NHS Salisbury NHS Foundation Trust

Minutes of the Council of Governors meeting held on 20 July 2020 in Microsoft Teams

Present:

Kevin Arnold	Public Governor
Joanna Bennett	Public Governor
Mary Clunie	Public Governor
Jonathan Cullis	Staff Governor
Lucinda Herklots	Public Governor
Raymond Jack	Public Governor
Pearl James	Staff Governor
Rachel King	Nominated Governor
Jenny Lisle	Public Governor
John Mangan	Lead Governor
John Parker	Public Governor
Lee Phillips	Staff Governor
Tony Pryor-Jones	Public Governor
Edward Rendell	Nominated Governor
James Robertson	Public Governor
Paul Russell	Staff 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
Judy Dyos	Director of Nursing
Rakhee Aggarwal	Non-Executive Director
David Buckle	Non-Executive Director
Paul Kemp	Non-Executive Director
Sallie Davies	Interim Medical Director/Consultant

Apologies:

William Holmes	Public Governor

ACTION

OPENING BUSINESS

CG 20/07/01 Welcome and apologies

N Marsden welcomed all the newly elected governors from

- Salisbury City - Kevin Arnold and Joanna Bennett
- South Wiltshire Rural – Tony Pryor-Jones
- Kennett - Peter Kosminsky
- Clerical, Admin and Managerial - Paul Russell
- BSW CCG – Dr Edward Rendell.

N Marsden also welcomed Judy Dyos the new Director of Nursing to the Council of Governors meeting.

Apologies were noted as above.

CG 20/07/02 Minutes of the Council of Governors meeting held on 18 May and 22 June 2020

The minutes were agreed as a correct record.

CG 20/07/03 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 some actions had not been completed N Marsden assured the council that these actions are being picked up and that the Trust will continue to focus on them.

CG18/02/02 - Governor Queries/ Letter heads:
N Marsden informed the Council that the Communications team are working on internal and external communications. The Trust recognises the importance of making external communications clear and concise for patients who are attending the hospital. This action will be continually reviewed. **ACTION: NM** **NM**

CG 17/02/04 – Integrated Performance Report
N Sherman to meet with L Thomas, Director of Finance. I Cardoso still awaiting availability dates and times from N Sherman. I Cardoso to add N Sherman into the new Governors Induction meeting with the Director of Finance. **ACTION: IC** **IC**

CG 17/02/13 – Any other business
Smoking at the Front Entrance – C Charles-Barks informed the Council that she had connected P James and L Lane; to take this forward. P James informed the Council that she had arranged to meet with L Lane but that the meeting had fallen through. P James said that she was looking to set up another meeting. C Charles-Barks informed P James to get in touch with her PA G Thomas so that he could help in setting this meeting up. **ACTION: PJ/GT/LL** **PJ/GT**

CG 17/02/13 – Any other business
Plastic Cups – N Marsden informed the Council that due to Covid-19 there has been a massive increase in the usage of plastic cups, P James informed the Council that she has been working with E Provins, Director of Transformation, regarding the plastic cups. P James went on to inform the Council that the situation would be monitored and reviewed in three to four weeks' time as an ongoing project **ACTION : PJ/EP** **PJ/EP**

CG 18/05/06 – Draft Quality Account
Hospital Out of Hours Report – N Marsden informed M Clunie and the Council that S Davies would be joining the meeting today to provide an update.

CG 18/05/09 – Summary of Risk Register
Risk 5360 Cyber-attack – K Nye informed the Council that the cyber-attack risk 5360 was incorporated into a wider digital risk some time ago. However, after further discussion at Board it was decided that this should be a standalone risk and was therefore added to the risk register as a separate risk which is being actively managed**.**

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

PERFORMANCE and FINANCE

CG 20/07/04 Integrated Performance Report

C Charles-Barks presented the report which highlights the key themes and issues across the organisation. C Charles-Barks stated that much of the Trust day to day

operational work has changed due to Covid.

C Charles-Barks highlighted the following key points.

- The Trust moved to recovery mode in May. This involved the restart and recovery of services. The return to routine work is limited by the requirement to adhere to testing, distancing and cleaning regulations, therefore elective activity levels, although increasing, remain significantly lower than the plan.
- Bed occupancy has increased slightly from April, but remained low at 64%. As a positive side effect of this there were zero same sex accommodation breaches, decreased bed moves, and almost no escalation bed days. All wards were sufficiently staffed for the month; with a reduction in agency spend as a result of lower bed occupancy levels. The overall expenditure on pay in the month a 2.4% reduction in April.
- Sickness levels have significantly reduced to 3.95%, with non-Covid-19 related sickness under the Trusts target of 3%. Mandatory training levels have increased slightly, with increased IT access from home helping achievement of this.
- Continued decreased levels of elective activity, combined with a reduction in referrals caused further deterioration of RTT. Diagnostics improved marginally to 47.2%. Performance of cancer standards were mixed, with achievement of the two week wait standard at 94.8%. There is concern however, that this is linked to a low rate of referrals. Due to a low number of treatments provided, the 62 day standard performance was 77.8%, some way below the target level of 85%.
- Low volumes of emergency activity remained, but ED attendances increased at 4409 compared to 3139 in April, subsequently the 4 hour emergency access standard was met. Stroke and TIA performance remained good, and TIA presentations have increased to near pre Covid-19 levels.
- Block contract and 'top-up' payments received as part of the Covid-19 response were not quite enough to cover the baseline costs of the Trust, with a claim for £0.1m retrospective top-up required. This is inclusive of the recognised £0.3m per month 'shortfall' in the top-up methodology caused by the instruction from NHSE&I not to invoice for provider-to-provider genetics tests.
- Pressure Ulcers have seen an improvement, notably in level 2 ulcers which reduced to almost target (15) level at 16. Additional education has been provided, and results of a cluster review and an improvement plan are expected at the June Clinical Governance Committee. Further work is expected to be undertaken as a result of this review.

J Dyos , Director of Nursing added that there were some concerns about pressure ulcers classification in terms of quality but that the Trust had been working really hard and trained over 200 staff members and the reduction in level 3 and 4's can already be seen.

Discussion:
There were no questions from the Governors who noted the paper.

QUALITY and RISK

CG 20/07/05 Patient Experience Report – Quarter 4

J Dyos presented the first of two reports, the Patient and Public Experience and Involvement Progress on our Priorities. J Dyos informed the Council that the report provided an end of year update and a progress report against the Patient and Public Experience and Involvement Priorities. The report was divided into three

parts:

1. Communication – The Trust want to build on the work that has already taken place and improve the way they listen to and communicate with patients, their families and their carers
2. Working together - want to review patient experience (positive and negative) and learn from it so that the Trust can improve services and how people are involved
3. Outstanding care – want our patients, their families and carers to have an outstanding experience first time and every time they come into contact with our staff.

The Governors noted the report.

J Dyos, Director of Nursing, presented the report providing the activity for Q4 2019/20, and an overview of the year in relation to complaints 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.
- In Q4 55% of closed cases were responded to within the agreed time scales. This is comparable with Q3 figures.
- Actions for previous quarters are displayed. All bar one action for Q2 have been closed. All Q1 actions are now closed.
- Lost property has been a theme recently and whilst lost property is now managed by PALS the process had not been formally defined. A new policy that more clearly outlines the roles and responsibilities for found and reclaimed property has been ratified in Q4.
- There has been a marked reduction in reopened complaints over the past five years, which is thought to be due to an increase in face-to-face local resolution meetings, and the level of scrutiny given to the complaint investigations and subsequent responses.
- Reopened concerns show an upward trend. Additional training on concern investigations and writing a good response letter is being brought in for 2020/21.
- Health Watch published a national report on complaints in Q4. Key improvement actions for PALS are detailed.
- PPI update is available in a separate report showing progress against our engagement strategy.
- At the end of March 2020, NHSE wrote to all NHS providers to ask them to 'pause' new and ongoing complaints investigations, to allow providers to concentrate on front-line duties and responsiveness to COVID-19. In addition, the PHSO will not be accepting new health complaints or progress existing ones where this requires contact with the health service or clinical advisers.

J Dyos assured the Council that the Trust was responding and acting appropriately to patient feedback and assured that patient and public involvement in service co-design and improvement.

Discussion:
P James congratulated J Dyos on the fact that face to face complaint meetings were happening

ASSURANCE

CG 20/07/06 COVID-19 Update

C Charles-Barks informed the Council of the current numbers of patients in hospital. The Trust currently has 363 patients in the hospital, 269 tested negative and 94 patients were awaiting results. C Charles-Barks reminded the Council that the Trust screened everyone that came to the hospital and that was why there were people awaiting test results. The Council was informed that the last admitted patient with Covid was the 28th June.

The cumulative total to date is 88 patients tested positive have been discharged home and the Trust had 56 Covid deaths to date. C Charles-Barks said that much of the Trust focus now is on recovery. One of the big pieces of work is around the anti-body testing and that the Trust has over 70% of the workforce tested and aim to have everyone tested in the next couple of weeks. 52% of staff have also undertaken a risk assessment and over 89% of vulnerable staff have undertaken their risk assessment.

Discussion:
R King enquired about the actions being taken to secure diagnostic capacity and also the timescales for those given the impact on cancer standards. C Charles-Barks said that she didn't have the latest up to date position, but will ask A Hyett, the Chief Operating Officer for an out of meeting update. **Action: AH** **AH**

P Kosminsky referred to the 56 people who sadly passed away from Covid, and wanted to know the rate of people who have died compared to the number of people admitted with Covid and how this figure compares with the national figure. C Charles-Barks informed that the Trust saw 150 admissions in total and 56 of those admissions went on to die. So about 33% of those admitted. The Trust is no different from others nationally. C Charles-Barks also informed the Council that a full mortality review was performed on every person that has died of Covid to see if there was anything that the Trust could have done differently. The Trust only had 4 BAME admissions. Of the 150 that were admitted a 130 had pre-existing conditions.

J Mangan stated that he was concerned going forward that the Trust does not put people of greater risk because of the flu and wondered what the progress was with the flu campaign to immunise front line staff. J Dyos informed the Governors that the Trust was already making plans to promote the flu vaccine to staff and also following government guidance as to how mandated it was going to be.

J Mangan asked if it was possible to know what percentage of staff tested for the anti-bodies tested positive. J Dyos informed the Governors that 90% of staff had been tested and that 10 % had tested positive.

CG 20/07/07 Hospital at Night – Sallies Davies, Interim Medical Director

S Davies, Interim Medical Director, provided a presentation to the Council and asked if there were any specific areas that Governors would like covered.

Discussion:
M Clunie referred to a risk in the Annual Report and the Risk register where it showed gaps in the junior doctors rota, especially at weekends and unsocial times and that at these were causing the out of hours mortality figures to raise. M Clunie was looking for assurance to the impact the junior doctors current rota was having on 'out of hours' and what progress was being made to better this.

S Davies described what was involved in Hospital at Night and who is involved. S Davies informed the Council that Hospital at Night started in 2004 when the junior doctor contract changed, which caused there to be a lack of junior doctors working at night. Junior Doctors contracts were changed again and this limited the number

of long days and night shifts that they were allowed to do.

The Hospital at Night rota ensures that there are doctors covering:

- Medical admissions –
  - Medical SpR,
  - FY2;
  - Medical twilight until 9/10pm
- Surgical admissions – 12x FY2 and 8x FY1
  - Surgical FY2/Core Trainee(second on for wards) called the H@NT doctor
  - Surgical SpR until 11pm (9pm Fri; Sat; Sun)
- Ward Cover –
  - H@N Surgical FY1
- Other Team members
  - H@N Co-Ordinator
  - Critical Care Outreach
  - Clinical Site (7pm-7am)
  - H@N Assistant (8pm-2am)
  - Emergency Department – SHO x2
  - Ed Consultant until midnight
  - Anaesthetic SpR
  - Anaesthetic SHO
  - Paediatric SHO
  - Paediatric SpR or Consultant
  - Obs&Gyn SpR or Consultant

S Davies assured the Council that the besides the junior doctors that The Deanery provided the Trust with, the Trust also employs local doctors to fill gaps/rotas when the allocation hasn't been sufficient. The Trust is constantly reviewing this.

S Davies informed the Council that during Covid, Hospital at Night had been suspended and that all junior medical staff had been redeployed to critical care, respiratory care and ED. Additional support from consultants on wards was also provided. Bed occupancy was reduced from 97% to 60%, and that elective work was in the majority suspended. S Davies assured the Council that in the near future the Trust was going to ensure that there was:

- Weekend working task force
- H@NT was reinstated
- Rest facility for junior doctors created
- Appoint an education and development lead for locally appointed doctors.

J Robertson enquired if the Trust knew the rate of gaps, is it 1 in 10 or 1 in 20 of the posts that might not be filled. S Davies explained that it was quite difficult to respond as even if The Deanery sent a doctor it does not account for the fact that they are part time. This makes it very complicated to manage.

J Mangan inquired if the issue of rest and refreshments for people working at night had been addressed. S Davies responded that it had been.

M Clunie enquired about the sepsis decrease in percentage after the initial diagnosis as 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.

P Miller, NED, informed the Council that the sepsis report was highlighted in the Clinical Governance Annual Report and that NED, Eiri Jones had recommended that the Clinical Governance Committee track the performance and report back to the Council of Governors at a future date if there are any concerns.

The Governors noted the presentation.

CG 20/07/08 Auditors Report – Grant Thornton UK LLP, Barrie Morris

B Morris informed the Council that Grant Thornton had audited the financial statements of the Trust and its subsidiaries for the year 31 March 2020. In Grant Thornton's opinion the financial statements:

- Gave a true and fair view of the financial position of the group and of the Trust
- Have been properly prepared in accordance with International Financial Reporting Standards (IFRSs)
- Have been prepared in accordance with the requirements of the National Health Service Act 2006

B Morris said that the basis for the qualified opinion was:

- Due to national lockdown arising from Covid-19, Grant Thornton were unable to observe the counting of physical inventories, this qualification applies to all NHS provider organisations in 2019/20
- The unknown future economic impact of Covid-19 an Brexit
- Material uncertainty relating to the going concern arising from formal contractual arrangements for 2020/21 only extending to phase 1 of the Covid-19 response (31 July 2020). The financial statements were prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2019/20 which states that the financial statements should be prepared on a going concern basis

Discussion:

- J Mangan noted that Covid had played a huge part and the report provided is a historical look based on what was planned and what was achieved and that the Government introduction of a level 4 emergency has fundamentally changed that. The report provided by Grant Thornton is technically correct and that there were no surprises as to the financial position of the Trust. B Morris concurred with the observation and stated that the report would be different had the pandemic not hit at the end of March 2020. P Kemp, NED, assured the Council that he was quite happy with the position of the Trust and that the report was a fair summary.

The Governors noted the report.

GOVERNOR BUSINESS

CG 20/07/09 Governor Communications

J Mangan noted that the Trust was doing a review of its communications and that Governors were keen to do more when communicating with the general public. The council wanted reassurance that the Trust in its Communications Strategy review was committed to improving the newsletter and producing regular Governor Bulletins so that Governors may communicate in a regular and coherent way with their constituents.

N Marsden indicated that it was the intention of the Trust to do so. C Charles-Barks explained that the Trust should not be specifically producing a series of communications for the Governors, for them to then pass on to the constituents. C Charles-Barks expectation is that the Trust has publically available information the on the website that anybody can access and that those are also shared with the Governors so that they may use them when communicating with their constituents.

N Sherman stated that Governors are there to protect the interest of the public and have a duty to report back to them what Governors know and learn particularly from

Governors meetings, especially in a public meeting.

C Charles-Barks said that the expectation would be that the information that Governors are sharing would be consistent with what is on the Trust's website. If there is a requirement to have more publically available information then Governors should feedback what information constituents require so that the information can be made available. Communication from the Trust needs to be consistent and if there are any gaps the Trust will endeavour to rectify this.

J Robertson suggested that the Communications Team link closely with the GPs to keep them informed of what might not be going as well as it should, e.g. patient not attending their hospital appointments. C Charles-Barks informed the Governors that the STP communications leads come together regularly and are doing a piece of work around improving how they collectively communicate across all areas. The Trust also has a Primary Care liaison, Paul Russell, who supports the Communications Team to actively communicate with key partners. P Russell reassured the Governors that in his role as the Primary Care liaison he keeps in regular contact with key partners and provides all the information they need, through newsletters, phone calls etc.

CG 20/07/10 Governor Elections

I Cardoso provided the Council with a report on the Governor elections and the latest Governor vacancies on the Council.

The Governors noted the report

CG 20/07/11 Committees and Working Groups

I Cardoso provided the Council with the an updated list of all the Governor committees, Observer positions and Trust led working Groups

J Mangan invited nominations of interest from Governors to the Committees, and Trust led working Groups. J Mangan indicated that the Observer posts needed Governor deputies in case the position holder could not attend. J Mangan asked that all expressions of interest to any of the committees, observer position and Trust led working Groups be emailed to I Cardoso. **Action: Govs to IC** **Govs/IC**

CG 20/07/12 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 20/07/13 Any other business

N Marsden closed the public meeting off by letting the Council know that this was C Charles-Barks' final Council of Governors meeting, and wanted to take the opportunity to thank Cara for all that she had done in the last three and half years and that the Trust had been served greatly under her leadership and wished her the very best.