

**Minutes of the Council of Governors meeting held on
18 May 2020 in Microsoft Teams**

Present:

Mary Clunie	Public Governor
Jonathan Cullis	Staff Governor
William Holmes	Public Governor
Chris Horwood	Nominated Governor
Pearl James	Staff Governor
Lucinda Herklots	Public Governor
Raymond Jack	Public Governor
Alastair Lack	Public Governor
Jenny Lisle	Public Governor
John Mangan	Lead Governor
John Parker	Public Governor
Jan Sanders	Public Governor
Nicholas Sherman	Public Governor
Jayne Sheppard	Staff Governor
Christine Wynne	Public Governor

In Attendance:

Nick Marsden	Chairman
Cara Charles-Barks	Chief Executive
Isabel Cardoso	Membership Manager
Kylie Nye	Corporate Governance Manager
Lorna Wilkinson	Director of Nursing

Apologies:

Rachel King	Nominated Governor
Lee Phillips	Staff Governor
James Robertson	Public Governor

ACTION

OPENING BUSINESS

CG 18/05/01 Welcome and apologies

Apologies were noted as above.

CG 18/05/02 Minutes of the Council of Governors meeting held on 17 February 2020

The minutes were agreed as a correct record.

A Lack noted that the minutes were a great improvement to what the Council has had in the past and compliments to whomever took them.

CG 18/05/03 Action Log and Matters Arising

N Marsden informed the Council that due to the change in the hospital's status because of the COVID-19 pandemic and having to reconfigure the hospital that there would be actions that have not been completed. N Marsden noted that these actions are being picked up that the Trust will continue to focus upon them.

CG18/02/02 - Governor Queries/ Letter heads:

N Marsden informed the Council A Lack had been working on this issue and noted that patient correspondence improvements had not been progressed due to the COVID-19 situation. N Marsden said that he believed that it was still moving in the right direction. A Lack noted that it was going to take time and negotiation, especially as some of the letters that are being sent out are from the CCG (Clinical Commissioning Group). A Lack stated that the problems of reconfiguring Lorenzo are substantial and that there are also problems with the NHS guidance on letter heads which does not allow you to place the name of the hospital that the patient needs to attend but has to reflect the Foundation Trust. A Lack noted that he had spoken with David Buckle (NED) who is interested in taking this forward. N Marsden informed the Council that due to changes in how the Trust is currently worked a better way of communicating with patients is a priority and that the Trust would continue to look at this. To be reviewed at the next CoG meeting. **ACTION:**

NM

CG 17/02/04 – Integrated Performance Report

N Sherman to meet with Lisa Thomas, Director of Finance. I Cardoso still awaiting availability dates and times from N Sherman. **ACTION: NS/IC**

NS/IC

CG 17/02/04 – Out of Hours – IPR

I Cardoso informed the Council that C Blanshard would be attending the next Council of Governors meeting on 20 July 2020 to present on the Out of hours and also proved the action plan to the Council.

CG 17/02/13 – Any other business

Smoking at the Front Entrance – C Charles-Barks informed the Council that this point had been passed on to Lynn Lane, Interim Director of OD and People, but because of COVID-19 it had not been actioned. P James informed the Council that she would be very happy to meet with L Lane regarding this at an appropriate time. **ACTION: LL/PJ**

PJ

CG 17/02/13 – Any other business

Plastic Cups – P James informed the Council that she had chased Esther Provins, Director of Transformation, regarding the plastic cups E Provins is picking this with Ian Robinson, Head of Facilities, and will get back to P James within two weeks. P James said that she would keep following up on this. J Parker said that he had not had a Sustainability and Development group meeting, but that he would liaise with P James. **ACTION : PJ/JP**

PJ/JP

N Marsden noted that all other actions were complete and had been closed.

PERFORMANCE and FINANCE

CG 18/05/04 Integrated Performance Report

C Charles-Barks presented the report which highlights the key themes and issues across the organisation.. CCB highlighted the following key points.

- What is expected for the Trust to do operationally has fundamentally changed over the last eight weeks and that the Trust is seeing less emergency presentations. The Trust has had to focus on COVID presentations and realigning the hospital to manage the anticipated surge. The Trust has been fortunate to have had very few cases compared to the national picture but that it has given the Trust time to review working practices
- All elective activity has been put on hold, with theatre and recovery areas being repurposed as critical care areas to cope with the surge in ICU demand.
- Although the pandemic poses significant challenges to the organisation,

there have been some improvements in performance. A multi organisational working to remove discharge barriers has seen a rapid decrease in the number of DToC (Delayed Transfer of Care) patients. It is expected that the number of beds lost to MFFD (Medically Fit for Discharge) patients would be significantly lower in April.

- The Trust has seen a reduction in ED attendances (4280 compared to 5514 in February), bed occupancy and subsequently escalation bed days. Performance against the emergency access (4 hour) standard has continued to improve (89.8%) with a reduction in winter pressures. Whilst this has relieved some pressure on the wards there is concern that some patients may not be attending the hospital with genuine non-COVID-19 health concerns.
- Cancer two week wait performance was achieved in March (94.5%) and finishes Q4 at 93.64%. Although there was an improvement of the 62 day standard in March (87.8%) the Q4 target was not reached with a validated position of 80.87%. Cancer services are continuing in many tumour sites, but ceasing of all non-emergency Endoscopy procedures due to COVID-19 will mean that patients requiring diagnostics will be delayed in their pathways and this will impact upon future performance. As a result diagnostic performance has fallen below the standard of (97.3%) and is expected to fall further until restrictions are lessened.
- Stroke performance, despite concerns, has improved. This is partially due to the fall in the number of patient presenting with stroke-related conditions.
- The Trust finished the year above trajectories (exceeding the target number of cases) for Infection Control. However the Trust continues to perform significantly better than the South West region and England rates for C.Difficile and MRSA.
- The final financial position of the Trust (against the NHSI Control Total) for March was a year to date deficit of £14,723k, in line with what was forecast in January 2020. As a result the Trust has not been able to recognise the remaining £4,228k financial component of PSF and FRF. The Trust has incurred additional pay expenditure of £712k in relation to Covid-19.

Discussion:

- J Mangan asked where the Trust was with the operational plan and queried if there was going to be a control total and the scenario for the coming year J Mangan noted that in the delayed transfers of care section of the report there are references to staff shortages and therefore asked what are the remaining areas where there are critical staff shortages services open and what are the interim solutions to maintaining a gastroenterology service.

C Charles-Barks replied that the Trust is expecting a phase three recovery letter from NHS England, NHS I which will be around how the Trust is aiming to deliver services and the core requirements that will need to be met between now and the end of the financial year. C Charles-Barks said that she expects to see more short term planning at local level, at STP level and wider due to the change in the landscape due to COVID and that it would be difficult to commit to an overall plan because of the changing landscape.

C Charles-Barks said that in regards to delayed transfers of care and critical staffing, the community have had critical staffing gaps, but that they have stepped up and worked differently and been able to respond in a better way. C Charles-Barks informed the Council that the Trust had relatively low bed occupancy and they were flexing accordingly.

In regards to Endoscopy and diagnostics, C Charles-Barks said that the Trust was moving forward with the combined gastro unit with the surgical department Referrals have dropped in gastroenterology largely because primary care referrals have lessened during the pandemic.

- A Lack referred to recent national news and asked if it was true that historic Trust debts are being written off, and how much money did the Trust receive or are expecting to receive, and what difference will that make to the Trusts operations.

C Charles-Barks confirmed it was true but that the Trust hadn't received anything and don't know what that will look like going forward. The Trust does not know what the income is going to look like. C Charles-Barks explained that over the next 12 months the Trust the NHS will be reviewing how it delivers services and budgets might look considerably different. The NHS may move away from single organisational budgets to having collective shared budgets with other organisations so as to deliver services.

N Marsden agreed with C Charles-Barks in that it will be at least 12 months before NHS Trusts have a clearer direction. N Marsden noted that the Trust would be paid for the services provided but with caveats.

QUALITY and RISK

CG 18/05/05 Patient Experience Report – Quarter 2

L Wilkinson presented the report providing the activity for Q3 2019/20 in relation to patient experience, complaints, public engagement, and the opportunities for learning and service change. The following key points were highlighted:

- In view of the new variable response times, this report now focuses on complaints closed within the quarter.
- Complaints continue to show a slight downward trend.
- 100% of complaints were acknowledged within three working days.
- Q3 has seen an increase in compliance to responses being sent to the complainants who agreed to the extended time frame of 40 days (compliance + 87%). However the compliance for complaint responses being sent out within 25 days is only 27%.
- Actions for previous quarters are displayed. All actions for Q1 have been closed.
- Details for engagement initiatives are detailed and show progress against the three key engagement priorities of 'working together', 'communication' and 'outstanding care'.
- Lost property has been a theme recently and whilst lost property is now managed by PALs the process had not formally been defined. A new policy that more clearly outlines the role and responsibilities for found items and reclaimed property has been approved in Q3 and will be ratified in Q4.

N Marsden informed the Council that this meeting was Lorna Wilkinson's last Council of Governors meeting as Lorna is joining Frimley Park NHS Foundation Trust in the middle of June. N Marsden thanked Lorna on behalf of the Council of Governors, himself and the organisation for being a key contributor to the Council of Governors meetings. N Marsden wished Lorna all the very best in her new role.

ASSURANCE

CG 18/05/06 Draft Quality Account – Governor Comments

J Mangan said that the Council had discussed this in the pre-meeting, and that all the Governor comments were reflected in the document.

N Marsden asked the Council to confirm if they were happy that their comment was reflected.

- M Clunie asked about priority 2 which relates to patient sepsis screening and wanted to know the background as to why it appears that the Trust has done well in the initial diagnosis but that the first treatment of a diagnosed sepsis appears to have fallen from 67% to 55% with the target of 100%. There seems to be an inexplicable delay once a patient is diagnosed to when they received their first antibiotic. According to the Quality Account this appears to have deteriorated further. M Clunie asked why the percentage had fallen so much.

C Charles-Barks suggested that this question be put to C Blanshard when she presented to the Council at the next meeting in July.

- P James referred to the early discharge before 12pm, and that it was 16% against a target of 33% and queried the obstacles causing this?

C Charles-Barks replied that this is multifactorial as it depends on discharge letters, drugs being available and community. The Trust is working on how to work differently with all involved to better and have people discharged before 12pm.

- M Clunie referred to the Hospital out of hours report, and in particular the gaps in the junior doctor's rotas. A report had gone to the Clinical Risk committee and M Clunie wondered if the Governors could be updated with the key points? M Clunie also referred to the risk register that a risk had been raised in relation to the gaps in the medical rota. M Clunie asked if the gaps in the medical rota would inevitably in the out of hours rota, and wanted to know how all of that was working out.

C Charles-Barks asked if it was alright to bring back an update on the issue to the Governors as an out of meeting action. **ACTION: CCB**

CCB

C Charles-Barks also suggested that it would be helpful for future Council of Governor meetings that if Governors have specific questions to email them to I Cardoso three days prior to the meeting so that C Charles-Barks may collate the relevant specific information as she would not have all detailed information at the very moment of the meeting. Governors to email specific questions to I Cardoso three days before the Council of Governors meeting. IC to send reminder email. **ACTION: IC/Govs**

IC/Govs

CG 18/05/07 COVID-19 Update

C Charles-Barks noted that there was nothing further to add to the information that she had given to the Council at the previous informal meeting. C Charles-Barks updated the Council to the current numbers. The Trust has currently has 244 patients in the hospital at the moment, 197 negative, 8 positive, and 39 patients waiting for results. Test results are taking between 12 and 24 hours to get back to the Trust. The Trust has had no more deaths in the last 24 hours, but have had 51 deaths overall. The Trust has discharged 58 people and the last positive result was today. The Trust is watching for potential hot spots over the next couple of weeks, especially as lockdown starts to lift. .

J Mangan wanted to congratulate the people who were involved in the modelling as it has been very accurate. J Mangan queried if the wording in the daily sitrep should change as it did infer that everyone waiting for a test result was symptomatic. C Charles-Barks explained that all attendees are now tested which has changed since the start of the pandemic. The Trust has different processes for different pathways.

C Wynne asked that with lockdown measures being alleviated, and the possibility of a potential spike in 14 to 21 days, does the Trust have contingency plans in place to rapidly respond if it happens. C Charles-Barks responded that yes it was part of the modelling and preparation that the Trust has in place did the first time round, and that it was part of the scale up from green to amber to red which are in place.

CG 18/05/08 Self-Certification

K Nye asked the Council of Governors to consider the evidence aligned to each element of the provider licence conditions, which an NHS Foundation Trust is required to self-certify against:

- Effective systems to ensure compliance with the conditions on the NHS Provider Licence, NHS legislation and the duty to have regard to the NHS Constitution (Condition G6)
- Complied with governance arrangements (Condition FT4)
- The required resources available if providing commissioner requested services (CRS) (Condition CoS7)
- Have provided Governors with the necessary training

K Nye asked the Council of Governors to approve the Trusts provider licence self-certifications.

The Council approved the Trusts self-certification.

CG 18/05/09 Summary of Risk Register

K Nye presented the paper provided to the Council of Governors briefing them on the summary of the Corporate risks as noted on April 2020 Corporate Risk Register. K Nye informed the Council the paper provided an oversight of all the risks on the corporate risk register with a score profile over a 12 month period.

Discussion:

- J Mangan raised a query in reference to risk number 5729, which mentions a delay in potentially detecting life threatening melanomas due to limited resource capacity. This is of concern as patients are not on the right pathway and therefore are not being seen by dermatologists.

C Charles-Barks replied that dermatology is a complicated services and that there are 'hotspots' and that both Swindon and Bath have closed to new referrals and that SDH was the only Trust currently accepting new referrals. C Charles-Barks said that it was something that the Trust is looking at along with Swindon and Bath and the community to deliver a more comprehensive dermatology referral service. With an increase use of digital services this opens up a mechanism whereby the Trust could offer a different level of service. A lot of dermatology appointments can be done virtually and face to face consultations for the really complicated consultations.

- M Clunie referenced risk 5360, and wondered why the risk that related to cyber-attack had been re-escalated.

N Marsden noted that at Government level there was concern that there was a potential for cyber-attacks in relation to Covid.

K Nye noted that if there were any specific queries regarding any of the risks on the Risk Register that Governors could email them to F McNeight, and that she would raise these two with F McNeight in the meantime.

ACTION: KN

KN

GOVERNOR BUSINESS

CG 18/05/10 Governor Elections

I Cardoso informed the Council that the current Governor elections had been paused on the recommendation of NHS I/E. I Cardoso also noted that she had sent an email to NHS Providers asking for further clarification/guidance about the current stay on the Governor elections, and was still awaiting a response from them.

The Governor elections that are supposed to take place are for the following constituencies:

- Salisbury City – 2x
- South Wiltshire Rural – 3x
- Kennet – 1x
- Staff Governor – Clerical, Admin and Managerial – 1x (recruiting in house)

Currently there is only one constituency, South Wiltshire Rural that does not need to go to election as all three posts have been filled. I Cardoso is contacting them presently and starting their induction as of the 1st June 2020.

I Cardoso is waiting for confirmation that the election process on the other two constituencies may start up again.

Lorna Wilkinson joined the meeting at 5:05pm

CG 18/05/11 Confirmation of Lead and Deputy Lead Governors – Standing Orders 16.2.b

N Marsden asked the Council to confirm the incoming Deputy Lead Governor, as per the standing order 16.2.b. N Marsden informed the Council that Lucinda Herklots has stood unopposed. N Marsden asked the Council if there were any objections to Lucinda becoming the Deputy Lead Governor. The Council unanimously agreed to the appointment.

N Marsden also asked the Council for the reconfirmation of the Lead Governor, John Mangan to his second year. The full Council endorsed the appointment for a second year.

N Marsden expressed a huge thanks to Raymond Jack, who has been a deputy lead governor or lead governor for the last four years. N Marsden noted that Raymond had done a tremendous job of it and that Nick enjoyed their meetings together. N Marsden thanked Raymond on behalf of the Council as well as himself personally for all that he had done.

CG 18/05/12 Amendment of Constitution – para.3 Annex 9

N Marsden reminded the Council of the recruitment of three NEDs last year, and that because of this an amendment to the constitution was needed. This is due to a specific clause in the constitution which precluded one of the new NEDs from being a NED of another Foundation Trust and having another NED appointment anywhere else.

The Trust proposed a change to the wording, and therefore an amendment to the constitution that would allow Non-executives to be NEDs in more than one organisation. The change of wording has been approved by the Board and would like the Council of Governors approval on this amendment.

As discussed at the Trust Board the Council were asked to consider amending the wording of Annex 9, point 4 in relation to mental health. K Nye noted that the following amended statement had been suggested:

- “A person whose physical or mental wellbeing is such that their ability to act as a director of the Trust is materially affected.”

The full Council approved both of the amendments to the constitution.

CG 18/05/13 Non-Executive Director Appointments

N Marsden confirmed that with the agreed changes to the constitution that David Buckle was now a full member of the Trust Board, and will now have voting rights and everything else. The Trust Board will now be at full complement of NEDs.

J Mangan said that the Council of Governors had to formally approve this appointment purely because the October approval was made before the constitutional amendment

N Marsden asked the Council if he had their approval to appoint David Buckle to Non-Executive Director of the Trust Board.

The full Council agreed the appointment.

CG 18/05/14 Committee / working group reports

The Council received and noted the following minutes from Governor Committees and Trust led committees:

- Membership and Communications Committee
- Patient Experience Sub-Group Report

J Lisle provided her Sub-group reports (Stroke Strategy and Food Audit) to the Council by email on the 18th May 2020.

J Sanders said that she believed that the Clinical Ethics Committee was restarted during COVID-19. C Charles-Barks confirmed that the committee was up and running and that it met weekly and links up to the BSW Clinical Ethics group in the South West region.

CG 18/05/15 Date of Council of Governor Meeting

N Marsden informed the Council that there was a list of all meeting Council of Governor meetings for 2020 attached to meeting papers.

The next public meeting of the Council of Governors is 16 November 2020 at 4pm, possibly in the Trust Boardroom.

CG 18/05/16 Any other business

N Marsden closed the public meeting off by thanking J Sanders and Alastair Lack for their brilliant support to the Council and therefore to the organisation. N Marsden thanked them for all that they had done and that they had contributed fantastic work and wished them both the very best.

M Clunie wanted to formally note that sadly Tony Tiers had passed away recently. M Clunie stated that Tony was an excellent surgeon and a lovely colleague