

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

Present:

Kevin Arnold	Public Governor
Joanna Bennett	Public Governor
Barry Bull	Public Governor
James House	Nominated Governor
Peter Kosminsky	Public Governor
Angela Milne	Public Governor
John Parker	Public Governor (via Teams)
Jane Podkolinski	Staff Governor
Anthony Pryor-Jones	Public Governor
Andy Rhind-Tutt	Public Governor
Paul Russell	Staff Governor
Peter Russell	Public Governor
Jayne Sheppard	Staff Governor

In Attendance:

Ian Green	Chair
Stacey Hunter	Chief Executive
Rakhee Aggarwal	Non-

I Green presented the minutes from the meeting held on the 28th November 2022 and the minutes were agreed as an accurate record of the meeting.

**CoG
27/02/1.3**

Matters Arising / Action Log

I Green referenced the action log and said that most of the actions logged had been responded to and actioned. I Green said that the only outstanding action that needed to be completed was the palliative care coding one:-

1.3b Palliative Care Coding –

I Green said that he understood that an exchange of emails had been exchanged that very morning between P Collins and P Kosminsky. I Green asked that the email be circulated to all the other Governors on the Council.

then further broken-down specialities and team level, where breakthrough objectives and counter measures were looked at with a 20-30% improvement in 12 months.

Discussion:

A Pryor-Jones asked for the precise definition of falls and for an explanation of how they were categorised. J Sheppard said that the Trust logged all falls but that they were categorised from causing harm to not, such as falling out of bed, losing their footing. S Hunter said that there was an averaged number of falls within the hospital but that there was also a huge array of categories to which they would be logged under and that the ones that caused harm (significant harm) were the ones that were investigated. B Brown said that there were 30 or so indicators to log falls.

J Parker inquired about the slide 9 where it said '20-30 improvement in 12 months'. J Parker wanted to know if this was a rolling 12 month period or is it reviewed or open ended. A Talbott said that it was a monthly review at executive level.

The Council discussed the quality priorities and how they translated to the four objectives, they also discussed delayed discharges and happy that these were still part of the priorities. The Council was assured by the Trust that all of the priorities were being looked at on a daily basis.

**CoG
27/02/2.3**

Quality Accounts – Local Indicator

I Green asked that the Council if they approved the methodology that has been taken by the Trust on the Quality priorities and local indicator. The Council agreed with the methodology.

I Green said that the Council should process what they have been presented and if they have any further queries to contact the team directly.

I Green thanked B Brown, T Mears and A Talbott for presenting to the Council.

**CoG
27/02/2.4**

External Auditor - update

M Ellis updated the Council on the system wide procurement exercise to appoint External Auditors. M Ellis informed the Council that the process had been completed and that the intention was to bring before the Council the preferred External Auditor for approval, but some issues were raised in the vetting process and further questions were put to the proposed supplier about their actual model for delivering the audit next year.

M Ellis said that the recommendation of the preferred supplier will be brought before the Council at their meeting in May.

The Council noted the information.

**CoG
27/02/2.5**

External Well Led Review

F McNeight informed the Council that in the Foundation Trust Code of Governance and the CQC Well Led framework there was a requirement for the Trust to have a developmental review every three to five years. F McNeight said that the Trust was due to have one done just as the pandemic hit and had to be postponed to this year. F McNeight said that there were other Trusts that were due, so a system wide tender was successfully completed, and a company called Aqua was appointed. F McNeight informed the Council that the Trust was going to be the first to be reviewed starting in April, and that the process is about three months. F McNeight said that herself and K Nye would be leading the organisation and keep the Council updated.

that December was particularly tough because of all respiratory infections and the report gives you some insight into that.

S Hunter said that from an elective point of view it was challenging as the Trust was usually using most of the surgical beds to look after people who got an urgent need. and it's the elective program that gets really squeezed. This is an ongoing challenge to our performance standards, albeit some of them are still managing to make a bit of headway. The biggest focus that the Trust has is staffing and the Trust has recruited over a 1000 people in the last year, but the turnover is still very significant. There is an additional impact on staffing due to the additional 100 beds opened in the height of winter in December.

S Hunter said that due to the higher pressures during the winter pressure has been placed on the Trust finances and so not going to be able to deliver break even at the end of the financial year in the way which the Trust expected. S Hunter said that the Trust was having ongoing talks within the system as to how the system the Trust managed to break even but because of all the additional pressures the Trust might not be able to.

In February things improved a bit since December even though it's still really busy which is the experience of our frontline teams. Industrial action has caused an additional challenge on a day to day basis and the Trust is facing industrial action in the next couple of weeks. S Hunter assured the Council that the organization is safe during the days of industrial action because people are working hard and the preparation for industrial action is taking up huge

ourselves. M Ellis said that at least two of those were under pressure and that the Trust was one of them. M Ellis informed the Council that the Trust can make a deficit without triggering a reaction as long as the system breaks even. M Ellis said that the Trust see additional revenue flow across sets of our pressures, but would still expect the Trust to finish with a small deficit

A Milne asked if the new Day Surgery building going ahead. S Hunter said that there was still no definitive confirmation on capital.

The Council noted the report.

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QUALITY AND RISK

Patient Experience Report (Q1 & Q2) – deferred to May 2023

The Patient Experience Report was deferred to the next Council of Governors in May 2023.

CoG
27/02/4.2

PSIRF – Patient Safety Incident Response Framework

F McNeight presented the PSIRF paper to the Council of Governors.

F McNeight informed the Council that the PSIRF was a national initiative that had been launched in August 2022 with the implementation deadline of September 2023. F McNeight said that the framework advocated for co-ordinated and data-driven approach to patient safety incident response that prioritised compassionate engagement with those affected.

F McNeight said that it prompted a significant cultural change towards systematic patient safety management and that it-1.8 (a.7 (ed6 (t w)131 (edet)5.8 thf S)1.3 t-1.8 ((i)-1 u (s)-1.8 It)

- Phase 1 complete.
- Phase 2 underway – deadline end of March 2023.

E Jones informed the Council that there had been an initial discussion at the Clinical Governance Committee on the serious incident report and how it needed to change to reflect the new world of learning. E Jones said that there several pieces of work that went alongside this and that F McNeight was leading on these and that one of the pieces was on just a restorative culture, which is how do we support our staff to continue to report safely and at the same time support them with the learning and the practice improvement that needs to happen. The second key thing is the quality improvement piece. E Jones said that the Improving Together program would help to bring this all together and Clinical Governance C

**CoG
27/02/5.2**

Committee/working group reports (to note):

Membership and Communications – B Bull informed the Council the committee was starting the process of the May newsletter. B Bull also reminded the Council that the Committee had discussed constituency meetings and wanted to encourage Governors to start thinking of planning their constituency meetings for the year.

Self-Assessment Committee – J Parker presented to the Council the results of the Self-Assessment Questionnaire that took place last spring. J Parker said that a report prepared in late April 2022 for presentation at the Council of Governors meeting on 23 May 2022. However, this report was not presented at that meeting and, unfortunately, the next self-assessment committee, due on 12 July 2022, had to be cancelled. J Parker said that the supplementary report provided to the Council with the timetable and action plan for short-, medium- and long-term proposals. J Parker said that the short-term objective had already been completed and that the other objectives for the medium and long term were underway.

**CoG
27/02/5.3**

Governor Elections – I Cardoso

I Cardoso informed the Council that the Governor election process for 2023 was underway and that the constituencies up for elections should be receiving their nominations postcard in the mail.

I Cardoso informed the Council that the dates for the whole process was in the paper provided and that the Governors that are up for re-election should be aware that they must complete the nominations process if they want to re-stand for their post

The following Governors were up for re-election:

- Salisbury City – Kevin Arnold and Joanna Bennett
- South Wiltshire Rural – Anthony Pryor-Jones
- Nominated Governor – James House

The Council noted the report.

**CoG
27/02/5.4**

Trust-Led Subgroup Reports

Clinical Ethics Working Group - P Kosminsky said that sitting on this group was an extraordinary experience, it gave context especially watching the clinicians wrestling with some really difficult ethical questions, which they discuss in depth.

Patient Experience Steering Group/ Food and Nutrition Steering Group –

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