

**Minutes of the Council of Governors meeting held on
20th May 2024 in the
Trust Boardroom and via Microsoft Teams**

Present:

Kevin Arnold	Public Governor
Mark Brewin	Public Governor (via Teams)
Barry Bull	Public Governor (via Teams)
Mary Clunie	Public Governor
Frank Cunnane	Public Governor (via Teams)
Jason Goodchild	Nominated Governor (via Teams)
Lucinda Herklots	Deputy Lead Governor
William Holmes	Public Governor
Peter Kosminsky	Public Governor
John Mangan	Public Governor
Angela Milne	Public Governor
Frances Owen	Public Governor
Jane Podkolinski	Staff Governor
Anthony Pryor-Jones	Public Governor
Paul Russell	Staff Governor
Peter Russell	Public Governor
Andy Rhind-Tutt	Public Governor
Jayne Sheppard	Lead Governor
Matthew Swift	Public Governor

In Attendance:

Ian Green	Chair
Lisa Thomas	Interim Chief Executive
Judy Dyos	Chief Nursing Officer
Peter Collins	Chief Medical Director
Tania Baker	Non-Executive Director
Debbie Beavan	Non- Executive Director
David Buckle	Non- Executive Director (via Teams)
Eiri Jones	Senior Independent Director
Michael von Bertele	Non-Executive Director
Isabel Cardoso	Membership Manager (minute taker)
Fiona McNeight	Director of Integrated Governance
Kylie Nye	Head of Corporate Governance
Ben Browne	Head of Clinical Effectiveness

1	OPENING BUSINESS	Action
CoG	Welcome and Apologies	
20/05/1.1		

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

- John Parker, Public Governor

Non- Attendance:

- Cllr Rich Rogers, Nominated Governor

I Green welcomed J Goodchild to his first Council of Governors as the Military nominated Governor. I Green noted that this was the final Council of Governors for four long standing Governors who have come to the end of their term of office. I Green thanked May Clunie, Lucinda Herklots, John Mangan and John Parker on behalf of the Trust for their support over the

many years and for all that they have done for the Trust in their time as Governor. I Green noted that the role of the Governors is not necessarily clear but the role of holding the NEDs to account is really important.

CoG
20/05/1.2

Minutes from Public Meeting Held on 4th March 2024

I Green presented the minutes from the meeting held on 4th March 2024 which had been circulated and asked if they could be agreed as correct record.

The Council agreed the minutes as a correct record.

CoG
20/05/1.3

Matters Arising / Action Log

There were no further specific actions in the action log.

CoG
20/05/2
CoG
20/05/2.1

ASSURANCE

New Chief Operating Officer – Niall Prosser

I Green informed the Council that unfortunately N Prosser is unable to attend the meeting to introduce himself as he is unwell and sends his apologies. I Green said that N Prosser will be invited to a future meeting.

CoG
20/05/2.2

Non-Executive Director update – Tania Baker

I Green welcomed Tania Baker to her last ever meeting as a non-executive to the Council of Governors and asked her to provide her final thoughts on the activities that she has been involved in her time at the Trust.

T Baker informed the Council that she would like to reflect on the eight years as a non-executive at the Trust. T Baker said that she would like to firstly reflect on the staff who worked at the Trust and the work that they did often under really trying circumstances and difficult conditions. T Baker said that the Trust had some really committed staff and that it had been a great pleasure to meet a quite few during her time at the Trust, and that they made a great difference to patients and relatives of patients. T Baker said that she wanted to pay tribute to them and their hard work.

T Baker noted that there were a couple of points that she would like to raise and one those is the question as to what she would be doing after leaving SDH, and T Baker said that she was just going to retire and did not want to pursue any other kind of NED opportunities.

T Baker said that another of her points would be about power and accountability and that in the past eight year of her being at the Trust there had been a bit of a drift of power away from the Board to the centre and that the freedoms of individual Boards over a period of time have slipped away but at the same time the accountability has not changed and if something was to go wrong the Board would be held accountable even though they did not have the same power as before rather than the people outside that had been shaping the policies, particularly around the financial challenges.

T Baker said that one of the things that the Board had tried to do over the years more or less successfully was to focus of patient care and safety and that she knows that the Board going forward is still going to try and continue to do that even though it will be more challenging.

T Baker said that the second point that she would like to raise was around funding and that funding in the national health service was falling behind our European neighbours, and not just a little behind but way behind and people cannot expect the health service to deliver the same standards of care as some of these countries unless we are funding them properly.

T Baker highlighted the need to ensure that the right people were recruited and retained and that most importantly the right training and support was provided, particularly from a management perspective. T Baker noted that the Improving Together programme needed to make sure that a cultural change occurs so that a common way of doing things instead of a methodology. The third point T Baker wanted to highlight was of a Vertical integration as opposed to a horizontal one.

T Baker said that new technology was important and that it should be an enabler and not something that got in the way.

T Baker said that she had a few regrets with the Day Surgery being one of the biggest, and that it was disappointing that the Trust had not managed to get to the point where it could be replaced. EDI was another regret, but the Trust has seen any dramatic changes in the staffing mix because of the overseas recruitment but that the Trust needed to continue to focus on the inclusion of these people and other elements of diversity to feel included within the Trust.

T Baker concluded that patient safety must continue to remain high on the priorities list for the Trust.

T Baker thanked everyone for the opportunity of being able to do this over the last eight years as it was mostly a great pleasure but does not envy the Board with what is coming next.

The Council thanked T Baker for her reflections and all that she has contributed during her time as a non-executive director at the Trust.

**CoG
20/05/2.3**

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.

Charitable funds – I Green

No questions were raised.

Clinical Governance – E Jones; D Buckle

D Buckle raised the complaint response times as an issue, and that the staffing in gastroenterology was good but precarious. D Buckle said that audiology for young children had been identified as needing a review.

No questions were raised.

Finance and Performance – D Beaven

D Beaven stated that the Trust position for the year end had been lower and that all in all not a bad financial result for the Trust. D Beaven informed the Council that 'No criteria to reside' had fallen from ten percent to five percent. D Beaven informed the Council they £15.3 million in SIPs had been delivered.

I Green informed the Council that it will be an extremely challenging and that the SIP was up to £25 million with plans in place to deliver but with a lot of risk in achieving it. I Green said that the Trust was in a better position than many other Trusts.

No questions were raised.

Audit Committee – Richard Holmes

Pt Russell said that cancer wait times and the data quality issues were of concern especially as six months was a long time to sort it out, hoping that no-one gets forgotten.

E Jones echoed Pt Russell's thoughts that waiting times were very long, but the committee looked at this every month. E Jones said that it was a complex pathway, but that committee was constantly challenging this. L Thomas said that the Trust digital immaturity was an issue but that a new Cancer manager had been appointed and was confident that things would begin to improve.

No questions were raised.

Trust Management Committee – L Thomas

No questions were raised.

People and Culture – M von Bertele; E Jones

E Jones reported thanked T Baker and M von Bertele and for all that they had done for the People and Culture Committee. E Jones assured the Council that the Trust was an exemplar site for the people promise. E Jones said that the Trust had a tough year ahead as it needed to reduce workforce levels to previous numbers and that this would be achieved in productivity and efficiency thereby limiting agency spend.

No questions were raised.

All the reports were noted and there were no further questions from the Governors.

CoG 20/05/2.4

Quality Accounts – Governor Statement

Ben Browne informed the Council that they had been provided with the most up to date Quality Account report. B Browne said he was in the process of completing an easy to read version, but due to tight deadlines this year it was still not completed.

B Brown informed the Council that this was a working draft of the Trust Quality Accounts for 2023/24 with an enclosed progress tracker. The paper being presented was to give the Council members sight of the report prior to its final publication and approval at Trust Board in June. B Browne said that a copy had been reviewed and discussed at CMB in April and that a final draft was presented at CMB in May.

B Browne invited the Council to provide their Statement for the report and to also feedback if there was any additional content that should be included in the report.

I Green asked if the Council was happy to endorse the Lead Governor to write the statement for the Quality Accounts.

The Council endorsed the Lead Governor writing the statement on their behalf.

CoG 20/05/2.5

Constitution Review

K Nye presented the Constitution Annual Review report and informed the Council that the following amendments had been made:

- Updating Paragraph 1 to reflect the Health and Social Care Act 2022.
- Paragraph 4 - Powers updated to recognise joint committees and the 2006 Act (revised 2022).
- Paragraph 4.5 added as specified in the Health and Care Act 2022.

- Paragraph 17 updated to recognise joint committees.
- Annex 4 updated to reflect changes to 'partnership organisations' in relation to Appointed Governors.
- Annex 8, paragraph 5.9 added to reflect the establishment of Joint Committees and Committee-in Common.

K Nye informed the Council that as part of the changes described that there was a proposed change to the number of 'partnership organisations' included under the Appointed Governors section. K Nye said that Appointed Governors are representatives of organisations with whom NHS Foundation Trusts have a strong relationship, and that the Trust had not been able to recruit six Appointed Governors in a number of years. K Nye said that whilst the Trust consistently had a representative from Wiltshire Council and from the military on the Council, other positions had not been filled for some time. Therefore, the proposal was to remove the three Integrated Care Boards (ICBs) from the list and have three partnership organisations to include the military. The other two partnership organisations were to be decided but would have to be approved by the Board and Council of Governors (to align with the NHS Act 2006 - schedule 7).

The updates used to recognise joint committees reflected the same wording used in Great Western Hospitals NHS Foundation Trust (GWH) as they have recently reviewed their constitution.

Further to the Trust Board meeting on 2nd May, changes were made in the document to ensure reference to 'NHS Improvement' was updated to 'NHS England'.

Following K Nye's presentation, a discussion took place regarding some of the changes being proposed to the constitution, especially around the 'Joint Committees' restructure change. The Council want to withhold judgement on this point until it has been properly clarified.

I Green said that it would be better to postpone the conversation to the private section of the Council of Governors meeting due to some of the concerns that are being raised.

The Council was asked to consider which other two stakeholders that they would like to have nominated representatives from. **ACTION:** Council of Governors to email their choice to K Nye.

The Council noted the report.

CoG
20/05/3
CoG
20/05/3.1

PERFORMANCE AND FINANCE

Integrated Performance Report

I Green noted that the Council had been provided with the IPR report and invited L Thomas to comment on the IPR report.

L Thomas presented the IPR report to the Council and informed the Council of the breakthrough objectives:

- *Wait to First OP Appointment* was static at 128 days and remains at lowest point since March 2023. The Access Meeting is having a positive impact on this, achieving the long wait reduction to meet national target of zero patients waiting >78 weeks by the end of March. In addition, the aim to minimise those waiting >65 weeks ended with only 9 patients.
- Flow through the Trust improved and is reflected in *Bed Occupancy* reduction from 101.5% to 98% supported by the decrease in patients with *No Criteria to Reside (NCTR)* from 85.5 to 73 daily average. The Trust is finalising plans for 2024/25 with a reduction of NCTR to 5-10% of our core bed base.

- Reducing patient harm measured through *Falls* increased to 6.6 per 1,000 bed days however is below the improvement target again and finishes the year with an outstanding 8 months achievement of this.
- Staff Availability measured by *Agency Spend* reduced sharply to 3.8% from 4.5% and is again only fractionally above the target.

L Thomas informed the Council on the deteriorating performance:

- Cancer remained under national monitoring with the Trust in tier 2 Cancer oversight for the current 62-day backlog position. Performance against this metric improved again for the second consecutive month, with a sharp reduction in the backlog and is forecast to be close to the target of 78 by the end of March 2024. Positive improvement was seen across all pathway metrics in month:
 - 28-day Faster Diagnosis Standard (FDS) from 65.2% to 73.8%
 - 31-day Standard from 87.8% to 92.4%
 - 62-day Standard from 53.2% to 66.2%
 Note: Cancer data is one month behind, reporting February in this IPR.
- Stroke 4-hour Standard performance was static at 30% performance however this extended the negative trend since November 2023 and has room for improvement, despite being a better comparative position than the previous year. Time to CT scan fell for the second month with 40% of stroke patients receiving this within an hour.
- Diagnostics 6-week Standard (DM01) was slightly below plan of 87.9% at 83.6%. Although this is also a good starting point as substantially better than the comparative 69% achieved the previous year.

L Thomas said that the alerting metrics were as follows:

- The Emergency Department (ED) improved performance across all metrics despite highest attendances in over 6 years at 7,411. The 4-hour Standard increased after recent decline to 74.9% and Ambulance Handovers reduced to 22 minutes average. Service model changes of Rapid Assessment Treatment and Triage (RATT) and more recently utilising Short-Stay Emergency Unit (SSEU) as a Clinical Decisions Unit (CDU) have contributed to commendable performance.
- The number of Complaints Closed within Agreed Timescale and High Harm Falls fluctuate as proven this month at 28% and 4 respectively.

The Council said that there were quite a few alarming metrics but knew that there were contributing factors to them and were hopeful that the Trust could return to a better situation soon.

A discussion was had regarding 'no right to reside' and the percentage of people that went home before midday. L Thomas informed the Council that it was still a challenge and that the Trust was focused on getting this right. A question was raised on the number of people who have been readmitted and if the Trust knew the number. L Thomas informed the Council that there had been no increase in readmission rate.

J Mangan said that there had been evidence of improvement with the IPR report on mortality and thanked the Trust for reintroducing it as it had previously been. J Mangan noted that the mortality data report was eight months out of date and that the reports needed to be up to date not matching the trend in the group an HSMR.

D Buckle informed the Council that the CGC group kept mortality rates under surveillance and that the changes to the report that had been agreed to are taking place.

The Council noted the IPR report.

CoG
20/05/4
CoG
20/05/4.1

QUALITY AND RISK

Patient Experience Report – Q3

J Dyos presented the Q3 report of the Patient Feedback Report to the Council and provided a summary and insights drawn from patient feedback.

J Dyos informed the Council that:

- The number of formal complaints made had increased slightly (n~45).
- There were 60 concerns logged in Q3, an increase from Q2 (n~56). J Dyos said that in comparing the totality of both complaints and concerns to the numbers seen in the same quarter last year these have overall reduced, against a landscape of increased patient activity.
- A total of 395 comments/enquiries were logged by the PALS team in Q3, a continued increase on previous quarters, this is new noted peak when comparing both 23/24 and 22/23 reporting.
- 314 compliments were recorded on Datix this quarter across the Trust (141 more than last quarter), there were 44 compliments not logged by PALS in time for this reporting, these will therefore be included with the Q4 report.

J Dyos said that for Q3 the two most common high-level themes for complaints across the Trust were the same as those seen in Q2, and that these were in relation to Patient Care and Communication. The third most prevalent theme was new, 10% accounting for Admissions, discharges and transfers, and within this theme early discharge and discharge procedures came out as the highest sub-categories. This data is noted to have some correlation with the discharge themes highlighted in the Q2 report for Real-Time Feedback (RTF). Suggesting a possible pre-indication of this as an emerging theme.

J Dyos informed the Council that overdue complaints continued to be a challenge for the Trust as a whole, and the Trust continues to fall short of the 90% Improving Together target set. J Dyos said that PALS have targeted support to individual departments and specialities where challenges were being recognised and focused on early intervention and resolution continue to be promoted.

J Dyos noted that the number of reopened complaints/concerns in Q3 had decreased slightly with the reasons for this having no clear themes.

J Dyos informed the Council that the - Friends and Family Test (FFT) Trust wide average response rate for Q3 had dropped slightly with 2,141 responses received. This reduced the response rate to 2.5% (of eligible population), which was anticipated based on historic peaks and drops in activity. Factors associated with Christmas and New Year periods and availability of volunteers to input the cards (only current collection method) have impacted this. FFT experience ratings however have increased slightly to 98%. The project to launch a digital provider is scheduled for 'Go Live' in January 2024, with anticipated completion in April 2024.

J Dyos informed the Council that the - Annual complaints process survey had been presented to CGC in December 2023, and overall showed good compliance with the PHSO complaints standards framework and significant improvement against the previous feedback which was taken as part of the Healthwatch Wiltshire and SFT co-produced project. Response rate was a respectable 30.9%.

J Dyos said that Real-time feedback (RTF) remained a standing item for discussion at the PESG, with overall good satisfaction rates, though some issues noted around noise at night and involvement with discharge plans and quality of written information. High levels of satisfaction related to being treated with dignity and respect and cleanliness of the ward areas. A total of 70 surveys were completed during this quarter.

J Dyos invited questions from the Council. J Podkolinski said that in RTF moving patients at night remained a challenge with patient moved more than once at night. J

Dyos said that this was due to the Trust being at full capacity. E Jones informed the Council that the CGC committee kept this as one of its priorities as they would like to see a reduction in the most at-risk patients being moved and that the committee was constantly questioning so that potential harm to patients was prevented.

I Green thanked J Dyos for her report and to send thanks to her teams.

CoG
20/05/5
CoG
20/05/5.1

GOVERNOR BUSINESS

Deputy Lead Governor

J Sheppard informed the Council that as two candidates came forward to stand for Deputy Lead Governor that a short election was held whereby Peter Russell was elected.

J Sheppard asked the Council, to ratify the election.

The Council approved the appointment of Peter Russell as their new Deputy Lead Governor.

CoG
20/05/5.2

Governor Elections 2024 – Results

I Cardoso informed the Council that the election results had come in on Friday, 17th May and that all the candidates had been contacted to let them know of the results. I Cardoso said that an email with the election results had been emailed to all of the Governors later that day. I Cardoso informed the Council that there would need to be a bi-election in the New Forest constituency as no-one had come forward, this process would start as soon as possible.

The Council noted the information.

CoG
20/05/5.3

GovernWell Virtual Workshop – Feedback

Three Governors attended the virtual workshop, F Owen, F Cunnane and J Podkolinski. A report was provided to the Council on the merits of the workshop and detailed what was learnt and the implications especially around engaging with the local population and or constituencies.

I Cardoso informed the Council that F Owen and F Cunnane had been invited to become members of the Membership and Communications Committee to be more involved in the areas that they are concerned about.

The Council noted the report.

CoG
20/05/5.4

Committee/working group reports:

I Green invited the Chair's of the following Governor committees to comment on their meetings:

- **Membership and Communications** – minutes of the meeting provided to the Council. B Bull informed the Council that the Spring Governor newsletter had been completed and was out for distribution. B Bull said that the committee had requested new members and that F Owen and F Cunnane were now joining the committee. B Bull informed the Council that one of the directives going forward for the committee was to increase membership numbers.
- **Self-Assessment Committee** – minutes and Terms of Reference provided to the Council. Terms of Reference for approval of the Council. I Cardoso informed the Council that as J Parker was not in attendance that there had been a self-assessment questionnaire sent to all Governors of which the results were being collated and that the Terms of Reference of the committee needed to be approved by the Council.

The Council noted the minutes and approved the ToR.

CoG
20/05/5.3

Trust-Led Subgroup Reports

I Green took the reports as read.

- **Organ Donation** – L Herklots informed the Council that it had been the best year of organ and tissue donations. L Herklots said that there had been many promotional activities.
- **Patient Experience Steering Group/ Food and Nutrition Steering Group** – A Pryor-Jones informed the Council that this was a really well-run group and that meeting times had increased due to the level of work. A Pryor-Jones said that there was one issue that kept coming up and that was communication with deaf patients. A Pryor-Jones said that the deaf patients were well cared for but could not communicate as there was no BSL help.

J Dyos said that there was a lack of understanding on how to access BSL on the wards. J Sheppard informed the Council that the patient letters have also come up as an issue. P Russell agreed that communication with patients as a whole was an issue and that it should be raised, and a working group instated to look into patient letters.

ACTION: L Thomas to take forward and have a conversation with the executives and bring back to the Council

- **Staff Carers network** – J Podkolinski informed that Council that the network was embedded and doing good work with carers.
- **End of Life** – J Podkolinski informed the Council that this was a committed team but were not to strength yet due to some temporary postholders, which included the clinical lead for the 'End of Life' team.
- **Mini PLACE** – J Podkolinski informed the Council that she had recently been on Rador to assess the unit that unfortunately the same issues were coming up again in comparison to the previous assessment. J Podkolinski said that as they were continued issues the Trust was trying to understand what the barriers were to them not being corrected.

J Podkolinski mentioned that a volunteer who is friends with a patient on the dialysis unit had made her aware of the cleanliness of the Dialysis unit and when she raised this she was informed that the Dialysis unit did not fall under the purview of the Trust as this was a satellite unit from Portsmouth. J Podkolinski informed the Council that PALS was now communicating with Portsmouth regarding this.

- **Clinical ethics** – P Kosminsky informed the Council that this group has not met for over a year but thought that it was a helpful group for clinicians to be supported with any ethical issues that they might have and wondered if there was any way that the clinicians could be supported to restart this group. **ACTION:** P Collins to take away and investigate.

The reports were all noted.

CoG
20/05/6
CoG
20/05/6.1

CLOSING BUSINESS

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
20/05/6.2

Any Other Business

Main Front – J Podkolinski enquired if there had been any progress on the main entrance issues that had been previously raised. L Thomas said that no progress had yet been done but that discussions were on going.

I Green thanked the Governor who were leaving for their support over the last nine years and wished them all well.

There was no other business.

CoG
20/05/6.3

Date of Next Public Meeting: 20th May 2024

CoG
20/05/7

RESOLUTION

CoG
20/05/7.1

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)