overall, from the non-executive perspective and board collectively are comfortable with the fair and accurate reflection of the organisation where they are now.

F McNeight highlighted to the Council the next steps that were to be taken from the report where Key headlines areas for focus, and that the report with this plan will be going to public board next week.

F McNeight let the Council know which key areas of focus were pulled out:

- Talent
- Management

- succession

Which the Trust thinks has already been picked up the Trust knows the work is already hand and do not want to create an action plan just for the sake of it. The Trust is happy that some areas are already picking up areas for improvement and regular reporting will be done.

M Clunie said that she was curious to read the comment that was made in the report that they queried the value of Governors observing at sub committees. M Clunie said that she had the notion that this was a constitutional requirement and wanted to know what the Boards view was on the future of Governors observing on board committees.

I Green replied that there were two issues that were raised one of which I Green had already discussed with the Lead Governor, J Sheppard and Deputy Lead Governor, L Herklots in relation to Governor attendance at private board because a Governor was not a member of the private board to which action has already been taken. I Green said that only confidential or commercially sensitive items are now being taken to private board all the rest will be delt within the public board, and that any key issues raised in private board will be feedback through the Lead and Deputy Lead Governor meetings with the Chair so that Governors still have an awareness of the issues.

It was flagged in the report whether the Board think it was appropriate for the Governors to attend committee meetings as observers. The Board was of the view that Governors can actually add value to decision making and also assist in Governors holding the NEDs to account. Therefore, the Board have not agreed with all their recommendations in terms Governor participation and observing of committees at this stage.

J Mangan wanted to check the absence of a clinical strategy and what this means in practice and what would it mean to incorporate it into the action plan. S Hunter replied that it would not be incorporated as the Board does not agree with them, but that the Trust already had a strategy that absolutely encompasses everything and that there was a strong view that there cannot be multiple strategies. The Trusts strategy is focused on clinical services and encompasses more than one strategy, and the five-year plans will be going to the Trust Board and the question of the divisional strategies will be picked up through this.

J Podkolinski informed the Council that the document was quite dense but overall fair in its assessment. J Podkolinski iterated that it was very helpful being and observer on Board committees to understand what was going on within the hospital.

K Arnold asked S Hunter what could be learned from the review and if there was anything that she had seen that the Trust should be doing. S Hunter replied that there really genially were no surprises in the report and that a second action plan would not be developed, what the Trust is going to do is be really clear that the Trust will prioritize for the next 12 months the areas the Board feel need to be looked at urgently as the Trust will not be able to respond to everything that is recommended in the report, there are key areas that are mentioned in the report which the Trust will take into consideration and see where they fit within the priorities that the Trust has already determined.

M Swift enquired how the Council will know in 12 months' time what has been completed and what is still outstanding. S Hunter responded that the Board paper will be explicit about what has been picked up from the paper and what the Trust is going to prioritise, and that way be able to track what has been done and what is still to be completed. There will be a complete list of all of these. F McNeight added that that if you took talent management and succession planning the Trust knows that it is being picked up as part of the workstream for people promise and monitored through the OD & People Management board and the People and Culture committee, so everything is being aligned to existing work streams so that new work streams are not created but through existing governance structures.

I Green informed the Council that the CQC would be attending the Trust Board meeting the following week so will be getting eyes on this report and it will be good for them to know that the Trust has taken it upon themselves to do such a review. I Green said that the report would be in the public domain from the following week onwards.

CoG 27/11/2.4 **Nominations Committee – NED recruitment 2024 Update**

K Nye reminded the Council that in the July Council meeting it was reported that Tania Baker and Michael von Bertele would be leaving the Trust in 2024. K Nye said that since that meeting a Nominations Committee had been formed with:

- Ian Green, Chair
- Stacey Hunter, CEO
- Peter Russell, Public Governor (Nominations Committee Chair)
- Mark Brewin, Staff Governor
- Angela Milne, Public Governor
- Sarah Walker, Nominated Governor

K Nye informed the Council that the Trust had since gone through a tender process to appoint a recruitment agency and that the Trust was just about to award the contract, and that there were a few changes to the Nominations Committee that the Council would be informed of in the private session of the Council meeting. K Nye said that once the contract was awarded the Nominations Committee would meet with the recruitment consultants and then the Trust would be able to move forward with the process.

I Green informed the Council that the Trust was due to interview three firms but in the end only two went through the process and of those two one stood out as the preferred supplier.

The Council noted the report.

CoG 27/11/2.5 **Summary Corporate Risk Register – F McNeight**

F McNeight provided the Council of Governors with a summary of the Strategic and Corporate risks as noted on the October 2023 Board Assurance Framework (BAF) and Corporate Risk Register (CRR) tracker.

F McNeight informed that the Board Assurance Framework (BAF) provided the Trust Board with a mechanism for satisfying itself that its responsibilities were being discharged effectively. It identified through assurance where aspects of service delivery were being delivered to internal and external requirements. It informs the Board where the delivery of principal objectives is at risk due to a gap in control and/or assurance.

F McNeight referred to the recommendations from the AQUA external well led review which the Governors had been provided with. F McNeight said that the report was to split out the controls and assurances on the BAF template as these describe different things, and that the template had been amended accordingly. F McNeight stressed that a further recommendation to align the Trust BAF with the ICB BAF had also been implemented. The Trust BAF risks align to that of the ICB risks in relation to staff resource, finance, operational performance and partnership working.

F McNeight said that there had been a positive shift in the overall risk profile since June 2023 and that recommendations from the External Auditors and the AQUA well-led review had already been implemented. The changes noted to the BAF and CRR demonstrate that this is a dynamic process and one of continuous improvement.

M Clunie said that it was good to see the new risk about mental health score 20 and wondered what steps the Trust was taking to reduce this. F McNeight informed the Council that the Board recognised that as an acute service provider the population and presentation of patients with specialist mental health needs have become ever increasing

challenge, and that the Trust staff are not trained mental health nurses so the Trust has to find different ways to deal with this specialist group of patients which is also impacted by the community pressures and the mental health service. I Green said that he did not think that there will be a shift anytime soon due to all the challenges that were mentioned.

I Green thanked F McNeight for her report.

The Council noted the report.

CoG 27/11/3 **PERFORMANCE AND FINANCE**

CoG 27/11/3.1 **Integrated Performance Report**

I Green noted that the Council had been provided with the IPR report and invited the Governors to raise any issues or ask questions regarding the report.

J Mangan raised a concern in regard to the cost improvement program where it states that the Trust might have to suspend the purchasing in of support for Dermatology, skin cancer is one of the things that was lowest performing and driving the Trust failure to achieve cancer targets, how does the Trust explain away for not purchasing the dermatology support given that risk. S Hunter replied that the Trust would be making that representation as would be expected and that ultimately it would be a system decision as well as the Trusts, but the service has not been withdrawn as it is a very important service but it has to go to the system investment committee every single time as sourcing of outsourcing as a matter of course because the CFO for the NHS has said that there had to be a recruitment freeze.

J Mangan enquired if a community pathway existed for dermatology that screened out people that did not need to be seen by specialists. S Hunter said that there was but that it was not as robust as it should be, but that the acute hospital alliance work identified four specialities where significant opportunity to improve by working collectively where dermatology is one of them.

I Green stated that this was where the challenge came between the Trusts responsibility as the board of this organisation as opposed to the wider system challenges, but that for the Trust patient safety where the priority and the Trust sometimes had to go outside of the broader considerations.

J Podkolinski referred to staff turnover, and the Trust not meeting its target once again and linking it to parking as it was taking staff as well as volunteers a very long time to find a parking space.

S Hunter informed the Council that there was an increasing issue with staff and others about parking the reason for this is that the Trust is at the busiest time of the year and the Trust has had to be stricter about staff not parking in patient spots. The issue is that the Trust has insufficient parking spaces to accommodate everybody. The Trust are looking at various schemes to alleviate the issue.

J Podkolinski informed the executives the reason that she had raised the issue of parking was because a member of the public had written to her and that the response that the member had received an unappropriated response for an elderly person. I Green said that it might have been a standard response that might need to be tweaked a bit.

The Council noted the IPR report.

CoG 27/11/4 **QUALITY AND RISK**

CoG 27/11/4.1 **Patient Experience Report – Q1**

I Green informed the Council that unfortunately J Dyos was unable to attend but that the report was to note and comment upon.

I Green asked the Council if there were any comments or questions on the report, there were no questions from the Governors.

The Council noted the report.

CoG 27/11/5 **GOVERNOR BUSINESS**

CoG 27/11/5.1 **Deputy Lead Governor – appointment process – J Sheppard**

J Sheppard informed the Council of the process for the upcoming Deputy Lead Governor appointment in 2024. J Sheppard said that there had previously been discussions around the process but that the paper that was presented for the Council of Governors was more explicit on the process.

I Green stated that the purpose of this paper was to make sure that all Governors were sited on the process as agreed by Governors in the constitution, and prompt anyone who is interested in becoming a Governor to come forward.

J Sheppard informed the Council that because she is a staff governor the next deputy lead governor needed to be a public governor. I Cardoso informed the Council that the process for the deputy lead governor nomination will begin in April 2024.

The Council noted the paper.

CoG 27/11/5.2 **Governor Elections 2024 – I Cardoso**

I Cardoso provided the Governors with a briefing of the Governor elections process that will be starting in 2024.

I Cardoso informed the Council that there would be elections across the whole Council and that there were Governors who were coming to the end of their tenure (nine years) and others that were either completing their first or second term as governors. I Cardoso urged those to please consider re standing for Governor.

The Council noted the paper.

CoG 27/11/5.3 **Committee/working group reports (to note):**

- **Membership & Communications –** The Council noted the minutes. J Podkolinski informed the Council that she had been invited on to Radio Odstock and encouraged other Governors to consider doing the same.

I Cardoso informed the Council that the next Governor newsletter had been completed and was ready for distribution in the first couple of weeks of December.

CoG 24/07/5.7 **Trust-Led Subgroup Reports**

I Green took the reports as read.

- **Organ Donation –** L Herklots informed the Council that it had been the biggest year of activity for the group and had the news that Wiltshire had the highest uptake in registration and hope that the contribution from the committee had been part of the impact. L Herklots said that a video of an organ recipient had gone to the September Board.
- **Clinical Ethics Working Group – no report**
- **Patient Experience Steering Group/ Food and Nutrition Steering Group – A** Pryor-Jones

S Hunter informed the Council that she had received a complaint regarding the respiratory reception area from a Governor about the clutter there and said that the staff and some mechanisms were put in place to help. S Hunter said that she did not know of the process to let the Governors know of the solution to the query. I Cardoso informed that the Governor in question was an ex-Governor and that an email response would go back through the PALs.

L Herklots said that there had been a log that PALs kept that logged all Governor concerns/queries.

- **PLACE – no report**
- **Sustainability Committee – no report**
- **Signage – no report**
- **Staff Carers network –** J Podkolinski informed the Council that she had attended a meeting the previous week but was still to write the report, and that there was a new carers policy.

I Green thanked J Podkolinski for all the work that she has been doing and the issues that have been raised and investigated and a resolution found.

The reports were all noted.

CoG 24/07/6 **CLOSING BUSINESS**

CoG 24/07/6.1 **List of Dates for Council of Governors meetings in 2024**

A list of all the Council of Governors meetings for 2024 was provided to the Council to note and action. The Council was asked to note the dates for the Trust Board meetings and committees.

CoG 24/07/6.2 **Any Other Business**

J Mangan raised and issue about patients who have been invited to attend an ophthalmology appointment are made to wait in the cold until your appointment time if your appointment time is 8.30am, and there were people policing it to keep people out. J Mangan said that he has continuously raised this issue and sees no reason why this is happening.

S Hunter said that the Trust will take this comment away and investigate why this is happening and what the issues are. **ACTION:**

M Brewin raised how risk is managed at the local level and how that works with escalating to middle management and beyond but wonder the Trust is missing something with the training, for example some that is very good at their job but there is only one of them. What sort of formal management plan is there for helping that process. F McNeight responded that divisional governance and risk management is an area that the Trust recognises needs further work which is starting to happen.

There was no other business.

CoG 24/07/6.3 **Date of Next Public Meeting: 27 February 2024**

CoG 24/07/7 **RESOLUTION**

CoG 24/07/7.1 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)