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| Peter Kosminsky     | Nominated Governor             |
| John Mangan         | Public Governor                |
| Angela Milne        | Public Governor                |
| John Parker         | Public Governor                |
| Jane Podkolinski    | Public Governor                |
| Andy Rhind-Tutt     | Volunteer Governor             |
| Paul Russell        | Public Governor                |
|                     | Staff Governor                 |
| Tony Pryor-Jones    | Public Governor                |
| Sarah Walker        | Nominated Governor             |
| Christine Wynne     | Public Governor                |
| Nick Marsden        | Chairman                       |
| Stacey Hunter       | Chief Executive                |
| Isabel Cardoso      | Membership Manager (minutes)   |
| Peter Collins       | Chief Medical Officer          |
| Judy Dyos           | Chief Nursing Officer          |
| Kieran Humphrey     | Associate Director of Strategy |
| Tania Baker         | Non-Executive Director         |
| David Buckle        | Non-Executive Director         |
| Eiri Jones          | Non-Executive Director         |
| Michael von Bertele | Non-Executive Director         |
| Esther Provins      | Director of Transformation     |
| Felicity Pullan     | KPMG                           |
| Kylie Nye           | Head of Corporate Governance   |
| Anisa Nazeer        | Staff Governor                 |
| Edward Rendell      | Nominated Governor             |
| James Robertson     | Public Governor                |
| Peter Russell       | Public Governor                |
| Jayne Sheppard      | Staff Governor                 |

Apologies were noted as above.

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I Cardoso informed the Council know that the Brochure

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Governors noted the October IPR paper.

S Hunter informed the Council of the most up to date position of the Trust:

The Trust continued to operate under significant operational pressure, with bed occupancy increasing and escalation bed days exceeding 2000. The challenges that this presented to effective flow throughout the organisation can be seen in ED performance, ambulance handover delays, and the average number of patients with no criteria to reside increasing.

Workforce related metrics also demonstrated the pressure that the organisation faced, sickness absence was at just over 4%, with all divisions above the 3% target. Benchmarking across the BSW system shows SFT was in a slightly better position than the neighboring acute Trusts in the BSW system. Mandatory training and non-medical appraisal compliance levels reduced again, operational pressures and high vacancy rates were the biggest factor preventing staff from being released to complete training and appraisals.

Despite the non-elective challenges, further progress was made on reducing elective pathways. The total waiting list size reduced slightly, with the number of patients waiting longer than 52 weeks falling. Theatre activity increased, with the 21/21 plan levels being achieved. Activity in November in day cases recorded 233 spells more than in October and exceeded the plan for the month. Activity in elective inpatients was higher than in October with improved performance in T&O/Spinal.

The Trust continued to maintain achievement of the 6 week diagnostic standard for the third consecutive month. Importantly, the 62 Day suspected Cancer referral to treatment standard was achieved. The suspected cancer referral Two Week Wait standard deteriorated further to 77%. This was largely due to the continued issues with the Breast pathway and limited ability to undertake additional clinics because of lack of radiology cover. The average wait to first appointment for breast referrals is 15-16 days

With a deficit of £6k the Trust remains broadly in line with the H2 plan, however increase staff absence due to Covid and a November spike in the cost of clinical supplies means that the forecast is under pressure. A significant proportion of these pressures will be mitigated in the coming months by the funding awarded for the winter resilience element of the Targeted Investment Fund (TIF).

C Wynne enquired about ambulance waiting times in A&E and asked if Salisbury was

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J House inquired about pressure ulcers and serious incidents. J Dyos informed the Council that pressure ulcers remained at a steady state throughout a long period of







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hoped that within some of the projects; front of house is



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and wished everyone a Merry Christmas and Happy New Year.

The next public meeting of the Council of Governors is 28 February 2022 at 4pm.