

**Minutes of the Council of Governors meeting held on
25th November 2024 in the
Trust Boardroom and via Microsoft Teams**

Present:

Kevin Arnold	Public Governor
Mark Brewin	Staff Governor
Joanna Bennett	Public Governor
Barry Bull	Public Governor
Cllr Pauline Church	Nominated Governor
Frank Cunnane	Public Governor (Teams)
Jason Goodchild	Nominated Governor
Jacqueline Hartas	Public Governor
Peter Kosminsky	Public Governor
Frances Owen	Public Governor (Teams)
Anthony Pryor-Jones	Public Governor (Teams)
Jane Podkolinski	Volunteer Governor
Salil Ray-Chowdhury	Public Governor
Andy Rhind-Tutt	Public Governor
Paul Russell	Staff Governor (Teams)
Peter Russell	Deputy Lead Governor
Jayne Sheppard	Lead Governor
Susan Snoxall	Public Governor (Teams)
Sara Willan	Public Governor

In Attendance:

Ian Green	Chair
Cara Charles-Barks	Chief Executive
Judy Dyos	Chief Nursing Officer
Duncan Murray	Chief Medical Officer
Paul Cain	Non-Executive
Richard Holmes	Non-Executive
Eiri Jones	Senior Independent Director
Lisa Thomas	Interim Managing Director
Isabel Cardoso	Membership Manager (minute taker)
Fiona McNeight	Director of Integrated Governance
Ben Brown	Head of Clinical Effectiveness

1 CoG 25/11/1.1 OPENING BUSINESS Action
Welcome and Apologies

I Green, Chair welcomed everyone to the public session of the Council meeting and noted that there were a couple of new Governors attending their first official meeting. I Green invited everyone to introduce themselves.

I Green noted the following apologies from:

- Benita Florence, Staff Governor
- William Holmes, Public Governor

The Chair asked for declarations of conflicts of interest in relation to the agenda. There were no declarations of interest made.

CoG 25/11/1.2 Minutes from Public Meeting Held on 22nd July 2024

I Green presented the minutes from the meeting held on 22nd July 2024 which had been circulated and asked if they could be agreed as correct record.

The Council agreed the minutes as a correct record with the two corrections mentioned above.

CoG
25/11/1.3

Matters Arising / Action Log

CoG 20/05/2.5 Constitution Review – I Cardoso confirmed the collation of stakeholder input for the Constitution review. Suggestions were gathered via email and organised into a document. **ACTION:** The suggestions to be reviewed by the Constitution Committee, which will decide on the best approach and provide updates in future discussions.

CoG 22/07/2.5 Staff Survey update – I Cardoso informed the Council she had spoken with D Roberts, who was unable to provide an update as most of the information comes from the directorates. I Cardoso said that she plans to liaise directly with Directorate Managers across the four directorates to gather relevant updates. Due to time constraints the current survey has recently closed. It was noted that it might be more effective to review the next set of survey results in March for meaningful insights and actions. **ACTION:** Relevant feedback from the People and Culture Committee is needed to ensure alignment with governance priorities. I Cardoso to collate information.

There were no further specific actions in the action log.

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25/11/2
CoG
25/11/2.1

ASSURANCE

Non-Executive Director update – Paul Cain

I Green welcomed Paul Cain to the Council of Governors and asked him to provide his reflections on the work and activities that he has been involved in at the Trust.

P Cain reflected on his transition from an associate NED role to a voting non-executive director (NED) position, acknowledging the unique challenges and opportunities presented by the Trust. Shared insights based on experiences in previous organizations, noting the Trust's distinctive strengths and areas for improvement.

P Cain mentioned all the meetings that he attended; Trust Board, Finance and Performance Committee, Clinical Governance Committee, and Remuneration Committees, with notable focus on safety walks (maternity, clinical site, central booking, accommodation) and military-NHS interface discussions at Tidworth.

P Cain mentioned the Induction courses and "Improving Together" briefings which he described as highly informative and on par with or exceeding similar programs elsewhere. P Cain stated that there was evidence of strong leadership and workforce initiatives reflected in low vacancy rates and improved retention, with promising long-term benefits.

P Cain strongly endorsed the group formation strategy, though noted the challenges in execution and top-down program design. Advocated for leveraging lessons from change management and servant leadership to empower staff. Praised Improving Together program for its focus on servant leadership and staff empowerment. Plans to attend the next "Improving Together" board meeting for deeper insights.

P Cain noted the strengths of the Trust with its upward trajectory in key performance metrics, including waiting lists, diagnostics, and cancer care. The progress in maternity, highlighted by its removal from special measures, was a reassuring indicator.

P Cain stressed that the Trust still faced many challenges and was concerned over the deteriorating metrics despite ongoing corrective actions, stating that this was an area of particular interest for future focus.

P Cain noted that performance discussions occupied less focus compared to previous organisations, with a commitment to balancing this observation with evidence gathering.

P Cain stated that he thought that the Trust should prioritise understanding and addressing deteriorating performance indicators. Garner opportunities with Partner Hospitals, with emphasis on collaboration to enhance patient care and operational efficiency. By reducing bureaucracy - advocated for minimizing paperwork to allocate more time to core priorities and improve organisational effectiveness.

The feedback concluded with an emphasis on maintaining strategic focus, ensuring impactful actions, and streamlining processes for optimal results.

I Green thanked P Cain for his reflections.

CoG
25/11/2.2

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 they would like to highlight.

Charitable funds – I Green

No questions were raised.

Clinical Governance – E Jones; D Buckle

Noted small progress in several areas but emphasized the need for sustained efforts to address ongoing challenges. CQC visited in September still awaiting report.

No further questions were raised.

Finance and Performance – D Beaven

I Green informed the Council that the Deficit remained a challenge, mirroring challenges across the NHS due to the imbalance between demand and resources. Despite efforts, the "No Criteria to Reside" (NCTR) figures remain stubbornly high, requiring both internal process refinement and system-wide collaboration. A detailed 12-week review is underway to address the NCTR issue systematically.

Emphasis on understanding areas of control within the Trust versus those requiring broader system integration.

No questions were raised.

Audit Committee – Richard Holmes

Governors raised the following action for the next Council of Governors meeting - **ACTION:** NED assurance of the financial position of the Trust and the driving factor behind the proposition – the financial viability of the Trust.

No further questions were raised.

Trust Management Committee – L Thomas

No questions were raised.

People and Culture – M von Bertele; E Jones

E Jones informed the Council that the Trust received a positive GMC survey, reflecting a favourable trend among small Trusts in the Southwest. Leadership and commitment to EDI remain integral to board operations. EDI progress has also been highlighted as a fundamental priority, although challenges persist.

E Jones stated that within the current Staff Survey from October the response rate was approximately 23%, compared to high 30% rates historically. Doctors, a group consistently underrepresented in survey responses, were flagged for low engagement. Bank staff, while typically lower in response rates nationally, performed comparatively well within the trust (approximately 10%). The Trust achieved the highest increase in staff survey response rates in England last year.

E Jones reinforced the importance of maintaining focus on staff wellbeing and systemic collaboration for long-term improvements.

I Green stated that it was important to recognise the significant efforts by the People and Culture teams to enhance staff engagement and support structures.

No questions were raised.

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

**CoG
25/11/2.3**

Learning from Deaths – Q1

Duncan Murray, Chief Medical Officer provided the Council with a summary of the Learning from Deaths report for Q1.

D Murray stated that although this report was a few months behind and that the new report was in the process of being completed that he would update the Council on Q1. D Murray said that the hospital mortality group had met twice during Q1, where learning, improvement themes and actions arising from mortality diagnosis group alerts and individual case reviews were discussed. D Murray informed the Council that there is continued improvement in the Trust's mortality statistics and that both HSMR and SHMI have continued to see a positive decline in recent months. D Murray stated that a national revision to the modelling of the SHMI had come into effect from the 12-month rolling period ending December 2023 onwards.

D Murray informed the Council of that:

- 98% of deaths had been reviewed by the Medical Examiner's Office and that of these 27 (7.8%) primary reviews had been requested and from these 23 learning points had been generated – 11 positive and 12 negative.
- Staff feedback suggested that space for medical staff to complete work in the bereavement suite or close by remained a cause for lower completion rates and that a request for space allocation had been made.
- Addition to the initial review by the Medical Examiner, 15% of all recorded deaths were also subject to a primary review.
- Most of the additions requested by the Board after a mortality insight visit were undertaken by NHSE and have now been completed and due to the improved position in mortality benchmarking figures and improvements made the visit process will now be formally closed.
- A new training video has been created to emphasise the ease and speed of process for completion of reviews within the mortality module in AMaT.

I Green noted that previously the Council had raised concerns about the mortality data presentation and that the Council were now receiving the same data as the CGC and the Board, he hopes that the Council were more assured. The Council indicated that they were happy with the report.

The Council thanked D Murray for his report.

CoG
25/11/2.4

Constitution – Amendments for approval

P Kosminsky introduced the paper with the recommendations to the Council of the Constitution amendments. P Kosminsky informed the Council that unfortunately before the committee could present their paper at this meeting an email had been sent to all Governors bar himself addressing some of their concerns on the amendments suggested. P Kosminsky received an apology for unintentionally being excluded from the email by the Chair.

P Kosminsky informed the Council that most of the amendments suggested were uncontroversial but highlighted the one's that the committee felt were of concern – Joint Committees and significant transactions.

A very detailed discussion took place where Governors raised their concerns about some of the proposed amendments to the Constitution. The Governors expressed their concerns about current wording being too open-ended potentially allowing for significant delegation of powers without adequate safeguards. The risk cited included unintentional progression towards a merger due to increasing reliance on joint committee powers. The Council suggested tightening of language to more clearly define the powers that can be ceded to the joint committee.

F McNeight clarified that approving terms of reference for the joint committee was the Board's responsibility and that the Council may provide input but did not hold the authority to approve or amend the terms. F McNeight stated that delegation within the Constitutions mirrored existing practices, such as the financial delegations to internal committees. F McNeight noted the section in the Constitution which already outlined the delegation of Board functions, noting this relevant to any delegation by the Board.

It was highlighted that the Constitution already included mechanisms to ensure that significant transactions remained within broad oversight and that there was no need to completely remove the wording that was currently there.

Governors requested that they be able to consult with legal advisors and governance experts for alternative wording.

It was suggested that if the Council had an issue with the Constitution wording that the Trust could opt to go back to the model NHS constitution particularly for the Significant Transaction section in the absence of being able to agree alternative wording.

C Charles-Barks informed the Council that she had participated in a session where lawyers worked with local Council of Governors and suggested that she facilitate this for the Council so that they could ask their questions.

The proposed changes to the Constitution were designed to facilitate effective collaboration with neighbouring Trusts while ensuring robust governance. However, concerns around clarity and safeguards necessitate additional revisions to ensure confidence and alignment among governors and board members.

The Council of Governors resolved that a working group comprising Non-Executive Directors (NEDs) and Governors be established to review and agree upon all proposed amendments to the Constitution. It was further agreed that a selection of NEDs and Governors (Constitution Committee), along with Pt Russell, Lead Deputy Governor and F McNeight, Director of Integrated Governance, would form part of this group. **ACTION:** F. McNeight to establish the NED and Governor Constitution Working Group

The amendments to the Constitution were not approved.

CoG
25/11/3

PERFORMANCE AND FINANCE

Integrated Performance Report

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

L Thomas noted that the report was based on August's data so would take the report as read and would provide the Council with an update on the themes:

Breakthrough objectives

- Time to First OP Appointment increased slightly from 132 to 134 days although remains consistent with lowest points since April 2023 when baseline was 139 days.
- Managing Patient Deterioration reduced slightly from 32.8% to 32.5% although maintained improvement of 2.5% since April 2024 against the target of 50%.
- Staff Turnover also continued progress by reducing marginally from 19.2% to 19.1% and a total 1.3% reduction since April 2024 against the target of 15%.
- Productivity maintained improved position at -16.3% implied productivity against the 2019/20 equivalent period and an overall 1.7% improvement since April 2024.

Deteriorating Performance

- Cancer performance, whilst continuing to improve within the Trust, remains under national monitoring across the BSW system, where all Trusts are collectively in Tier 2 Cancer oversight for the 28-day Faster Diagnosis Standard (FDS) and 62-day Referral to Treatment Standards. Performance was again positive across all metrics:
 - *28-day Faster Diagnosis Standard (FDS) from 75% to 82.4% (above plan)*
 - *62-day Standard from 76.9% to 77.6% (above plan)*
 - *Number of patients waiting >62 days for Cancer treatment reduced further from 63 to 61.*

The criteria to exit national tiering is to achieve >70% performance against the 28-Day FDS Standard and >60% performance against the 62-day Standard and is a collective target for all BSW Trusts, requiring all to achieve this to exit tiering arrangements.

Note: Cancer data is one month behind, reporting July in this IPR.

Alerting Metrics

- Hospital acquired Pressure Ulcers category 2 and 3 both increased from 36 to 45 and 1 to 4 respectively.
- Emergency Department (ED) metrics:
 - *Attendances remain high despite decrease from 7,251 to 6,813.*
 - *Ambulance Handovers >60 minutes reduced from 92 to 61.*
 - *Arrival to Departure >12 hours increased from 27 to 39.*
- Referral to Treatment (RTT) related metrics deteriorated as challenges continued and seasonal reduction in activity a likely contributor:
 - *Total RTT waiting list increased from 28,094 to 29,443.*
 - *Patients waiting >52 weeks increased from 901 to 966 although overall cohort number is below clearance plan ahead of target: Zero by end of March 2025.*
 - *Patients waiting >65 weeks increased from 70 to 83 although most have plans to clear, it is unlikely we will hit target: Zero by end of September 2024*
 - *Patients waiting >78 weeks reported one breach after discovery of administrative error regarding RTT clock start date. Target: Zero as standard.*

The Governors raised the question of all the new housing estates that are going up in and around Salisbury and if these were factored into the Trusts forecasting of potential increase in demand to services from those people. L Thomas informed the Council that from Wiltshire Council assessments the population projections were not that significant and that the Trust had bigger challenges from the aging population as people come to rural areas to retire. So going forward the Trusts challenges are going to be with an

aging workforce and aging population. L Thomas said that the Trust was having frequent conversations with the leader of the Council and was raising the issues around affordable housing, particularly for the public sector staff and what can be done.

The Council noted the IPR report.

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QUALITY AND RISK

Patient Experience Report – Q1

J Dyos noted that she would take the report as read and would highlight a few points from the report.

J Dyos informed the Council that:

- Patient activity across the Trust had increased this quarter, however, in comparison the total number of complaints and concerns is not considered to have increased at a proportionate rate.
- Total of 490 comments/enquiries were logged, same as the previous quarter - of these 114 were not related to any of the clinical divisions and 67% were related to charges for car parking.
- Total of 165 compliments were recorded on Datix, there is a noted backlog of approximately 220 still awaiting logging with PALS. PALS capacity has been flagged on the Quality Risk register.
- Top three most prevalent high-level themes for complaints were the same as those seen in Q4. These were: Patient Care (48%) and Communication (20%). Access to treatment or drugs is a new theme this quarter (11%) Within these themes' unsatisfactory treatment, lack of or insensitive communication and delays with receiving treatment were the highest sub-categories.
- Meeting the 85% target for complaints response within timescale continues to be a challenge, however the overall Trust average is noted to be on a positive trajectory, edging close to this target. Surgery are noted to have significantly improved their response within timescale this quarter, in comparison to their previous quarterly performances.
- The number of reopened complaints/concerns this quarter is currently estimated to be around 5%. For 2023/24 the Trust has had an average 8% of the total complaints/concerns received, reopen. Patient Experience Quality Priority Targets for 2024/25 would like to see this reduce to less than 5% by the end of the year.
- Friends and Family Test (FFT) Trust wide average response rate for Q1 has seen a peak with the introduction of the new digital solution. In total for Q1 there was a total of 7,578, this is 5,536 more than Q4. This equates to an average response rate of 9.6% (of eligible population). FFT experience ratings have decreased slightly to 96%. The project to launch a digital provider went live on the 1st June 2024, this is credited to the increase in response rates seen this quarter.

J Dyos informed the Council that the report contained new sections in an attempt to draw together wider themes. This included a summary of cases open with the CQC and PHSO, internal triangulation with risk, safety and freedom to speak up and comparisons with the two acute trusts within the ICB.

Real-time feedback (RTF) remained a standing item for discussion at the PESG. Overall good satisfaction rates, though some issues still noted around noise at night. High levels of satisfaction related to cleanliness of the ward areas and receiving enough to eat and drink. A total of 73 surveys were completed during this quarter and an average overall satisfaction rating of 81.0% was achieved.

J Dyos informed the Council that 'Your Views Matter Annual Report' has been replaced with the National Audit for End-of-Life Care (NACEL) Survey. It should be noted that there is limited ability for comparison with the Trust's YVM survey results for 2023/24 as a result of this change. However, the NACEL survey does present an opportunity to

compare the Trust's performance within these measures with our BSW acute Trust counterparts. J Dyos said that 65% of SFT's respondents described their overall rating of care and support given by the hospital to the dying person as "excellent", compared with 10% who described this as "Poor".

The NACEL survey is unable to be used to correlate complaint themes by location with this data as this is not collected as part of the audit. PALS are working with Medical Examiners to look at how they may be able to supplement this data going forward. J Dyos informed the Council that seven survey participants requested a call-back from PALS, but that none of these resulted in a formal complaint or concern being raised.

I Green thanked J Dyos for the comprehensive report and asked for the Council's thanks to be transmitted to all of her teams for all their hard work.

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GOVERNOR BUSINESS

Governor By-Elections 2024 – North Dorset

I Cardoso informed the Council that the by-election for North Dorset Constituency was under way and that it would be completed by the 30th January 2025. I Cardoso informed the Council that the timetable for the elections was in the report provided.

The Council noted the information.

CoG
25/11/5.2

Committee/working group reports:

I Green invited the Chairs of the following Governor committees to comment on their meetings:

- **Membership and Communications** – B Bull informed the Council that the Christmas governors' newsletter has been completed and is getting ready for distribution. B Bull encouraged the public governors to start considering constituency meetings in their areas in 2025 as this is a statutory duty. B Bull stated the committee were in the process of updating the Membership and Communications Strategy.
- **Self-Assessment Committee** – proposal for this committee to be merged with the Membership and Communications Committee was submitted and approved by the Council.

The Council noted the information.

CoG
25/11/5.3

Trust-Led Subgroup Reports

I Green took the reports as read.

- **PLACE audits mini and national** – no comments raised.
- **Sustainability** – needs more visibility.
- **Improving Together** – J Podkolinski informed that the recycling team had just been through the program.
- **Patient Experience Steering Group** – J Podkolinski highlighted the central booking system and mentioned that it was difficult to get appointments through them. L Thomas informed that it was a multi-faceted problem which included vacancies within the department as well as training.
- **Pathology Lab Tour** – J Bennett stated that it had been a fascinating tour and encouraged other Governors to undertake it.
- **RTF** – S Willian informed the Council that this was the most satisfying thing that she does at the Trust and encouraged other Governors to do RTF.
- **VTE** – J Bennett noted that she had attended her first meeting and that she found the team very efficient.

The reports were all noted.

CoG **CLOSING BUSINESS**

25/11/6

CoG **List of Dates for Council of Governors meetings in 2025**

25/11/6.1

A list of all the Council of Governors meetings for 2025 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 **Any Other Business**

25/11/6.2

A Rhind-Tutt mentioned that the Wilton Rotary Club had just donated £11,000 towards a doppler machine.

J Podkolinski enquired about the main entrance and if they were going to receive any capital to fix the issues that still remain there. I Green stated that at the moment the Day Surgery unit was the absolute priority so this could not be a priority at the moment.

J Dyos informed the Council of the McMillan Cancer Hub that was just opened in main reception.

There was no other business.

CoG **Date of Next Public Meeting: 24th February 2025**

25/11/6.3

CoG **RESOLUTION**

25/11/7

CoG Resolution to exclude Representatives of the Media and Members of the Public from the
25/11/7.1 Remainder of the Meeting (due to the confidential nature of the business to be transacted)