

**Minutes of the Council of Governors meeting held on
4th March 2024 in the
Trust Boardroom and via Microsoft Teams**

Present:

Mark Brewin	Public Governor
Barry Bull	Public Governor (via Teams)
Mary Clunie	Public Governor (via Teams)
Frank Cunnane	Public Governor (via Teams)
William Holmes	Public Governor
John Mangan	Public Governor
Angela Milne	Public Governor
Frances Owen	Public Governor
John Parker	Public Governor (via Teams)
Jane Podkolinski	Staff Governor
Anthony Pryor-Jones	Public Governor (via Teams)
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
Tania Baker	Non-Executive Director
Debbie Beavan	Non- Executive Director (via Teams)
David Buckle`	Non- Executive Director (via Teams)
Richard Holmes	Non- Executive Director
Eiri Jones	Non- Executive Director (via Teams)
Isabel Cardoso	Membership Manager (minute taker)
Fiona McNeight	Director of Integrated Governance
Kylie Nye	Head of Corporate Governance

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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
- Lucinda Herklots, Deputy Lead Governor
- Peter Kosminsky, Public Governor
- Paul Russell, Staff Governor
- Peter Russell, Public Governor
- Sarah Walker, Nominated Governor

Non- Attendance:

- Cllr Rich Rogers, Nominated Governor

I Green informed the Council that Anisa Nazeer resigned from the Council with immediate effect in February 2024.

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Minutes from Public Meeting Held on 27th November 2023

I Green presented the minutes from the meeting held on 27th November 2023 which had

been circulated and asked if they could be agreed as correct record.

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

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Matters Arising / Action Log

There were no further specific actions in the action log.

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ASSURANCE

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Non-Executive Director update – Richard Holmes

I Green welcomed Richard Holmes to the meeting who has been invited to provide an overview on the activities that he has been involved in and let the Governors know what has been working well for him as a Non-Executive Director and bring to the attention of the Governors what has not worked well.

R Holmes recognised that he was new to the Trust and new to some of the Council. R Holmes introduced himself to the Council and then provided a short synopsis of what had happened since he joined the Trust in January 2023. R Holmes said that he had significant governance and risk management experience as chair of the Audit Committee. R Holmes said that he was a qualified accountant and company secretary, has executive experience at COO, Finance Director and company Secretary level, therefore has a broad range of non-NHS experience but with very transferrable skills which he has brought to the Trust.

R Holmes informed the Council that the role of a NED within the NHS is not about fixing the NHS but to make sure that they do their best with the resources, people and facilities at their disposal, and that if they can do this then they are really delivering. R Holmes said that it is the NEDs duty to do their best by the patients and the local population. R Holmes informed the Council that post Covid there were operational and funding changes, and industrial action also caused significant disruption.

R Holmes said that the Trust was still in the early life cycle of the new ICS system, and that the system is still finding its feet in the way that it works and delivers. R Holmes said that over the last twelve months he had seen the initial and growing impact of the Improving Together program and that benefits could already be seen across the organisation.

R Holmes let the Council know that he thought that the Trust Board worked well both as a team and individually, especially as there was a broad range of competencies and experience. That there was a substantial amount of mutual support from executives to board, board to executives and Governors to board.

Other things that worked well were the systemic response to the industrial action across the entirety of the organisation.

R Holmes informed that the Trust had financial and performance challenges. Looking at the IPR, the metrics show that the Trust is good at some but that there are areas that clearly need improvement. Another challenge is the Trust relationship with the ICS. The biggest challenge that the Trust faces is the 'no criteria to reside' and how to unlock it. There were two other challenges that R Holmes foresaw and those were the condition of the estate and access to specific skill sets that the Trust needed.

R Holmes informed the Council that as chair of the Audit Committee he could assure them that the committee worked well and that the right risks were being assessed and responded to appropriately and that the internal and external auditors had conveyed their satisfaction with the way the Trust is performing.

R Holmes said that he had adopted a program of induction himself and has spent time in theatres and with the portering team, and on a ward to see them in practice. R Holmes said that he felt able to contribute to the business of the Trust and although he is learning a lot about the NHS he brings a huge amount of value especially as he has no NHS background but he feels confident that he through the Audit Committee can deliver the assurance the board and the Governors require.

The Council thanked R Holmes for his report and assurance. One of the Governors commented on the breath of the audit agenda and what the committee had to get through. Through the conversations comments were made on the community service – Wiltshire Health Care. It was suggested that the Council of Governors receive a presentation in regard to the community service and the tender that is currently undergoing. **ACTION:** IC to invite L Arnold or T Mears to do a presentation to the Governors.

The Governors thanked R Holmes for his report.

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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.

Clinical Governance – E Jones; D Buckle

D Buckle raised the mortality review and asked the Council to note that the recommendations that came out of it had been fully accepted and were slightly wider than some people thought.

ACTION: Mortality Review report to be circulated to Council and then formally received at the next Council of Governors meeting in May.

No questions were raised.

Finance and Performance – D Beaven

D Beaven stated that the Trust position has moved on compared to the report provided in the bundle and that due to industrial action there were more operational challenges that came with a financial consequence, so the Trusts position has deteriorated slightly but the Council may be assured that the executive and senior leadership teams were doing everything possible to mitigate the operational and financial impact.

D Beaven assured the Council that the majority of the operational metrics were moving in the right direction with some moving more significantly than others. The cancer metrics and performance still remain a concern for us and the Trust is under additional scrutiny there in terms of performance.

D Beaven stated that the Trust remain under constant challenge to create a sustainable financial position and that the current draft of the operational plan still showed a significant deficit and therefore the Trust remained under a lot of pressure. D Beaven said that there would be consequences from a regional and system perspective.

L Thomas informed the Council that she was due to meet with the national director about the overall system position but that the Trusts position is no better or worse than the other Trusts in BSW or even the ICS system.

No questions were raised.

Audit Committee – Richard Holmes

R Holmes informed the Council that the external audit was underway and that the committee were working extremely well with the auditors. The internal auditors had already completed their first actions /reports and the committee was reassured by all the reports provided.

No questions were raised.

Trust Management Committee – L Thomas

No questions were raised.

People and Culture – M von Bertele; E Jones

E Jones reported that a huge amount of work has happened and is being undertaken in terms of improving the workforce position. E Jones said that in the February/March updates show that all four-workforce metrics on the IPR are going in the right direction. The turnover was under 14% for the first time and agency spend had been reduced, and increased recruitment which has resulted in a very low number of vacancies.

The Council welcomed the trend and thanked E Jones for her report.

No questions were raised.

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

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04/03/2.3**

Quality Accounts – Priorities and Local indicator

I Green introduced Ben Browne and Alex Talbott who would be informing the Council on the Quality Accounts.

B Browne talked through a PowerPoint presentation on the quality priorities and informed the Council that NHS England still had not published the guidance. B Browne gave an overview of the quality priorities that had been set last year and discussed with the Council what they would like them to be for the following year.

B Browne stated that the Trust would be setting the three quality priorities as:

- Clinical effectiveness
- Patient safety
- patient experience

B Browne informed the Council that for the Patient Safety priority the Trust would:

- prepare and publish the patient safety incident response plan, which would then determine how the Trust responded to safety issues in the future using the new Patient Safety Incident Framework model.
- The Trust has already successfully completed preparatory work to enable the transition to NHS England's new PSIRF.
- The plan sets out how the Trust plans to respond to patient safety incidents to learn and improve. This will be either through a patient safety incident investigation or a patient safety review.
- The policy supports the operational delivery of the plan and the governance requirements.

B Browne said that for Clinical effectiveness the Trust's aim was to implement new computer software to manage clinic audits and should be fully embedded and in use across the Trust by October 2024. This would then enable the Trust to provide improved visibility of audit activity through self-serve access data, ensure greater focus on actions, learning and improvements and remove dependencies on in-house and unsupported IT systems.

B Browne informed the Council that for Patient Experience the Trust aimed to respond to 90% of complaints within the agreed timescales, and to achieve a minimum response rate of 15% using the 'Friends and Family' test. B Browne said that the aim was to provide an accessible, supportive, and robust complaints process, that committed to putting the complainant at its heart.

The clear focus was on improving response timescales, aimed at identifying and capitalising on opportunities for an early resolution. This meant working more closely with and supporting investigating managers, tailoring individual management of complaints. Continued development of the profile of the Patient Advice and Liaison Service (PALs), which should include improvements to content and accessibility for complaints and communications training for staff.

The Council raised a few queries on how the Trust would be publishing the data. B Browne responded that the Trust had changed the way reports were shared but that there was still scope for improvement. P Collins said that the Trust recognised that there was a gap that needed to be closed in that governance loop and that the Governance Half days were being brought in again as a way of sharing the information but an element of sharing within and across divisions would be another way of disseminating the learned information. The Trust will also have to consider how it uses its visual management and communications systems. The electronic notice boards that have started appearing across the Trust will be used to pass on the information.

A Talbott presented the **2023-24 Strategic Planning Framework**.

A Talbott reminded the Council of what the breakthrough objectives were and that they were linked to the Vision Metrics whereby the operational matters needed to be improved by 20-30%.

A Talbott said that;

- reducing falls - where the national target is seven or less per 1,000 bed days. The Trust has run below the mean, and 6 out of 8 months at below target since June 2023.
- Reducing the average time to first outpatient appointment – target of 87 days average. The Trust was outside the upper control limit for 14 months – 132 days in January 2024. The Trust was going to retain this objective for 2024/24
- Reducing bed occupancy - target 98%. The Trust performed below the mean of 8 months since June 2023. The Trust needed consistent performance at the lower control limit.
- Reducing agency staff spend – 3.7% of monthly gross pay bill. The Trust achieved the target in December 2023. Grip and control and filling vacancies has supported this improvement. The next step was for Vision metric A3 for staff turnover to show retention

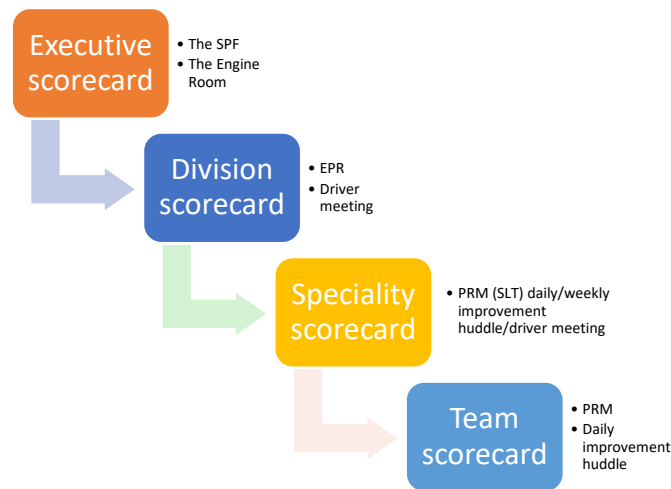
A Talbott informed the Council that any breakthrough objective that was switched out then became a watch metric so as to ensure that it continued to be watched and reviewed on a monthly basis.

A Talbott let the Council know that the **2024/25 Breakthrough Objectives** would be:

#	Vision Domain	Measurement	Frequency
1	Population - Total incidents with moderate or high harm	NEWS2 observation compliance	Daily via POET

2	Population – Wait times	Time to first OPA of all pathways on the waiting lists	Monthly from Lorenzo
3	People – Reduction of unwanted turnover	Turnover rate in Additional Clinical Services	Monthly via ESR
4	Partnerships – Organisational Sustainability	Productivity: Cost/costed activity	Monthly via finance

A Talbott informed the Council that the Improving Together methodology would help the Trust in cascading the priorities throughout the organisation.



A Talbott informed the Council that the Trust would be focusing on harm as a breakthrough objective as the Trusts current performance was an average of 27% compliance. That hospital acquired category 2 pressure ulcers remained low, with a trust-wide plan in place and that this was considered to be sufficient to continue to improve performance in the quality/harm metric. Therefore, extra effort would be placed on patient deterioration which would be watched as a watch metric.

A discussion was had and questions were asked by the Council on when pressure sores become a serious incident. The Council was informed that from category three and above were reported and a full review is done of the patient care. A Governor raised the NHS impact program and wondered how it all fit together. P Collins responded that many organisations over the past decade had started to use continuous improvement and quality improvement, and that those that have used this methodology had shown that this was the way forward to help get out of the problems that the NHS and that NHS England has asked organisations to demonstrate that they are implementing continuous improvement systems.

The Council was asked to feedback any thoughts through to the B Browne or A Talbott.

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National Patient Survey

J Dyos presented the National Patient Survey to the Council and informed them of that the National Inpatient Survey 2022 was an annual, nationally mandated survey which captured the experiences of patients aged 16years+ who had spent at least one night in hospital and discharged during November 2022 and that the full CQC benchmark report was available.

J Dyos informed the Council that:

- response rates had increased compared with 2021 (48% to 51%), a total of 621 responses were received.

- Demographic spread was largely similar to 2021 with a fairly equal split of male and female responses (less than 0.5% of participants said their gender was different from the sex they were registered with at birth.)
- Two thirds of respondents were aged 66 or over and 97% were from a white background. 81% declared to have a physical or mental health condition, disability or illnesses that has lasted or is expected to last 12 months or more.

J Dyos stated that the:

- Overall experience rating was 79.5%, a slight decrease when compared with SFT's 2021 results of 79.6%.
- Three areas of questioning had improved significantly (by 5% of more) and these were related to assistance with feeding and access to meals outside of meal-time, as well as prevention from sleeping due to lighting.
- Two areas scored worse by 5%, these related to explanations when changing wards and home situations not being taken into account when planning discharge from hospital.

J Dyos informed the Council that in 2021 the four key areas for improvement were highlighted as discharge process and follow-up, communication, staffing levels and food/drink, noise and disruption, and that there had been slight to large improvements across the board but that work still needed to continue in these areas.

J Dyos stated that the themes from comments were relatively evenly split (positive vs negative). Staffing made up a majority of the comments (41%), 65% of which were positive. General themes from comments also noted as follows:

Positive:

- Care and general treatment
- Operations/investigations and procedure
- Staff (nurses and doctors primarily)

Negative:

- Wait/access
- Discharge process/information
- Communication
- Staffing levels

J Dyos invited questions/comments from the Council.

A Governor noted that the style of the report was very informative and clear.

The Council noted the report.

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04/03/2.5

Nominations Committee – NED recruitment 2024 Update

I Green informed the Council that the long list for the NED appointment had taken place on the 1st March and that there had been 58 candidates to consider, who were of a really good quality. I Green said that 15 candidates had passed on to the next stage and that the short listing would be taking place over the next couple of weeks.

K Nye informed the Council that the stakeholder groups were being invited to take part over the next few weeks and that there was going to be a divergence from the previous interviews whereby only two groups were going to be formed and the list of possible themes drawn up.

K Nye said that invitations were going to be sent to the Governors over the next week and that Governors were asked to consider if they would like to take part in this process. K Nye also stated that there would probably be a need for an Extra Ordinary Council meeting to approve the nominations.

The Council noted the report.

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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 presented the IPR report to the Council and informed the Council of the following:

- Wait to First OP Appointment reduction from 136 to 132 days and a focus to drive down further to target this year.
- Bed Occupancy increased from 97% to 104% due largely to the number of No Criteria to Reside (NCTR) patients increasing from 75 to 88 average and indicative of the pressure on flow the Trust felt in month, where 12 days were spent in OPEL 4 escalation status.
- Reducing patient harm measured through Falls decreased to 6.2 and is now back below the target of 7 for the 6th time in the last 8 months.
- Staff Availability measured by Agency Spend increased slightly from 3.7% to 4% and remains close to target for second month in a row.

L Thomas informed the Council that:

- Cancer remained an area of concern with the two weeks wait and overall backlog greater than 62 days. The Trust remained in tier two cancer oversight for the Trust 62-day current backlog position.
- Diagnostics six-week standard further declined in performance from 94.5% to 79.2%
- Total incidents resulting in high harm increased from 3.2% to 5.8%
- Mixed sex accommodation breaches had doubled from 10 to 20
- Emergency Department saw a reduction in ambulance handovers.

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.

The Council noted the IPR report.

CoG
04/03/3.2

Learning From Deaths – Peter Collins

P Collins presented the Learning from Deaths report and said it was a Q3 report which was quite historic now and that he had written an addendum to be circulated to the Council. **ACTION**

P Collins informed the Council that it was a complicated report which had been reviewed by NHS England. P Collins stated that the report provided an in-depth review about the care that patient received and provided a learning vehicle for the Trust.

P Collins informed the Council that the Trust MSG had met on the 14th November 2023 where learning, improvement themes and actions arising from the mortality diagnosis group alerts and individual case reviews were discussed.

P Collins informed the Council that of the 254 inpatient deaths during Q3, an increase from Q2 (193 inpatient deaths), the figure included patients who died either in the Emergency Department or Hospice. – 38 of these deaths had occurred in the hospice.

P Collins went on to inform the Council of all the data relevant to the mortality rates in the hospital that were within the report.

P Collins said that the report provided the CMO with an overview of the areas providing good quality of care and those that needed improvement. It also indicated that there were areas that needed to improve their coding and correctly document information.

P Collins informed the Council that any improvements that were made would only be visible 12 months down the line.

A discussion was had by the Council especially from one Governor who still felt that the report provided for the Mortality Rates was not as transparent as it should be and was concerned that the Trust was missing trends that could be impacted. The Governor stated that deaths in hospital were higher than pre Covid and that the six months to March 2023 was the highest it had ever been in the hospital. The Governor was concerned that the quality of care was an issue and that delays in discharge were also impacting on the quality of care. The Governor stated that there needed to be greater transparency in the reporting and a greater focus on the issues that were causing the high numbers of deaths in hospital, and that the report needed to reflect current data and not that of eight months prior.

The executive directors noted the concerns of the Governor.

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QUALITY AND RISK

Patient Experience Report – Q2 – Deferred to May

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GOVERNOR BUSINESS

Draft Work Plan 2024

The Council were asked to approve the draft work plan for 2024.

The Council noted the paper and approved the work plan.

CoG
04/03/5.2

Governor Elections 2024 – I Cardoso

I Cardoso provided the Governors with a briefing of the Governor elections timetable.

I Cardoso informed the Council that there was going to be an extensive change to the Council due to many experienced Governors completing their final terms and many of the current Governors up for re-election. The process for seeking governor nominations began in January 2024 and over 39 people have put their names forward albeit some of those are from Governor's re-standing for their current posts. I Cardoso stated that the names of all those standing had already been sent to Civica (independent election adjudicator) and the election timetable has been set.

The Council was asked to please note the timetable for the Governor 2024 elections.

The Council noted the paper.

CoG
04/03/5.3

Trust-Led Subgroup Reports

I Green took the reports as read.

- **Organ Donation** – no report
- **Clinical Ethics Working Group** – no report
- **Patient Experience Steering Group/ Food and Nutrition Steering Group** –
- **PLACE** – no report
- **Signage** – no report
- **Staff Carers network** – no report

- **Dementia Care Group**

The reports were all noted.

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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.

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Any Other Business

J Podkolinski stated that she to raise the front entrance issues again. J Podkolinski said that although quite a few of the issues that had been raised regarding the front entrance had been resolved one kept being raised by the volunteers who are stationed there.

J Podkolinski informed the Council that the reception desk was now maned but the receptionists there don not take enquiries which the volunteers are taking up. J Podkolinski said that no one knew who owned or who was responsible for this space.

L Thomas informed the Council that this space was considered the main entrance but not as most people used the Springs entrance to enter the building. L Thomas said that the Trust knew of the issues surrounding the main entrance but assured the council that solutions were being looked at.

There was no other business.

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04/03/6.3

Date of Next Public Meeting: 20th May 2024

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RESOLUTION

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)