



**Minutes of the Council of Governors meeting held on
 24th July 2023 in the
 Trust Boardroom and via Microsoft Teams**

Present:

Mark Brewin	Staff Governor (via Teams)
Barry Bull	Public Governor
Frank Cunnane	Public Governor
Lucinda Herklots	Public Governor
William Holmes	Public Governor
Peter Kosminsky	Public Governor
John Mangan	Public Governor
Angela Milne	Public Governor
Anisa Nazeer	Staff Governor
Frances Owens	Public Governor
John Parker	Public Governor (via Teams)
Jane Podkolinski	Staff Governor
Anthony Pryor-Jones	Public Governor (via Teams)
Paul Russell	Staff Governor
Peter Russell	Public Governor
Jayne Sheppard	Lead Governor
Matthew Swift	Public Governor
Sarah Walker	Nominated Governor (via Teams)

In Attendance:

Ian Green	Chair
Stacey Hunter	Chief Executive
Judy Dyos	Chief Nursing Officer
Rakhee Aggarwal	Non-Executive Director (via Teams)
Debbie Beaven	Non-Executive Director (via Teams)
Eiri Jones	Non-Executive 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
Barrie Morris	Grant Thornton UK LLP (via Teams)
Sam Harding	Grant Thornton UK LLP (via Teams)

1 CoG 24/07/1.1 OPENING BUSINESS Welcome and Apologies Action

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

- Kevin Arnold, Public Governor
- James House, Nominated Governor

Non- Attendance:

- Mary Clunie, Public Governor
- Cllr Rich Rogers, Nominated Governor
- Andy Rhind-Tutt, Public Governor

CoG 24/07/1.2 Minutes from Public Meeting Held on 22nd May 2023

I Green presented the minutes from the meeting held on 22nd May 2023 which had been circulated and asked if they could be agreed as correct record.

J Podkolinski clarified that the complaint process that she had mentioned and had been minuted as being at SDH, should in fact state that she had a similar experience but at a different hospital and that the initiative that V Aldridge will make a real difference.

J Mangan said that in the minutes where it read 'law charts' it should read 'flow charts'

The Council agreed the minutes as a correct record following the amendments mentioned.

CoG
24/07/1.3

Matters Arising / Action Log

There were no specific actions in the action log. I Green asked if there were any matters that Governors would like to raise from the minutes.

CoG
22/07/2
CoG
24/07/2.1

ASSURANCE

External Auditors Report – Grant Thornton UK LLP

B Morris and S Harding from Grant Thornton presented the external auditors report for the year 2022/23.

Auditors Annual Report - B Morris explained to the Council the two formal reports with which they had been provided. B Morris explained that the two reports conclude Grant Thornton's work at the Trust over the last financial year. B Morris stated that the auto annual report assessed the value for money arrangements that the Trust has in place. B Morris informed the Council that no risks or significant weaknesses had been identified in the Trust arrangements. However, the report did recognise that the Trust was continuing to operate in a very challenging environment.

B Morris informed the Council that no key recommendations had been identified, but that a number of improvement recommendations across financial sustainability, governance and improving economy effectiveness and efficiency which have all been accepted and agreed by the Trust. B Morris mentioned that they had seen a significant number of other provider Trusts and Foundation Trusts where significant weaknesses in their arrangements have been reported, particularly around financial sustainability. B Morris stated that the arrangements that the Trust has in place whilst challenging meant that Grant Thornton had sufficient comfort and did not think that the Trust was in the same area as some of the other Trusts. However, they urged the Trust to continue working with its system partners as part of the ICB and the ICS to ensure that the Trust has robust arrangement in place. Although the savings target was challenging the Trust had a good track record around that. B Morris emphasised that the Trust had to address the underlying deficit.

B Morris informed the Council that Grant Thornton had raised a few recommendations around the Trust's governance arrangements, improving economy, efficiency and effectiveness and it was around improving some of the information that is being reported to the Board and also thinking about some of the controls that are in place.

Financial Statements - S Harding informed that Council that they were being provided with a summary of the Audit findings report from Grant Thornton on the financial statements of the Trust. S Harding said that over the last five years the quality of the accounts had improved, and that Grant Thornton had noticed and that the Trust always worked really hard to address any findings that were made. S Harding explained that they had found one particular error in the accounts which related to the new MRI scanner that had been donated from charitable funds which happened towards the end of the year and had not been reflected within the accounts but that the adjustment had been put through. S Harding stated that they had identified a very small number of disclosure type errors and that they had made a few

recommendations to improve processes, which management had accepted. S Harding said that a lot of the errors had to do with teething issues around the implementation of the SBS system. S Harding informed the Council that overall, it had been a good audit with minimal amounts of findings.

I Green thanked Grant Thornton for their reports and asked if Governors had any questions or observations.

J Mangan congratulated the Trust on getting such a positive report under such a difficult climate and in the new environment of the ICS.

B Morris expressed his thanks to the finance team and all the executive officers. B Morris stated that the quality of accounts that the Trust was producing and the quality of the staff producing these reports were second to none. B Morris said that they really enjoyed working with the Trust and wished it every success for the future.

The Governors noted both of the reports.

CoG
24/07/2.2

Non-Executive Director update – Eiri Jones

I Green welcomed Eiri Jones to the meeting who had been invited to provide an overview on the activities that she has been involved in and also cover the Clinical Governance Committee (CGC) escalation report.

E Jones informed the Council that she would begin with the Clinical Governance escalation report from the previous month. E Jones reported that she had done quite a detailed report as the committee had done a stock take on quite a lot of issues, such as where the Trust was in terms of the Care Quality Commission (CQC), divisional updates from women in new-born as well as the normal maternity report that was going to the Board every month.

E Jones explained that the committee could see a shift month on month and that it was the third month now where the Trust is not so focused on the pandemic, there is more focus on the strategic direction. E Jones exemplified the cancer annual report that they had received which showed that there was a clear focus on the areas that need more support. E Jones stated that progress had been made in the 28-day measure but that there was still work to do around the 62-day metric, there has been improvement and the team have a really good grip on where the challenges were.

E Jones informed the Council that as a NED she reflected constantly and challenged herself around holding the executives to account, as well as providing enough support. As a clinician she had the added reflection of whether she is adhering to her ethical / professional code while performing her NED role.

E Jones noted that she did her due diligence on the other committees that she sat on such as the F&P committee, and that there was a better grip this year on trajectories, particularly around Cost Improvement Plans (CIP). E Jones went on to state that there was a much better focus this year than in previous years.

E Jones said that she would be happy to take any questions on the CGC report.

E Jones informed the Council that she was in her fourth year / second term as a NED and that she had been appointed as a clinical NED based on the Francis recommendations due to the Mid Staffs outcome where quality and clinical services required the same rigor of assurance as finance and performance metrics.

E Jones noted that, as a NED, whenever she challenged it was based on the values and behaviours of the Trust as it is very important how staff are treated so that they can treat the population with dignity and respect.

E Jones listed the committees that she chaired / had chaired:

- Clinical Governance
- Finance and Performance
- NED safety champion – Ockendon work
- People and Culture

E Jones informed the Council that she was working with the Chief Nursing officer with a company called Aqua to refine the work in the maternity metrics.

E Jones stated that she worked closely with the Chief Nursing Officer, Chief Medical Officer as well as the Chief Operating Officer and that she hoped that she undertook her role as per the statutory requirements, and that she saw herself as being part of a unitary board that sets the direction, strategic direction and holds the executives to account.

E Jones informed the Council that in her capacity as a NED she did safety walkabout, maternity, and neonatal visits. E Jones said that she used these as tiers to gain assurance and that if she was not assured that she would keep questioning until she got the assurance, mitigation and or rationale as to why the Trust cannot deliver. An example of this was the update on the gastroenterology service deep dive and the feedback indicated that some of the challenges were outside of the Trust's control as there were not enough consultants in the country. E Jones said that the challenges were known in terms of the gastro service delivery and that the Trust was working on a long-term plan to address the issues and improve the service.

E Jones informed the Council that she had also supported consultant, executive and senior nursing interviews. E Jones stated that with the approval of the Chair and the Council she would be taking over as the new SID from September.

P Kosminsky paid tribute to E Jones for her chairmanship and compassion while chairing CGC and thanked her for her presentation to the Council on all the work that she has done as a NED.

The Governors thanked E Jones for being open about all the work that she carries out as it was reassuring and assuring of how much she does beyond all the meetings that she attends.

I Green thanked E Jones for her very comprehensive report.

CoG
24/07/2.3

NED Escalation reports of Trust Board Committees

I Green asked the Council to take the report as read and asked that the NEDs pull out some highlights, providing the Governors with the opportunity to ask any specific queries regarding the escalation reports.

Finance and Performance – D Beaven

D Beaven informed the Council that the committee was pleased with some of the progress that has been made around the financial performance and some of the other performance metrics. D Beaven said that a fairly stable performance in a number of key metrics had been observed and that some green shoots were starting to come in. There were areas that continued to be of concern such as the cancer metrics and bed capacity.

D Beaven stated that a number of deep dives have been done with one of them being around breast reconstruction where a change in data reporting made the performance metrics worsen which raised a concern about reputation. D Beaven assured the Council that the communications team were working to manage this.

D Beaven informed the Council that the committee has received a really positive presentation around Same Day Emergency Care (SDEC) performance that had come from the Improving Together methodology, and that it provided hope for continuous progress that could help the Trust deliver on the cost improvement programmes and improve quality of care.

D Beaven informed the Council that the Trust was a bit behind on the financial performance metrics, but that she thought that the Trust was in a much stronger place in terms of having identified the programmes and the level of reports that are being produced. Assurance that there was a high level of engagement across the whole organisation, and that divisions are delivering against their CIPs schemes.

D Beaven informed the Council that she was confident that the Trust will have made significant progress by the end of the year despite all of the challenges and cost pressures that come from the continued demand on escalation beds and the industrial action.

J Podkolinski enquired whether the other ICS partners could draw on Salisbury success as the Trust is doing well financially compared to them. S Hunter responded that yes especially as the Trusts are tied together in aggregate at a system level with system financial control totals. S Hunter informed the Council that the other system partners were confident that they would recover.

D Beaven assured the Council that the committee gained assurance about the wider system and how it impacted the Trust through the reports and updates that come directly from the Chief Executive and the Chief Finance Officer as well as the other executives in terms of their involvement in the system work. D Beaven iterated that there was room for improvement with better engagement particularly the NEDs. D Beaven said that there was a lot of collaborative work around some of the big investment projects and that the committee gets a sense of where the priorities are, and that NEDs receive a wide range of information from NHS Providers, other websites etc.

I Green reminded the Governors that he had mentioned previously that the cost improvement programme challenges for this year were really significant and that there was a lot of risk within the plan and that the Trust was looking at a lower level of cost improvement activity. I Green said that he was reassured and also assured that there was robust oversight and scrutiny from the NEDs on the Finance and Performance Committee and that there was a process in place at executive level to ensure that they rigor around that.

Audit Committee

No questions were raised.

Clinical Governance

Summary from E Jones on this committee included within E Jones' NED update.

No questions were raised.

Trust Management Committee – S Hunter

S Hunter informed the Council that the report was pretty detailed and that she was happy to take questions or comments.

No questions were raised.

People and Culture

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

CoG
24/07/2.4

Nominations Committee – NED recruitment 2024

K Nye informed the Council that in the Performance Committee meeting earlier in the day had discussed the NED recruitment for 2024 as well as the skills mix which is in the private session agenda.

K Nye informed the Council that two NEDs would be completing their terms of office in 2024:

- T Baker – 31 May 2024
- M Von Bertele – 30 October 2024

K Nye explained to the Council that as part of their statutory duties they would have to form a Nominations Committee to recruit NED replacements. The paper that was shared with the Council set out in detail the whole recruitment process and draft timeline for the Nominations Committee.

K Nye noted that she had sent out an email on the 14th of July asking for Governor's expression of interest to sit on the committee with the response date of close of play on Monday, 24th July. K Nye informed the Council that to date she had received five expressions of interest but if any other Governors wished to participate to let her know.

K Nye emphasised the heavy time commitment needed to participate in the Nominations Committee and for Governors to take this into consideration when putting themselves forward.

The Council noted the report.

CoG
24/07/2.5

Staff Survey – M Whitfield

M Whitfield informed the Council that she would be drawing their attention to the highlights of the staff survey. M Whitfield noted that:

- Annual NHS staff survey with 8+ weeks' fieldwork, in October and November each year
- Questionnaire developed nationally by the NHS Staff Survey Co-ordination Centre
- One of the world's largest workforce surveys – in 2022, 264 NHS organisations took part, including 215 trusts. Over
- 1.3 million NHS employees were invited to complete the survey. 636,348 responded.
- Aggregated results are published as official statistics so results were embargoed for external use until official publication on 9 March 2023
- The changes made in 2021 to align with the NHS People Promise, have been retained in 2022.
- Initial results compare SFT with 64 other Acute and Acute and Community Trusts.
- Full results compare SFT to 123 other Acute and Acute and Community Trusts
- 97 questions use the 'positive score' as the primary unit of measurement; 92 of those questions can be compared historically.
- Results include every question where the trust received at least 11 responses (the minimum required for reporting)

M Whitfield summarised the headlines for the Trusts 2022 results:

- Response rate (47.8%) slightly lower than 2021 (48.5%), but above average for comparable trusts (44.5%), with 1861 people completing the survey.

- The People Promise element 'We work flexibly' is significantly better than last year; some of the wellbeing questions have the most favourable results when compared with other Picker trusts, as does the ability to make suggestions for improvement.
- "We are always learning' and the theme of 'Staff engagement' are significantly worse than last year (based on statistical significance testing).
- Poorest results were around advocacy (place to work and to receive treatment), patient safety (addressing/learning from incidents/concerns) and personal development questions (accessing opportunities and receiving an appraisal).
- To be expected there is divisional variation and across the professional groups, additional clinical services and registered nursing and midwifery colleagues report the least positive scores.
- BAME staff generally experience more harassment, bullying and abuse than white staff but score more highly on motivation, we note some variation across different ethnic groups.
- Those who prefer not to state their gender or sexual orientation report poorer experiences than others.
- Our commitments to increase staff engagement, improve retention and be a fair and equitable employer shape both our long-term people plan and our focus for the year ahead.

M Whitfield completed her presentation by informing the Council that the Trust started planning for its response to the Staff Survey earlier in the year prior to the embargo being lifted. M Whitfield said that initial results were shared with the Board and the People Committee in February and resource packs were shared with the divisions along with their results, and that facilitators packs were prepared to support divisions.

M Whitfield noted that the Trust would continue to track the progress against the quarterly pulse survey, and that actions were being taken both corporately as part of the SFT people promise actions and at divisional level.

A discussion was had around the difference Improving Together has made with staff engagement and how staff are using the tools being given to them to improve their performance and resolve issues within their divisions. Governors also enquired about the appraisal process and if that had been looked at and made simpler so that more staff had their appraisals. The Governors were informed that the appraisal process had been simplified and was on ESR but also available in paper form for those who had no access to computers therefore encouraging as many staff as possible to complete their appraisals.

I Green thanked M Whitfield for her presentation.

The Council noted the presentation slides.

CoG
24/07/3
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24/07/3.1

PERFORMANCE AND FINANCE

Integrated Performance Report

I Green invited S Hunter provide a brief overview of the IPR.

S Hunter noted that most of the issues had already been covered through the escalation reports and the Council had seen from a performance perspective which focuses on access standards, whether they be emergency pathways or elected pathways. S hunter informed the Council that the Trust was doing well and delivering on things that the Trust would deliver on planning and in some cases are managing to exceed, which is good to see. There is more to do especially as nationally quite a lot of the standards have been reduced in recognition of the backlogs from Covid.

S Hunter informed the Council that the vast majority of the quality standards are holding out reasonably well and that there was nothing particularly worrying. S Hunter said that the report was really detailed.

S Hunter mentioned that the Trust was in its eighth month of continuous industrial action which would tip into the ninth month as the Trust goes into August and these would cross various professional groups notably junior doctors, which was ongoing and for the first-time consultants, who took action last week. S Hunter informed the Council that the industrial action was taking its toll on the organisation especially because of the amount of time and energy that went into the preparation.

S Hunter noted that all in all the Board was content that the Trust is making some progress on some areas but advised that the Trust isn't complacent, especially as some national standards had to be lowered. The Trust recognises that even though they were doing well against these standards people on waiting lists were waiting a long time to access treatment in some instances, and the more the Trust can do to get ahead the better. Industrial action will hinder some of the headway that the Trust has made.

I Green thanked S Hunter for her report.

Discussion:

J Mangan stated that he was unhappy with the way that mortality was reported within the IPR report and said that it was vastly different to what the Council used to receive, and that the current report did not show the actual indicators. J Mangan noted that the previous report contained text which explained the reasoning of the mortality rates and why there was a rise on weekends and what the Trust was doing about it. He asked what actions were taking place in sorting the issue to reduce the number of deaths on the weekend. J Mangan stated that all the mortality indicators were red over certainly the last six months and the statement saying that because the Trust had a hospice onsite it is expected to have a higher death rate was inadequate. He noted that he had been raising concerns about the reporting of the mortality for some time and that currently his concern was greater than it has ever been. J Mangan enquired why other hospitals that have the equivalent of Salisbury are not in the same position, and if the hospice numbers are removed why is Salisbury still above the expected rates. J Mangan said that by not having the correct causes of death accurately recorded, the report was totally inadequate.

J Mangan informed that he had been told in the past that there were many variables that affect the HSMR and that the SHMI, which is produced by NHS Digital, was available online for Governors to look. J Mangan stated the report had been registering a higher-than-normal rate and that he did not think that it was leading to the degree of inquiry that he would expect the NEDs to be picking up on. J Mangan said that the mortality indicators were a flag for the Trust to start looking beyond the indicators and start looking at patient safety and quality. J Mangan stated that he would like the reporting to go back to something that is open, honest and transparent with proper narrative.

E Jones disagreed with J Mangan's comment that the NEDs do not give the report enough scrutiny and that the NEDs discuss this regularly at the Quality committee and in the recent quarter the NEDs were not satisfied with the mortality data and what it was telling them. It was very clear that in the Trust and in other Trusts the rates were much higher and it was difficult to understand why. The NEDs asked the Chief Medical Officer to contact the regional Chief Medical Officer to have a conversation about the rates. The Chief Medical Officer for the Southwest pulled together a review meeting as more Trusts were asking the same questions. Looking at the data for the Southwest the mortality rate was the lowest in the whole of England and Salisbury, Dorset and Somerset have the lowest in the region. E Jones informed that the region was not concerned with SDH's mortality rate and that the Trust can clearly evidence that they are reviewing it.

The discussion of the mortality indicators continued for some time and J Mangan noted his dissatisfaction on the explanation given. I Green suggested that this be followed up outside the meeting. E Jones offered to meet with J Mangan to further discuss his concerns.

The Council noted the IPR report.

CoG
24/07/4
CoG
24/07/4.1

QUALITY AND RISK

Patient Experience Report – Q4

J Dyos presented the Patient Feedback report for Q4

J Dyos informed the Council that for Complaints/concerns/compliments and enquiries: The number of formal complaints made in Q4 has been relatively consistent with previous quarters. In Q4, 57 were received, compared with 56 in Q3. 59 and 49 complaints were received in Q2 and Q1 respectively. Total number of complaints/concerns received for 2022/23 was 459. 221 of these were formal complaints.

There were 354 comments/enquiries logged by the PALS team in Q4, a significant increase than the number seen in Q3. In total, the PALS team have logged 1,217 comments and enquiries (in addition to complaints and concerns) for 2022/23.

For Q4 the most common high-level theme for complaints were largely the same as Q3. These were in relation to Patient Care (including nutrition and hydration) (42%), Communication at (23%), and Access to Treatment (9%).

These themes continued when reviewing the complaint themes across the year. Nursing care and further complications came through as the highest sub-categories under the patient care theme. Lack of or insensitive communications were the most common causes for complaints under communications and delays in receiving treatment were the most prevalent in the access to treatment category.

The number of reopened complaints/concerns between Q3 and Q4 has doubled (n~6 in Q3 to n~12 in Q4). The total number of reopened for 2023 was 41.

Friends and Family Test: The Trust wide average response rate for Q4 has increased significantly on Q3 and is the highest quarterly response rate this year. Inpatient areas continue to have the highest response rate and work is ongoing to improve response rates in outpatient and day case areas. The annual average response rate is currently 2.25% for the Trust as a whole and this continues to be significantly lower than the Improving Together metric target of 10% which was set for 2022-23.

Friends and Family Test experience ratings have been largely unchanged from Q2, achieving 97%. The Trust continues to be unable to theme the comments following the Board decision to delay new FFT digital dashboard set up until December 2023.

National Surveys: The National Maternity Survey 2022 was presented to the Patient Experience Steering Group in February 2023. Higher than national response rate (61%). With a Mean Rating Score of 78.2% (lower than 2021). Scoring in the top 20% of Trusts for 15 questions and in the bottom 20% for 5 questions.

Local Surveys: Re-launch of inpatient real-time feedback happened in Q4, although rollout has been inconsistent and slow owed to issues with the iPads. Q4 and annual report from Bereavement Surveys feedback is summarised and full report can be found in appendix 6 of this report.

The Council noted the report.

CoG **GOVERNOR BUSINESS**

24/07/5

CoG

24/07/5.1

Constituency meetings

Salisbury City – Methodist Church

L Herklots provided feedback of the Salisbury City constituency meeting which was held in the Methodist Church on the 28th June. L Herklots informed the Council that there had been a reasonable turnout of about 36 public members.

L Herklots informed the Council that K Arnold had been the master of ceremonies and introduced everyone and then L Herklots did a small presentation on what the Governors role and responsibilities were. Finally S Hunter had provided an excellent presentation which set the tone of the meeting. L Herklots said that S Hunter's openness and honesty led to some really constructive questioning.

L Herklots recommended that other constituencies also had a meeting in their patch.

F Owens noted that people were generally very interested in what the Trust was doing and that they were engaged members of the public.

L Herklots mentioned that she would like to commend S Hunter because one member had raised a particularly difficult personal story and S Hunter not only faced the issue straight on but took the time after to meet with the person and spend some time with them.

I Green thanked the Salisbury City Governors for their feedback and encouraged other constituencies to hold their own meetings.

CoG

24/07/5.6

Committee/working group reports (to note):

- **Self-Assessment Committee** – The ToR was approved by the Council.
- **Staff Governor** – The ToR was approved by the Council.

CoG

24/07/5.7

Trust-Led Subgroup Reports

I Green took the reports as read.

- **Organ Donation** – L Herklots informed the Council that the group was delighted to welcome several members of the EOL and palliative care team to the group.
- **Clinical Ethics Working Group** –
- **Patient Experience Steering Group/ Food and Nutrition Steering Group** – A Pryor-Jones raised a concern about the lack of reports scheduled for discussion a many were simply differed. A Pryor-Jones said that the number of reports required for meetings need to be looked at and if they were essential to the meeting then why were they not being produced.
- **PLACE** – no report
- **Sustainability Committee** – no report
- **Signage** – no report

The reports were noted.

CoG

24/07/6

CoG

24/07/6.1

CLOSING BUSINESS

List of Dates for Council of Governors meetings in 2023

A list of all the Council of Governors meetings for the rest of the year was provided for the Council to note and action. The Council was asked to please note that the dates

for the Trust Board meetings and committees was being updated and that they would be provided with the updated dates when they are finalised.

CoG
24/07/6.2

Any Other Business

There was no other business.

CoG
24/07/6.3

Date of Next Public Meeting: 27 November 2023

CoG
24/07/7

RESOLUTION

CoG
24/07/7.1

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)