NHS Salisbury NHS Foundation Trust

Minutes of the Council of Governors meeting held on 22nd May 2023 in the Trust Boardroom and via Microsoft Teams

Present:

Kevin Arnold	Public Governor
Mark Brewin	Staff Governor
Lucinda Herklots	Lead Governor
Peter Kosminsky	Public Governor
John Mangan	Public Governor
Anita Nazeer	Staff Governor (via Teams)
John Parker	Public Governor (via Teams)
Jane Podkolinski	Staff Governor
Anthony Pryor-Jones	Public Governor
Peter Russell	Public Governor
Jayne Sheppard	Staff Governor
Sarah Walker	Nominated Governor

In Attendance:

Ian Green	Chair
Stacey Hunter	Chief Executive
Tania Baker	Non-Executive Director
Debbie Beaven	Non-Executive Director
David Buckle	Non-Executive Director (via Teams)
Eiri Jones	Non-Executive Director
Michael von Bertele	Non- Executive Director
Victoria Aldridge	Head of Patient Experience
Angie Ansell	Deputy Director of Nursing
Ben Browne	Head of Clinical Effectiveness
Isabel Cardoso	Membership Manager (minute taker)
Mark Ellis	Chief Finance Officer
Fiona McNeight	Director of Integrated Governance
Kylie Nye	Head of Corporate Governance

1 OPENING BUSINESS **Action**

CoG 22/05/1.1 Welcome and Apologies

I Green welcomed everyone to the meeting and noted that apologies had been received from

- Joanna Bennett, Public Governor
- Barry Bull, Public Governor
- Mary Clunie, Public Governor
- James House, Nominated Governor
- Angela Milne, Public Governor
- Paul Russell, Staff Governor
- James Robertson, Public Governor
- Cllr Rich Rogers, Nominated Governor
- Andy Rhind-Tutt, Public Governor

CoG 22/05/1.2 Minutes from Public Meeting Held on 27th February 2023

I Green presented the minutes from the meeting held on 27th February 2023 which had been circulated and asked if they could be agreed as correct record.

E Jones said that on page 8/10 where it says, ‘restorative culture’ it should read ‘just a restorative culture’.

The Council agreed the minutes as a correct record following the amendment mentioned.

CoG 22/05/1.3 **Matters Arising / Action Log**

I Green referenced the action log and said the only outstanding action regarding the front entrance and that there was progress being made as part of the estate’s strategy.

I Green noted that the action could be closed as progress has been made and that it was within the financial plan for the year.

All action closed on the action log.

CoG 22/05/2 **ASSURANCE**

CoG 22/05/2.1 **Non-Executive Director update – Debbie Beaven**

I Green explained that through conversations with the Council in regard to assurance and holding the NEDs to account, Governors had indicated that they wanted more opportunities to engage with NEDs. I Green said that would like NEDs to be invited to the Council and to update the Governors on their role, what they have been doing over the course of the last period, what they think are the key strengths of the organisation and where some of the challenges might be.

I Green welcomed Debbie Beaven to the meeting as the first NED to report to the Council.

D Beaven thanked the Council for the opportunity to share her experiences as a NED over the last five months since being appointed in January 2023.

D Beaven provided an extensive and detailed report of her experience as a NED since joining the Trust. D Beaven explained what NEDs look for when they review reports, how they deep dive into issues when needed, and which sections they pay closer attention to through the process of holding the executive directors to account.

D Beaven informed the Council that she sat on various Trust committees and listed:

- Finance and Performance Committee – chair
- Clinical Governance – attended
- Audit Committee – attended
- Charitable Funds – attended
- Remuneration – attended

D Beaven reflected that there was room for improvement on the size of the reports that NEDS are given, as the amount that they receive take a long time to read, digest and get a sense of what they needed to understand. There is scope to look at how information could be condensed a little more and make it a bit obvious and quicker for NEDs to absorb.

Discussion:
The Council thanked D Beaven for her excellent debrief which was very encouraging and welcomed a follow up later in the year.

P Kosminsky appreciated the report and asked how D Beaven held the executive directors to account as a critical friend. D Beaven advised that it was partnership, where they question the executives and the reports they receive. D Beaven noted that it is about being confident in the assurance NEDs receive via the reports and questioning in and outside of meetings. .

Anthony Pryor-Jones left meeting at 16.27pm, emergency call.

I Green thanked D Beaven for her detailed report.

CoG 22/05/2.2 **NED Escalation reports of Trust Board Committees**

I Green asked the Council if they had any specific queries regarding the escalation reports written by the NEDs.

Finance and Performance
D Beaven noted that she had covered most of what the F&P Committee had covered in her report for the previous agenda item. She added that a lot of what the Trust needed to do hinged on the effectiveness of the Improving Together approach.

Clinical Governance
E Jones informed the Council that the committee had reviewed the ToR and the effectiveness of the committee in March and set the workplan for the next fiscal year. E Jones reported that all the documents were approved with one addition to the ToR, which was for the committee to ensure that Health and Equalities was covered by the committee.

E Jones referenced that in terms of challenging the executives the committee does it constructively and supportively. E Jones assured the Council that the committee performed deep dives into any areas that they are concerned with, and that the committee receives presentations on good practice that is taking place within the Trust.

E Jones thanked B Brown for the Quality Account Report, noting that it was an easy read and that it clearly demonstrated the improvements as well as the challenges that the Trust had.

The Governors queried the NEDs on how they go about getting assurance from the executives and what the difference would be in relation to reassurance, which one Governor had observed that E Jones was effective at differentiating in their committee. The NEDs said that they looked for evidence-based assurance, like the SSNAP audits for stroke patients. Another Governor enquired how NEDs decided when and where they would perform a deep dive. The NEDS said that if they do not feel that the conversation was evidence based or that the narrative was not moving forward then the NEDs will look further into the matter until they understand what is below the surface.

Trust Management Committee
I Green asked for the report to be taken as read unless there were any questions.

No questions were raised.

People and Culture
M von Bertele highlighted the struggle in the NHS to recruit staff. He noted that it was quite difficult to attract and retain staff but that this was where the Trusts focus should lie. It is crucial for staff to be trained in the necessary skills that they need to perform their roles, and this means all staff across the board. It is also vital for the Trust to understand why staff are leaving, so exit interviews were vital, but that some line managers were struggling to complete them. M von Bertele noted that the Chief People Officer was in the process of simplifying the exit interview forms to make it simpler for staff to complete.

S Hunter joined the meeting at 16.45pm.

M Von Bertele informed the Council that a review of staff numbers had recently been completed and it indicated that the Trust had an increase in staff members but that did not mean that the Trust should become complacent, as more work was still needed to attract staff to work in Salisbury.

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

CoG 22/05/2.3 **National Patient Survey**

F McNeight asked the Governors to note the action plan progress in response to the Adult Inpatient survey 2021 findings.

F McNeight informed the Council that the National Inpatient survey was a progress report that had already been through a number of internal committees. F McNeight noted that the survey had been conducted during November 2021 and that the survey had included patients aged 16 years+ who had spent at least one night in hospital. F McNeight said that the full CQC report had been published on 29th September 2022.

F McNeight reported that the Trust's response rate was 48% and that this was higher than average when compared to other Trusts. However, it was noted that the response rate had reduced from 57% back in 2020. F McNeight said that the Trusts performance scored the same as others for 45 of the 47 scorable questions, and that there were no questions where the Trust scored better and two where the Trust performed worse than other Trusts The questions were in relation to patients experience of noise at night and having enough to drink during their stay.

F McNeight reported that:

- More than 50% of the overall comments made were positive
- Theming of the comments indicated four key areas for improvement:
  - Discharge process and follow-up
  - Communication
  - Staffing levels
  - Food and drink, noise and disruption, facilities

F McNeight said that the five areas with the lowest scores noted in 2020 had stayed the same or seen a further decrease in 2021 in relation to; ward noise, privacy, cleanliness of ward, having enough to drink and being asked for views on quality

A Ansell informed the Council that one of the things that came up in the report was that patients felt that they did not get enough to drink and that one of the solutions was for wards to have Ward Assistants who focus on making sure that patients have enough to drink and can access it whenever they need to. A Ansell informed the Council that the Trust currently employed 10 Ward Assistants and that there already had been positive feedback but that it was too early to say what the impact of these ward assistants has been.

L Herklots noted that A Pryor-Jones had raised a concern about the quality of the food. S Hunter said that there was an issue around people getting their food at a temperature that was not hot enough for them, and that this could be people who needed assistance and were having to wait for this assistance as the patient care hours per day were very low due to short staff levels etc. The other solution was for a Dietitian to have input to the Food committee that Ian Robinson chairs and work with the catering team on nutrition so that there is a multidisciplinary input to the group.

E Jones reflected that this was a very good example of where the Clinical Governance Committee would look at the issue and seek assurance and that when the new survey comes out the committee will be able to do a comparison and see whether there has been an improvement.

I Green reported that there were some issues highlighted that the Trust was taking seriously and that the NEDs were seeking assurance and monitoring the situation. S Hunter assured the Council that the Trust was definitely taking the survey outcomes seriously and that all areas of concern were being looked at.

The Council noted the report.

CoG 22/05/2.4 **Health Watch Wiltshire Complaints Project**

V Aldridge presented the action plan progress update on the Complaints Process Review Project which had been done in conjunction with Health Watch Wiltshire.

V Aldridge informed the Council of the principles of the new PHSO Complaints framework which were:

- Early resolution
- Meaningful apology
- Full and thorough investigation
- Promotion of learning and improvement culture
- Training and support for staff

V Aldridge detailed the Trust journey from March/July 2022 through to April / June 2023, where there were gap analysis and areas for focus; HWW and SFT co-produced a complaints survey which closed in October 2022; to new processes and templates that were trialled and tested to revision and implementation of new complaints policy.

V Aldridge summarised the key findings of the complaints project as:

- Communication – people needed to be properly informed of the status of their complaint
- Information – people find the information about the complaints process confusing
- Ownership – people want staff to take ownership of their complaint
- Change – people are sceptical that their complaint leads to change that benefits others

V Aldridge informed the Council of the changes that are being implemented:

- Awareness of the complaints process – staff should understand and be able to explain the role of PALS
- Training for staff – importance of accountability and transparency as well as empathy and the power of a meaningful apology
- Improve accountability
- Better communication throughout the complaints process, particularly if original timescales are not being met

V Aldridge said that it was important to identify potential communication barriers and to ensure that complainants are fully informed of the complaints process as well as the advocacy and support services that they may access. To fully support them to clearly define what answers and outcomes they want.

V Aldridge then shared the Action Plan progress summary table as well as the 48-hour complaint review process table with the Council.

Discussion:
J Mangan noted that in the letter that he received when he made a complaint over six years ago, the Trust never formally apologised on any of the issues that he raised, the only apology that he received was when he was discussing the complaint with the clinician involved. He was concerned that the same issues where still happening and that this needed to change. J Podkolinski said that she had had a different experience from J Mangan and that whatever changes V Aldridge was/had implemented was

working. J Podkolinski noted that V Aldridge was doing excellent work which would make a huge difference to people.

The Council noted the information.

CoG 22/05/2.5 **Self-Certification Report – F McNeight**

F McNeight asked the Council to consider the evidence aligned to each element of the provider licence conditions which the Trust Board is required to self-certify against.

F McNeight informed the Council that the Trust was required to self-certify on an annual basis, as to whether they have:

- Effective systems to ensure compliance with the conditions of 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.

F McNeight noted that the paper provided the Board and Council of Governors with assurance that the Trust fully meets the NHS Provider Licence conditions.

F McNeight said that the Director of Integrated Governance and Chief Finance Officer reviewed the statements and evidence sets and that it was approved at Trust Board to respond with confirmed for all elements. F McNeight noted that once agreed these papers were published on the Trust's website.

I Green confirmed that the report had been to Trust Board and that the Board was satisfied that the self-certification was accurate based on the information provided.

The Council noted the report.

CoG 22/05/2.6 **Quality Account – Statement from Governors – Final Draft**

B Brown presented the final draft of the Quality Accounts to the Council and asked for the Council to consider the Governor Statement that is to be included in the Quality Accounts for 2022/23.

B Brown explained that the Quality account was a report about the quality of the services offered by a NHS healthcare provider, and that the reports were published annually by each provider, including the independent sector and are available to the public. B Brown said that the Quality Accounts were an important way for local NHS services to report on quality and show improvements in the services that they deliver.

B Brown said that the quality of the services are measured by looking at patient safety, the effectiveness of treatments patients receive, and patient feedback about the care provided.

B Brown said that as per annex 1 of the quality account regulations, stakeholders are invited to comment on the report and that the letters of assurance would be included and published.

B Brown informed the Council that the priorities for the next fiscal year are:

- Improving together
- Bed occupancy
- Reducing falls
- Agency spend

B Brown said that there is a statement of responsibilities that are from the Board that is included in the report and that the Council is asked to provide a statement about their views of the Quality Account Report.

L Herklots noted that the Council of Governors had discussed the Quality Accounts at their informal meeting and had nothing else to add. L Herklots said that the Governors found the Quality Accounts layout much easier to read and informative. L Herklots noted that the Council was glad that the priorities that B Brown is taking forward into the next year reflected the points of concern for the Council such as the late discharge; agency spend and reducing falls. L Herklots said that she would write up the Governors statement and send to B Brown.

I Green thanked L Herklots for drafting the Statement on behalf of the Governors for inclusion in the Quality Account report.

The Council noted the report.

CoG 22/05/3 **PERFORMANCE AND FINANCE**

CoG 22/05/3.1 **Integrated Performance Report**

I Green said that as many of the issues have been raised through the previous agenda items and addressed, he felt that there was no need to go through the IPR in as much detail as in previous meetings.

I Green asked Governors to raise any issues that they felt still needed to be addressed/highlighted from the IPR report and focus on the assurance that NEDs have received and query the executives.

Discussion:
J Mangan noted that there had been improvements over the years to the IPR report but said that the document needed to be more transparent especially in the reporting of the mortality rates which were months out of date. J Mangan said that the IPR did not accurately reflect the data as it was eight months out of date. J Mangan said that there could be better reporting and more transparency. J Mangan asked if it would be possible to go back to the law charts so that true trends were more apparent. J Mangan said that he would like to see a better report than what is currently available.

T Baker explained that the mortality rates would always be about six months out of date. B Brown said that the Trust reported the latest available data and that it was not comparative data as you are not supposed to be comparing it to previous months and that is why the data is presented in this format, but apricate that it probably is not quite right and that there might be a better way.

J Mangan raised the issue about the HSMR reporting as he felt it was less transparent than it used to be.

S Hunter said to take the issue offline and speak with the Chief Medical Officer, P Collins as the Regional Medical Director is due to consult with all medical directors in the region so that P Collins is reflecting that professional discussion. S Hunter said that P Collins would not want to be out of step with what the Regional Medical Director and all the other medical directors in the Southwest as there is a standard way of sharing mortality rates. B Brown informed the Council that the Trust also report static figures that are changing all the time coding catches up and are looking at the data across the region to see if a standard way of reporting could be found.

I Green said that the Trust was aware of the conversations taking place nationally and that feedback was going to the next clinical governance committee. I Green said to wait and see where those conversations go but that transparency was key but that the Trust needed to make sure that they were in line with other Trusts.

J Podkolinski asked about cost savings and inquired how the F&P committee searched for these. D Beaven informed the Council that it was a developing program and quite a lot of work had already been done, it was an ongoing process and being driven by the Improving Together project. D Beaven said that in the plan there are opportunities some of which had already been identified and that the committee now had a template which was good for governance in terms of understanding what the key plan is. D Beaven said that the committee would be tracking progress on a monthly basis.

The Council noted the report.

CoG 22/05/4 **QUALITY AND RISK**

CoG 22/05/4.1 **Patient Experience Report – Q1 & Q2 2022/23**

V Aldridge presented the Patient Feedback report for Q1 and Q2 2022/23.

V Aldridge explained that the report provided a summary and insights drawn from the various methods by which our service users feedback on Trust services, that this included the analysis of complaints, concerns, compliments, Friends and Family Testing and National surveys covering or reported during Quarters 1 & 2 of 2022-23.

V Aldridge informed the Council that:

- There had been an increase in the number of complaints received in Q1 on Q2 and the same with the number of concerns.
- A total of 108 complaints were received during Q1 and Q2 – which is an approximate rate of 0.5 for Q1 and 0.6 for Q2 (per 1,000 patients seen at the hospital - including Inpatients, Outpatients, and the Emergency Department). However, this is less than the 0.7 seen at the end of Q4 2021-22.
- There were 273 comments/enquiries logged by the PALS team in Q1 and 302 in Q2.
- The most common high-level theme for complaints across all four Divisions is Patient Care including nutrition and hydration (51%). Followed by communication (9%) and End of Life Care (8%). Communication was a common theme also noted in the end of year report for 2021/22.
- There has been a reduction in the total number of re-opened complaints/concerns from Q2 (n~10) from Q1 (n~13) – however this number is higher than the previous Q4 (n~11).
- KO14a submissions are no longer required bi-annually and will move to annual submission from April 2023.
- Friends and Family Test responses were previously noted to have fell in Q4 of 21/22 (11.5 per 1,000 patients seen at the hospital). This had fallen again in Q1 of 22/23 (to 10.5), however a significant increase to 15.4 in Q2 of 22/23 was noted.
- The Trusts average response rate for Q1 and Q2 was 1.9% - this is significantly lower than the Improving Together metric target of 10% which was set for 2022-23.
- Of those who responded to the FFT questions during Q1 and Q2 the Trust has seen an average “would recommend” percentage of 98% and 97% respectively, this has reduced slightly from Q4 where this was averaged at 99%.
- Summary of the National Inpatient Survey 2021, Children and young person’s survey 2020 and. All presented to Patient Experience Steering Group and Trust Board where appropriate within the last quarter.
- National Surveys for Maternity, UEC and Inpatients for 2022 are currently underway and will be presented in due course.

The Council noted the report.

CoG 22/05/5 **GOVERNOR BUSINESS**

CoG 22/05/5.1 **Constitution - updated**

K Nye informed the Council that the Trust Board had reviewed the amendments to the Constitution at the April Board. K Nye informed the Council that there were:

- minor formatting changes that were highlighted in the document
- paragraph 32.3 was updated to reflect the NED terms of office
- Annex 4 – the composition of the Appointed Governors was updated to reflect the distinction between local authority and partnership organisations
- Annex 7 – Item 11.3 was updated to include 'external stakeholder' in the composition of future Nominations Committees. This was based on guidance published by NHSEI and the most recent recruitment of the Chair and Non-Executive Director included an external stakeholder in the process

K Nye asked the Council to consider the composition of the Appointed Governor category so as to establish whether the current partnership organisations are appropriate and to support the recommendation from the Board to review this in the next 12 months.

I Green informed the Council that he had now had the opportunity of meeting individually with most Governors including the Nominated Governors and questions are being raised about the appropriateness of having ICB represented as Nominated Governors on the Council but that they are allowing conversations to take place over the next 12 months. I Green said that it was important for the Council to note the Trust recommendation and the changes to the constitution.

The Council endorsed the Board recommendation to review the Appointed Governor category in 12 months.

CoG 22/05/5.2 **Governor Elections - Results**

I Cardoso informed the Council of Governors that the Governor Election process had been completed on the 18th May and that she received the voting results on the 19th May. I Cardoso informed the Council that she had managed to contact all the candidates and made them aware of the result.

I Cardoso noted that Governor elections had only taken place within the Salisbury City constituency. South Wiltshire Rural and North Dorset candidates were voted in uncontested. I Cardoso informed the Council that J Bennett from Salisbury City lost her seat. I Cardoso informed the Council that the term of office for these candidates begins on the 1st June 2023 and that there was a induction session on the 6th June for all new Governors and that the Council was welcome to attend the lunch to meet the new Governors.

The Council noted the information

CoG 22/05/5.3 **Confirmation of Deputy and Lead Governor – Standing Order 16.2.b**

I Green asked the Council to approve under Standing Order 16.2.b the Lead and Deputy Lead Governor for the following year as:

- Lead Governor – Jayne Sheppard
- Deputy Lead Governor – Lucinda Herklots

L Herklots requested following a suggestion from P Kosminsky for more visibility on the election process that a slot be added to the November CoG for the Lead Governor to explain what is required for the job and what the expectations are so that Governors can think about whether they would like to be a candidate themselves for the role of Lead Governor. **ACTION: IC to add to agenda**

The Council of Governors unanimously ratified the Lead and Deputy Lead Governors for 2023/24.

CoG 22/05/5.4 **Constituency meetings:**

- Kennet – P Kosminsky provided a synopsis of his constituency meeting in Kennet and said that he strongly recommended other public Governors to hold their own meetings.

I Green noted that from his and S Hunters perspective it was a very worthwhile evening.

The Council was asked to note the next constituency meeting being held:

- Salisbury City – 28th June at Salisbury Methodist Church

CoG 22/05/5.5 **Approval of Council of Governors Work Plan 2023**

The Council was asked to approve the Council of Governors workplan for 2020/24

The Council ratified the workplan for 2023/24.

CoG 22/05/5.6 **Committee/working group reports (to note):**

- **Membership and Communications** – B Bull, report to note
- **Self-Assessment Committee** – J Parker informed the Council that the committee was currently reviewing Standing Order B.1.4 and the ToR
- **Staff Governor –** I Cardoso informed the Council that the ToR was in the process of being reviewed.

CoG 22/05/5.7 **Trust-Led Subgroup Reports**

- **Organ Donation –** L Herklots informed the Council that the group was concerned about the membership and had lost the representative from the End-of-Life team but would like to thank Vicky Porridge because virtually the whole of the End-of-Life team attended the meeting the previous week. L Herklots noted that the engagement was excellent.
- **Clinical Ethics Working Group -** P Kosminsky noted that there had recently been a meeting and just wanted to reiterate what an extraordinary and magnificent body this was. P Kosminsky advised that it allowed the clinicians to promote ethical problems that are placed on them in the hospital for discussion, but that this was not a decision-making body it just allowed them to air issues. P Kosminsky said that an issue had arisen about power of attorney and that clinicians felt that they had nowhere to turn to for advice. S Hunter said that the Trust had excellent safeguarding experts and that maybe all the clinicians needed to be reminded that they cover a whole range of things. S Hunter said that it should be picked up through the Communications bulletin. **ACTION: SH/AA**
- **Patient Experience Steering Group/ Food and Nutrition Steering Group –** I Green said that A Pryor-Jones sent a really detailed report that can be noted.
- **PLACE**
- **Sustainability Committee –** J Parker informed the Council that there had been a meeting the previous week and that G Health had reported very positively on her presentation to the Governors at their development day. J Parker said that L Arnold had effectively outlined what that would mean in terms of capital projects and how the Trust would achieve Net 0. J Parker said that it had been a very useful meeting
- **Signage –** J Parker informed the Council that he and J Podkolinski attend the committee and that it is run by S Biddle. J Parker said that they had been requested to canvas views on a proposal from NHSEI about toilets being signposted and that a provision should be made for those people identifying as transgender or gender neutral. J Parker asked for a view from the Council. S Hunter noted that as the Trust wants to be more inclusive there were a whole

range of things that needed to be thought through but that this was not the right place for this discussion at the moment.

I Green noted the importance of the organisation needing to become more inclusive through the EDI strategy before bringing it back to the Council.

The reports were noted.

CoG 22/05/6 **CLOSING BUSINESS**

CoG 22/05/6.1 **List of Dates for Council of Governors meetings in 2023**

A list of all the Council of Governors meetings for the rest of the year was provided for the Council to note and action. The Council was asked to please note that the dates for the Trust Board meetings and committees was being updated and that they would be provided with the updated dates when they are finalised.

CoG 22/05/6.2 **Any Other Business**

I Green noted that there was a Development Day and Informal NED meeting on the 26th June that needed to be rescheduled as there was a service at the Cathedral to celebrate the 75 years of the NHS. I Green said that all the Governors were invited to attend the service. **ACTION: IC to rearrange the meetings**

There was no other business.

CoG 22/05/6.3 **Date of Next Public Meeting: 24 July 2023**

CoG 22/05/7 **RESOLUTION**

CoG 22/05/7.1 Resolution to exclude Representatives of the Media and Members of the Public from the Remainder of the Meeting (due to the confidential nature of the business to be transacted)