NHS Salisbury NHS Foundation Trust

# Minutes of the Council of Governors meeting held on 27 February 2023 in the Trust Boardroom and via Microsoft Teams

**Present:**

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| Kevin Arnold | Public Governor |
| Joanna Bennett | Public Governor |
| Barry Bull | Public Governor |
| James House | Nominated Governor |
| Peter Kosminsky | Public Governor |
| Angela Milne | Public Governor |
| John Parker | Public Governor (via Teams) |
| Jane Podkolinski | Staff Governor |
| Anthony Pryor-Jones | Public Governor |
| Andy Rhind-Tutt | Public Governor |
| Paul Russell | Staff Governor |
| Peter Russell | Public Governor |
| Jayne Sheppard | Staff Governor |

**In Attendance:**

| | |
|---|---|
| Ian Green | Chair |
| Stacey Hunter | Chief Executive |
| Rakhee Aggarwal | Non-Executive Director (via Teams) |
| Tania Baker | Non-Executive Director (via Teams) |
| Eiri Jones | Non-Executive Director (via Teams) |
| Michael von Bertele | Non- Executive Director |
| Ben Browne | Head of Clinical Effectiveness |
| Isabel Cardoso | Membership Manager (minute taker) |
| Mark Ellis | Chief Finance Officer |
| Fiona McNeight | Director of Integrated Governance |
| Tony Mears | Associate Director of Strategy |
| Kylie Nye | Head of Corporate Governance |
| Alex Talbott | Associate Director of Service Improvement and Change |

**1 OPENING BUSINESS** **Action**

**CoG 27/02/1.1 Welcome and Apologies**

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

- Mark Brewin, Staff Governor
- Mary Clunie, Public Governor
- Lucinda Herklots, Lead Governor
- John Mangan, Public Governor
- Anita Nazeer, Staff Governor
- James Robertson, Public Governor
- Sarah Walker, Nominated Governor
- Cllr Rich Rogers, Nominated Governor

I Green said as this was his very first Council of Governors, he would like to begin with everyone introducing themselves.

Introductions were done around the conference table.

**CoG 27/02/1.2 Minutes from Public Meeting Held on 28th November 2022**

I Green presented the minutes from the meeting held on the 28th November 2022 and the minutes were agreed as an accurate record of the meeting.

**CoG 27/02/1.3** **Matters Arising / Action Log**

I Green referenced the action log and said that most of the actions logged had been responded to and actioned. I Green said that the only outstanding action that needed to be completed was the palliative care coding one:-

**1.3b Palliative Care Coding –**

I Green said that he understood that an exchange of emails had been exchanged that very morning between P Collins and P Kosminsky. I Green asked that the email be circulated to all the other Governors on the Council. **ACTION: IC** to send P Collins email to the Council.

I Green said that the Board was comfortable with the approach that they had on palliative care coding. S Hunter informed the Council that this was publicly available information and that the Board was happy with the reports that they received as this avoided them tying up time unnecessarily. E Jones said that she would like to assure the Council that that the Clinical Governance committee had detailed discussions regarding the palliative care coding.

**CoG 27/02/2** **ASSURANCE**

**CoG 27/02/2.1** **NED Escalation reports of Trust Board Committees**

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

Pt Russell referred to page 20 of the Audit report – and said that there were some significant gaps in assurance on contracts that have been left without a proper contract behind them such as the sickness management and recording of interviews. Pt Russell asked as to what assurance the Trust Board had sought on these. M Ellis said there was a robust system in place for contract management in non-clinical services, but an issue had been raised in respect to contract between NHS to NHS where the goods were supplied by a non-NHS provider. A full review was done of all the contracts that fell under this bracket and found that 23 contracts of which three contract were in the process of being put in place. M Ellis said that they Audit Committee felt assured that the Trust had identified the gap and were in the process of rectifying the issue. M Ellis said that in terms of the workforce findings the Chief People Officer had identified inconsistent practices and those were being tackled throughout the Trust.

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

**CoG 27/02/2.2** **Quality Accounts – Priorities**

B Brown introduced the PowerPoint presentation and said that he had invited Tony Mears, Associate Director of Strategy and Alex Talbott, Associate Director of Service Improvement and Change, B Brown said they were going to set the vision for the year ahead and what the approach is going to be.

B Brown said that the Quality Priorities for 2022/23 aligned with the Improving Together methodology and that slide one showed the hight level priorities:

- Covid Recovery - scoping and exploring new ways of working
- reducing falls
- Time to first appointment – eliminating wait for treatment

- Same day emergency care (SDEC) – improving the 4-hour emergency access
- No criteria to reside (NC2R) – reduce average lost bed days due to NC2R

Slide 2 – Referenced the Patient Safety Framework – B Brown said that the patient safety response framework is replacing the serious instant framework of 2015 and that it was expected to transition by the autumn of next year. B Brown said that the approach is for a compassionate engagement assistant-based approach taking into consideration a proportionate response to how the Trust deals with patient incidents. B Brown said that instead of looking at each and every single occurrence the Trust instead looks at the themes and change the approach. B Brown handed over to T Mears.

T Mears informed the Council that the Strategy will be published in the summer and publicly available. T Mears said that they had started at the Trust in December of 2022 and that he and B Brown and A Talbott would be working closely to deliver the Trust priorities and Strategy. T Mears said that the Trusts vision was based on the three P's and that A Talbott would be explaining everything in the next slides.

Slide 4 – Vision – An outstanding experience for our people, population and partners. A Talbott said that this slide showed how the Trust was going to go about obtaining its vision for the Trust. A Talbott said that the vision was broken up into three categories:

- People – engagement score of staff; reduction of unwanted turnover; proportion of WDES and WRES – this meant continuous improvement of culture, delivering our people promise, deliver digital care and improving health and reducing inequalities
- Population - # of wait metrics at median; total incidents with moderate or high harm; patient engagement score
- Partnerships – Increase in healthy life years; overall length of stay; matrix measure – this means reducing falls, reducing time to first appointment, staff availability and bed occupancy.

A Talbott informed the Council that all of these would be done as part of all corporate projects.

Slide 5 - A Talbott informed the Council that there were four breakthrough objectives:

1. Number of falls per 1.000 bed days
2. Time to 1st outpatient appointment
3. Spend on agency staffing
4. Bed occupancy

A Talbott said that all four underpinned improvements in care quality

Slide 6 – graph on slide showed the average wait time to first outpatient appointment as having dropped slightly since December 2022 but is no where near what it was in April 2021.

Slide 7 – showed the staffing availability and performance data. This slide showed the Council the agency spend as a percentage of gross pay which was much higher compared to August 2021. A Talbott said that this had been caused by a number of factors such as staff sickness to the lack of available posts that were not being filled.

Slide 8 – showed the bed occupancy. A Talbott said that bed occupancy had risen since April 2021 due to Covid.

Slide 9 – A Talbott said that there was a golden thread and that it was Trust wide with the Vision, strategy and breakthrough objectives and that this was

then further broken-down specialities and team level, where breakthrough objectives and counter measures were looked at with a 20-30% improvement in 12 months.

**Discussion:**
A Pryor-Jones asked for the precise definition of falls and for an explanation of how they were categorised. J Sheppard said that the Trust logged all falls but that they were categorised from causing harm to not, such as falling out of bed, losing their footing. S Hunter said that there was an averaged number of falls within the hospital but that there was also a huge array of categories to which they would be logged under and that the ones that caused harm (significant harm) were the ones that were investigated. B Brown said that there were 30 or so indicators to log falls.

J Parker inquired about the slide 9 where it said '20-30 improvement in 12 months'. J Parker wanted to know if this was a rolling 12 month period or is it reviewed or open ended. A Talbott said that it was a monthly review at executive level.

The Council discussed the quality priorities and how they translated to the four objectives, they also discussed delayed discharges and happy that these were still part of the priorities. The Council was assured by the Trust that all of the priorities were being looked at on a daily basis.

**CoG 27/02/2.3** **Quality Accounts – Local Indicator**

I Green asked that the Council if they approved the methodology that has been taken by the Trust on the Quality priorities and local indicator. The Council agreed with the methodology.

I Green said that the Council should process what they have been presented and if they have any further queries to contact the team directly.

I Green thanked B Brown, T Mears and A Talbott for presenting to the Council.

**CoG 27/02/2.4** **External Auditor - update**

M Ellis updated the Council on the system wide procurement exercise to appoint External Auditors. M Ellis informed the Council that the process had been completed and that the intention was to bring before the Council the preferred External Auditor for approval, but some issues were raised in the vetting process and further questions were put to the proposed supplier about their actual model for delivering the audit next year.

M Ellis said that the recommendation of the preferred supplier will be brought before the Council at their meeting in May.

The Council noted the information.

**CoG 27/02/2.5** External Well Led Review

F McNeight informed the Council that in the Foundation Trust Code of Governance and the CQC Well Led framework there was a requirement for the Trust to have a developmental review every three to five years. F McNeight said that the Trust was due t have one done just as the pandemic hit and had to be postponed to this year. F McNeight said that there were other Trusts that were due, so a system wide tender was successfully completed, and a company called Aqua was appointed. F McNeight informed the Council that the Trust was going to be the first to be reviewed starting in April, and that the process is about three months. F McNeight said that herself and K Nye would be leading the organisation and keep the Council updated.

I Green said that as the incoming Chair that he welcomed this review as it would give a good base line going forward.

The Council noted the information

**CoG 27/02/2.6** Summary of Corporate Risk Register – F McNeight

F McNeight provided the Council a summary of the Strategic and Corporate risks as noted on the January 2023 Board Assurance Framework (BAF) and Corporate Risk Register (CRR) tracker.

F McNeight informed the Council that the Board Assurance Framework (BAF) provides the Trust Board with a mechanism for satisfying itself that its responsibilities are being discharged effectively. The Report identifies through assurance where aspects of service delivery are being delivered to internal and external requirements. It informs the Board where the delivery of principal objectives is at risk due to a gap in control and/or assurance.

F McNeight said that the overall risk profile reflects a marked increase in the Trust risk profile. Whilst the themes are consistent with discussions had at Board and Board Committees, the operational challenges have been more significant than anticipated driving the need for increased escalation capacity impacting on workforce pressures, efficiency of services and subsequent impact on the Trust financial position and quality of care.

I Green said that the report was a fair reflection of the organisation and that it gives a sense of where the focus should be.

Discussion:
The Council noted that the report was helpful and discussed the impact of high agency staff usage, and the risk to settled staff because of this. The Trust informed the Council that agency staff are experienced and do not create a risk. The agency staff that work for the Trust are fit for purpose. The Trust informed the Council that permanent staff are always being looked at daily. The Council was informed that the permanent staff base has increased and will be further increased with the Trust doing further recruitment drives. The Council asked if there was a core of bank staff to fill in gaps. The Council was assured that there was and that those were given the first opportunity to fill gaps before going out to agency staff.

The Council noted the report.

**CoG 27/02/3** PERFORMANCE AND FINANCE

**CoG 27/02/3.1** Integrated Performance Report (M9)

SH informed the Council that the report provided to them summarised the trusts performance in December (month 9). S Hunter said that she would give an update on the current position of the Trust (March 2023) and then take question on the report.

S Hunter said that the December data was characterized by report with really significant pressures in the urgent emergency care pathway, really high access to our bed base and our bed occupancy, which was at 99% the majority of December which led to quite long delays for people to access a bed when admitted, increasing ambulance handovers, and an increase in waiting times for anything across those urgent pathways.
S Hunter said that relative to others the Trust was still looking better but that did not make us complacent as this is not where we want to be. S Hunter said

that December was particularly tough because of all respiratory infections and the report gives you some insight into that.

S Hunter said that from an elective point of view it was challenging as the Trust was usually using most of the surgical beds to look after people who got an urgent need. and it's the elective program that gets really squeezed. This is a ongoing challenge to our performance standards, albeit some of them are still managing to make a bit of headway. The biggest focus that the Trust has is staffing and the Trust has recruited over a 1000 people in the last year, but the turnover is still very significant. There is an additional impact on staffing due to the additional 100 beds opened in the height of winter in December.

S Hunter said that due to the higher pressures during the winter pressure has been place on the Trust finances and so not going to able to deliver break even at the end of the financial year in the way which the Trust expected. S Hunter said that the Trust was having ongoing talks within the system as to how the as a system the Trust managed to break even but because of all the additional pressures the Trust might not be able to.

In February things improved a bit since December even though it's still really busy which is the experience of our frontline teams. Industrial action has caused an additional challenge on a day to basis and the Trust is facing industrial action in the next couple of weeks. S Hunter assured the Council that the organization is safe during the days of industrial action because people are working hard and the preparation for industrial action is taking up huge amounts of time out of the senior nursing colleagues and HR colleagues amongst others. S Hunter said that the next level of concern is around the junior doctor industrial action because substituting junior doctors is going to be challenging.

Emergency Pathway pressures are down and that's due to respiratory viruses being down to a more reasonable baseline. Delayed dischargers are still a significant problem and receive a lot of focus and attention on a day-to-day basis. Elected work despite all the pressures are doing well and managed to be a month ahead of the target we set for March for the 78 weeks wait, the Trust will be able to report this more formally at Board.

S Hunter said that she would be happy to take any questions but before that she would like to say a huge thank you to our staff, they have been working under relentless pressure for a long time and also thank you to our local communities because when things are not as we would want them to be, and are having to wait 12 hours to get into bed, our local community are hugely understanding and appreciative of what we are doing.

I Green thanked the CEO for her debrief of the IPR and endorses all that has been said. I Green said that the prime focus of the Trust has been on patient care.

**Discussion:**
K Arnold asked about staff retention and as to why people are leaving. Is there one reason for this. S Hunter informed the Governors that the Trust did hold some data but that exit interviews are currently only being done in a quarter of the Trust so not very reliable. S Hunter said that a double of the turnover metric for 2021 was because people retired. Some of the data suggested that workload was one of the stresses. S Hunter said that one of the big focuses of the Trust for 2023 was on retention.

B Bull asked if the BSW had to breakeven as a whole or if each of the Trusts had to break even. M Ellis informed the Council that the BSW had to break even as a system, that meant the ICB (commissioners), Bath, Swindon and

ourselves. M Ellis said that at least two of those were under pressure and that the Trust was one of them. M Ellis informed the Council that the Trust can make a deficit without triggering a reaction as long as the system breaks even. M Ellis said that the Trust see additional revenue flow across sets of our pressures, but would still expect the Trust to finish with a small deficit

A Milne asked if the new Day Surgery building going ahead. S Hunter said that there was still no definitive confirmation on capital.

The Council noted the report.

**CoG 27/02/4** **QUALITY AND RISK**

**CoG 27/02/4.1** **Patient Experience Report (Q1 & Q2) – deferred to May 2023**

The Patient Experience Report was deferred to the next Council of Governors in May 2023.

**CoG 27/02/4.2** **PSIRF – Patient Safety Incident Response Framework**

F McNeight presented the PSIRF paper to the Council of Governors.

F McNeight informed the Council that the PSIRF was a national initiative that had been launched in August 2022 with the implementation deadline of September 2023. F McNeight said that the framework advocated for co-ordinated and data-driven approach to patient safety incident response that prioritised compassionate engagement with those affected.

F McNeight said that it prompted a significant cultural change towards systematic patient safety management and that it replaced the Serious Incident Framework (2015) that made no distinction between patient safety incidents and serious incident.

F McNeight said that there were six phases with duration and purpose, these were:

| Phase | Duration | Purpose |
|---|---|---|
| 1.PSIRF orientation | Months 1-3 | To help PSIRF leads at all levels of the system familiarise themselves with the revised framework and associated requirements.<br>This phase establishes important foundations for PSIRF preparation and subsequent implementation. |
| 2.Diagnostic and discovery | Months 4-7 | To understand how developed systems and processes already are to respond to patient safety incidents for the purpose of learning and improvement.<br>In this phase strengths and weaknesses are identified, and necessary improvements in areas that will support PSIRF requirements and transition are defined. |
| 3.Governance and quality monitoring | Months 6-9 | Organisations at all levels of the system (provider, ICB, region) begin to define the oversight structures and ways of working once they transition to PSIRF. |
| 4.Patient Safety Incident Response Planning | Months 7-10 | For organisations to understand their patient safety incident profile, improvement profile and available resources.<br>This information is used to develop a patient safety incident response plan that forms part of a patient safety incident response policy. |
| 5.Curation and agreement of Policy and Plan | Months 9-12 | To draft and agree a patient safety incident response policy and plan based on the findings from work undertaken in the preceding preparation phases. |
| 6.Transition | Months 12+ | Organisations continue to adapt and learn as the designed systems and processes are put in place. |

F McNeight informed the Council of the progress to date:

- SRO- Chief Nursing Officer
- Project lead Director of Integrated Governance, supported by the Head of Risk management.
- Good SFT attendance at ICB launch.
- PSIRF Implementation group established in November 22. Meetings monthly with key stakeholders. Good engagement.
- BSW tender process for PSIRF training provision underway.
- Good Trust representation at the ICS Community of Practice PSIRF meetings.
- Attendance at regional and national safety forums.

- Phase 1 complete.
- Phase 2 underway – deadline end of March 2023.

E Jones informed the Council that there had been an initial discussion at the Clinical Governance Committee on the serious incident report and how it needed to change to reflect the new world of learning. E Jones said that there several pieces of work that went alongside this and that F McNeight was leading on these and that one of the pieces was on just a restorative culture, which is how do we support our staff to continue to report safely and at the same time support them with the learning and the practice improvement that needs to happen. The second key thing is the quality improvement piece. E Jones said that the Improving Together program would help to bring this all together and Clinical Governance Committees role is to gain assurance that we are not missing anything, and we are using the new process. E Jones said that it was also important that the Trust was capturing the learning and the improvement and assuring that up to board.

I Green thanked E Jones and said that it was important that the Council was aware that the Non-Executive Directors were fully sighted on this within the Clinical Governance Committee.

The Council noted the information

**CoG 27/02/5** **GOVERNOR BUSINESS**

**CoG 27/02/5.1** **Membership and Communications Strategy**

B Bull presented the Council of Governors with the revised Membership and Communications Strategy, with the updated sections to reflect the priorities in relation to the Foundation Trust membership. B Bull said that the strategy had been refined and slimmed down a bit to reflect the strategic nature of the document. B Bull said that most of the conversation had been around how Governors communicate better with their members and the wider public, and on how to increase membership on from the original foundation trust basis, especially as membership was an important gateway into the community.

B Bull said that the key areas include:

- The process of organising constituency meetings has been updated and includes an updated list of expected attendees to take into consideration the focus of the meeting.
- Future iterations of the strategy will be reviewed in May to ensure the year-end membership data is available to publish alongside the strategy. This will then further inform areas of development for the Membership and Comms Committee to consider.

B Bull asked the Council to endorse the revised Membership and Communications Strategy.

**Discussion:**
P Kosminsky said that he endorsed B Bull and that the membership legitimised what the Governors where there for. P Kosminsky said that he would like to set up a constituency meeting in his area but would like to invite more than just the members registered in his constituency. P Kosminsky said that it would not be easy to get the word out to the general public. P Kosminsky said that he was also trying to gain more membership within his area but that it was not easy going.

The Council endorsed the Membership and Communications strategy.

**CoG 27/02/5.2** **Committee/working group reports (to note):**

- **Membership and Communications** – B Bull informed the Council the committee was starting the process of the May newsletter. B Bull also reminded the Council that the Committee had discussed constituency meetings and wanted to encourage Governors to start thinking of planning their constituency meetings for the year.
- **Self-Assessment Committee –** J Parker presented to the Council the results of the Self-Assessment Questionnaire that took place last spring. J Parker said that a report prepared in late April 2022 for presentation at the Council of Governors meeting on 23 May 2022. However, this report was not presented at that meeting and, unfortunately, the next self-assessment committee, due on 12 July 2022, had to be cancelled. J Parker said that the supplementary report provided to the Council with the timetable and action plan for short-, medium- and long-term proposals. J Parker said that the short-term objective had already been completed and that the other objectives for the medium and long term were underway.

**CoG 27/02/5.3** **Governor Elections – I Cardoso**

I Cardoso informed the Council that the Governor election process for 2023 was underway and that the constituencies up for elections should be receiving their nominations postcard in the mail.

I Cardoso informed the Council that the dates for the whole process was in the paper provided and that the Governors that are up for re-election should be aware that they must complete the nominations process if they want to re-stand for their post

The following Governors were up for re-election:

- Salisbury City – Kevin Arnold and Joanna Bennett
- South Wiltshire Rural – Anthony Pryor-Jones
- Nominated Governor – James House

The Council noted the report.

**CoG 27/02/5.4** **Trust-Led Subgroup Reports**

- **Clinical Ethics Working Group -** P Kosminsky said that sitting on this group was an extraordinary experience, it gave context especially watching the clinicians wrestling with some really difficult ethical questions, which they discuss in depth.
- **Patient Experience Steering Group/ Food and Nutrition Steering Group –** A Pryor-Jones informed the Council that he unfortunately had to resign from two of the Trust led sub-groups and that he would now only be focusing on the Patient Experience Steering Group, which he felt received the minutes from the other two committees. A Pryor-Jones said that the leadership of the Patient Experience Steering Group were phenomenal and that a lot of work was done by them. A Pryor-Jones said that it was a real privilege to learn from them and to play a full part in the meetings.

The reports were noted.

**CoG 27/02/6** **CLOSING BUSINESS**

**CoG 27/02/6.1** **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 27/02/6.2** **Any Other Business**

There was no other business.

**CoG 27/02/6.3** **Date of Next Public Meeting: 22 May 2023**

**CoG 27/02/7** **RESOLUTION**

**CoG 27/02/7.1** 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)