



passed away. NM extended condolences to all that knew Chris and noted that any further details about a memorial would be sent out to governors.

I Cardoso provided details of a memorial service for Alistair Lack, a former governor which is to take place in July.

CoG  
23/05/1.2

### **Minutes from Public Meeting Held on 28<sup>th</sup> February 2022**

The minutes are agreed as a correct record of the meeting.

CoG  
23/05/1.3

### **Matters Arising / Action**

N Marsden presented the action log and the following key points were noted:

**CG 28/02/04 Strategic Plan** – S Hunter noted that the Trust had experienced significant operational pressure which has caused progress on the Improving Together programme to lose some pace. Additionally, S Hunter reported to the Council that E Provins, Director of Improvement and Partnerships would be leaving the Trust later in the summer. Therefore, the executive team were currently considering executive leadership and how the team would be taking the strategy and the Improving Together programme forward.

S Hunter therefore asked if the Council were content to defer an update on the strategic plan and progress on Improving Together to July, where the team would be able to provide a meaningful update. The Council agreed to this approach. Item closed.

**CG 28/02/07 – Integrated Performance Report (M6)/ PPE for visitors** – The Council noted that A Milne had emailed J Dyos regarding the different guidance around PPE when she was visiting on one of the wards. It was noted that there had been new guidance about Infection, Prevention and Control on wards and visiting controls which A Hyett and J Dyos are working through. S Hunter noted that hospital visiting policies were receiving a lot of media attention as organisations try to find a good balance. J Dyos to confirm what this new guidance means for visitors. **ACTION: JD**

JD

**CG 28/02/13 - Committees/working group reports/ Volunteers concern re main entrance** – J Podkolinski referred to the previous concerns raised by volunteers about the staff entrance. J Podkolinski noted that this issue has been raised several times with little action as a result. However, recently she had met with Victoria Aldridge, Head of Patient Experience, to talk through the issues at the main entrance and the suggestions for improvements. These improvements have a low impact on cost, do not involve additional staffing, and provide the volunteers with a 'toolkit' to support them in their role. J Podkolinski has kept Jo Jarvis and L Herklots informed of all actions. S Hunter suggested that PALS come to a future meeting to provide a verbal update of the actions that have been put in place. **ACTION: VA**

VA

It was agreed that all other matters arising were either closed or were subject to a future agenda.

CoG  
23/05/2

### **ASSURANCE**

CoG  
23/05/2.1

### **Self-Certification**

K Nye presented the report which asked the Council to consider the evidence aligned to each element of the provider licence conditions, which the Board is required to self-certify against, and confirm the response, noting the risks and mitigations.

The Director of Integrated Governance and Chief Finance Officer have reviewed

the statements and evidence sets and it was approved at Trust Board to respond with confirmed for all elements. The evidence to support the response is outlined in Appendix 1 of the paper.

K Nye asked the Council if there were content to support the evidence and the Trust's response to Condition G6, FT4, CoS 7 and governor training.

**Decision:**

The Council supported the Trust's self-certification response.

CoG  
23/05/3

**PERFORMANCE AND FINANCE**

CoG  
23/05/3.1

**Integrated Performance Report (M12)**

S Hunter presented the IPR providing the Council with the Trust's performance at month 12, March 2022. It was noted that whilst this was an important month in terms of pulling together the operational plan, it would be appropriate to take the report as read and update the governors on the Trust's latest position. The following key points were highlighted:

- The Trust ended the year in financial balance and S Hunter thanked colleagues for their hard work in achieving this position. It is worth noting that the NHS is reverting to more of a pre Covid financial management approach as the last two years has seen additional provision in place for COVID specifically.
- The Elective Recovery Plan has been challenging to achieve as the Trust is managing restrictions and staffing problems with approximately 200-300 people a week not at work. However, the Trust recognise that the waiting times for some patients is unsatisfactory. Managing the impact of COVID on NHS waiting lists is going to take years of recovery but there has already been progress with the Trust having treated those patients who were waiting over 104 weeks.
- In relation to the wider Bath and North East Somerset, Swindon and Wiltshire system (BSW) there is recognition that Wiltshire residents are disproportionality disadvantaged in relation to health care, as the issues in Wiltshire are more significant than in other regions. This is something that the Trust and system needs to respond to.
- The Trust is currently in week 4 of a SAFER (Senior Review/ All Patients/ Flow/ Early discharge/ Review) event which is an intensive support period that the Trust have initiated to help the current level of No Criteria to Reside patients in the Trust. There have been encouraging signs with some benefits but there will be more work required to ensure sustainable actions are put in place. This challenge is being experienced in a majority of NHS hospitals nationwide.

**Discussion:**

K Arnold referred to the discharge before midday metric and noted that it is a target that the Trust consistently fails to achieve. K Arnold asked if this is a nationally set target. S Hunter noted that pre-COVID the Trust had a set of metrics which were felt to be important in relation to the context at that time. These were not nationally set but discharges pre-midday was felt to be a focus. When benchmarking against other organisations, the percentage of patients who can be discharged home without additional support compares well.

P Kosminsky noted the complexities when trying to improve flow in and out of the Trust. PK referred to primary care and asked if the congestion in primary care, where some patients are unable to get an appointment, is a contributory factor to

the problem.

S Hunter explained that objective evidence suggests that those attending by ambulance are not those patients who have not been seen in primary care. There are some patients who have had that experience but the numbers are small. The Trust is well supported and the minor injuries unit in Salisbury are extremely helpful in that they flex their capacity to help in difficult circumstances. SH noted that ambulance delays are now much improved in comparison to the situation around Easter and SAFER has contributed to this improvement.

A Rhind-Tutt reflected that the numbers behind the statistics are important when talking about patient care. An improvement in small numbers is still an improvement and frees up beds. S Hunter agreed, explaining that those patients with No Criteria to Reside is one of the breakthrough objectives, as part of the Improving Together programme.

P Collins referred to discharges before midday and noted that the inability to achieve the target is also a measure of the pressure on medical teams. The consultants are having to make the decisions about more patients due to the Trust's consistently high bed occupancy and this also means more work for the teams that support discharge. The SAFER event has helped in that additional effort is made to stop utilising escalation areas which, by default, helps to make discharge processes more efficient.

CoG  
23/05/4  
CoG  
23/05/4.1

## QUALITY AND RISK

### Patient Experience Report (Q3)

P Collins presented the Patient Experience Report which provides the Council with a report of activity for Quarter 3 2021/22 in relation to complaints and the opportunities for learning and service change. P Collins highlighted the following key points:

- P Collins noted that during this period, COVID numbers were low but the number of escalation beds had increased and staff availability was poor. Therefore, the outcome of this report is a testament to the care given by Allied Health Professionals (AHP), nursing and medical staff as the number of complaints remained stable. The Trust continues to receive more compliments than complaints
- Disappointingly the timeliness in responses has deteriorated and is not where the Trust would endeavour response times to be. It requires a renewed focus and it part of the metrics the divisions are suing to set continuous improvement to align to objectives.
- In relation to themes, concerns raised about treatment is the most popular trend. More specifically, people are having to wait longer for treatment which then requires more difficult conversations with clinicians. It is acknowledged that there needs to be further work to communicate the way in which the Trust prioritises patients who are waiting for longer to manage expectations.

### Discussion:

K Arnold asked for further detail in relation to why there has been a decrease in timely responses to complainants. P Collins explained that those who would normally have time and capacity have been redeployed to the front line due to staff absence and operational pressures. However, process and governance are still important and the Trust need to take ownership and refocus their efforts.

J Bennett took the opportunity to extend her thanks to all staff who have worked tirelessly in extremely hard conditions.

S Hunter noted that it is likely that complaints will rise in the next year. So far communities have been supportive but there is a long waiting list and the more that life returns to pre-COVID levels of normal, the more likely and understandable the rise in complaints will be. Additionally, the Trust have always maintained that not having complaints is not necessarily always positive as they are an extremely useful source of feedback.

A Pryor-Jones commented that some patients do not contact PALS as they are uncertain if their comments would be escalated to a complaint. Some patients would only like to make an observation and the term 'complaint' can sometimes put people off contacting PALS. A Pryor Jones suggested that the Trust consider using different terminology to encourage less formal feedback which would be useful to the organisation. J Robertson noted that there was already a process in place to feedback compliments and comments and PALS is the correct route if governors come in to contact with people who do wish to feedback. L Herklots referred to the graph in the report which relates to concerns, complaints, compliments, and comments. PALS can help patients and family to determine what their comments fall under.

J Mangan referred to a previous situation where he had made a complaint and noted the importance of not only response times but also providing a sufficient response. J Mangan noted that not properly investigating and responding appropriately always escalates the situation and does not provide the patient with any assurance. S Hunter noted that the complaints investigation process had significantly improved and all complaint letters were personally reviewed by her and signed off, with a number being re-drafted if they were felt to be inappropriate.

P Collins noted the importance of being honest with the person at the beginning of the process. This relates to the culture of organisation and P Collins noted that a number of these concerns could be managed as part of informal discussions at ward level. It is acknowledged that there is a fear that underpins defensiveness. Everyone expects health care professionals to do the same thing and it sometimes not appreciated that there are differing opinions in health care. It takes courage to say that on certain occasions we did not get it right.

P Kosminsky noted that he had been in contact with a person who had made a complaint and the response to this person was timely and fully satisfied the person who had made complaint.

J Robertson commented that improving health care should include looking at prevention and providing learning that enables the population to be informed about self-care and self-awareness in relation to their healthcare needs. P Collins noted that the Integrated Care System (ICS) legislation will focus on reducing inequalities and looking at what is done outside the hospital in terms of prevention.

**CoG**  
**23/05/4.2**

### **Quality Accounts**

P Collins introduced B Browne, Head of Clinical effectiveness, to the Council to present the draft 2021/22 Quality Accounts. B Browne explained that the Quality Accounts look back on the previous year's performance explaining where the Trust is doing well and where improvement is needed. They also look forward, explaining the areas that have been identified as priorities for improvement resulting from consultation with patients and the public, our staff, and governors. B Browne noted that the final Quality Accounts was due to be published on 30<sup>th</sup> June.

B Browne explained that due to some internal changes the document had been significantly updated to align to the three tiers of quality, i.e., patient experience, patient safety and clinical effectiveness. This year has seen the launch of our new

strategy across the organisation, which is to be driven by a programme of work called 'Improving Together.' This new strategy is enabling us to prioritise workstreams as the key priorities are identified for each of our people, population, and partnerships (widely known as the 'three P's'). This strategy will help to ensure that there is a renewed focus on delivering on our COVID recovery plans. There will also be investment in people by ensuring that we continue to look after our staff, improve inclusion and belonging, seek new ways of working and delivering care, and develop a model which is fit for the future.

P Collins thanked B Browne for his work in updating the report and noted that the document provided clarity in relation to the data and how it is presented.

BB explained that this has been shared with commissioners and the leadership group and it will also go to the communications team.

B Browne apologised that the Council had received the document a little later than he had expected. It was explained that there was a requirement for the Council to provide a 'governors statement'. It was agreed that the governors required more time to review. Feedback on this statement would be sent to L Herklots and she would confirm the final statement for inclusion with B Browne. **ACTION: BB/LH**

**BB/LH**

#### **Discussion:**

J Mangan noted that he had previously found the Quality Accounts difficult to interpret but what he had been able to read prior to the meeting was easier to digest.

P Kosminsky referred to the target in relation to achieving 60% patient contact virtually when the Trust is currently achieving 24.9% and queried if this was realistic. P Collins agreed that this is a high target, largely borne from COVID and explained that had been adjusted to a more realistic 25%. SH explained that she did not disagree with the 60% target and that the adjusted 25% was the absolute minimum the Trust would expect. There are some genuinely good reasons for virtual appointments in relation to saving patient time, patient costs in terms of parking and the positive impact on the environment. P Kosminsky queried what the feeling is amongst clinicians in relation to virtual outpatients' appointments. P Collins noted that the answer is variable depending on speciality as in some departments they are not appropriate. However, what is required is a change from a health care model which has not significantly changed since the start of the NHS. The NHS need to redirect resource from low quality interactions to higher quality interventions which are more meaningful.

M Clunie agreed that the Quality Account is a great improvement on previous iterations which were difficult to interpret. M Clunie noted the positive improvement in sepsis management in comparison to previous years

M Clunie referred to p.59 in relation to how staff feel they are being heard and asked if the Trust had done any benchmarking work or learning from those hospitals who have scored better than SFT. P Collins noted that the key concerns discussed at Board level relate to staff well-being and what is clear from the Staff Survey, Pulse survey and other methods of feedback is that staff satisfaction has reduced. Senior management are reviewing this feedback and what is critical is to listen to what staff have to say and not jump straight to solutions.

M Clunie further commented on p.63 and noted the number of patient-falls that result in severe harm and death. M Clunie reflected the high numbers of patients who experience falls and asked what is being done to address this. P Collins explained that no matter how frail or elderly the patient it is acknowledged that all falls are avoidable and this is not acceptable. The reason for the increase in falls is multifaceted but in terms of the solution, the point of the Improving Together Programme is not for senior management to dictate to staff but let those on the

front line develop their own solutions. Therefore, falls has been highlighted as a breakthrough objective as part of this programme of work.

S Hunter noted that in relation to staff satisfaction at work, in January 2021 Wiltshire had the highest bed occupancy in the south west and the Trust required military support. The amount of pressure in the hospital has inevitably changed how some staff feel about work. It an attempt to make the working lives of staff better the Trust have arranged several initiatives and gestures as a thank you. However, what the Trust needs to do is evaluate what has made a difference to the staff.

P Kosminsky noted his surprise that Stroke had not been listed in light of discussions he had observed at CGC. P Collins explained that the reasons for deterioration in Stroke performance is well known and now the Infection, Prevention and Control (IPC) measures have changed, Stroke services will once again be delivered from one area in the Trust and therefore performance should start to improve. SH noted that the national audit in relation to Stroke as part of the national framework means that quarterly information in relation to SSNAP scores is reported and assurance in relation to Stroke services is delivered through that framework. The SSNAPP data is reported through CGC as part of the Integrated Performance Report (IPR) and therefore to add to the Quality Account as a focus would risk duplication of work.

**CoG**  
**23/05/5**  
**CoG**  
**23/05/5.1**

## **GOVERNOR BUSINESS**

### **Confirmation of Deputy Lead Governor – Standing Order 16.2. b**

L Herklots proposed that J Sheppard take on the role of deputy Lead Governor. L Herklots noted that she had spoken with J Sheppard to ensure she was content to take on the role. J Mangan seconded this proposal.

L Herklots explained that given recent conversations about the current pressures staff are experiencing, it was felt to be a good opportunity to have a staff governor as the deputy lead. As stipulated in the constitution, if either the lead governor or deputy is a staff governor, the other must be a public governor, which will need consideration going forward.

L Herklots thanked J Mangan for his contributions as lead governor and deputy lead over the past few years. J Mangan noted that the roles should not be taken lightly and time commitments to the role considered.

#### **Approval**

The Council supported the proposal for J Sheppard to take on the role as deputy lead governor.

**CoG**  
**23/05/5.2**  
**CoG**  
**23/05/5.2a**

#### **Committee/working group reports:**

- **Membership and Communications Committee**

The Council noted the report

**CoG**  
**23/05/5.2b**

- **Nominations Committee**

The Council noted the report

**CoG**  
**23/05/5.2c**

- **Self-Assessment Committee**

J Parker noted that due to Steve Donald leaving he would be asking for someone to join the Self-Assessment Committee.

The council noted the report.

**CoG**  
**23/05/5.2d**

- **Staff Governors**

The Council noted the report

**CoG**  
**23/05/5.2e**

- **Patient Experience Group: Sub-group reports**

The Council noted the report

**CoG**  
**23/05/6**

**CLOSING BUSINESS**

**CoG**  
**23/05/6.1**

**List of dates for all Council of Governor meetings in 2022**

The list of dates was attached for info.

**CoG**  
**23/05/6.2**

**Any Other Business**

There was no other business.

**CoG**  
**23/05/6.3**

Date of Next Public Meeting: **25 July 2022**

**CoG**  
**23/05/7**

**RESOLUTION**

**CoG**  
**23/05/7.1**

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)