



**Minutes of the Public Council of Governors meeting held on
28 November 2022 in the
Trust Boardroom and via Microsoft Teams**

Present:

Joanna Bennett	Public Governor (via teams)
Mark Brewin	Staff Governor
Barry Bull	Public Governor (via teams)
Mary Clunie	Public Governor (via teams)
Lucinda Herklots	Lead Governor
James House	Nominated Governor (via teams)
Peter Kosminsky	Public Governor
John Mangan	Public Governor
Angela Milne	Public Governor
Anita Nazeer	Staff Governor (via teams)
John Parker	Public Governor (via teams)
Jane Podkolinski	Volunteer Governor
Tony Pryor-Jones	Public Governor
Richard Rogers	Nominated Governor (via teams)
James Robertson	Public Governor
Andy Rhind-Tutt	Public Governor
Paul Russell	Staff Governor (via teams)
Jayne Sheppard	Staff Governor
Sarah Walker	Public Governor (via Teams)

In Attendance:

Nick Marsden	Chairman
Stacey Hunter	Chief Executive
Tania Baker	Non-Executive Director (via Teams)
David Buckle	Non-Executive Director (via teams)
Isabel Cardoso	Membership Manager (minute taker)
Mark Ellis	Chief Finance Officer
Fiona McNeight	Director of Integrated Governance
Kylie Nye	Head of Corporate Governance
Lisa Thomas	Chief Operating Officer
Melanie Whitfield	Chief People Officer

1	OPENING BUSINESS	Action
CoG 28/11/1.1	Welcome and Apologies NM welcomed everyone to the meeting and noted that apologies had been received from <ul style="list-style-type: none"> • Peter Russell, Public Governor • Kevin Arnold, Public Governor 	
CoG 28/11/1.2	Minutes from Public Meeting Held on 25th July 2022 NM presented the minutes from the meeting held on the 25 th July and the minutes were agreed as an accurate record of the meeting.	
CoG 28/11/1.3	Matters Arising / Action Log	

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

1.3a Front Entrance Concerns – J Podkolinski

J Podkolinski presented the paper supplied by V Aldridge with regard to the front entrance issues raised by the volunteers to J Podkolinski in her role as Governor. J Podkolinski advised that she had collated and written up a report about all the issues that the Volunteers had raised and even though the report had been escalated through the Council of Governors progress had been slow. However, J Podkolinski explained that V Aldridge in PALs has taken up ownership of these and started an action log to keep track of them. Volunteers now meet monthly to discuss these issues and progress has been made to resolving them. J Podkolinski explained that the report also specified all the numbers and emergency numbers for volunteers to be able to contact to escalate issues.

J Podkolinski noted that she understood that there was also going to be a revamp of the main entrance. S Hunter said that an update could be asked of Laurence Arnold (by email) to L Herklots. **ACTION: L Arnold**

N Marsden noted the good progress was being had and to pass on thanks to V Aldridge.

S Hunter mentioned that she was concerned that hearing aid batteries were being dispensed by PALs when patients needed them. S Hunter thought that they would be better placed being in reception, seeing as audiology is right by the entrance. A Pryor-Jones said that there were none in reception. S Hunter asked F McNeight to pick this up. **ACTION: F McNeight**

1.3b Palliative Care Coding –

N Marsden said that the issue of Palliative Care coding had been raised and ongoing for some time, and that J Mangan had written to the Chief Medical Officer about it. N Marsden explained that the issue had been investigated, presented to Clinical Governance Committee (CGC) and to the Board.

N Marsden informed the Council that the Chief Medical Officer had provided an assurance paper to the CGC and through to the Board answering the concerns raised about the palliative coding. N Marsden said that the Board supported and agreed with the current coding arrangements which are in line with the national policy. N Marsden further iterated that the Mortality Surveillance Group continue to monitor local and nationally provided statistics, some of which exclude palliative care coding and some of which do not and focus on understanding the care given to patients who die in hospital through Medical Examiners and structured reviews.

N Marsden noted that the Trust had spoken with colleagues in Poole, Yeovil, Taunton, Swindon and RUH Bath as well as Telstra to ensure that the Trust was not an outlier in terms of our approach or understanding of palliative care coding and mortality statistics. N Marsden said that NHSE had indicated that the Trust should move away from the SHMI and HSMR to monitor safety and harm while recognising the challenges of coding and data reporting post Covid.

J Mangan was pleased that this issue had finally gone to CGC, although it has taken a very long time since he had first raised the issue in 2014. J Mangan said that through the years he has raised the issue, but it had not been properly investigated until now. In 2020, J Mangan wrote to the current Chief Medical Officer but did not receive a reply. He then raised the query with S Hunter, Chief Executive, and said that if he did not get a reply that he would escalate the matter outside of the Trust. Subsequently, the Chief Medical Officer took the issue to the CGC, but this should never have happened, and the issue should have been managed sooner. J Mangan said that the Chief Medical Officer has produced a new policy and that he had sight of it and thinks that it should be published alongside the HSMR so that the Council knows what the palliative care coding rate is and how to adjudicate it.

J Mangan explained that Mr Cole had taken over as Chair of the Mortality Group and had started to look at the issue and was taking a constructive approach. J Mangan thanked the Trust for finally looking at his query and going through it in the Council meeting.

S Hunter explained that there was a very structured process to look at the mortality reports, especially as the palliative care coding rates were very important. S Hunter noted that the Board has the final overview and that if they picked up any variations that this would get looked at in detail. S Hunter further noted that in the current context it was very challenging to record all the activity taking place in the Trust, but that the Trust has external help to look at the Trust processes to better them. S Hunter advised the Council that the Trust is aware of the issues and were actively looking to resolve them.

P Kosminsky wanted to know why the decision was taken not to publish the palliative care coding and if would be possible to start publishing it again.

N Marsden said that the Chief Medical Officer would be asked if it was possible to publish these. **ACTION: P Collins**

CoG
28/11/2
CoG
28/11/2.1

ASSURANCE

NED Escalation reports of Trust Board Committees

L Herklots noted that the additional papers supplied to the Council as part of this item were newly introduced to provide the Council with the assurance of the key areas of discussion that take place during the Board Committees. L Herklots noted that the papers would help Governors in holding the NEDs to account.

N Marsden said that he saw no issue with these papers being supplied to the Council if it was beneficial to them in their statutory duties.

CoG
28/11/2.2

External Auditors – BSW procurement process

M Ellis, Chief Finance Officer, presented the paper of the process for the appointment of External Audit Services.

M Ellis informed the Council that as they are responsible for appointing the External Auditors, they are required to be in the interview process. M Ellis noted that a decision was made in 2021 to look at having a system wide contract for the External Auditing Service. The procurement was to be managed by the BSW Procurement Team and had involved a series of marketing engagement meeting prior to going out to tender in September 2022. M Ellis explained that this was to ensure that there was sufficient interest in the Audit market for this system wide approach.

M Ellis noted that there had been recent guidance from NHS E/I around audit appointments and that this had been taken into account for the tender which caused a revision to the timetable. The rationale behind this was that a multi-organisational tender was more complex, and NHS E/I advised a two-month period for the tender process.

M Ellis informed the Council that the BSW procurement team had set the dates for the presentations and that Governor observers of the Audit Committee had been asked to attend these presentations during November, representing the Council of Governors.

M Ellis explained that the Trust would continue to liaise with BSW procurement to ensure that the Audit Committee and Council of Governors date in February 2023 aligned for the approval process.

J Bennett joined the meeting via Teams at 16.32pm

B Bull informed the Council that he had been invited to sit on the assessment panel and that they were in the process of shortlisting, and that the Governors are able to make comments on the presentations. B Bull reassured the Council that Governors are part of the assessment panel for the appointment of the External Auditors.

The Council noted the paper.

CoG
28/11/2.3

Winter Plan

L Thomas presented the Winter Plan paper to the Council. L Tomas explained that staff vacancies and turnover were increasing across the NHS and combined with increased demand for services were creating persistent challenges. Staff morale across the NHS is an issue and there is also potential for industrial action due to staff pay and cost of living challenges. L Thomas noted that there were significant systematic issues such as social care which impacted on the Trusts capacity with a knock-on effect to increased risks and safety harms.

L Thomas explained that the pressures that the Trust were under meant it had to prioritise its response accordingly to the emerging pressures and focus on three key areas:

1. Staffing levels – need to ensure staffing levels match demand, and that the Trust is staffed to be able to respond to emerging pressures. The need a more resilient workforce will be compounded with any industrial action and or increase in sickness.
2. Discharges – ensure that the Trust’s bed capacity is used effectively through timely discharges. The Trust needs to focus on increasing flow across the hospital through increasing weekend discharges and ensuring earlier discharges during weekdays.
3. Protecting assessment capacity – by maintaining patient flow and ensuring quality and safety risks are minimised and ensuring that Emergency Department assessment capacity is protected.

L Thomas explained that by focusing on these three key areas the Trust would be allowed to focus on maintaining the trajectory for 78 and 52 week waits for planned care, thereby minimising cancellations and maximising elective care capacity. The Trust would be able to focus on improving cancer performance through sustained delivery and ensure that patient safety remained central to its service delivery.

Discussion:

P Kosminsky thanked L Thomas for her extensive report and noted that in terms of staff retention, he had observed MW, Chief People Officer, explaining that salary was not a key factor in staff retention. However, LT had noted that Salisbury was an expensive place to live. P Kosminsky asked if a key factor in staff retention is about salary. P Kosminsky further asked about the effect of the industrial action on the Trust. L Thomas explained that salary was not the only factor and that it depended on the staff group and that money had become more prevalent over the last few months with the energy issue and now mortgage rates. LT noted that if the Trust was to take another staff survey, following on from the survey undertaken in the summer, the landscape would have significantly changed and people’s responses would be completely different.

L Thomas explained that, regarding Industrial action, the Trust only knows that there are two strike days likely to be next month. The Trust is not aware if Salisbury will be

involved in these strike days but more information would be available on Wednesday. L Thomas explained the potential impact on services and that staffing levels would effectively be similar to a bank holiday.

S Hunter explained that the Trust was comfortable with all the measures it was taking to make sure that the strike days would be run effectively and with minimal disruption.

M Clunie asked if the Trust was confident in achieving the continuous flow model as it was such a big cultural change in the hospital. L Thomas noted that she was optimistic and provided a summary of the support in place for staff and the component parts that supported the Trust to move to a continuous flow state. L Thomas assured the Council that they were working with clinical teams to move towards better flow throughout the hospital.

A Milne asked if there was any progress on appointing the new co-ordinators for the discharge lounge. L Thomas reported that the job descriptions were being finalised and that they were due to go out to advert next week.

A Rhind-Tutt commented on bed blocking and said that the percentage number of sensitive people that were getting out of bed before midday was very low and wondered if the percentage had improved. L Thomas explained that it was at about four percent at the moment but that the more efficient the Trust was in getting patients discharged the more capacity wards would have, so the more can be done to reduce the ward bed base, the better and the more efficient the Trust will become. S Hunter commented on the cultural piece the Trust is working on should help staff to change their methods and become more efficient.

J Podkolinski referred to the South Newton ward and said that positive feedback was coming from both patients and staff and wondered if the Trust was going to build on this model. L Thomas explained that the Trust had to look at additional capacity for the winter and have to be able to staff it safely, as the Trust did not have enough registered nurses. L Thomas said that in the longer-term basic capacity was not the answer and that the Trust would have to look at partners for different models of care be it domiciliary, home first services or rapid assessment services that's better value for money and patient experience.

J Mangan was pleased to see that there were incentives for staff to be vaccinated for flu and Covid and asked how the Trust was doing with uptake rates. S Hunter reported that the Trust was at about the 50 percent mark for flu and 60 percent for Covid, but the data was published two weeks behind so would have likely increased since these figures were published. S Hunter did note that there was also vaccine fatigue, but that the Trust was ahead of everyone else in the Southwest, and that the Southwest had the best vaccination rates in England.

The Governors noted the presentation.

**CoG
28/11/2.4**

Resourcing and Future Workforce -

M Whitfield, Chief People Officer, and I Crowley, deputy Chief People Officer, presented the Trusts Workforce Planning to the Council.

M Whitfield explained that the Trusts 2022 - 2026 strategy was a key step for future plans and priorities. M Whitfield said that the strategy made important commitments to the local community for the next five years by:

- Improving the health and well-being of the population
- Working through partnerships
- Supporting our people

M Whitfield noted the Trust vision was to provide outstanding experience to the patients, their families and staff who worked in the Trust by; increasing engagement;

reducing staff turnover; being an inclusive employer and maximising workforce availability.

Projections of the population demographics showed an aging population across the BSW and that by 2040 25-29% of Wiltshire's population would likely be aged over 65 years of age which will significantly impact demand on the Trust and its partners.

M Whitfield highlighted the current staff profiles and what the trends would be and that the Trusts workforce characteristics were broadly in line with those of the BSW. M Whitfield explained that around 20% of the workforce were from outside of Britain.

Staff sickness and retention rates in the Trust compared favourably to partner organisations across BSW, but that the Trusts vacancy rates were currently higher and so needed to maximise recruitment efforts to fill workforce gaps.

M Whitfield informed the Council that various recruitment campaigns have been held in Salisbury and that more were going to take place, but that even though they have worked well the Trust recognises that there was still more to do.

Discussion:

A Pryor-Jones noted that Salisbury had been mentioned as the local area but that it was a small area of the catchment of the Trust, and that the recruitment campaign should go further afield. M Whitfield advised that the advertisements were placed locally and should go further than that and thanked A Pryor-Jones for bringing that to her attention. S Hunter explained that when staff talked about Salisbury, they were also referring to the whole catchment area of the Trust.

J Parker commented that the Council should be aware that the Trust was now offering discounted fares for staff on the Bus services. S Hunter noted that I Robinson, Head of Facilities, had been able to secure the discounts and that they included the park and ride.

B Bull said that he was an observer on the People and Culture committee and that the staff survey had been discussed. B Bull asked M Whitfield when she expected to see the survey results and if there would be policies changes as a result. M Whitfield said that there would be a preliminary report in February which would enable the Trust to start acting on the challenged that have been raised, and that there would be things that the Trust would need to do differently.

The Council noted the presentation.

CoG
28/11/2.5

Summary of Corporate Risk Register – F McNeight

F McNeight presented the Board Assurance Framework and Corporate Risk Register. F McNeight informed the Council that following a risk appetite session at the Trust Board development day in May 2022, the Board Assurance Framework had been completely revised and presented in July 2022. F McNeight noted that further changes were made in October 2022. F McNeight noted that the risk theme, risk appetite and tolerance level has been applied to each risk on the CRR and included in the CRR tracker. The BAF risk template had also been amended slightly to include the controls and assurance for each strategic risk together with the risk tolerance level as requested in the July Board committees.

The Board now had sight of the risks out with the risk tolerances approved in July, and that the overall risk profile reflected an organisation under pressure with key risks associated with staffing and the impact on patient care provision and service delivery, the estate, the financial position and deterioration in key performance metrics.

Discussion:

P Kosminsky asked if there could be any instance that because of the way the report is collated that something could be missed. F McNeight explained that the Board discussed all the risk types, and therefore had defined what types there might be and how the tolerances are set. The Board receive the overall picture, they get the tracker, the corporate risk register, and the full board assurance framework document. There is a separate template for everyone that tells them what the context and the risk is, what controls they have got in place and what the actions that are still required.

J Podkolinski noted that she was interested in maternity and had looked at the statistics and noted that unexpected admissions of term babies to the Neonatal unit is going up, which is concerning. J Podkolinski asked how that would be picked up as part of risk assessment in the Trust. F McNeight informed the Council that there were specialty risk registers, divisional risk registers and a corporate risk register and they all feed into each other. If a speciality risk is being managed and contained then it stays on the speciality register but if the risk becomes unmanageable or out of control then it gets escalated to the divisional register and then on to the corporate register. This means that the risk will remain on all the registers until it is cleared. J Podkolinski asked if the Council can be reassured or assured that this has been interrogated. S Hunter said that there was a very close level of scrutiny of the risks especially with maternity.

J Sheppard informed the Council that the division had to do a three to six monthly deep dive with the executive team of the risks on their registers.

The Council noted the report.

CoG
28/11/2.6

Annual Report 2021/22 – K Nye

K Nye presented the paper on the Annual Report and Accounts for 2021/22 to the Council.

K Nye informed the Council that the report had been approved by the Audit Committee on the 16th June 2022, and that the report had been laid before parliament on the 28th June 2022. K Nye said that the report was published on the Trusts public website.

K Nye informed the Council that the communications team had also produced an 'Annual Review' which summarised the key points from the 2021/22 Annual Report and had been published on time for the AGM.

The Council noted the paper.

CoG
28/11/3
CoG
28/11/3.1

PERFORMANCE AND FINANCE

Integrated Performance Report (M6)

SH presented the report which summarised the trusts performance in October (month 6). S Hunter said that she would give an update on the current position of the Trust and then take question on the report.

S Hunter said that the Trust was under significant pressure but interestingly not from demand which is static. The issues are that there is no flow out of the hospital and have not seen any improvement yet as there are over 100 people a day that have not been discharged. This means that all our beds are full and we are unable to do any of the activity that we would normally be doing.

S Hunter said that from a performance perspective on elective, the Trust is doing alright as it had delivered what was needed on the two-year waiting target. The Trust was on track to deliver the next standard that was expected which is to work on people who have been waiting 78 weeks by end of March 2023 with a caveat that if we keep having the bed issues that L Thomas had

mentioned, it would put the 78-week waiters at risk. S Hunter commented that the Trust was not doing the amount of elective work that it would like to be doing.

Discussion:

J Mangan noted that it was a real shame that social care issues, external to the Trust, could not be resolved as it would resolve many of the Trusts problems.

P Kosminsky noted that the Trust is subsidising bus travel for staff, which is an attractive incentive, why does the Trust not subsidise social care seeing as there is such a shortage. S Hunter explained that the Trust already did subsidise it but that there were systemic challenges facing people who worked in the broader care sector. S Hunter noted that the Trust was working with Wiltshire Council to find solutions and were meeting with them on a weekly basis.

L Herklots referred to the increased deficit and said that she could see the reasons for it but wanted to know what the view was from the BSW about it. S Hunter explained that the view would be that the Trust delivered on the plan. S Hunter said that the Trust would be doing a formal forecast at month nine along with all other Trusts.

The Council noted the report.

CoG
28/11/4
CoG
28/11/4.1

QUALITY AND RISK

Patient Experience Report (Q1) – deferred to February 2023

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

CoG
28/11/5
CoG
28/11/5.1

GOVERNOR BUSINESS

Committee/working group reports (to note):

- **Membership and Communications** – B Bull informed the Council that the Governors newsletter had been completed and was being finalised for publication. B Bull noted that the Committee discussed constituency meetings and that each Constituency should start thinking of planning them in the new year.
- **Nominations Committee** - S Hunter expressed her thanks to the Nominations Committee and everyone who took part in the interview process for the Chairman and NEDS. S Hunter said that it had been a huge amount of work and had run very smoothly.

L Herklots said that at some point there would be a washup and reflection on lessons learnt.

CoG
28/11/5.2

Governor Elections – I Cardoso

I Cardoso informed the Council that the report provided the information as to which Governors are up for elections in 2023.

I Cardoso said that the constituencies that were up for elections were:

- Salisbury City – 2x Governors posts
- South Wiltshire Rural – 3x Governor posts
- North Dorset – 1x Governor post

I Cardoso explained that within these constituencies there were Governors who were up for re-election and one Governor in South Wiltshire Rural, James Robertson, who was completing his final term.

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

I Cardoso noted that there were further vacancies which needed to be filled: one in South Wiltshire Rural and one in North Dorset.

The Council noted the report.

CoG
28/11/5.3

Trust-Led Subgroup Reports

- **Organ Donation**
- **Clinical Ethics Working Group** - P Kosminsky said that sitting on this group was one of the most powerful experiences and very humbling and gives context especially watching the clinicians wrestling with some really difficult ethical questions.
- **Patient Experience Steering Group/ Food and Nutrition Steering Group –**
A Pryor-Jones reported that there was so much input and that phenomenal work is being done for both groups. His only concern was the amount of work that they are having to do in such a short amount of time. Meeting times have increased due to this.

The report was noted.

CoG
28/11/6
CoG
28/11/6.1

CLOSING BUSINESS

List of Dates for Council of Governors meetings in 2023

The Council discussed the proposed new dates for the Council of Governor meeting being moved to align with the Board Committees, as this would facilitate NED attendance at Cog meetings / committees when necessary.

The Council debated the proposed changes but quite a few Governors said that it would conflict with many of their other activities and asked for the meetings to remain as they have always been.

Decision:

Dates of Council of Governors meetings and Informal Ned meetings to remain on Mondays as per usual. A rota to be done for the NED attendance at Cog meetings.

ACTION: IC/KN

CoG
28/11/6.2

Any Other Business

L Herklots noted that this was Nick's last Council of Governors meeting and wanted to express the Council's thanks to Nick for the work that he had done as Chairman over the nine years and the relationship Nick had built with the Council of Governors and encouraged a culture of dialogue with both the Executives and NEDs.

N Marsden thanked the Governors for their support and all they had done for the organisation. N Marsden said that he was a firm believer that the Council of Governors were fundamental for the organisation. N Marsden extended an invitation to the Governors to attend his farewell celebration on the 8th December at 2pm.

There was no other business.

CoG
28/11/6.3

Date of Next Public Meeting: 27 February 2023

CoG
28/11/7

RESOLUTION

CoG
28/11/7.1

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)