

**Minutes of the Public Council of Governors meeting held on
28 November 2022 in the
Trust Boardroom and via Microsoft Teams**

Present:

Joanna Bennett	Public Governor (via teams)
Mark Brewin	Staff Governor
Barry Bull	Public Governor (via teams)
Mary Clunie	Public Governor (via teams)
Lucinda Herklots	Lead Governor
James House	Nominated Governor (via teams)
Peter Kosminsky	Public Governor
John Mangan	Public Governor
Angela Milne	Public Governor
Anita Nazeer	Staff Governor (via teams)
John Parker	Public Governor (via teams)
Jane Podkolinski	Volunteer Governor
Tony Pryor-Jones	Public Governor
Richard Rogers	Nominated Governor (via teams)
James Robertson	Public Governor
Andy Rhind-Tutt	Public Governor
Paul Russell	Staff Governor (via teams)
Jayne Sheppard	Staff Governor
Sarah Walker	Public Governor (via Teams)

In Attendance:

Nick Marsden
Stacey Hunter
Tania Baker
David Buckle
Isabel Cardoso
Mark Ellis

NM presented the action log and the following key points were discussed -

1.3a Front Entrance Concerns J Podkolinski

J Podkolinski presented the paper supplied by V Aldridge with regard to the front entrance issues raised by the volunteers to J Podkolinski in her role as Governor. J Podkolinski advised that she had collated and written up a report about all the issues that the Volunteers had raised and even though the report had been escalated through the Council of Governors progress had been slow. However, J Podkolinski explained

J Mangan explained that Mr Cole had taken over as Chair of the Mortality Group and had started to look at the issue and was taking a constructive approach. J Mangan thanked the Trust for finally looking at his query and going through it in the Council meeting.

S Hunter explained that there was a very structured process to look at the mortality reports, especially as the palliative care coding rates were very important. S Hunter noted that the Board has the final overview and that if they picked up any variations that this would get looked at in detail. S Hunter further noted that in the current context it was very challenging to record all the activity taking place in the Trust, but that the Trust has external

involved in these strike days but more information

reducing staff turnover; being an inclusive employer and maximising workforce availability.

Projections of the population demographics showed an aging population across the BSW and that by 2040 25-29% of Wiltshire's population would likely be aged over 65 years of age which will significantly impact demand on the Trust and its partners.

M Whitfield highlighted the current staff profiles and what the trends would be and that the Trusts workforce characteristics were broadly in line with those of the BSW. M Whitfield explained that around 20% of the workforce were from outside of Britain.

Staff sickness and retention rates in the Trust compared favourably to partner organisations across BSW, but that the Trusts vacancy rates were currently higher and so needed to maximise recruitment efforts to fill workforce gaps.

M Whitfield informed the Council that various recruitment campaigns have been held in Salisbury and that more were going to take place, but that even though they have worked well the Trust recognises that there was still more to do.

Discussion:

A Pryor-Jones noted that Salisbury had been mentioned as the local area but that it was a small area of the catchment of the Trust, and that the recruitment campaign should go further afield. M Whitfield advised that the advertisements were placed locally and should go further than that and thanked A Pryor-Jones for bringing that to her attention. S Hunter explained that when staff talked about Salisbury, they were also referring to the whole catchment area of the Trust.

J Parker commented that the Council should be aware that the Trust was now offering discounted fares for staff on the Bus services. S Hunter noted that I Robinson, Head of Facilities, had been able to secure the discounts and that they included the park and ride.

B Bull said that he was an observer on the People and Culture committee and that the staff survey had been discussed. B Bull asked M Whitfield when she expected to see the survey results and if there would be policies changes as a result. M Whitfield said that there would be a preliminary report in February which would enable the Trust to start acting on the challenged that have been raised, and that there would be things that the Trust would need to do differently.

The Council noted the presentation.

CoG
28/11/2.5

Summary of Corporate Risk Register F MrT/F1 10Q EMC 08.72 61.68 432.34 227.7

P Kosminsky asked if there could be any instance that because of the way the report is collated that something could be missed. F McNeight explained that the Board discussed all the risk types, and therefore had defined what types there might be and how the tolerances are set. The Board receive the overall picture, they get the tracker, the corporate risk register, and the full board assurance framework document. There is a separate template for everyone that tells them what the context and the risk is, what controls they have got in place and what the actions that are still required.

J Podkolinski noted that she was interested in maternity and had looked at the statistics and noted that unexpected admissions of term babies to the Neonatal unit is going up, which is concerning. J Podkolinski asked how that would be picked up as part of risk assessment in the Trust. F McNeight informed the Council that there were specialty risk registers, divisional risk registers and a corporate risk register and they all feed into each other. If a speciality risk is being managed and contained then it stays on the speciality register but if the risk becomes unmanageable or out of control then it gets escalated to the divisional register and then on to the corporate register. This means that the risk will remain on all the registers until it is cleared. J Podkolinski asked if the Council can be reassured or assured that this has been interrogated. S Hunter said that there was a very close level of scrutiny of the risks especially with maternity.

J Sheppard informed the Council that the division had to do a three to six monthly deep dive with the executive team of the risks on their registers.

The Council noted the report.

CoG
28/11/2.6

Annual Report 2021/22 K Nye

K Nye presented the paper on the Annual Report and Accounts for 2021/22 to the Council.

K Nye informed the Council that the report had been approved by the Audit Committee on the 16th June 2022, and that the report had been laid before parliament on the 28th June 2022. K Nye said that the report was published on the Trusts public website.

K Nye informed the Council that the communications team had also produced an 'Annual Review' which summarised the key points from the 2021/22 Annual Report and had been published on time for the AGM.

The Council noted the paper.

CoG
28/11/3
CoG
28/11/3.1

PERFORMANCE AND FINANCE

Integrated Performance Report (M6)

SH presented the report which summarised the trusts performance in October (month 6). S Hunter said that she would give an update on the current position of the Trust and then take question on the report.

S Hunter said that the Trust was under significant pressure but interestingly not from demand which is static. The issues are that there is no flow out of the hospital and have not seen any improvement yet as there are over 100 people a day that have not been discharged. This means that all our beds are full and

The following Governors were up for re-election:

Salisbury City – Kevin Arnold and Joanna Bennett

South Wiltshire Rural – Anthony Pryor-Jones

Nominated Governor – James House

I Cardoso noted that there were further vacancies which needed to be filled: one in South Wiltshire Rural and one in North D gfe

