

Subject to this amendment, the minutes were agreed as an accurate record of the meeting.

**CoG
25/7/1.3**

Matters Arising / Action Log

NM presented the action log and the following key points were discussed -

CoG28/2/07 Integrated Performance Report (M6)/Visiting Guidance – SH informed that there was a clear PPE policy in place for staff to follow but that it had to keep changing in response to peaks and troughs of infections. No further action required, and item closed.

CoG28/02/13 & CoG23/05/1.3 Committees/working group reports/Front entrance concerns – VA noted that the issues with signage, cleanliness, parking, and reception staff were ongoing, but that work was progressing to find solutions. LH asked if VA could return to CoG in November with a further update. **ACTION VA VA**

NM noted that action CoG23/05/4.2 was closed.

SH asked for her conversation with JM to be noted as JM had not received a satisfactory response to his palliative coding concern. PC had acknowledged that he had given JM a verbal update and JM requested a formal written response from PC. **ACTION PC**

PC

**CoG
25/7/2
CoG
25/7/2.1**

ASSURANCE

Auditors Report - Grant Thornton UK LLP

BM presented the Annual Auditors report. The following key points were noted:

- The audit of financial statements had been completed well in advance of national deadline.
- Finance had successfully implemented a new financial ledger system that addressed previous concerns.
- There were some recommendations for value for money – efficiencies to address the forecast deficit and development of further efficiency plans.
- There were no recommendations in relation to governance arrangements.
- There was a recommendation to ensure actions from the CQC inspection of Maternity Services are fully addressed and embedded.

BM noted that the report was positive overall and in most areas the Trust was performing well but the report outlined six areas where the Trust was behind and six areas where the Trust was ahead of other comparative organisations using bench marking tools.

Discussion:

NM agreed with BM that the report was positive and had improved significantly over the years.

PK asked if the report looked at different criteria for governance arrangements to those that the assessment on the board's effectiveness completed by KPMG, SH noted that the auditors were testing governance and assurance processes in their report and KPMG had observed a Board meeting and given feedback on improvement practices. Considering the KPMG report and his role as a governor PK asked for reassurance that the board is working well, SH noted that KPMG had been engaged to help the board learn how to adopt tools and culture to enable continuous improvement in the organisation. PC noted that governance was about a flow of information from frontline staff to the Board and

leading for improvement means asking what we need to do differently to bring out the best in our staff. PC welcomed the scrutiny of the Council of Governors over the next few years to make sure this improves.

MC asked for clarification on the Improving Economy, Efficiency and Effectiveness section of the audit report where many areas showed the Trust in the lowest quartile. BM noted that these areas had been extracted for further focus. The report brought attention to these areas so that governors could hold the Non-Executive Directors to account and make sure action is being taken.

NM thanked BM for his report and support, BM left the meeting.

CoG
25/7/2.2

Improving Together Update

PC gave a verbal report on the Improving Together project which is an operational excellence system designed to embed a standardised improvement methodology to all staff and adopt a lean type operational management approach. It also ensures that the organisation is focused on a smaller number of priorities whilst still managing the day job. The following key points were noted:

- The Director of Improvement and Partnership was leaving the Trust and PC had agreed to add the delivery of Improving Together to his portfolio.
- The first wave of coaching at Trust Board level had taken place and KPMG had assessed the Board's leadership behaviours.
- Divisional management and frontline teams had received training.
- New IPR developed which will on focus on identified breakthrough objectives.

Discussion:

MB asked if there was a plan to replace the Director of Improvement and Partnership, PC explained that the role was currently being advertised and the person appointed would report direct to him and be responsible for the day-to-day project management. SH added that she was very grateful to PC for taking on the responsibility along with his already large portfolio.

AR-T asked who was leading the patient discharge project, PC explained that this was the Operational Delivery Group and offered to further explain this process to AR-T outside the meeting. SH noted that the Improving Together methodology used data to help the teams focus on reducing the overall bed occupancy.

AM asked if the digitisation of patient records was part of the Improving Together project, PC explained that the Improving Together methodology would be used in all the organisation's projects.

JR asked if there were any projects looking to prevent unnecessary readmissions, SH explained that she was the CEO for Urgent Care in the system, each of the three areas had working groups focused on admission avoidance. SH noted that in the hospital there were 78 extra escalation beds which, pre-covid, would not be open all year round but no extra staff to look after them, staff were currently very stretched.

AR-T asked if there was a volunteer base that could look after the patients that were ready but unable to go home so freeing up medical staff, PC noted that there would be a delay in some of the measures that require improvement while the infrastructure to deliver the Improving Together programme is set up. PC noted that he would attend future Council of Governor meetings to keep governors up to date on progress.

JB noted that behind the statistics there was a patient that was desperate to go home, and ward staff would be working hard to try to discharge them, but this needed to be done safely with paperwork, prescriptions, and care packages in place.

CoG
25/7/3
CoG
25/7/3.1

PERFORMANCE AND FINANCE

Integrated Performance Report (M2)

SH noted the report which summarised the trusts performance in May. SH noted that May had been a relatively good month and that things had become more difficult in June and July, SH offered to take questions on the report and then give an update on the current position.

Discussion:

KA noted that he had recently attended a stroke strategy meeting and was concerned about the state of staff morale. It was indicated in the meeting that budget saving proposals had been made but no response received. PC noted that stroke care had changed quite significantly in the last ten years. PC also noted that small hospitals have had to change the way they provide care for stroke patients. Salisbury was a small district hospital which treated 350 stroke patients a year therefore the proposals were not financially sustainable. As part of the Acute Hospital Alliance (AHA) strategy PC noted that stroke services would be reviewed at a regional level. PC noted that there were some internal changes that could be made and the key stroke clinicians would be involved in the discussions.

PK asked if the 350 patients a year that needed stroke care were getting an adequate service from Salisbury. PC confirmed that there had been no deterioration in either the mortality rate or the rate of stroke patients discharged into their own homes and that the hospital continued to provide an excellent and safe stroke service.

SH noted that in the last six to eight weeks the number of people with COVID had risen quite sharply, frontline teams were stretched due to staff sickness and isolation. Models show that this phase should finish around end of July beginning of August, but the model also showed a difficult winter period ahead, with lots more COVID infections and a bad flu season. SH noted that this year there was no room for extra beds for the winter plan and alternatives would need to be found such as home care, working with the Council to provide domiciliary care and use of volunteers.

NM assured the governors that the organisation, the Executive Team, and the Board were looking at all options.

PeR noted that the IPR indicated that staff vacancies had risen and was concerned that this would affect clinical care he asked if this could be an agenda item at the next meeting. SH agreed that a report on vacancies and the Trust's plans to deal with the problem would be presented at the November meeting. **ACTION: MW**

MW

CoG
25/7/3.2

Operational and Financial Plan

The report was noted.

CoG
25/7/4
CoG

QUALITY AND RISK

Patient Experience Report (Q4)

25/7/4.1

VA presented the report which summarised the complaints, concerns and Friends and Family Feedback from quarter four. The following key points were noted:

- There had been a slight increase in complaints received in quarter four.
- The complaints' themes were unsatisfied with treatment or outcome, staff attitude and communication.
- There had been a reduction in complaints that had been closed within timescale.
- There had been an increase in re-opened complaints due to not receiving a perceived apology in the reply and not addressing all the concerns, work was ongoing with divisions to try to address this.

Discussion:

PC thanked VA for the quality of her report which had been well received at both Clinical Governance Committee (CGC) and Clinical Management Board (CMB).

CoG

25/7/5

CoG

25/7/5.1

CoG

25/7/5.1a

GOVERNOR BUSINESS

Committee/working group reports:

Nominations Committee

PeR presented the report which had been presented to the Nominations Committee earlier that day. The following key points were noted:

- The tender process had been successful, and Gatenby Sanderson had been appointed.
- Gatenby Sanderson had advised that the timeframes be altered to avoid the summer holidays.
- Advertised on 8th August.

PeR asked the Council to approve an external assessor to sit on the interview panel, this was not in the Trust's constitution but was considered best practice.

SH confirmed that a request had been received from the Regional Director of NHSEI South West Team to sit on the interview panel, although this was not in our constitution SH confirmed that the Regional Director had sat on a number of chair recruitment interview panels. PeR noted that they would be able to comment on the candidates but not have a vote.

Decision: The Council agreed to appoint an external person to sit on the interview panel.

CoG

25/7/5.1b

Self-Assessment Committee

JP gave a verbal update on the Self-Assessment Committee that took place on 12th July. JP explained that a paper regarding governor self-assessment had been circulated at the meeting which was going to be developed and presented at the Council of Governor meeting in November.

CoG

25/7/5.2

CoG

25/7/5.2a

Trust-Led Subgroup Reports

Organ Donation Committee

The report was noted.

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

25/7/5.2b

The report was noted.

CoG **Food and Nutrition Steering Group**

25/7/5.2c

The report was noted.

CoG **Hospital Food Forum**

25/7/5.2d

The report was noted.

CoG **CLOSING BUSINESS**

25/7/6

CoG **Any Other Business**

25/7/6.2

There was no other business.

CoG AGM: 9th September 2022

25/7/6.3 Date of Next Public Meeting: 28 November 2022

CoG **RESOLUTION**

25/7/7

CoG Resolution to exclude Representatives of the Media and Members of the Public
25/7/7.1 from the Remainder of the Meeting (due to the confidential nature of the business
to be transacted)