

**Minutes of the Council of Governors meeting held on
17 February 2020 in the Board Room**

Present:

Mary Clunie	Public Governor
Jonathan Cullis	Staff Governor
William Holmes	Public Governor
Chris Horwood	Nominated Governor
Pearl James	Staff Governor
Rachel King	Nominated Governor
Alastair Lack	Public Governor
Jenny Lisle	Public Governor
John Parker	Public Governor
Jan Sanders	Public Governor
Nicholas Sherman	Public Governor
Jayne Sheppard	Staff Governor

In Attendance:

Nick Marsden	Chairman
Cara Charles-Barks	Chief Executive
Isabel Cardoso	Membership Manager
Fiona McNeight	Director of Corporate Governance
Lorna Wilkinson	Director of Nursing
Claire Gorzanski	Head of Clinical Effectiveness
Paul Miller	Non-executive Director

Apologies:

Richard Clewer	Nominated Governor
Lucinda Herklots	Public Governor
Raymond Jack	Public Governor
John Mangan	Lead Governor
Lee Phillips	Staff Governor
James Robertson	Public Governor
Christine Wynne	Public Governor

ACTION**OPENING BUSINESS****CG 17/02/01 Welcome and apologies**

N Marsden introduced Rachel King from West Hampshire CCG as the new nominated Governor representative.

Apologies were noted as above.

CG 17/02/02 Minutes of the Council of Governors meeting held on 18 November 2019

The minutes were agreed as a correct record.

CG 17/02/03 Action Log and Matters Arising**CG18/02/02 - Governor Queries/ Letter heads:**

N Marsden informed the Council that Justine McGuinness, the Head of

Communications, had not been at work for a few months and would not be returning to the Trust. Dave Roberts has been standing in and has been working with some of the Governors on the Website. However, the long term plan has overtaken in terms of part of the agreement has changed as the Trust has to send all the outpatient notifications to the GPs electronically. Therefore the whole organisation is going through an exercise to make sure that we are capable of providing that service and make sure that the Trust is sending the notices to the right people at the right location. To be reviewed at the next CoG meeting.

NM

ACTION: NM

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

PERFORMANCE and FINANCE

CG 17/02/04 Integrated Performance Report

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

- While there was some improvement in performance against the Emergency Access target, the Trust continued to feel the impact of winter pressures. The Trust still maintained its performance well above the national average for December 2019, and although the Trust was consistently on high escalation, the number of cancelled operations remained within the expected range
- There was a marked improvement in month in month in discharges before 1200 but while overall bed occupancy fell in month, the longer term trend for this and beds occupied by DTOCs is one of sustained increase.
- The Trusts referral to treatment performance has remained as a special cause variation given the downward trend in performance. Falling performance trends in dermatology and plastic surgery have continued. There has, however, been some progress in the Theatres productivity programme seeing increased productivity of 8% in day theatres.
- The Trust has maintained its performance against diagnostic waiting time standard, delivering 99.8% of diagnostic tests within six weeks in December.
- There has been a marked deterioration in month in two week wait and two week wait (breast) cancer performance which has been attributed to patient choice and the impact of the holiday season, it is expected that this performance will recover in January 2020.
- Quality Indicators – have continued to follow trends seen throughout the year.
- A notable increase in category three and four pressure ulcers is being investigated in January to identify the root cause and improvement actions to be undertaken.
- No falls resulting in moderate or major harm in December.
- Weekend HSMR has stabilised and further evaluation of the actions plan in this area is being undertaken.
- A report and improvement plan relating to risk of mortality in gastrointestinal haemorrhage is being presented to Clinical Governance Committee in late February 2020.
- The Trusts control total deficit (£1.7m) is in line with the forecast expectations shared with NHSE/I. This assumes that the escalation capacity opened in December 2019 will remain in place for the remainder of the financial year. Underlying financial challenges remain as per previous reporting months (agency spend – despite the 75% reduction in nursing agency spend), the impact of unfilled posts and underperformance in

elective activity. A sharp rise in leavers in December 2019 has also contributed to staffing pressures

Discussion:

- J Cullis asked how the Trust performed compared to other Trusts of the same size. C Charles-Barks responded that across the STP most Trusts were not going to meet their control total. Nationally everyone is going to be quite challenged to meet their control totals.
- J Cullis asked about the Genetics Department moving to Southampton within the next three years and what can the Trust do to make up the shortfall, assuming that it was a net income that the Trust received for them. C Charles-Carks said that Genetics might not even go to Southampton and looking at the movement of travel of Genetics nationally, it is all about consolidation and creation of big hubs. N Marsden said that the Trust would negotiate the best deal possible.
- P Miller interjected that it is likely that the Trust will miss the control total this year by £6m and next year you are looking at a £10m cost improvement programme. In the next two to three years something has got to change but we will always have to provide local services for local people on this hospital site and that's the key step for Salisbury. The Trust has to make sure that there is a robust infrastructure to be able to provide these local services.
- J Parker asked about the integrated care systems, with social care, volunteers etc. Has there been any work done on changes to the way that the funding operates? Each organisation is concerned about its own pot and not concerned about a proper integrated system, funding tends to get in the way. C Charles-Barks said that that is one of the critical changes that the Trust is going to need to do over time. One of the real challenges is commissioning services. The challenge that the Trust has is with the Council services as they have different governing body to us and a different political entity so the real risk is that we might be half way down a track and politically they might decide not to spend any more money.
- N Sherman said that as a returning Governor there has been a dramatic change in the financial position in the last four years, where it was at a surplus when he last was a Governor the Trust is now in deficit. How can he get more information about the financial situation of the Trust? **Action: IC to arrange for N Sherman to meet with Lisa Thomas, Director of Finance.** IC
- M Clunie asked if it would be possible for the Council to have an update on the hospital out of hours? **Action: Christine Blanshard to be invited to the next meeting to do a presentation on this and also to share the action plan with the Council.** IC

QUALITY and RISK

CG 17/02/05 Quality Account / Priorities 2020/21

L Wilkinson, Director of Nursing introduced Claire Gorzanski, Head of Clinical Effectiveness to speak about the Quality Accounts and priorities.

C Gorzanski wanted to consult with the Governors on the Quality Account priorities for 2020/21. C Gorzanski informed the Council that the Trusts quality priorities were aligned with those of NHS Long Term Plan, national planning guidance and BSW STP plans. These were also informed by the Trusts strategic priorities of enhancing local services, specialist services and innovation underpinned by

enabling priorities of care, people and resources. The Trusts clinical strategy, the corporate risk register, existing quality concerns and patient feedback informed the Trusts priorities. The proposed priorities for 2020/21 were as follows:

- Work with our partners to prevent avoidable ill health
- Introduce the new national patient safety strategy to reduce avoidable harm
- Work towards the implementation of the NHS England and NHS Improvement learning disability improvement standards
- Work with our patients to value patient's time by ensuring that they are only in the hospital when necessary

C Gorzanski asked the Council to recommend alternative priorities or additional areas that the Trust needs to consider if required.

Decision:

The Council unanimously agreed with the four proposed priorities.

CG 17/02/06 Quality Account Local Indicator

C Gorzanski provided the Governors with a paper on the Quality Account local indicator and asked the Governors to select a local indicator for an external assurance audit of the quality account/report. C Gorzanski informed the Council that the purpose of the audit is to gain assurance on the six dimensions of data quality:

1. Accuracy
2. Validity
3. Reliability
4. Timeliness
5. Relevant
6. Completeness

C Gorzanski said that the Trust preferred option is category 2, 3 and 4 hospital pressure ulcers.

Decision:

The Council agreed with the proposed categories

CG 17/02/07 Patient Experience Report – Quarter 2

L Wilkinson presented the report providing the activity for Q2 2019/20 in relation to patient experience, complaints, public engagement, and the opportunities for learning and service change. The following key points were highlighted:

- The PALs team have been relocated to Admin block 29. A short-stay parking space has been made available for visitors
- Seen a 38.5% increase in compliance to response being sent put within the timescale agreed with the complainant this quarter.
- The PPI toolkit has been updated and published on MicroGuide

Discussion:

- P James commented that it was very good that the complaints have gone down and that the compliments have gone up.
- J Lisle said that during an unannounced food audit on the wards - she had complimentary feedback from the patients, words like 'fantastic, and excellent'
- A Lack said that it was very good to have found somewhere that is discreet

and separate from the main body.

ASSURANCE

CG 17/02/08 National Patient Survey

L Wilkinson presented the National Patient survey results paper which set out the results for four 2018 national patient surveys:

- Maternity – the Trust scored better than most other Trusts in four of the eight sections and 14 of the 51 individual questions
- Inpatients – scored better than most other Trusts in one of the 11 sections and one of the 63 individual questions
- Urgent and Emergency Care – scored better than most other Trusts in one of the nine sections and eight of the 36 individual questions
- Children and Young People's patient experience - scored better than most Trusts for 18 of the 63 individual questions
- Cancer patients experience – scored higher than the national average in four of the seven key areas

L Wilkinson explained that the Trust's overall the results of all the surveys were good. Relevant departments for maternity, inpatients, emergency care and children have reviewed the results in conjunction with comments received from real-time feedback, the friends and family test, complaints and concerns. L Wilkinson noted that rolling action plans for areas of improvement have been adjusted accordingly and are monitored via the Clinical Governance Committee and the Clinical Management Board.

L Wilkinson informed the Council that the timings of future cancer surveys have changed and the results will be published in March of each year, as opposed to September. The Trust's cancer board have therefore agreed that they will look at the results in more depth in conjunction with the 2019 results which will be published in March 2020, and that the overarching action plan would be drawn up at that time.

Discussion:

- M Clunie queried the Cancer survey and said that on page 93, question 17 & 18 – is there a big vacancy factor for senior nurses or are they seeing this in all cancer areas? L Wilkinson said that there are areas where the teams struggle with some resilience in terms of single points of failure in some of our specialities. This has been historically linked to numbers and size of service, and especially as the demand increases they will be subject to expansion there will be a need to increase the nursing numbers. J Cullis informed the Council that the Trust received funding Macmillan Cancer support which should help with the resilience issue.

CG 17/02/09 Summary of Risk Register

F McNeight provided a briefing to the Council of Governors on the summary of the Corporate risks as noted on the January 2020 Corporate Risk Register. F McNeight informed the Council that the relevant Executive Director meets with the Risk Co-Ordinator and the Director of Corporate Governance bi-monthly to review the risks relevant to their portfolio. This review includes action updates, review of risk score and target score and consideration of any potentially new risks. The Council was also made aware that Board Committees provided oversight of relevant risks through bi-monthly reporting to the Clinical Governance Committee, Workforce Committee, Finance and Performance Committee as well as the Trust Management Committee. F McNeight informed the Council that the Trust Board received a comprehensive update on the Board Assurance Framework and Corporate Risk Register three times annually.

Discussion:

- M Clunie said that it was a great document and a very clear and useful document
- A Lack suggested that this document would be a useful introduction to the Performance report because this would highlight the key risks and areas of concern and then use the performance report to examine it in further detail. P Miller said that there is a definite link to the two reports and the Trust Board is always triangulating and so there is a definite cross over with all these reports.

GOVERNOR BUSINESS

CG 17/02/10 South West Governors Exchange Network

I Cardoso informed the Council that she had sent out an invitation to the next SWGEN meeting all the Governors, and let the Council know that two meetings are being arranged for 2020.

The first one being held on the 24th March in Taunton, and the second meeting is to be held later in the year (possibly November). I Cardoso said that these conferences were being pulled together with the help of NHS Providers, and that they were for the benefit of all Governors so as to enable them to network with Governors from other Trusts as well as hear about topics that are of benefit to them.

I Cardoso said that only three Governors had confirmed their attendance and that there was still one slot to be filled, and if there was any Governor who still wanted to attend to let her know.

Discussion:

- A Lack said that he had been to a number of these and that they are of tremendous value, they are very good and inspirational and would fully recommend that Governors attend them.
- J Parker echoed A Lacks words and said that the biggest use to him was meeting with Governors from other Trusts as you can learn a lot about how other Trusts are thinking and about the relationship between the Trust and their Governors.
- C Horwood asked if the other two members in the BSW are also invited to these? Swindon and Bath?
I Cardoso responded that all Trusts in the South receive an invitation to attend the SWGEN meetings.

CG 17/02/11 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

CG 17/02/12 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 18 May 2020 at 4pm, in the Trust Boardroom.

CG 17/02/13 Any other business

- A Lack raised a few requests from the Lead and Deputy Lead Governors whom were unable to attend the meeting. A Lack stated the they feel that the Council of Governors should be seeing the minutes of the Part II Trust Board meetings in the Council of Governors private session. F McNeight said that it was part of the FT Code of Governance, however the agreement was that as there is an observer in the Part II of the Trust Board meetings that there was no need for these to go to the Governors. **Action: Add the Part II minutes of the Trust Board to the Council of Governors private session.**

IC

A Lack mentioned that the Governors felt that the Governor surgeries had not been time effective, and didn't think that it was worth continuing. I Cardoso informed the Governors that in the Membership and Communications minutes the Governors who had done any of the Governor Surgeries were being asked to feedback to C Wynne on how they found these so that a decision could be made at the next Membership and Communications meeting on whether to continue with these or not.

- J Sanders said that she had no reports to hand in as there have been no meetings of the committees that she sits on since November 2019
- A Lack also stated that there have been no meetings of the Trust's Strategy Committee for a long time. C Charles-Barks informed A Lack that that committee no longer existed and that the Board now looked at strategy as part of their private board meetings.
- P James thanked C Charles-Barks for her email on smoking, but thinks that some signs are needed in prominent areas, especially in the Main front of the hospital as there are always people smoking there. C Charles - Barks suggested that next time that Pearl was in for someone from the team to do a walk round with her. **Action: C Charles-Barks to pick this up with Lynn Lane.**
- P James referenced the plastic cups that are being used in the wards. On Britford ward uses 500 every two to three days. **Action: C Charles-Barks asked Pearl to please speak with Ian Robinson.** C Charles-Barks informed the Council that Esther Provins the Director of Transformation, is the exec sponsor for a staff formed Eco Council. J Parker said that he was the Governor representative on the Sustainability and Development group and will raise this issue at the next meeting. **Action: J Parker to raise the plastic cup usage with the Sustainability and Development group and get back to Pearl on this.**

CCB

PJ

JP