



**Salisbury**  
NHS Foundation Trust





community.

Tania Baker noted that priority 2 appeared to focus on patient harm in hospital and asked whether there should be a focus across organisational boundaries. Claire Gorzanski agreed and provided an example of collaborative working related to gram negative blood stream infections and agreed that there needs to be whole system working on improvement actions.

Tania Baker referred to priority 1 in the Mid-Year report and asked how much were the Older Person's Assessment Liaison Team getting out to the hospital, and whether there would be more potential for the team with the right resources. Claire Gorzanski stated that the Trust were measuring the outputs and the team had increased the number of patients they were seeing and turning around and that the focus was not just on the frailty wards.

Alistair Lack referring to the same priority, asked for the reason for the reduction from 27 (69%) to 12 (57%) for home as the preferred place of care at the end of life. Claire Gorzanski explained that for some patients who want to go home, need to apply for Continuing Health Care (CHC) and that patients die in hospital before they get home with a care package. Alistair also pointed out the reduction in patients who have an expected date of discharge within 14 hours of admission.

Jan Sanders informed the members that she sits on the End of Life Strategy Committee and that they were very aware of the CHC issues.

Alistair Lack asked what the cost of a patient going home to die was. Tania Baker responded that this was not just about cost as related to workforce constraints also. Paul Miller stated that there needs to be a focus on the quality of care for each patient and that the Trust must ensure things within our control are actioned.

Mary Clunie asked whether priority 4 was realistic. Claire Gorzanski clarified that this relates to some surgical services and not all services. Tania Baker noted that not all the deliverables would be within the year.

Pearl James referred to point 1.5 of priority 1 relating to health and well-being of staff and how this was going to be achieved. Claire Gorzanski informed the members of the new Head of Occupational Health who had a focus on this e9.46-6(.)]TJ 0 Tc 0 Tw

- The new Head of Patient Experience, Katrina Glaister is looking at refreshing a number of processes.

Lorna explained that the report format was likely to change and welcomed the Council of Governors input on what works.

Paul Miller asked if there were any key themes arising. Lorna stated that there was on-going work in relation to patient experience of discharge and that this was complex and came up in multiple feedback methods. Tania Baker asked if there was shared learning with other providers. Lorna confirmed there was and that there is a meeting every Wednesday to look at this.

Lucinda Herklots asked how involved relatives are. Lorna confirmed that discussions do take place with relatives but that this was probably too late in the pathway. Information is being reviewed and will involve patients and their families and there was a need to balance messages.

Pearl James raised a point that from the Dementia Steering Group, relatives are not sure how to manage patients on discharge and also questioned the complaint numbers in Orthopaedics. Lorna explained that orthopaedics often have higher numbers as a high volume area and this is a National trend and not local to Salisbury with complaints relating to waiting times and cancelled appointments. Orthopaedics is also a high litigation service.

## **GOVERNOR BUSINESS**

### **CG18/02/07 Constitution**

Raymond Jack highlighted that the Constitution had been totally reformatted to correct errors which required no action. There have been version control issues and therefore this version provided was the final version.

There was one matter relating to the Council's Standing Orders which required the Council's approval. This was paragraph 11.2 which stated "For the appointment of the Chairman, the Nominations Committee should consist of 2 public Governors.....and the Chief Executive Officer". NHS Improvement has

## Public Board Minutes

so difficult to follow. It was noted that there was useful attendance at the meeting.

Jan Sanders informed the members of Tommy Whitelaw visiting the Trust on 14 May 2019 to open the Garden of Reflection and encouraged Governors to attend.

**Action:** The Membership Manager to circulate details to Governors and Executives. **IC**

The Council resolved that the public should be excluded from the Council's consideration of the further agenda for this meeting on the ground that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted.

**Date of Next Meeting**

The next public meeting of the Council of Governors is 20 May 2019 at 1600hours in the Trust Boardroom.