NHS Salisbury NHS Foundation Trust

Minutes of the Council of Governors meeting held on 24 May 2021 in Microsoft Teams

Present:

Kevin Arnold	Public Governor
Joanna Bennett	Public Governor
Mary Clunie	Public Governor
Lucinda Herklots	Public Governor
William Holmes	Public Governor
Raymond Jack	Public Governor
Pearl James	Staff Governor
Paul Russell	Staff Governor
Jenny Lisle	Public Governor
John Mangan	Lead Governor
John Parker	Public Governor
Tony Pryor-Jones	Public Governor
Edward Rendell	Nominated Governor
James Robertson	Public Governor
Jayne Sheppard	Staff Governor
Christine Wynne	Public Governor

Guest:

Steve Donald	Nominated Governor

In Attendance:

Nick Marsden	Chairman
Stacey Hunter	Chief Executive
Isabel Cardoso	Membership Manager (minutes)
Fiona McNeight	Director of Corporate Governance
Judy Dyos	Chief Nursing Officer
Peter Collins	Chief Medical Officer
Rakhee Aggarwal	Non-Executive Director
Tania Baker	Non-Executive Director
Eiri Jones	Non-Executive Director

Apologies:

Jonathan Cullis	Staff Governor
Rachel King	Nominated Governor
Lee Phillips	Staff Governor
Peter Kosminsky	Public Governor

ACTION

OPENING BUSINESS

CG 24/05/01 **Welcome and apologies**
Apologies were noted as above.

CG 24/05/02 **Minutes of the Council of Governors meeting held on 22nd February 2021**
The minutes were agreed as a correct record.

CG 24/05/03 **Action Log and Matters Arising**

CG 16/11/12 – Governor Communication with members

J Dyos said that the Council had been provided with a paper on the video consultation activity within the Trust. J Dyos said that she would be happy to take any questions for the Council.

Discussion:
M Clunie inquired what would happen in a video consultation if either the medical / healthcare professional and or the patient felt that it would have been optimal for them to have been seen in a face to face consultation. P Collins said that a video consultation in primary care had moved quite far into using video consultation because of Covid-19 but that primary care clinicians were mindful of this and that if it was deemed beneficial or a patient requested the consultation would be face to face. The Trust did not want to lose the advantages of video consultation where it is appropriate to make sure our services go further. If a clinician in secondary care (hospital) felt that it would be better and benefit the patient to have a face to face consultation that the patent would be booked in right away. J Dyos iterated that there was a difference between a first consultation and a review consultation where these would be considered.

C Wynne said that not all of the video consultations were working and that patient notes should be looked at more closely before a decision is made as to what type of consultation is offered.

S Hunter said that the Trust was in a recovery period due to the pandemic and that people are being classified to the national prioritisation measures and because of this the Trust had limitations on capacity and was not running at the same level as pre pandemic. This is having a big impact on patients who have been waiting a long time and understandably people are getting frustrated which the Trust recognises.

P Collins said that the prioritisation of patients was clinically led and that the Trust was also following the national prioritisation guidance but that there are mechanisms in place to make sure that the Trust is doing everything that it could to prioritise appropriately and to monitor for harm.

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

PERFORMANCE and FINANCE

CG 24/05/04 Integrated Performance Report

S Hunter presented the paper and informed the Council that the paper provided for today's meeting was now a little out of date as the Trust was in a recovery phase. S Hunter let the Council know that :

- The level of impact from Covid-19 on hospital pressures continued to reduce through March, with the number of inpatients reducing from 34 on 1st March to 3 by 31st March.
- Bed occupancy remained at a comfortable level of 87% supporting good flow throughout the organization and this was reflected in the performance against the Four Hour access standard at 90.9%, this was the highest level achieved since the first Covid-19 wave
- Staff sickness levels reduced with Covid-19 related sickness or isolation falling in line with community prevalence reducing.
- Attendances were higher in M11 mirroring the trend that had been seen following previous easing in lockdown restrictions.
- Time to ward within 4 hours of a stroke improved, but only 73% of patients spent 90% of their time on the stroke unit. The acute stroke unit moved back to its original location on level 2 with 20 beds, whilst the 13 rehabilitation beds remained on Breamore ward and the consultant workforce increased

from 2 to 3 people.

S Hunter stated that elective activity continues to be a challenge due to the restricted numbers of some services. S Hunter informed the Council that he ICU bay on Laverstock ward had been completed during the month and became operational, ceasing escalation into theatres.

The Council was informed that elective and day case activity levels had improved, but that it did not reach the levels set in the Phase 3 plan, and as a result the number of patients waiting over 52 weeks for elective treatment increased.

S Hunter noted that that:

- performance against the 6 week diagnostic standard reduced slightly to 92.8%, and that the national position at M10 was 71.5% so SFT were significantly ahead of many Trusts in recovering this standard. The main area yet to recover was Cardiology Echocardiograms; however improvement actions have been identified with performance expected to start improving from M1. The main risk to ongoing improvement and achievement of this standard remains increasing referral levels.
- The number of patients seen within 2 weeks with an urgent suspected cancer referral improved and the Breast pathway has been challenging, but improvement is beginning to be seen. 62 Day performance has improved by just short of the 85% standard at 83% (provisional) in M12.

S Hunter informed the Council that the Trust had recorded a bottom line surplus of £78k at the year-end and that the financial plan had assumed a control total deficit of £0.1m for the month. A £15.2m deficit for the year, with no central MRET or FRF was therefore assumed. The Trust's improved performance against this target was due to the increase in funding made available to NHS providers in 2020/21.

S Hunter reported that the costs directly driven by the Covid-19 response have now reached £5.7m, 62% of which related to hours worked by the Trust's existing workforce, and though a combination of redeployment from BAU duties and additional hours. The high costs seen in month 11 has begun to level off as the level of Covid-19 activity in the Trust has fallen; bank nursing, junior doctor additional shifts and ancillary staff remain the areas mainly affected.

Discussion:
M Clunie inquired about the Emergency Department waiting times, and asked if the new modular medical outpatient building had opened, and if so was it starting to make an impact now that it was available. S Hunter reported that the new medical outpatient unit was going to be used for additional outpatient clinics like fracture clinic, and that the Trust is now able to bring back more outpatient type activities.

K Arnold asked as to the methodology used to triage who has an appointment first and whether a virtual consultation would be appropriate or not in the first instance. P Collins informed the Council that the prioritisation focused on intervention such as operations and other procedures, and is very much clinically led. P Collins said that each speciality prioritises their patients according to the clear national guidance around what type of condition is classified Priority 1 though to Priority 4 and then there was also a balancing between specialities to get the right mix of procedures to make sure that those in the most need are seen first. This process is mostly led by the Trust's senior medical and nursing staff.

J Bennett asked how the inappropriate referrals that were coming through from GP's because of the lack of face to face consultations in primary care were being monitored and if there was any feedback to GP's for inappropriate referrals. P Collins said that no referral was inappropriate if it got the patient the help they

needed, but that the Trust was helping primary care and community colleagues to understand how to use the hospitals facilities for early diagnostics. The Trust has regular meetings with primary care physicians so as to enable them to understand what information the hospital would need in order triage better.

J Parker said that he was comforted to see staff absence levels falling but was still slightly concerned that in the clinical divisions report the first category was anxiety and stress and just wanted a bit of an assurance that staff well-being was being monitored especially after the year that has been. S Hunter assured the Council that the Trust was working with the Trade Unions, health and well-being colleagues to understand what more the Trust could do to support staff and that there were already a whole range of things in place like psychologists, physios, exercise etc.

J Sheppard supported all that S Hunter said from the perspective of a nurse after having to go around several areas in the Trust during the pandemic and said that staff had indicated to her that they felt supported by the Trust and that the psychology team had been amazing in having debrief session or even bespoke sessions for staff.

E Jones commented that the NED safety walks had restarted and that one of the questions that they asked staff was about their wellbeing and if there was anything they specifically need and also allowing staff to talk about what it was really like to work though COVID and that staff had indicated that they appreciated the different forms of support that had been put in place.

The Governors noted the paper.

QUALITY and RISK

CG 24/05/05 Patient Experience Report – Quarter 1

J Dyos presented the Patient Experience report and informed the Council that the report provided a summary of the activity for Q3 2020/21 in relation to complaints and the opportunities for learning and service change. Some key changes are highlighted below:

- The PALS team have been found a new home in offices close to The Green Entrance and hoped to move in Q3. This would make the PALS department more visible and accessible to visitors.
- There was no national pause on complaints (as was seen in the first wave of the pandemic) but under the Complaint Regulations PALS could extend the response time frame (for six months or more) as long as they explained this to the complainants. Currently they are advising complainants that the COVID-19 pandemic was causing a huge strain on services and that their response was likely to be delayed.
- Compliance with agreed response times were not as good as previous quarters; it is thought that the pressure on clinical services due to the COVID-19 pandemic was to blame
- Opportunities for patient/general public engagement have been much reduced due to social distancing and the national lockdown. The sampling timeframe for the Children and Young People survey has been extended to the end of January 2021

Discussion:
J Lisle referenced a patient story that she had been told about who had felt that she could not bring up her concerns and felt that she had not been listened to at the time, and that new mothers were not being supported and listened to. J Dyos said that she would pick this up with the head of PALS to see what has been raised and also discuss with the maternity team. J Dyos informed the Council that the Trust

has been proactively reviewing maternity services in the Trust since the Autumn last year and recognise that there are things that need to be improved upon. **JD/KG**
Action: JD/KG

The Council noted the report.

CG 24/05/06 Annual Quality Account and approve Governor Statement

J Dyos informed the Council that they had previously received the Annual Quality accounts and that the Trust was just sharing the latest version of the document.

J Mangan requested that the Council formally agree the Governor comment for the Quality Accounts, which had been circulated to the Governors.

Discussion:
L Herklots said that she was impressed with the improvement on the seven day working because that had been an ongoing concern.

M Clunie noted that the document has moved on and is a much better read.

The Council formally approved the Governor statement for the Quality Accounts.

ASSURANCE

CG 24/05/07 Self-Certification

F McNeight informed the Council that all NHS Foundation Trusts are 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 informed the Council that she and the Director of Finance had reviewed the statements and evidence and that it was approved at Trust Board to respond with confirmed for all elements. F McNeight also said that there currently is no new guidance issued by NHSI and therefore, templates and deadlines mirror those for 2020/21.

F McNeight recommended that the Council approve the Trust's Provider Licence self-certifications.

Discussion:
L Herklots inquired about the Chair and Non- Executive performance reviews and where they were located as unlike the Executive performance review they were not reflected in the document. F McNeight said that the Trust would add that in to the document for completeness. **Action: FMcN** **FMcN**

J Mangan referenced the recent CQC visit to Maternity and Spinal services and inquired whether it was reference in this statement. F McNeight said that in appendix 1 the Trust referenced it in the risk column where it said that 'weaknesses in internal controls were identified through an internal audit programme for 2020/21and regulatory enforcement'.

The Council noted the report and approved the Trust's provider licence self-certifications

GOVERNOR BUSINESS

CG 24/05/08 Council of Governor engagement

F McNeight referred the Governors to the paper written by K Nye and I Cardoso on the upcoming work to improve the Governor engagement within the local community and suggest further methods of engagement that might be appropriate. F McNeight also informed the Governors that the Membership Manger would be working towards reinvigorating all the Governor Committees and thereby improving Governor involvement within the Trust (involved in the Trust-led working groups) as well as in the local community (Medicine for Members and Constituency meetings).

F McNeight said that although governor engagement had been limited during the last year largely to virtual meetings; Governors have been given additional virtual informal briefings with the Chairman and the NEDs. However, it was clear that many governors were very keen to meet face to face and it is hoped that as restrictions ease the Council of Governor meetings may be planned onsite in line with national and Trust guidelines.

F McNeight reiterated that for the Trust the engagement of Governors, members and local constituencies was of utmost importance, particularly at a time where communication and feedback was essential to improving healthcare in the region.

Discussion:
J Mangan welcomed the initiative and said that the Governors Membership and Communications Committee need to drive this forward.

L Herklots said that there were more changes to be made with the website and the membership form going forward.

CG 24/05/09 Governor Elections – 2021

I Cardoso provided the Council with a verbal summary of the status of the current Governor elections, and said that the Council had been emailed the results of the elections. I Cardoso said that the election process for the majority of the constituencies had been completed on the 17th May 2021. I Cardoso informed the Governors that there were a few constituencies that had been unable to recruit a Governor and that a bi-election was going to be needed. I Cardoso said that the bi-elections would start in July so as to have the new Governors in post by September 2021.

CG 24/05/10 Confirmation of Deputy and Lead Governor - Standing Order 16.2.b

N Marsden asked the Council if they were supportive of Lucinda Herklots being the Lead Governor and John Mangan, the Deputy Lead Governor going forward from the 1st June 2021.

The Council confirmed the appointment of the Lead and Deputy Governors.

CG 24/05/11 Committee/working group reports :

Membership and Communications Committee – C Wynne
C Wynne informed the Council that the Membership and Communications Committee had recently lost most of its committee members and that if any Governors would like to become a member to please let the Lead Governor know as L Herklots is looking at the committee membership.

C Wynne informed the Council that the May 2021 Governor Newsletter was in the

process of being distributed by post and email. The Newsletter would also be uploaded on to the website.

C Wynne took the opportunity to thank the committee members who were leaving for all that they had contributed to the committee.

Patient Experience Sub-Group Reports:

- Organ Donation Committee – L Herklots
- People and Culture – J Lisle

The minutes and sub-group reports were noted by the Council

CG 24/05/12 Any other business
Veterans aware programme

J Mangan informed the Council that Tony Pryor-Jones had had an appointment in the hospital and that staff had been unaware that there was a veteran programme. J Mangan said that Tony then met with a PALs representative to discuss this and that two requests have come from this :

- For a nominated Governor to liaise with the Trusts Veterans Awareness Programme
- System of flagging veterans

J Mangan said the T Pryor-Jones was concerned that there was a general lack of staff awareness around veterans and that some of the issues they have was caused by them being in the armed forces and wanted to bridge this gap.

J Mangan informed the Council that P Russell had offered to serve as liaison with GPs to encourage them to include information in their referrals of veterans, and will link in with T Pryor-Jones to develop any suggestions that he might have.

J Sheppard informed the Council that on the admission form there was a page that asked people to note if they are serving in the armed forces or are a veteran.

IC informed the Council that with the appointment of a Military Governor that this should help with the veteran awareness programme within the Trust as they would be able to liaise with the people on the programme.

N Marsden thanked the outgoing public Governors; R Jack, W Holmes, J Lisle and staff Governors; J Cullis, L Phillips and P James, on behalf of the organisation and especially himself. N Marsden thanked them for all their contribution to the Council and to the Trust.

F McNeight took the opportunity to welcome S Donald and thank the outgoing Governors for all that they had done but especially to R Jack who helped her navigate the constitution.

I Cardoso also thanked the Governors who completed their terms and were leaving for all their hard work and all that they have contributed to the Council.

CG 24/05/13 Date of Council of Governor Meeting

N Marsden informed the Council that there was a list of all meeting Council of Governor meetings for 2021 attached to meeting papers.

The next public meeting of the Council of Governors is 26 July 2021 at 4pm.