Ashford and St. Peter's Hospitals NHS Foundation Trust

OPEN MEETING OF THE COUNCIL OF GOVERNORS
1st September 2021 via Microsoft Teams

PRESENT:	Mark Adams	Appointed Governor – Runnymede Borough Council	**MA**
	Edwin Addis	Public Governor – Hounslow, Kingston-upon-Thames and Richmond-upon-Thames	**EA**
	Derek Barnes	Public Governor – Spelthorne	**DB**
	Tracey Bradshaw	Staff Governor – Nursing and Midwifery	**TB**
	David Carpenter	Public Governor – Elmbridge	**DC**
	Melaine Coward	Appointed Governor – University of Surrey	**MC**
	Lilly Evans	Public Governor – Runnymede, Surrey Heath, Windsor and Maidenhead	**LE**
	Andy Field	Chairman	**AF**
	Shirley Holmes	Public Governor – Woking and Guildford	**SH**
	Colin Hood	Public Governor – Spelthorne	**CHo**
	Chris Howorth	Appointed Governor – Royal Holloway University	**CH**
	Deborah Hughes	Appointed Governor – Woking Borough Council	**DH**
	Hina Malik	Public Governor - Hounslow, Kingston-upon-Thames and Richmond-upon-Thames	**HM**
	Chris Marks	Public Governor – Runnymede, Surrey Heath, Windsor and Maidenhead	**CM**
	Sinead Mooney	Appointed Governor – Surrey County Council	**SM**
	Helen Pernelet	Public Governor – Elmbridge	**HP**
	Julian Ruse	Staff Governor – Ancillary, Admin, Clerical and Managerial	**JR**
	Denise Saliagopoulos	Appointed Governor – Spelthorne Borough Council	**DS**
	Michael Smith	Public Governor – Woking and Guildford	**MS**
Lead Governor	Danny Sparkes	Public Governor – Runnymede, Surrey Heath, Windsor and Maidenhead	**DSp**
	Matt Stevenson	Staff Governor – Allied Health Professionals	**MS**
APOLOGIES:	Miranda Alcock	Public Governor – Woking and Guildford	**MA**
	Óscar Garcia-Casas	Staff Governor – Medical and Dental	**OG**
	Chris Ketley	Non-Executive Director	**CK**
	Suzanne Rankin	Chief Executive Officer	**SR**
	Arun Thiyagarajan	Associate Non-Executive Director	**AT**
	Meyrick Vevers	Non-Executive Director	**MV**
IN ATTENDANCE			
	Dami Adedayo	Non-Executive Director	**DA**
	Jane Dale	Non-Executive Director	**JD**
	David Fluck	Medical Director	**DF**
	Chris Kane	Non-Executive Director	**CK**
	Andrea Lewis	Chief Nurse	**AL**
	Simon Marshall	Director of Finance and Information	**SM**
	Sal Maughan	Associate Director of Corporate Affairs and Governance	**SMa**
	Louise McKenzie	Director of Workforce Transformation	**LMcK**
	Tom Smerdon	Director of Strategy and Sustainability	**TS**
	James Thomas	Chief Operating Officer	**JT**
	Marcine Waterman	Non-Executive Director	**MW**

SECRETARY: Anu Sehdev Membership and Engagement Manager **AS**

Minute		**Action**
COG-31/21	**Apologies** Apologies as listed on the previous page. The Chairman welcomed Chris Kane, Non-Executive Director, to his first meeting. The Chairman also welcomed Denise Saliagopoulos and Mark Adams as newly Appointed Governors from Spelthorne Borough Council and Runnymede Borough Council respectively. The Chairman advised that Neal Adolphus had taken the difficult decision to retire from his role as Public Governor for Spelthorne due to increasing commitments and that Chris Marks, Public Governor for Runnymede, Surrey Heath, Windsor and Maidenhead had decided not to stand again in forthcoming elections. The Chairman thanked both Neal and Chris for their dedication and time on the Council. The Chairman advised that Danny Sparkes would be coming to the end of her three terms on 30th November 2021. Danny had been elected Governor in December 2014 and she then took on the role of Lead Governor in July 2018. The Chairman wished to personally record his appreciation of the support Danny had provided both to him and the Council of Governors. Danny was a passionate supporter of the Trust and it was only fitting that a celebration would be arranged for later in the year to mark her tenure on the Council. The Chairman noted that Sinead Mooney had attended the meeting and thanked her for her attendance but understood that this would be her last meeting.	
COG-32/21	**Declarations of Interests in the Proceedings** None	
COG-33/21	**Minutes of the Meeting on 2nd June 2021** The minutes of the meeting held on 2nd June 2021 were AGREED as a correct record.	
COG-34/21	**Matters Arising** The updated Action Log was noted.	
	FEEDBACK FROM GOVERNORS	
COG-35/21	**Governor Activities** Danny Sparkes, Lead Governor, advised that the paper reflected Governors' attendance at various virtual meetings. Danny advised that she herself had been involved in re-greening the hospital sites. The Chairman highlighted the increase in Covid-19 case rates and how meetings would continue to be held virtually for the time-being. The Council NOTED the report.	

Minute		Action
COG-36/21	**Patient Experience Group (PEG) Report**	

Chris Howorth advised that the Group had two very interesting virtual visits from staff at the Trust. The first was by Susan Holton, General Manager for Outpatients and Paul Bostock, Associate Director of Operations. Susan and Paul spoke about the programme of work being undertaken in Outpatients. Chris advised that he and Shirley Holmes attended the monthly Outpatient Improvement Steering Group meetings.

Chris advised the second visit was from Angela Mongaudon, Strategic Head of Education and Knowledge Services, and she spoke about junior doctors and how they were inducted and supported in their training. Chris advised that Group members had been impressed by how well they were supported.

Chris advised that full details of the visits could be found in the minutes.

Colin Hood noted that there had been 80,000 fewer appointments in 2020/21 than the previous year and queried what percentage reduction this was and what the plan was to catch up with the backlog. He also noted the high number of DNA (Did Not Attend) rates in video appointments. The Chief Operating Officer advised that the long waits for appointments were due to the pandemic and in a normal year the Trust undertook around 500,000 appointments. It was advised that the Performance Report coming up later would provide details on activity and the initiatives in place to reduce waiting times. The Chief Operating Officer advised that the Trust was working to make virtual appointments sustainable for the future and advised that this was a Government directive and the plan was to undertake 40% of appointments virtually. This initiative was better for the environment as patients did not need to travel and a lot of time and thought was being directed to making this a reality.

Chris Howorth added that it had been emphasised that appointment letters were unnecessarily complicated and the aim was to simplify messages which should help to reduce DNA rates still further. Chris added that it was advised that when patients struggled to get on-line for an appointment they were followed up with a telephone consultation. Chris understood that the DNAs had occurred during the beginning of the pandemic and that patients were getting more accustomed to the new ways. The Chief Operating Officer added that the virtual appointment process had had to be adopted very quickly during the beginning of the pandemic and that staff had learnt a great deal from any mistakes that had been made.

Lilly Evans queried whether it was possible to measure the impact of virtual appointments to ascertain what worked and what did not. The Chief Operating Officer advised that virtual appointments were not appropriate in some age groups and when a physical examination was required. However, many conditions could be discussed over the phone. It was advised that a lot of work was being undertaken to improve accessibility to appointments. Lilly suggested using private rooms in libraries for virtual consultations as she considered councils would approve such an initiative. The Chairman considered that the Director of Strategy and Sustainability could look into this as it was an aim to provide care closer to people. **TS**

In response to Chris Marks, the Chief Operating Officer advised that patients were sent a SMS text message encouraging them to provide feedback. The system was still being improved and it was difficult to ascertain feedback on the new ways of working at this time.

The Council NOTED the report.

Minute **Action**

PERFORMANCE

COG-37/21 **Assurance Report**

In the absence of the Chief Executive, the Medical Director presented the Assurance Report advising that this was the report that had been presented to Board in July and included additional appendices which provided the Board Assurance Framework overview and the Risk Appetite Statement as requested by Governors.

The Medical Director advised that the past few months had seen the emergence of a new variant, people were mixing a lot more and immunity was waning. Discussions were taking place on the provision of booster vaccinations.

There had been an unprecedented increase in A&E attendance and there were pressures to reduce the backlog in patients waiting to be seen and treated. The Trust was about to go into the winter period and the possible onslaught of patients presenting with flu. The staff were very exhausted and many were still unable to take a break as areas were short-staffed. The Trust was supporting staff but there was a potential risk to patient care.

The Medical Director responded to Lilly Evans' query around agency staff and advised that the Trust was not alone in utilising agency staff. The Trust's first point of call was bank staff and this cohort was made up of existing staff who were able to provide additional hours. There was a shortage of agency staff and the Director of Workforce and Transformation's team had done a great deal of work in recruiting more staff.

In response to Michael Smith, the Chief Operating Officer advised that he would be covering cancer in his Performance Report later in the meeting.

Colin Hood referred to page 9 of the report and the summary relating to potential degradation concerns and the Medical Director advised that delays in treatment could result in a degradation in care. Patients were now keen to resume treatment and staff at the Trust were largely mitigating impacts.

The Medical Director highlighted the fire at Ashford Hospital and advised that the staff response had been quick and effective with repairs currently underway.

The Medical Director was pleased to advise that Shashi Irukulla had been appointed as Deputy Medical Director.

The Medical Director advised that there had been a lot of change at St Peter's Hospital with the new multi-storey car park now in place and the Postgraduate Education Centre renovation which included a simulation suite and a much improved catering facility. The new Clinical Assessment Unit had opened which housed ambulatory care and assessment. The Urgent Treatment Centre would be also be moving there soon. Overall, staff found it a great environment to work in.

The Director of Finance and Information turned to the Finance section of the report and advised that July had been a challenging month and as of 31st July 2021 the Trust reported a position which was short of the NHSI financial performance target by £0.5m. The income and expenditure plan reflected in the table assumed a beneficial impact from the Elective Recovery Fund (ERF). However, the ERF requirements had been reset by the Government for quarter 2. The Trust was still being asked to accelerate elective recovery work but following the ERF reset and increased efficiency

assumptions within this the Trust was no longer recovering the full costs of the extra work.

The Director of Finance and Information advised the report reflected capital and Surrey Safe Care costs. He advised that Surrey Safe Care would be going live slightly later than first proposed. A discussion would take place at Board and a timetable would be agreed. The Trust was currently in the testing phase. It was added that despite the pandemic, the Trust was continuing to deliver on the Surrey Safe Care project. Chris Ketley, Non-Executive Director, co-chaired the Surrey Safe Care Joint Digital Committee and the Chairman also attended meetings keeping Board members up to date. The Director of Finance and Information wished to thank Chris Ketley for the time he was devoting to the project.

Edwin Addis appreciated that an extensive training programme would need to be put in place for Surrey Safe Care and it was confirmed that around 10,000 staff at the Trust and at Royal Surrey would require training and this would be over 10 weeks with around half a day's e-training. There would also be a day of hands on training. Additionally, new staff would need to be provided with the training. It was a big project and initially training would begin with the super-users. Edwin queried whether Information Governance was being taken account of and the Director of Finance and Information confirmed that IT requirements, policies and procedures incorporated Information Governance.

In response to Chris Marks, the Director of Finance and Information advised the Trust expected significant tightening in funds in the future. Efficiency targets were clear but there were still many unknowns, for example, around emergency and elective surgery payments. Capital spend was noted to be £15m for the new Clinical Assessment Unit building (over three years). There was also a further £8m spend this year on the Surrey Safe Care programme plus £2m on additional clinical equipment. It was agreed to circulate the full schedule of capital expenditure subsequent to the meeting. Chris Marks queried progress on staff accommodation and it was advised that the first blocks were progressing and would be opened around Christmas. The overall three year programme of private accommodation development was now progressing well. **SM**

The Council NOTED the report.

COG-38/21 **Performance Report**

The Chief Operating Officer highlighted the Covid Star which had been designed by Harry Gray, Sculptor and Artist. This would be awarded to all staff, volunteers and a few others later in the autumn to recognise their dedication during the pandemic. 5,000 stars had been ordered and Harry had employed three apprentices to complete the order.

The Chief Operating Officer advised that June had been the busiest month ever experienced by the Trust. The new Urgent and Emergency Care Centre was now in place and new models of care across the urgent and emergency care pathways were being developed in conjunction with all clinical specialities.

The Chief Operating Officer turned to electives and advised that the 18 week standard had been dropped temporarily and there was now a focus on 90 and 72 weeks waiting times. The pandemic had had a detrimental effect on wait times creating a huge backlog. Good progress was being made with the focus now on patients waiting over 52 weeks. There was a new general surgery ward at Ashford Hospital and capacity had

been created at the weekends. The Trust was also utilising the services of independent hospitals and staff from other hospitals working at the Trust. There were plans in place to reduce the backlog of patients waiting for treatment, especially the longest waiting patients.

The Chief Operating Officer advised that the Trust had been compliant in three of the seven core cancer standards for June. The Two Week Rule in Cancer services had been missed in June, although 70 of the 181 breaches were down to patient choice. The Trust had received around 30% more referrals each month.

The Chief Operating Officer advised that Diagnostics and Endoscopy were benchmarking well.

The Chairman added that the Trust was doing well but that did not mean waiting times were acceptable. The pandemic had had a huge impact and staff were focusing efforts to reduce the number of patients waiting. The Chief Operating Officer added that the Urgent Treatment Centre was also experiencing huge pressures.

Shirley Holmes was encouraged to hear about the improvement in Endoscopy waiting times but queried the decision to reduce the number of mobile units the Trust rented from two to one. The Chief Operating Officer explained that the data had been extensively remodelled; there had been changes in the referral process from primary care and the introduction of FIT testing which diverted demand avoiding unnecessary Endoscopy testing. These factors had led to a reduction in demand. The Chairman added that the executives had been questioned at the Modern Healthcare Committee meeting and non-executive directors were assured that it had been the right decision.

Julian Ruse highlighted the high number of patients and the potential harm that could be caused. The Chief Operating Officer advised that 31,000 patients were on the waiting list with 5,000 patients waiting for surgery. It was advised that the lists were examined constantly and numbers were reducing. It was further advised that there was an Outpatient Clinical Harm Oversight Committee in place which looked at waiting times for first consultations.

Edwin Addis referred to equality and diversity and whether data was further examined in cancer waiting times to see it was representative of all groups. The Chief Operating Officer advised that this was not an area of focus at the moment but that the Trust was working with Surrey Heartlands on how to measure equality and diversity.

The Chairman added that the NHS was experiencing difficult times with the impact of Covid-19 and record attendances in A&E and Paediatrics. The winter season would further bring pressures due to flu.

The Council NOTED the report.

STATUTORY

COG-39/21 **Membership of the Council of Governors**

The Council NOTED the revised register of the Council of Governors.

Minute **Action**

STRATEGY

COG-40/21 **Collaborate – Strategy Refresh**

The Chairman provided some background information advising that the System Oversight and Assurance Board had met that day and collaboratives would be acute and place based and work on these would now begin to accelerate. The Integrated Care System (ICS) was currently recruiting a Chair and there were three short listed candidates. It was anticipated that the ICS' would become legal on 1st April 2022. The Chairman added that Epsom and St Helier's had recently been incorporated into a Group with St George's.

The Director of Strategy and Sustainability thanked the Chairman for setting the scene and confirmed that collaboratives were developing rapidly.

The Director of Strategy and Sustainability advised that the Trust's Strategy was currently undergoing a refresh. The Strategy had been published in April 2018 and was essentially the right strategy but required updating, especially in light of the pandemic.

The Director of Strategy and Sustainability advised that a number of members' events had been undertaken which promoted the survey and that two more were being undertaken in the next two weeks. It was then intended to embark upon a public engagement campaign and sessions with staff groups. In addition, there would be stakeholder events.

The Director of Strategy and Sustainability advised that 120 people had completed the survey so far but more responses were needed. Staff would be chased for their responses again and the aim was to have around half the responses from staff and half from non-staff. Changes were anticipated in the mission, aims, infection and prevention control (North Start objective) and wellbeing.

The Director of Strategy and Sustainability advised that the process would close in October and the Strategy would be redrafted and the refreshed document submitted in December 2021. The Director of Strategy and Sustainability was grateful for the support of the Communications Team in assisting with the refresh.

Chris Marks advised that he had attended a strategy session and had completed the survey. Chris referred to the 37% of respondents who suggested the need for the Strategy to change and wondered whether there were any particular areas they were referring to. The Director of Strategy and Sustainability considered there was still a long way to go with only 120 responses received so far. The members' events had been very good with a lot of useful discussions taking place. A great deal of detail had been covered, and concerns around communications had been raised. It was important to focus on how the Trust communicated with patients on appointments and discharge letters to improve the patient experience. Better access to services, increased use of technology, for example the use of virtual appointments and providing services nearer to the patient would be a priority. It was also important to ensure that input was sought from a wide cross-section of the community. The impact of the pandemic on various groups was of interest to ensure a better understanding on how to address differential impacts and the role of the Trust.

Deborah Hughes advised that she would be attending a strategy refresh session the following week and highlighted that never before had she received so much feedback in relation to access to services. Deborah advised that she had asked whether

constituents had been invited to the strategy refresh sessions and they had responded that they had not. Deborah queried whether the Trust was reaching out to the wider stakeholder groups for example GP patient groups and transport groups. Woking was located the furthest away from Ashford Hospital so the issues of access were felt more acutely there. Deborah was pleased that the Trust's Strategy was being refreshed mid-way through but would like assurance that the Trust was seeking input from the wider community so that the refresh would not fall short. The Director of Strategy and Sustainability advised that 450 stakeholder groups had been approached and there had been little interest to engage, although this was improving. If there were any further suggestions of groups that should be contacted, the Director of Strategy and Sustainability would be happy to approach them and set up further sessions. He understood access was very important, especially for Woking residents, and the Trust had been working very closely with Woking Borough Council to extend bus services and they had already run an additional 60 trips to Ashford Hospital and the Royal Surrey.

The Chairman asked Governors to pass details to the Membership and Engagement Manager of any stakeholder group or anyone who should be provided with the opportunity to provide their feedback. The Trust had to maintain a clean site at Ashford Hospital due to the pandemic but there was an understanding of the difficulties patients were experiencing with access and the Trust wanted to hear from them. **All**

COG-41/21 **People – Staff Survey, Equality Diversity Inclusion (EDI) and Wellbeing Update**

Dami Adedayo, Non-Executive Director, introduced the presentation by advising that this was intended to provide some feedback and offer some assurance on the work of the People Committee which Dami had taken over as Chair of in July. Objectives of the People Committee were to ensure that staff found the Trust a great place to work and felt they were listened to, empowered and valued. Meetings took place bi-monthly and key issues and risks to achieving the objectives were examined. Issues included exhaustion, pressures to keep services running and to catch up with the backlog resulting from the pandemic, as well as having adequate time to recover and recuperate. During July there had been a rise in staff sickness. Morale was low as staff had been unable to travel to see their family which in turn affected their resilience. Other issues were that the winter period was around the corner, there had been an increase in respiratory concerns in Paediatrics and there was a need to increase resources in maternity as a result of the Ockenden Report.

Staff were being asked to work to a 110% target and concerns continued to be raised in EDI, bullying and harassment which the People Committee was keeping an eye on.

Dami advised that the People Committee would be receiving a detailed proposal on the Inclusive Culture programme in September, once the Trust Executive Committee had approved it. This programme would focus on improving people management practices, behaviour and relationships.

The Director of Workforce Transformation advised that the issues were not new but had been exacerbated by the pandemic. It was important to mediate and resolve concerns earlier. The Trust was not alone in this, and there was now a national focus on compassionate leadership, civility and kindness.

The Director of Workforce Transformation advised that progress had been made, particularly in wellbeing interventions. Relationship issues have been tackled by introducing a half day programme designed to provide managers with the tools, techniques and confidence to undertake wellbeing conversations with their teams and

staff members and 222 staff members had attended. Feedback from these sessions has been excellent, with 100% of attendees feeling more confident in undertaking wellbeing conversations. 156 colleagues from ITU and Aspen Ward attended Team away days in July to spend time to decompress and regroup as a team. They were provided with a number of 'fun' interventions, alongside a session with a trained professional to undertake a psychological debrief and time to reflect. Again, feedback had been very positive.

The Director of Workforce Transformation touched upon other wellbeing initiatives including Walk this May, Hydration Week and the Wellbeing Centre to be opened in September 2021.

The Director of Workforce Transformation advised that the People Committee looked at wellbeing data regularly and was pleased to see a number of improvements in this area.

The Director of Workforce Transformation turned to Bullying and Harassment where the data had not improved. There had also been an increase over the past year in abuse from patients.

A snapshot of each division was highlighted to the Council and what was being done to manage concerns. It was advised that the Medical Director and Chief Nurse had undertaken a number of engagement sessions with staff in August 2021.

The Director of Workforce Transformation highlighted the division of General Surgery, Anaesthetics, Critical Care and Theatres that had put a detailed plan together as well as it first divisional newsletter which would be shared with the Council. This was a good example of how a division could spend some time and deal with concerns in a personal way. **AS**

The Director of Workforce Transformation referred to the Specialist Surgery and MSK division that had undertaken a local survey to get feedback on three things staff wanted to continue and three things they did not want to continue. The outcome of the survey had been disseminated and follow up actions were being planned, including a communications campaign on positive behaviours.

The Director of Workforce Transformation turned to a slide where four programmes had been highlighted.

1. Improving People Practices
2. Improving Diversity and Inclusion Practices
3. Improving People Relationships
4. Improving Leadership Practices

Programme one covered what the Trust did when something went wrong and an investigation of a member of staff was needed. Traditional grievance processes took a lot of time and impacted on mental health. Very rarely was any formal action taken and every participant was left feeling worse. A real investment was required in this area and legal advice would be sought before presenting to the Trust Executive Committee.

The Director of Workforce Transformation highlighted the work on improving diversity and inclusion practices with the aim of ensuring better access to training and promotions.

The Director of Workforce Transformation advised the third programme was on

Minute		Action
	improving people relationships and gave the example of the work being done in Theatres. A number of interventions would be identified and work would be undertaken across the divisions. The final programme was on leadership practices and improving capabilities by using the Leadership Academy Leadership Way model. The final slide provided further detail on EDI. An annual report would be presented to September's Trust Board meeting and Governors were invited to attend. The Chairman indicated how valuable this work was and how worthwhile it had been to hear from the Director of Workforce and Transformation. Chris Marks queried how many staff had applied for settled status and how many had been recruited or were retiring. The Director of Workforce Transformation advised that she was not aware of large numbers of staff leaving the Trust but was reliant on people coming forward. The People Committee had been looking at the issue of flight risk over the past six months and the trends. It was advised that the Trust would be working on a pilot with the South Regional NHS Improvement Team to do some work around flight risk and would come back with further detail. The Director of Workforce Transformation also advised she would come back at a later date to cover retention.	**LMcK**
	Julian Ruse welcomed and commended the Director of Workforce Transformation on the extensive initiatives detailed within the presentation. Furthermore, Julian highlighted the Board Assurance Framework had three risks under the People section and how several other risks were pertinent to People. Julian queried whether further detail on the workforce required to mitigate the risk(s) in these areas could be brought to a future meeting. The Director of Workforce Transformation advised that mitigations were in place and assurances have been provided to non-executive directors.	**LMcK**
	Shirley Holmes congratulated the Director of Workforce Transformation on the superb range of initiatives and the extent of work being undertaken. Edwin Addis was pleased to see the work around EDI and recommended further reading around emotional intelligence and how important this was to actively encourage inclusion. The Director of Workforce Transformation advised that a Board Away Day had taken place at the end of June where discussions around what happened to teams that were under pressure had taken place. Being aware of the impact on staff under these conditions and how Trust colleagues tailored their conversations with others was very important. The Chairman thanked Dami Adedayo and the Director of Workforce Transformation for their excellent presentation.	
COG-42/21	**Any Other Business** Lilly Evans wished to thank staff and the Board for all their hard work during extreme pressures.	
	Date of Next Meeting Wednesday 8th December 2021, 4-6pm	

KEY	
✔	Complete
ND	Not due
---	On track

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Status
1.9.21	**COG-36/21**	**Patient Experience Group Report**	Consider using public areas such as libraries for virtual consultations.	**TS**	ASAP		
1.9.21	**COG-37/21**	**Assurance Report**	Circulate the full schedule of capital expenditure.	**SM**	ASAP	Sent with draft minutes	✔
1.9.21	**COG-40/21**	**Collaborate – Strategy Refresh**	Pass suggestions to the Membership and Engagement Manager of any stakeholder group or anyone who should be asked to provide feedback on the Strategy.	**All**	ASAP	Nothing so far	
1.9.21	**COG-41/21**	**People – Staff Survey, EDI and Wellbeing Update**	Share the General Surgery, Anaesthetics, Critical Care and Theatres Newsletter with Governors.	**AS**	ASAP	Sent to Governors on 2.9.21	✔
1.9.21	**COG-41/21**	**People – Staff Survey, EDI and Wellbeing Update**	Provide further detail on the work being undertaken with the South Regional NHS Improvement Team, retention and workforce requirements to a future Council meeting.	**LMcK**	8.12.21	NHS Improvement has had to cancel the meeting twice so have not been able to take this any further. Update to be provided at the next meeting on 2 March 2022.	