

R Holmes informed the Council that the external audit was underway and that the committee were working extremely well with the auditors. The internal auditors had already completed their first actions /reports and the committee was reassured by all the reports provided.

No questions were raised.

Trust Management Committee – L Thomas

No questions were raised.

People and Culture – M von Bertele ; E Jones

E Jones reported that a huge amount of work has happened and is being undertaken in terms of improving the workforce position. E Jones said that in the February/March updates show that all four-workforce metrics on the IPR are going in the right direction. The turnover was under 14% for the first time and agency spend had been reduced, and increased recruitment which has resulted in a very low number of vacancies.

The Council welcomed the trend and thanked E Jones for her report.

No questions were raised.

All the reports were noted and there were no further questions from the Governors.

CoG
04/03/2.3

Quality Accounts –

B Browne informed the Council that for Patient Experience the Trust aimed to respond to 90% of complaints within the agreed timescales, and to achieve a minimum response rate of 15% using the 'Friends and Family' test. B Browne said that the aim was to provide an accessible, supportive, and robust complaints process, that committed to putting the complainant at its heart.

The clear focus was on improving response timescales, aimed at identifying and capitalising on opportunities for an early resolution. This meant working more closely with and supporting investigating managers, tailoring individual management of complaints. Continued development of the profile of the Patient Advice and Liaison Service (PALs), which should include improvements to content and accessibility for complaints and communications training for staff.

The Council raised a few queries on how the Trust would be publishing the data. B Browne responded that the Trust had changed the way reports were shared but that there was still scope for improvement. P Collins said that the Trust recognised that there was a gap that needed to be closed in that governance loop and that the Governance Half days were being brought in again as a way of sharing the information but an element of sharing within and across divisions would be another way of disseminating the learned information. The Trust will also have to consider how it uses its visual management and communications systems. The electronic notice boards that have started appearing across the Trust will be used to pass on the information.

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Population – Wait times

Time to first OPA of all
pathways on the waiting lists

Monthly from Lorenzo

- x Demographic spread was largely similar to 2021 with a fairly equal split of male and female responses (less than 0.5% of participants said their gender was different from the sex they were registered with at birth.)
- x Two thirds of respondents were aged 66 or over and 97% were from a white background. 81% declared to have a physical or mental health condition, disability or illnesses that has lasted or is expected to last 12 months or more.

J Dyos stated that the:

- x Overall experience rating was 79.5%, a slight decrease when compared with SFT's 2021 results of 79.6%.
- x Three areas of questioning had improved significantly (by 5% of more) and these were related to assistance with feeding and access to meals outside of meal-time, as well as prevention from sleeping due to lighting.
- x Two areas scored worse by 5%, these related to explanations when changing wards and home situations not being taken into account when planning discharge from hospital.

J Dyos informed the Council that in 2021 the four key areas for improvement were

The Council noted the report.

CoG
04/03/3
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PERFORMANCE AND FINANCE

Integrated Performance Report

I Green noted that the Council had been provided with the IPR report and invited L Thomas to comment on the IPR report.

L Thomas presented the IPR report to the Council and informed the Council of the following:

- x Wait to First OP Appointment reduction from 136 to 132 days and a focus to drive down further to target this year.
- x Bed Occupancy increased from 97% to 104% due largely to first OPhes and Tw 1.17.6 (r)-5.6.6 (.6

P Collins said that the report provided the CMO with an overview of the areas providing good quality of care and those that needed improvement. It also indicated that there were areas that needed to improve their coding and correctly document information.

P Collins informed the Council that any improvements that were made would only be visible 12 months down the line.

x Dementia Care Group

The reports were all noted.

CoG
04/03/6