NHS Salisbury NHS Foundation Trust

Minutes of the Council of Governors meeting held on 18 November 2019 in the Board Room

Present:

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

In Attendance:

Nick Marsden	Chairman
Tania Baker	Non-Executive Director
Christine Blanshard	Medical Director
Kylie Nye	Corporate Governance Manager (minutes)
Dianne Gravett	Information Governance Deputy Manager

Apologies:

Richard Clewer	Nominated Governor
Jenny Erwin	Nominated Governor
Lee Phillips	Staff Governor
Jonathan Cullis	Staff Governor
Johnathan Wright	Staff Governor
Jayne Sheppard	Staff Governor
Isabel Cardoso	Membership Manager
Cara Charles-Barks	Chief Executive
Fiona McNeight	Director of Corporate Governance
Andy Hyett	Chief Operating Officer
Lorna Wilkinson	Director of Nursing
Lisa Thomas	Director of Finance
Lynn Lane	Director of OD and People

ACTION

OPENING BUSINESS

CG 18/11/01 **Welcome and apologies**

N Marsden welcomed the newly elected governors, James Robertson and Nicholas Sherman to the meeting and apologies were noted as above. N Marsden noted that J Erwin had resigned from the Clinical Commissioning Group (CCG). The governors thanked J Erwin for her contribution and wished her well for the future.

CG 18/11/02 **Minutes of the Council of Governors meeting held on**

It was noted that there was a minor amendment to the attendance list.

Subject to this amendment the minutes were agreed as a correct record.

CG 18/11/03 **Action Log and Matters Arising**

CG19/11/10 - Clinical Ethics Committee: C Blanshard explained that the Trust runs an Ethics Committee in conjunction with University Hospital Southampton (UHS) as SFT has so very few cases. C Blanshard noted that the approach to the Committee had previously been as issue as it had been used as both a learning forum and a problem solving forum. It was agreed that the Trust would continue with the Committee at UHS but would call ad hoc ethics meetings at SFT if and when appropriate.

J Robertson noted that the work at Ethics Committees links with reflective thinking and asked how this was being picked up. C Blanshard noted that as part of clinician's appraisals the General Medical Council (GMC) has issued guidance on reflective practice as part of this process. Nursing staff are also required to participate in reflective learning as part of revalidation. Item closed.

CG18/02/02 - Governor Queries/ Letter heads: R Jack highlighted that there is still an ongoing problem with inconsistent letterheads, with several versions still in circulation. There have also been instances where old letter templates have been used, sending patients to the wrong area of the hospital causing them to miss their appointment or arrive late. N Marsden to pick this up with K Glaister, Head of Patient Experience, and report back at the next meeting. **ACTION: NM** **NM**

CG18/02/09 – Membership and Communications/ Governor Surgeries
It was agreed that the governor surgeries would be discussed at the next meeting and the governors were asked to feedback to C Wynne with their experience and progress.

J Mangan noted that an issue had been raised in relation to Non-Executive Director attendance at Clinical Governance Committee (CGC). J Mangan noted that the new NED appointments should address the quoracy issues experienced in the last few months.

J Mangan noted that he had several queries in relation to the clarification of the relationship between BSW (Bath and North East Somerset, Swindon and Wiltshire) Commissioning Group and the STP; progress with updating the website and how we better promote good performance of SFT in Wiltshire. J Mangan noted that he would pick these up under any other business unless covered during the meeting.

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

PERFORMANCE and FINANCE

CG 18/11/04 **Integrated Performance Report**

C Blanshard presented the report which highlights key themes and issues across the organisation, attempting to make links between the various aspects of the Trust's business. C Blanshard highlighted the following key points.

- The Trust was unable to maintain the positive performance on the Emergency Access and Diagnostic standards that was achieved in August. However, the Trust continues to benchmark favourably against

other Trusts elsewhere in BSW and the South West of England. There are ongoing challenges in relation to timely discharge and high levels of Delayed Transfers of Care (DTOC) which have impacted bed occupancy levels.

- There are emerging challenges in elective care, whilst the Trust continues to deliver on the RTT standard, there is a downward trend and the waiting list size has increased.
- Cancer performance is good, with a few breaches reported due to the complexity of the patient's pathways.
- The Trust continues to manage the number of C.Difficile cases and ensure any lapses in care are identified and action is taken.
- Weekend HSMR remains a concern and C Blanshard noted that a paper was being presented later in the meeting to pick up the concerns and actions underway.
- In relation to workforce, the absence rate reduced in September to 3.29% which reflects a significant decrease in long term sickness cases. An increase in short term sickness is being managed robustly in accordance with the Attendance Management Policy. The turnover in September was 9.12% which is a slight increase on the month before but is still below the Trust target of 10%.
- In relation to Finance the Trust has reported a £300k surplus for the period, taking the year to date control total deficit to £5,220k meaning that the PSF and FRF for quarter 2 may be recognised. This was made possible following agreement with Wiltshire CCG on a minimum income guarantee on the acute contract. Currently, both elective and day case activity are both showing year on year reductions, with shortfalls in clinical productivity and increasing agency spend on hard to fill posts. The deteriorating financial position has been recognised and mitigating actions are already underway to manage this situation.

Discussion:

- A Lack noted that there were a few abbreviations in the report which he was unfamiliar with, OPEL, OPAL and SSEU. C Blanshard explained that these represented Operation Pressures Escalation Levels, Older Persons Assessment Liaison and Short Stay Emergency Unit. It was suggested that an 'acronym buster' would be useful for inclusion in the meeting papers. K Nye to pick this up outside of the meeting.
- A Lack queried the care hours per patient, per day as the figure appeared higher than expected. C Blanshard noted that the figures include Radnor Intensive Care Unit and it was agreed this should be reported separately. There was a discussion on the understanding of care hours and C Blanshard suggested a separate seminar session from F Hyett for the governors to provide more of an understanding.
- C Wynne queried the hard to fill posts and asked if they were medical or nursing and if the situation is critical what is being done to address it. C Blanshard noted that the Trust continues to focus on recruitment and have recently appointed consultants in Cardiology, Colorectal Surgery, Radiology and Orthopaedics. Unfortunately, there are areas that are difficult to recruit to and these include Gastroenterology, Microbiology and Dermatology. C Blanshard explained that there is a national shortage in some specialities and therefore other methods of filling these gaps are being looked into. For example nurse-led clinics in Dermatology and the introduction of virtual clinics. J Robertson noted that there is a lack of training posts nationally, particularly in Dermatology, which has resulted in a reduction in specialist registrars.
- N Sherman asked if the Trust benchmarks itself internationally and if so where would it appear in league tables. C Blanshard explained that there are a number of international leagues but healthcare in the UK usually

performs high in relation to access and equity.

- J Mangan queried the data quality ratings, for example pressure ulcers which are rated amber. C Blanshard noted that data quality ratings are subjective, for example pressure ulcer data is delayed as it relies on data from external providers.
- A Lack noted that he would like further detail on the 4 hour standard to include time to treatment in ED and the time the patient was waiting for a bed. C Blanshard noted that the 4 hour standard is a hospital target not an ED target and the responsibility is shared across the Trust as it is fundamentally linked with patient flow throughout the hospital. C Blanshard further noted that the 4 hour standard and other national targets are currently under review.

QUALITY and RISK

CG 18/11/05 **Patient Experience Report – Quarter 4**

C Blanshard presented the report providing a mid-year update on progress against the Trust's Patient and Public Experience and Involvement priorities. The following key points were highlighted:

- A complaints newsletter has been produced and shared with teams. This will be a quarterly newsletter and will help to share learning Trust-wide.
- The variable response time as set out in the Complaint Handling Policy went live on 1 August but any changes in compliance with an agreed timeframe will not be seen until Q2. Response timescales for complaint responses going out between 11-14 days has improved this quarter although a significant percentage extend beyond 25 working days.
- The PALS Complaint coordinators have initiated weekly ward rounds with the aim of facilitating real-time and prompt resolution to patient's concerns. It is hoped this will prevent these concerns from escalating and the initial feedback from ward staff has been positive.
- The report now includes a summary of comments posted on social media about the hospital. In Q1 there were 89 positive comments posted on Facebook, a majority of these were comments on pictures posted by the Communications team.

Discussion:

- N Sherman noted that there were a number of complaints in relation to food and nutrition. C Blanshard noted that the feedback regarding food is a balance of positive and negative comments and unfortunately it is difficult to please everyone when it comes to patient meals. There is a patient and governor on the Food and Nutrition Steering Group, which means the patients have the ability to shape the agenda and the group's work streams. The outcome of recent discussions is the introduction of finger food and the children's menu has been changed.
- R Jack referred to the PALS office, which has recently moved to a new part of the Trust. R Jack noted that the new rooms are particularly small. C Blanshard explained that this move is temporary and the service will move to a more permanent home in the future.
- L Herklots asked who was responsible for the availability of electronic patient formation. C Blanshard explained that patient information leaflets are available on the Trust's website. It was noted that there is a lot of improvement and development required for the Trust's website and this is being managed by the Communications team.

CG 18/11/06 **Information Governance - Presentation**

D Gravett attended the meeting to provide an overview of the Trust's Information

Governance guidelines and the responsibility of Governors.

Discussion:

- A Lack queried an email he had received via his NHS net account earlier in the day which appeared to be spam. D Gravett confirmed that it had been a test email sent out by the Trust to all staff, volunteers and governors.
- There was discussion in relation to the difficulties of being locked out of NHS net and not being able to access accounts. D Gravett explained that any problems or issues with NHS net should be directed to the informatics team who will be happy to help with any problems logging in.
- The N Marsden and the governors thanked D Gravett for the presentation.

ASSURANCE

CG 18/11/07

Hospital Out of Hours

C Blanshard presented her report, which asked the Council of Governors to note the higher than expected weekend HSMR and the probable causes as outlined in the paper. The paper also outlines the concerns regarding safety and workload at weekends and the measures the executive team are taking in order to address these issues. The following key points were highlighted:

- In the most recent 12 month rolling period ending May 2019, the Hospital Standardised Mortality Rate (HSMR) for patients admitted at the weekend has been steadily rising.
- Over the same period of time junior doctors have raised concerns about the intensity of workload in the evenings and weekends and in September CGC received a report on safety and effectiveness of services at the weekend.
- The actions taken by the executive team include working with partners to reduce inappropriate admissions, reviewing clinical pathways, uplifts in staffing in key areas and improving deployment and utilisation of existing staff alongside improved documentation and coding.
- C Blanshard noted that the uplifts in staffing and better deployment will hopefully have a positive impact on weekend HSMR but there will be a lag time in the figures before any change is apparent.
- The digital immaturity of the Trust does have a significant impact of clinical safety, recruitment and retention of doctors as well as impacts on workload. To address this, the Trust will need to invest considerable time, expertise and money and until then will continue to rely on paper work-arounds.
- The Board is closely monitoring progress against these mitigating actions and via the Quality Indicator Report, Seven Day Board Assurance Framework, the Learning from Deaths report and the Guardian of Safe Working.

Discussion:

- J Robertson referred to the availability of an appropriate on call room for clinicians to rest in and noted the importance of rest in relation to performance and clinical safety. C Blanshard noted that the Trust is conscious that junior doctors need a place to rest which is why the £60k allocated from the British Medical Association (BMA) is to be spent on a dedicated rest, quiet study and refreshment facility in the main hospital.
- M Clunie noted that a lot of the actions will require investment and asked for assurance that the actions listed in the report will be followed through. C Blanshard noted that whilst there is a cost on some of the actions, there are other difficulties which will have to be addressed too. For

example, the rurality of the hospital and trying to attract the right workforce to the area is an ongoing challenge. Additionally, C Blanshard noted that some of the actions also require collaboration with external providers/ partners.

- A Lack asked if hot meals are available for staff working at night. C Blanshard explained that there is a vending machine and a microwave to heat the meals up which, it has been noted, provides limited choice and there are longer term plans to improve this.
- J Sanders suggested that a key improvement would be more support for nursing homes in order to keep patients from being unnecessarily admitted. C Blanshard explained that a lot of work is underway reviewing new models of care and improvements have been seen in other areas of the country where GPs are carrying out regular rounds in nursing homes for example. This look at new models of care is included as part of Primary Care Network (PCN) initiatives.
- J Mangan noted that the reasons for the change in weekend HSMR were still unclear. C Blanshard noted that this question had been discussed with the executive team as the detailed analysis carried out so far had not provided a definitive answer. The reason for the unexpected increase in weekend HSMR is likely to be multifaceted and is a key focus of the executive team.
- The Council thanked C Blanshard for providing a concise and informative summary.

GOVERNOR BUSINESS

CG 18/11/08 **Constitution update – Merging of constituencies**

N Marsden presented the paper which recommended the amendment of the Trust's constitution. The Council of Governors noted that Annex 1 of the Trust's constitution should be amended by:

- The insertion of the area covered by West Wiltshire constituency into the South Wiltshire Rural constituency.
- The removal of West Wiltshire as a constituency.
- The number of governors for the South Wiltshire Rural Constituency to be increased from 5-6.

Decision:
The Council of Governors agreed to the proposed amendments.

CG 18/11/09 **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
- Sustainable Development Management Group
- End of Life Care Strategy Steering Group

CG 18/11/10 **Date of Council of Governor 2020 Meetings**

N Marsden presented the paper summarising the meeting dates in 2020.

Decision:
The Council of Governors agreed the 2020 meeting dates.

CG 18/11/11 **Any Other Business**

N Marsden referred to J Mangan's earlier query regarding BSW CCG's and the STP. The BaNES, Swindon and Wiltshire (BSW) CCG's will merge into a single entity from 1st April 2020 and it is hoped this will initiate a focus on strategic commissioning, providing a series of outcomes better suited to the patient base. The BSW STP has recruited an independent chair and it is hoped this person will drive consolidation in relation to the geographic challenges of BSW.

There was no other business.