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| Kevin Arnold (KA) | Public Governor |
| Andy Rankin (AR) | Staff Governor (via teams) |
| Paul Bussell (PB) | Public Governor (via teams) |
| Pete Maughan (PM) | Public Governor |
| Sarah Walker (SW) | Lead Governor |
| Joanna Bennett (JB) | Nominated Governor (via teams) |
| Peter Kosminsky (PK) | Public Governor |
| John Mangan (JM) | Public Governor |
| Angela Milne | Public Governor |
| | Public Governor |
| | Volunteer Governor |
| | Public Governor |
| | Public Governor |
| | Public Governor |
| | Public Governor |
| | Staff Governor |
| | Public Governor |
| | Public Governor (via Teams) |
| | Public Governor (via Teams) |

In Attendance:

Nick Marsden (NM)
Stacey Hunter (SH)
Tania Baker (TB)
Peter Collins (PC)
Lisa Thomas

Subject to this amendment, the minutes were agreed as an accurate record of the meeting.

**CoG
25/7/1.3**

Matters Arising / Action Log

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

CoG28/2/07 Integrated Performance Report (M6)/Visiting Guidance – SH informed that there was a clear PPE policy in place for staff to follow but that it had to keep changing in response to peaks and troughs of infections. No further action required, and item closed.

CoG28/02/13 & CoG23/05/1.3 Committees/working group reports/Front entrance concerns – VA noted that the issues with signage, cleanliness, parking, and reception staff were ongoing, but that work was progressing to find solutions. LH asked if VA could return to CoG in November with a further update. **ACTION VA VA**

NM noted that action CoG23/05/4.2 was closed.

SH asked for her conversation with JM to be noted as JM had not received a satisfactory response to his palliative coding concern. PC had acknowledged that he had given JM a verbal update and JM requested a formal written response from PC. **ACTION PC**

PC

**CoG
25/7/2
CoG
25/7/2.1**

ASSURANCE

Auditors Report - Grant Thornton UK LLP

BM presented the Annual Auditors report. The following key points were noted:

- The audit of financial statements had been completed well in advance of national deadline.
- Finance had

JB noted that behind the statistics there was a patient that was desperate to go home, and ward staff would be working hard to try to discharge them, but this needed to be done safely with paperwork, prescriptions, and care packages in place.

CoG
25/7/3
CoG
25/7/3.1

PERFORMANCE AND FINANCE

Integrated Performance Report (M2)

SH noted the report which summarised the trusts performance in May. SH noted that May had been a relatively good month and that things had become more difficult in June and July, SH offered to take questions on the report and then give an update on the current position.

Discussion:

KA noted that he had recently attended a stroke strategy meeting and was concerned about the state of staff morale. It was indicated in the meeting that budget saving proposals had been made but no response received. PC noted that stroke care had changed quite significantly in the last ten years. PC also noted that small hospitals have had to change the way they provide care for stroke patients. Salisbury was a small district hospital which treated 350 stroke patients a year therefore the proposals were not financially sustainable. As part of the Acute Hospital Alliance (AHA) strategy PC noted that stroke services would be reviewed at a regional level. PC noted that there were some internal changes that could be made and the key stroke clinicians would be involved in the discussions.

PK asked if the 350 patients a year that needed stroke care were getting an adequate service from Salisbury. PC confirmed that there had been no deterioration in either the mortality rate or the rate of stroke patients discharged into their own homes and that the hospital continued to provide an excellent and safe stroke service.

SH noted that in the last six to eight weeks the number of people with COVID had risen quite sharply, frontline teams were stretched due to staff sickness and isolation. Models show that this phase should finish around end of July beginning of August, but the model also showed a difficult winter period ahead, with lots more COVID infections and a bad flu season. SH noted that this year there was no room for extra beds for the winter plan and alternatives would need to be found such as home care, working with the Council to provide domiciliary care and use of volunteers.

NM assured the governors that the organisation, the Executive Team, and the Board were looking at all options.

PeR noted that the IPR indicated that staff vacancies had risen and was concerned that this would affect clinical care he asked if this could be an agenda item at the next meeting. SH agreed that a report on vacancies and the Trust's plans to deal with the problem would be presented at the November meeting. **ACTION: MW**

25/7/4.1

VA presented the report which summarised the complaints, concerns and Friends and Family Feedback from quarter four. The following key points were noted:

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

25/7/5.2b

The report was noted.

CoG **Food and Nutrition Steering Group**

25/7/5.2c

The report was noted.

CoG **Hospital Food Forum**

25/7/5.2d

The report was noted.

CoG **CLOSING BUSINESS**

25/7/6

CoG **Any Other Business**

25/7/6.2

There was no other business.

CoG AGM: 9th September 2022

25/7/6.3 Date of Next Public Meeting: 28 November 2022

CoG **RESOLUTION**

25/7/7

CoG Resolution to exclude Representatives of the Media and Members of the Public
25/7/7.1 from the Remainder of the Meeting (due to the confidential nature of the business
to be transacted)