

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.

I Cardoso informed the Council know that the Brochure

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

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



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

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.