NHS Salisbury NHS Foundation Trust

Minutes of the Council of Governors meeting held on 26 July 2021 in Microsoft Teams

Present:

Kevin Arnold	Public Governor
Joanna Bennett	Public Governor
Mark Brewin	Staff Governor
Barry Bull	Public Governor
Mary Clunie	Public Governor
Steve Donald	Nominated Governor
Lucinda Herklots	Public Governor
James House	Nominated Governor
John Parker	Public Governor
Edward Rendell	Nominated Governor
James Robertson	Public Governor
Paul Russell	Staff Governor
John Mangan	Public Governor
Tony Pryor-Jones	Public Governor
Jayne Sheppard	Staff Governor
Sarah Walker	Nominated Governor
Christine Wynne	Public Governor

In Attendance:

Nick Marsden	Chairman
Stacey Hunter	Chief Executive
Isabel Cardoso	Membership Manager (minutes)
Judy Dyos	Chief Nursing Officer
Eiri Jones	Non-Executive Director
Paul Kemp	Non-Executive Director
Paul Miller	Non-Executive Director
Barrie Morris	Grant Thornton UK LLP

Apologies:

Peter Kosminsky	Public Governor

		ACTION
	OPENING BUSINESS	
CG 26/07/01	**Welcome and apologies** Apologies were noted as above.	
CG 26/07/02	**Minutes of the Council of Governors meeting held on 24th May 2021** The minutes were agreed as a correct record.	
CG 26/07/03	**Action Log and Matters Arising** **CG 16/11/12 – Governor Communication with members** I Cardoso let the Council know that all the changes to the Brochure had been done, but due to Covid policies the brochures could not be delivered to the Trust as yet. N Marsden noted that all other actions were complete and had been closed.	

	PERFORMANCE and FINANCE	
CG 26/07/04	**Integrated Performance Report** **COVID Update** S Hunter provided the Council with a brief COVID update. S Hunter informed the Council that Wiltshire had seen a rise in cases and that the Trust had 10 inpatients a steady increase over the last three weeks. S Hunter informed the Council that the vaccination programme was working, and that everyone was being encouraged to have the vaccine. **Discussion:** Governors asked about the profile of these 10 people – their age and vaccine status. Further queries were made as to where the patients were located; ITU or Covid beds. Governors also inquired as to the current rate of staff absence, and if any of the Covid cases were hospital acquired. S Hunter said that there were still a lot of people who had not been double vaccinated, and that the 10 people in the hospital were from a broad spectrum of age and were not as clinically affected as before. S Hunter said that none of the vaccines were a hundred percent effective, but that people were not as unwell and that their length of stay in hospital was shorter. S Hunter also said that this increase in Covid patients had not stopped the Trust from doing elective work. S Hunter informed the Council that only three people in total have needed ITU, the majority are in a Covid ward bed. Regarding staffing numbers there are about 100 staff members unavailable. These are staff members who have caught Covid, been in contact with or were isolating after being notified to do so by the Government app. S Hunter informed the Council that there was a risk assessment process in place.	
	S Hunter also said that a significant number of staff shortages were due to annual leave and not only due to Covid. J Dyos said that so far there had only been one hospital acquired Covid case but that in the majority it was difficult to be sure where patients have acquired it, but that reviews are being done of all patients with Covid. **Integrated Performance Report (IPR)** S Hunter proceeded to present the IPR report to the Council of Governors. S Hunter advised the Council that: • Emergency Department attendance numbers continue to increase, with December 2019 the highest level seen in M2. There were significant challenges in filling rota gaps which further added pressure to the service with performance against the four-hour standard decreasing slightly. Ambulance arrivals remained high, with handover delays occurring for almost 1 in 4 ambulance arrivals, and bed occupancy levels sustained at over 90%. • Stroke and TIA performance remained challenging, with flow issues a factor in the number of patients reaching the Stroke unit within 4 hours. TIA performance had been reduced from 92% in M1 to 60% in M2, but with the loss of a Stroke locum this compounded the issues. A review at departmental/divisional level has been requested by CMO with the expectation of a recovery action plan to return to SSNAP A or B performance. S Hunter informed the Council that there had been an increase in elective activity which remained a priority. Encouragingly a reduction in the number of patients waiting over 52 weeks was achieved for the second month running. S Hunter also said that	

Referral to Treatment performance had increased from 65.5% in M1 to 71.6% in M2.

The Council was informed that The Elective Recovery Fund (ERF) threshold had been met; although at POD level of elective activity remain under plan despite the progress made. S Hunter said that the over performance in day cases, Outpatient Attendances and Outpatient Procedures have mitigated the shortfall to ensure overall achievement of the threshold. Early calculations imply SFT will have contributed c£0.9m to the system total of c£8.6m YTD. The activity threshold level for ERF was 75% in M2, this rises again to 80% in M3.

S Hunter informed the Council that:

- The Trust continued to operate within its allocated H1 2021/22 contractual envelopes up to the end of May 2021, with a YTD reported surplus of £145k (excluding the impact of donated assets).
- Recovery of the six-week Diagnostic standard remained positive with 95.02% of patients requiring a diagnostic test receiving it within six weeks. The main area yet to recover was Cardiology with a recovery trajectory in place. Increasing referral levels for all modalities present a risk to recovery.
- The Mortality indices have begun to normalise following the peak of deaths seen in January attributed to the second wave of the COVID-19 pandemic. SHMI (which excludes Covid-19 deaths but includes all palliative care coded deaths) remains just below the national medical in the last reported period.
- An increase in high harm falls has been noted in May from 1 in April to 7 in May. 3 majors requiring surgery and 4 moderates. S Hunter let the Council know that 'The Falls Lead' post, which will sit within Medicine Division, was out to advert and there was a matron focus on falls reduction. A cluster review has been requested by the CNO to identify more detail on themes.
- A dashboard for Maternity and detail on the Saving Babies Lives Care Bundle version 2 is included in the report for the first time. In May there were 0 stillbirths, maternal deaths or neonatal deaths within 28 days of birth.
- Further development of this report is planned, with a working group identified to review the current content and ensure the report is providing oversight on the right elements. A development schedule will be identified, and updates provided each month on progress

Discussion:

C Wynne inquired about the situation with outpatient appointments; what was the volume of activity and if there where any delays in people getting normal appointments.

S Hunter said that the Trust still has longer waiting times for first outpatient appointments, than the Trust had pre pandemic, but that across all of the hospitals specialities the Trust's outpatient appointments were 100% back to the pre-pandemic levels. The Trust is doing really well at catching up on long waiting lists. S Hunter said that it would take the Trust sometime to get all the specialties waiting list back down to what they were pre pandemic. Outpatients will recover quicker than inpatient interventions.

M Clunie inquired about the elective recovery fund and whether the data for month three was available and if any assurance could be given about not overachieving in outpatient and everything else to support actual elective surgery. M Clunie also wanted to know more about elective surgery and theatre performance, especially the late starts in Theatres, and that all mitigating actions were in place.

S Hunter said that from April to June the Trust delivered the activity required to earn the elective recovery fund, which is measure at aggregate level, so do not necessarily have to be at the same level throughout all the specialities. Due to staffing gaps in Theatres the Trust is under achieving on inpatients. The Trust insourced staff back

	end of June into July which has helped to increase inpatient sessions. S Hunter informed the Council that the Trust was in the process of doing a significant piece of work on recruitment and retention of permanent theatre staff. In terms of theatre efficiency, the Trust has an improvement program that it is running, although there is always more that the Trust could do. The late starts to theatre sessions are also being impacted by patient who have become Covid positive or been told to isolate. J Robertson inquired about weekend coverage by junior doctors and weekend mortalities vs week mortalities. S Hunter said that she would get P Collins, Chief Medical Officer to get some information regarding junior doctor staffing at weekends and the mortality rates. **Action: SH/PC** S Hunter informed that medical staffing was a challenge and that the Trust had significant gaps in medicine, particularly in the middle grade and junior doctors. The Trust had a discussion with the local Health Education England (HEE) provider who recognises that Salisbury is under doctored and are trying to do what they can to increase the number of trainees that are coming through that will help the weekend position, although this will not rectify all the existing gaps. S Hunter also informed the Council that Stuart Henderson, Clinical Director in Medicine, is leading on a piece of work around utilising different roles to assist with workforce challenges , whether that's Advanced Practitioners from different professional groups or other ways to try and give additional capacity and support to the doctors at the weekend. E Rendell inquired about appraisals and them being naturally stepped down with a reduction in non-medical appraisals and was interested to know when these would be stepped up again as it can be used to check on staff wellbeing. Could it be possible to hear more about how it is going at the next meeting please. J Dyos said that she would like to first comment to the Council on the mortality rate and when the highest period was. J Dyos informed the Governors that the highest mortality was on a Tuesday. J Dyos informed the Council that the Trust had been working with teams to get on top of their appraisals and make sure that they have undertaken them. J Dyos noted that the Trust was going to be changing appraisal systems so there might be a bit of disruption before performance gets better. J House noted that in Hampshire most of their problems and increase in demand came from paediatrics and wanted to know if the Trust had the same issues and if it also put the services under more pressure. S Hunter confirmed that the paediatric department was under pressure because of the increase in activity but that the Trust was managing it reasonably well at the moment. J Dyos informed the Council that the Trust has been working across a number of different systems, with critical care operating network and with BSW to match what the Trust is doing on workforce planning, educational training and upskilling of nurses as well as looking at how all the organisations can do mutual aid. The Trust is also in the process of upskilling adult nurses so that they can potentially support and provide additional surge capacity care. J Mangan commented on the mortality indices report provided within the IP report. J Mangan said that there was more in what the report did not say than what it reported. The report says that whilst the HSMR has been rising there are indicators that it will come down and that the SHMI is a better indicator of the mortality rates. J Mangan said that he fundamentally disagreed with that for two reasons. Firstly the palliative care coding issue which J Mangan has been asking for, for the last four and half years. J Mangan said that he did not think that a policy existed as he has never been shown it and that worried him as well as the unwillingness to create one. J Mangan	**SH/PC**

	stated that what the HSMR report should say but does not is that 50% of deaths in hospital are excluded from the report because they have a specialist palliative care code applied to them and that there was no differentiation made between a patient who is specialist palliative care and someone who comes in and is seen to be dying and receives an end of life care package, but wrongly coded which removes their death from the statistics. S Hunter said that P Collins is in the process of responding to J Mangan's query regarding palliative care coding. However, it is viewed from a medical perspective in the NHS that the SHMI report is more reliable than the HSMR. In terms of all of the detail of all of those other things P Collins has been doing some work on it. The Governors noted the paper.	
CG 26/07/05	**CQC letter** S Hunter informed the Council that the CQC report was published back earlier in July following the CQC visit in the spring, and some of the issues that the report pulls out in maternity were things that the Trust were already aware of. The Trust Board had previously taken steps to try and get underneath some of the areas of concern in maternity that related to culture and leadership as apposed to clinical practices, and had a very broad ranging review to both areas, this was externally undertaken so as to get some assurance back, which was done at the back end of last calendar year. There were various actions that needed to be taken and responded to. Since then the Trust has been working on delivering some of the improvements that the Trust knew needed to happen. S Hunter assured the Council that all the points that the CQC report raised in regard to maternity were already known to the Trust because of the action that the Trust Board had already taken. S Hunter said that in terms of Spinal it was disappointing that the CQC had not improved their rating, although they acknowledged that a lot of improvements in local leadership had been done. S Hunter said that a lot of what the CQC reflected was the consequence of the pandemic and all services were disrupted. The Trust feels that there is now good leadership in Spinal and will be able to effectively respond to the CQC. J Dyos informed the Council that the CQC inspection was undertaken at the back end of March and it has taken a significant amount of time for the CQC to get back to the Trust. Some of the feedback was around some of the challenges they had coming to a conclusion about some of the representation that the Trust had made to the CQC. J Dyos said that in Spinal there were six must do actions that had to be undertaken by the 2nd August. J Dyos said that for Maternity the Trust had already been focused on it for over a year to make sure that the Trust gets the service to where it should be. J Dyos also said that nationally Maternity is an area of great focus and a number of maternity units have gone from outstanding to inadequate. The Trust has overall been marked as requiring improvement because of a very flat leadership structure which the Trust has agreed to invest £500 000 to improve. There are five must do actions and a few other actions that the Trust need to do as have been issued a warning notice. On a positive note the Clinical Director for Midwifery is going to continue in the role, the Trust has also appointed 10 new midwives and a new Director of Midwifery. **Discussion:** J Bennett said that there seemed to be a lack of a dedicated psychologist for the Spinal Unit, and that seemed to be an ongoing issue so wondered where the Trust was with that. J Dyos explained that the Trust did have a dedicated psychologist but that they were off long term, but provision had been put in place to cover this person.	

	J Bennett wanted to know if the birth rate + tool was being used as recommended and why had it not been brought in before. J Dyos said there had been a birth rate + undertaken in 2019 and brought to Board in March 2020. There should have been a further staffing report but Covid caused a delay due to redeployment. The birth rate + has been repeated and will be coming to Board the week after next. M Brewin said that he was very pleased to see the Trust latest initiative for staff retention and on a related note the CQC report reference the problem with leadership, which the Trust is addressing but issues of culture were also raised. M Brewin asked about the continuing work being done to improve the culture? S Hunter said that the Trust had done a piece of work called 'Best place to work' before the pandemic which was a diagnostic which involved a great number of staff and was led by the OD team. The Trust gained a lot of data about what colleagues think about working in the organisation. So are currently working with OD as to what the best response to 'Best place to work' will be. OD is doing some working to cocreate that with colleagues from various cross sectional groups, so as to understand what it is that the Trust needs to do to get consistency in the culture.	
	QUALITY and RISK	
CG 26/07/06	**Patient Experience Report – Quarter 4** J Dyos presented the Patient and Public Experience report and informed the Council that the report provided a summary of the activity for Q4 2020/21 in relation to complaints and the opportunities for learning and service change. Some key changes are highlighted below: • During the third lock down, under the Complaint Regulations we could extend the response time frame (for 6 months or more) as long as we explained this to complainants. At this stage we advised complainants that the strain on services due to the COVID-19 pandemic could cause a delay in their response. We were advised at middle of March 2021 that this should cease and the response letters to complainants have been altered in response. All teams are now expected to meet the agreed timeframe. • Whilst only 50% of green complaints (non-complex issues where a response is due witin 25 working days) met their target response time, all amber cases (complex issues where a response is due in 40 days) met the target response time. • New National Complaint Standards have been published by the Ombudsman and will be rolled out across the NHS in 2022. We have applied to be a pilot site. The Standards aim to support organisations in providing a quicker, simpler and more streamlined complaint handling service, with a strong focus on early resolution by empowered and well-trained staff. They also place a strong emphasis on senior leaders regularly reviewing what learning can be taken from complaints, and how this learning should be used to improve services. • Although not appearing as a strong theme within complaints, PALS have seen a significant increase in patients/families logging their lost property with them. PALS take a proactive approach with lost and found property and have managed to reunite a wheelchair, hand bag and makeup bag with their rightful owners. PALS plan to visit all wards/departments over Q1 2021/22 and remove all lost property, log it and endeavour to return it to the rightful owner. • Attitude of Staff is a recurring theme but does not appear to be a trust wide issue and is related to specific staff in specific areas over specific time frames. A chart showing the trend of complaints/concerns surrounding staff attitude is	

	presented in the appendices. • The new contract for translation services is hoped to go live in Q1 2021/22 • In Q4 a total of 534 patients provided feedback through the Friends and Family Test (FFT). The numbers are increasing though as we are encouraging areas to start displaying the FFT feedback forms again. A total of 2,627 provided their feedback in 2020/21. The new FFT questions went live in Q1 2020/21 (a) what was good about your experience (b) how can we improve our service. Whilst the former continues to provide overwhelmingly positive comments the latter is providing some ideas for improvement. Wards, the Emergency Department and Maternity, have action plans in place to address the areas of concern in their location. J Dyos also presented the Patient and Public Experience and Involvement progress on our priorities – end of year report. **Discussion:** No questions were raised The Council noted both reports.	
	ASSURANCE	
CG 26/07/07	**Auditors Report – Grant Thornton UK LLP – Barrie Morris** The Governors were given a briefing report from the Auditors. B Morris informed the Council that the Trust had an underlying financial deficit and has only achieved a surplus or break even position due to additional support received including in the current year. This situation resulted in NHS Improvement issuing enforcement actions in January 2018. Although the Trust has improved financial management in recent years, the underlying financial position remains in a deficit position. The Trust has considered that its financial position stems from structural issues relating to its size and rurality and that solutions at the System level will be required to enable it to achieve financial stability in the medium term. The accelerated move towards System working, in part due to the pandemic, will allow the Trust to work together with its partners in the ICS to achieve the economies of scale to begin to move towards a sustainable financial future. The 'Drivers of the Deficit' report commissioned jointly by ICS partners suggests that although strategic and cost shift issues are for the most part responsible for the Trust's financial position, 38% of the deficit is as a result of operational and strategic issues that are within the Trust's control. Although there is likely to be changes in financing at a national level as a result of the pandemic and move to closer System work, the Trust will need to fully explore the findings of the report and produce actions to addresses the cost drivers within its control. Further action is now required, at pace, to develop realistic and achievable plans which reflect the new ways of working, and additional pressures, brought about by the Covid-19 pandemic. P Kemp said that he had nothing to add to the finding of the Auditors report other than the Audit Committee had been over the report thoroughly, and that it was a very good report for which the execs are to be congratulated. J Parker highlighted to the Council the one recommendation by the Auditors on financial sustainability but that the very last paragraph in the report on page 8 where the underlying conditions that result the Trust in being unable to operate in a financial sustainable way remain. J Parker asked what those conditions are.	

	B Morris said that it was a complex situation and from the Auditors perspective the Trust is a relatively small organisation in a rural location which bring up particular challenges around staffing recruitment and retention. The financial regime within the ICS is struggling and therefore the Trust is not receiving the funding for the activity that the Trust requires. P Miller emphasised that the S Hunter and L Thomas have been working with system colleagues on the size of the deficit root cause financial analysis. The Council noted the report	
	GOVERNOR BUSINESS	
CG 26/07/08	**Future remote meetings** N Marsden informed the Council that the Trust was going to migrate from only holding MS Teams to starting to hold face-to-face meetings. Due to the NHS still being bound to social distancing rules and the Trust not having a sufficiently large enough venue to accommodate a full Board meeting, the Trust will be trailing Board meetings at Salisbury Rugby Club, which might have to be hybrid. Therefore, unless otherwise stated the next Council of Governors meeting in November will be held face-to-face. Governors are also encouraged to start holding their committee meetings at the Trust within social distancing regulations.	
CG 24/05/09	**Governor Elections – 2021** I Cardoso provided the Council with a verbal summary of the status of the current Governor elections and said that the Council had been emailed the results of the elections. I Cardoso said that the election process for the majority of the constituencies had been completed on the 17th May 2021. I Cardoso informed the Governors that there were a few constituencies that had been unable to recruit a Governor and that a bi-election was going to be needed. I Cardoso said that the bi-elections would start in July so as to have the new Governors in post by September 2021.	
CG 26/07/10	**Any other business** N Marsden thanked the Governors their contribution to the Council and to the Trust.	
CG 24/05/13	**Date of Council of Governor Meeting** N Marsden informed the Council that there was a list of all meeting Council of Governor meetings for 2021 attached to meeting papers. The next public meeting of the Council of Governors is 29 November 2021 at 4pm.	