

passed away. NM extended condolences to all that knew Chris and noted that any further details about a memorial would be sent out to governors.

I Cardoso provided details of a memorial service for Alistair Lack, a former governor which is to take place in July.

CoG
23/05/1.2

Minutes from Public Meeting Held on 28th February 2022

The minutes are agreed as a correct record of the meeting.

CoG
23/05/1.3

Matters Arising / Action

N Marsden presented the action log and the following key points were noted:

CG 28/02/04 Strategic Plan – S Hunter noted that the Trust had experienced significant operational pressure which has caused progress on the Improving Together programme to lose some pace. Additionally, S Hunter reported to the Council that E Provins, Director of Improvement and Partnerships would be leaving the Trust later in the summer. Therefore, the executive team were currently considering executive leadership and how the team would be taking the strategy and the Improving Together programme forward.

the statements and evidence sets and it was approved at Trust Board to respond with confirmed for all elements. The evidence to support the response is outlined in Appendix 1 of the paper.

K Nye asked the Council if there were content to support the evidence and the Trust's response to Condition G6, FT4, CoS 7 and governor training.

Decision:

The Council supported the Trust's self-certification response.

CoG
23/05/3

PERFORMANCE AND FINANCE

CoG
23/05/3.1

Integrated Performance Report (M12)

S Hunter presented the IPR providing the Council with the Trust's performance at month 12, March 2022. It was noted that whilst this was an important month in terms of pulling together the operational plan, it would be appropriate to take the report as read and update the governors on the Trust's latest position. The following key points were highlighted:

- The Trust ended the year in financial balance and S Hunter thanked colleagues for their hard work in achieving this position. It is worth noting that the NHS is reverting to more of a pre Covid financial management approach as the last two years has seen additional provision in place for COVID specifically.
- The Elective Recovery Plan has been challenging to achieve as the Trust is managing restrictions and staffing problems with approximately 200-300 people a week not at work. However, the Trust recognise that the waiting times for some patients is unsatisfactory. Managing the impact of COVID on NHS waiting lists is going to take years of recovery but there has already been

the problem.

S Hunter explained that objective evidence suggests that those attending by ambulance are not those patients who have not been seen in primary care. There are some patients who have had that experience but the numbers are small. The Trust is well supported and the minor injuries unit in Salisbury are extremely helpful in that they flex their capacity to help in difficult circumstances. SH noted that ambulance delays are now much improved in comparison to the situation around Easter and SAFER has contributed to this improvement.

A Rhind-Tutt reflected that the numbers behind the statistics are important when talking about patient care. An improvement in small numbers is still an improvement and frees up beds. S Hunter agreed, explaining that those patients with No Criteria to Reside is one of the breakthrough objectives, as part of the Improving Together programme.

P Collins referred to discharges before midday and noted that the inability to

S Hunter noted that it is likely that complaints will rise in the next year. So far communities have been supportive but there is a long waiting list and the more that life returns to pre-COVID levels of normal, the more likely and understandable the rise in complaints will be. Additionally, the Trust have always maintained that not having complaints is not necessarily always positive as they are an extremely useful source of feedback.

A Pryor-Jones commented that some patients do not contact PALS as they are uncertain if their comments would be escalated to a complaint. Some patients would only like to make an observation and the term 'complaint' can sometimes put people off contacting PALS. A Pryor Jones suggested that the Trust consider using different terminology to encourage less formal feedback which would be useful to the organisation. J Robertson noted that there was already a process in place to feedback compliments and comments and PALS is the correct route if governors come in to contact with people who do wish to feedback. L Herklots referred to the graph in the report which relates to concerns, complaints, compliments, and comments. PALS can help patients and family to determine what their comments fall under.

J Mangan referred to a previous situation where he had made a complaint and noted the importance of not only response times but also providing a sufficient response. J Mangan noted that not properly investigating and responding appropriately always escalates the situation and does not provide the patient with any assurance. S Hunter noted that the complaints investigation process had significantly improved and all complaint letters were personally reviewed by her and signed off, with a number being re-drafted if they were felt to be inappropriate.

P Collins noted the importance of being honest with the person at the beginning of the process. This relates to the culture of organisation and P Collins noted that a number of these concerns could be managed as part of informal discussions at ward level. It is acknowledged that there is a fear that underpins defensiveness. Everyone expects health care professionals to do the same thing and it sometimes not appreciated that there are differing opinions in health care. It takes courage to say that on certain occasions we did not get it right.

P Kosminsky noted that he had been in contact with a person who had made a complaint and the response to this person was timely and fully satisfied the person who had made complaint.

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strategy across the organisation, which is to be driven by a programme of work called 'Improving Together.' This new strategy is enabling us to prioritise workstreams as the key priorities are identified for each of our people, population, and partnerships (widely known as the 'three P's'). This strategy will help to ensure that there is a renewed focus on delivering on our COVID recovery plans. There will also be investment in people by ensuring that we continue to look after our staff, improve inclusion and belonging, seek new ways of working and delivering care, and develop a model which is fit for the future.

P Collins thanked B Browne for his work in updating the report and noted that the document provided clarity in relation to the data and how it is presented.

BB explained that this has been shared with commissioners and the leadership group and it will also go to the communications team.

B Browne apologised that the Council had received the document a little later than he had expected. It was explained that there was a requirement for the Council to provide a 'governors statement'. It was agreed that the governors required more time to review. Feedback on this statement would be sent to L Herklots and she would confirm the final statement for inclusion with B Browne. **ACTION: BB/LH**

Discussion:

J Mangan noted that he had previously found the Quality Accounts

front line develop their own solutions. Therefore, falls has been highlighted as a breakthrough objective as part of this programme of work.

S Hunter noted that in relation to staff satisfaction at work, in January 2021 Wiltshire had the highest bed occupancy in the south west and the Trust required military support. The amount of pressure in the hospital has inevitably changed how some staff feel about work. In an attempt to make the working lives of staff better the Trust have arranged several initiatives and gestures as a thank you. However, what the Trust needs to do is evaluate what has made a difference to the staff.

P Kosminsky noted his surprise that Stroke had not been listed in light of discussions he had observed at CGC. P Collins explained that the reasons for deterioration in Stroke performance is well known and now the Infection, Prto d.o6tfee1 (on,)B Td[d

The council noted the report.

CoG
23/05/5.2d

- **Staff Governors**

The Council noted the report

CoG
23/05/5.2e

- **Patient Experience Group: Sub-group reports**

The Council noted the report

CoG
23/05/6

CLOSING BUSINESS

CoG
23/05/6.1

List of dates for all Council of Governor meetings in 2022

The list of dates was attached for info.

CoG
23/05/6.2

Any Other Business

There was no other business.

CoG
23/05/6.3

Date of Next Public Meeting: **25 July 2022**

CoG
23/05/7

RESOLUTION

CoG
23/05/7.1

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)