CG 18/11/02 **Minutes of the Council of Governors meeting held on**

It was noted that there was a minor amendment to the attendance list.

Subject to this amendment the minutes were agreed as a correct record.

CG 18/11/03 **Action Log and Matters Arising**

CG19/11/10 - Clinical Ethics Committee: C Blanshard explained that the Trust runs an Ethics Committee in conjunction with University Hospital Southampton (UHS) as SFT has so very few cases. C Blanshard noted that the approach to the Committee had previously been as issue as it had been used as both a learning forum and a problem solving forum. It was agreed that the Trust would continue with the Committee at UHS but would call ad hoc ethics meetings at SFT if and when appropriate.

J Robertson noted that the work at Ethics Committees links with reflective thinking and asked how this was being picked up. C Blanshard noted that as part of clinician's appraisals the General Medical Council (GMC) has issued guidance on reflective practice as part of this process. Nursing staff are also required to participate in reflective learning as part of revalidation. Item closed.

CG18/02/02 - Governor Queries/ Letter heads: R Jack highlighted that there is still an ongoing problem with inconsistent letterheads, with several versions still in circulation. There have also been instances where old letter templates have been used, sending patients to the wrong area of the hospital causing them to miss their appointment or arrive late. N Marsden to pick this up with K Glaister, Head of Patient Experience, and report back at the next meeting. **ACTION: NM**

performs high in relation to access and equity.

- J Mangan queried the data quality ratings, for example pressure ulcers which are rated amber. C Blanshard noted that data quality ratings are subjective, for example pressure ulcer data is delayed as it relies on data from external providers.
- A Lack noted that he would like further detail on the 4 hour standard to include time to treatment in ED and the time the patient was waiting for a bed. C Blanshard noted that the 4 hour standard is a hospital target not an ED target and the responsibility is shared across the Trust as it is fundamentally linked with patient flow throughout the hospital. C Blanshard further noted that the 4 hour standard and other national targets are currently under review.

QUALITY and RISK

CG 18/11/05 **Patient Experience Report – Quarter 4**

C Blanshard presented the report providing a mid-year update on progc

Governance guidelines and the responsibility of Governors.

example, the rurality of the hospital and trying to attract the right workforce to the area is an ongoing challenge. Additionally, C Blanshard noted that some of the actions also require collaboration with external providers/ partners.

- A Lack asked if hot meals are available for staff working at night. C Blanshard explained that there is a vending machine and a microwave to heat the meals up which, it has been noted, provides limited choice and there are longer term plans to improve this.
- J Sanders suggested that a key improvement would be more support for nursing homes in order to keep patients from being unnecessarily admitted. C Blanshard explained that a lot of work is underway reviewing new models of care and improvements have been seen in other areas of the country where GPs are carrying out regular rounds in nursing homes for example. This look at new models of care is included as part of Primary Care Network (PCN) initiatives.
- J Mangan noted that the reasons for the change in weekend HSMR were