NHS Salisbury NHS Foundation Trust

Minutes of the Council of Governors meeting held on 22 February 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
Peter Kosminsky	Public 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
Nicholas Sherman	Public Governor

In Attendance:

Nick Marsden	Chairman
Stacey Hunter	Chief Executive
Isabel Cardoso	Membership Manager (minutes)
Kylie Nye	Corporate Governance Manager
Peter Collins	Interim Medical Director
Judy Dyos	Director of Nursing
Claire Gorzanski	Head of Clinical Effectiveness
David Buckle	Non-Executive Director
Tania Baker	Non-Executive Director
Eiri Jones	Non-Executive Director
Paul Miller	Non-Executive Director
Michael von Bertele	Non-Executive Director

Apologies:

Jonathan Cullis	Staff Governor
Rachel King	Nominated Governor
Lee Phillips	Staff Governor
Paul Russell	Staff Governor
Jayne Sheppard	Staff Governor
Christine Wynne	Public Governor
Fiona McNeight	Director of Corporate Governance

ACTION

OPENING BUSINESS

CG 22/02/01 Welcome and apologies

Apologies were noted as above.

CG 22/02/02 Minutes of the Council of Governors meeting held on 16th November 2020

The minutes were agreed as a correct record.

CG 22/02/03 Action Log and Matters Arising

CG18/02/02 - Governor Queries/ Letter heads:
N Marsden informed the in his conversations with the lead and deputy Governors that the Governors were happy with the current level of communications they were getting. N Marsden informed the Council that Dave Roberts was still working on the Communications Strategy. **ACTION: NM**

CG 17/02/13 – Any other business
Smoking at the Front Entrance – P James informed the Council that this item will always be on the agenda until the pandemic is over and the Trust is back to normal and able to deal with the day to day issues that are raised.

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CG 16/11/10 – Governors Newsletter
Recruiting new membership - I Cardoso informed the Council that the Trust had been successful in procuring a new membership database through Civica. I Cardoso said that once the new database had been populated and everything was in order the next step was to create an electronic membership platform where by people could fill in the membership form electronically, this link would be made available to all Governors. The Trust would also have a membership form icon on its website where the form would be available. The next step was to have the Membership brochure designed and include the link to the membership form on it. This brochure would be made available to Governors either electronically or in physical form.

CG 16/11/12 – Governor Communication with members
J Dyos said that she had not had the opportunity to have a discussion with Dave Roberts in regards to the briefings that the Communications Department prepare for the Governors having some clinical input, but that she would be picking this up soon. **ACTION: JD**

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

PERFORMANCE and FINANCE

CG 22/02/04 Integrated Performance Report

N Marsden informed the Council that because things had moved on considerably since the IPR report that the Governors were given for this meeting, it was decided that the Medical Director in conjunction with the Chief Executive do a presentation to get Governors up to speed as to where the hospital is at.

S Hunter said that although there was going to be a deviation from what normally happened, was happy to answer any questions that Governors may have on the report. S Hunter said that things have been moving quite swiftly over the last couple of months that that it would be more pertinent to share more contemporary information about how things are at the moment.

S Hunter informed the Council that Peter Collins the Medical Director would be taking the Council through the latest position in relation to Covid, and that she would then follow that up with Staff Wellbeing, elective services and where the Trust is at on finances.

P Collins, Medical Director shared some slides with the Council. P Collins informed the Council that:

- The numbers of patients with Covid in hospital have continued to fall and

are at levels that are consistently below 50.

- Wards were divided into three colours, red – had Covid patients; Amber – potentially had Covid patients and Green – no Covid patients.
- At the height of Covid outbreak most of the hospital's wards had to take on Covid patients
- The hospital also had to deal with high levels of staff sickness due to Covid as well as high level of Covid patients
- As at 15th February, the hospital was settling down and there were fewer Covid patients
- Staff absence totals have also started to fall as the instances of Covid infections in the community have lessened and less Covid patents are admitted
- Testing – over 160 patents a day are tested at the hospital
- BSW Vaccinations – over 252,000 vaccinations delivered by BSW. At hospital and local City Hall vaccination hubs over 16,500 people have been vaccinated which includes over 3,200 of SDH staff

P Collins assured the Council that there was an improving picture overall, that de-escalation was continuing and that the infrastructure for testing was being increased. The Trusts support for the vaccinations services was going well.

Discussion:
K Arnold inquired about the staff sickness levels as he couldn't locate the evidence for the pressure that staff were under at the moment and that in the report there was a note that said that even though the sickness rate was 4% that a very small proportion was related to Covid but in the briefing it was implied that there was quite a significant impact. K Arnold also stated that he thought that 4% sickness seemed like a very high rate for sickness. P Collins said that 4% sickness was a very normal rate for sickness within the health service particularly over winter but that there was as increase over that because of Covid and other illnesses related to winter. P Collins said that the numbers in his presentation reflected the real impact that Covid had on staff sickness during the latest surge in Covid, which seems to be over now as we move to more normal levels.

J Bennett wanted to know whether the Trust offered vaccines to people who have been admitted who are not in the vaccine program. P Collins informed that Council that the Trust has been vaccinating in-patients who are in cohort 1-4, and now that the Trust is extending vaccination beyond that that will in effect cover all in-patients.

J Dyos informed the Council that the Trust could not vaccinate anyone who had and infection or if they were in the 4 weeks post Covid period.

S Hunter presented to the Council the Staff rest and well-being part of the presentation

S Hunter informed the Council that as the hospital transitioned out of Covid the impact of it would be felt on the teams and the Trust needed to recognise that there would be members of staff that would be fatigued and might have PTSD from working in intense conditions over a long period of time. The Trust is encouraging staff to use their annual leave and to take up any psychological support that the Trust will be offering over the coming months.

S Hunter informed the Governors that the Trust had:

- Sustained the majority of priority 1 and 2 operations/interventions
- Stopped priority 3 and 4 activity during January
- Restarted elements of priority 3 and 4 work at the end of January
- Continued arrangement with the private sector for orthopaedics
- Focused on the 52 week waits and getting these done

- Done well a t sustaining the 2 week cancer wait

S Hunter also let the Council know that NHS E/I asked for all Trusts to break even in this financial year and that the forecast indicates that the Trust should be able to achieve this, however the underlying deficit still needed to be addressed.

S Hunter briefed the Council on Maternity services and informed them of a national review called Ockenden which looked at the issues that impacted significantly on mothers and infants in Shrewsbury and Telford. The Trust is required to do a response as to where the Trust thinks it is at in regard to the Ockenden review. S Hunter said that the Trust is in large part where other Trusts are but that there are a few things to improve. This review built on to the local cultural and clinic practice review which has led to an improvement plan from the minor recommendations that have been put to the Trust.

S Hunter said that looking forward the Trust would be dealing with the Covid presence in the hospital; would continue the vaccinations roll out and support the priority groups and second vaccines. The Trust would develop and agree plans for the recovery of elective work.

Discussion:
J Lisle wanted to know what the recovery plan was for elective services. S Hunter said that the Trust was already doing about 70 to 80% elective work, and the recovery plan to bring the Trust up to speed was being worked on within the next few weeks and that included working on the backlog of appointments and operations but that this was a long term process.

L Herklots inquired about the people who had their first vaccine at the hospital but had their second vaccine appointments cancelled, would they still receive their second vaccine at the hospital. S Hunter informed the Council that the system that the hospital was using when it set up the hub was inefficient and so had to restructure the whole process for it to function more effectively and efficiently and the rebook the vaccines.

The Governors noted the paper.

QUALITY and RISK

CG 22/02/05 Quality Account local indicator

C Gorzanski, Head of Clinical Effectiveness presented a paper for the Council of Governors information on the Quality Account 2020-2021 infographic mid-year report.

C Gorzanski informed the Council that the quality accounts provide information on the quality of services that the Trust provides for patients and the public. The Trusts priorities for this year that were stated in last year's Quality Account, has changed in light of the Covid-19 pandemic and the need for the Trust to recover its services to pre-Covid levels.

This year the Trusts quality priorities have been dominated by the need to reset services in response to the Covid-19 pandemic and this shows a positive picture of the recovery with ongoing work, especially for planned surgeries. The pandemic had exposed health inequalities. The Trusts response has shown its partnership working at its best in order to protect the most vulnerable. The Trust is proud of the good progress it has made in the implementation of the national learning disability and autism standards.

C Gorzanski said that patient safety remained a key priority while inpatient sepsis screening and survival from sepsis has been improved; compliance with escalation

response to deteriorating patients and the administration on intravenous antibiotic within 1 hour of diagnosis of sepsis remains a challenge. Antibiotic prescribing for lower urinary tract infections in older people has improved but there is still more work to do. The increased rate of pressure ulcers this year is of concern and improvement work is under way. C Gorzanski informed the Council that positive improvements have been seen in the daily consultant review at weekends and in redesigned maternity day assessment triage and assessment pathways.

The Council of Governors noted the paper.

Cg 22/02/06 Quality Account / Priorities 2021/22

C Gorzanski, Head of Clinical Effectiveness presented the paper for the proposed qualities for 2021/22.

C Gorzanski informed the Council of the Trust proposed quality priorities for 2021 and said that they aligned with the NHS long term plan, national planning guidance and BSW ICS plans which had a particular focus on the need to recover the Trusts services from the Covid pandemic. C Gorzanski said that the priorities were also informed by the Trusts strategic priorities (care and innovation) the wider integration agenda and the Trusts quality improvement priorities.

The proposed priorities for 2021/22:

1. Sustain the recovery from Covid-19 through effective partnership working and improve the quality and experience of care for patients
2. Improve the health and wellbeing of staff in the recovery from Covid-19
3. Continue to improve patient safety and reduce avoidable harm based on known risks
4. Provide ward to board assurance on fundamental standards of patient care at ward and department level
5. Strengthen partnerships with other healthcare organisations to improve the health of the local population.

C Gorzanski also informed the Council that NHS England Foundations Trusts Annual Reporting for 2020/21 stated that quality reports were not required to be included in annual reports and that there was no requirement to obtain an external audit for the quality report assurance. C Gorzanski also said that the Trust had decided to publish the Quality Account 2020/21 to provide patients and the public with the assurance that the Trust continues to provide high quality of care along with continued improvement.

Discussion:
J Mangan said that the Trust tracked hospital acquired infections and wondered if the reporting of flu would be similarly reported, and delayed discharges, that getting people out in time would reduce harm as failure to do so would lead to all of the issues that would increase harm. P Collins informed the Council that the Trust does monitor reports of flu vaccine and outbreaks as a routine practice. S Hunter informed the Governors that the Trust would bring any outbreak of Flu that the Board would bring it to the Councils attention and this has not occurred in quite a long time, and not necessary to be included in the IPR report. S Hunter said that the Trust could look at the influenza reporting and ask J Dyos and P Collins to take this up going forward. **ACTION: J Dyos/P Collins** **JD/PC**

J Dyos said the Trust has not seen any flu outbreak and have not had the need to report it, but that a narrative comment could be included in the report.

S Hunter informed the Council that the Trust had spent the last few weeks making sure that the Trust had effective plans in place around discharge. S Hunter said that the Trust had good support and capacity at the moment out of hospital to be

able to get people back into their own homes with the right support. The Trust had specific funding from the Government to prop this up during the pandemic. The Trust is working with our local placed partners to help with discharges and once that funding comes to an end at the end of March, so that the Trust can continue to have effective discharges in place. The funding has helped the local authority and community services, but the Trust and the local partners have now got to understand how they are going to take this forward once the funding has stopped.

E Rendell said that it is really helpful to have all this information available in one place. Dischargers need to be looked and to decide whether we continue as we are or do we look at other ways of working. E Rendell said that discharges are going to get more complicated once the financial support for the Government dries up.

E Jones just wanted to assure the Governors that all the themes and topics raised by the Governors are looked at by the Boards Clinical Governance Committee and that there were no surprises there. Everything raised gets looked at from a risk perspective and placed on the corporative risk register.

C Gorzanski clarified that the Council was happy with the priorities that were being proposed. The Council unanimously confirmed the priorities going forward.

The Council noted the paper.

CG 22/02/07 P**atient Experience Report – Quarter 1**

J Dyos presented the Patient and Public Experience report and informed the Council that the report provided a summary of the activity for Q1 2020/21 in relation to complaints and the opportunities for learning and service change. Some key changes are highlighted below:

- As reported in the Patient Experience Q4/end of year report, NHS Improvement and NHS England together with the Parliamentary Health Service Ombudsman (PHSO) placed a 3 month pause on all complaint investigation from mid-March 2020. NHS England and Improvement and the PHSO have announced that they would re-start their complaints process on 1st of July. NHS Digital has not yet said when the KO41 data collection will recommence. Likewise there is no indication of when Friends and Family data submission will recommence
- The Trust received over 80 complaints, comments and concerns in relation to COVID-19 during the first three months of the pandemic. 19% of all COVID-19 enquiries were related to donations such as PPE, clothing and food items, with an additional 8% of enquiries about how to volunteer either their transferable skills or personal time. 15% of enquires was in relation to restrictions place upon visiting. It was apparent that enquiries regarding the use of PPE and access to hand gel were also a cause for concern, which accounted for 11% of all enquiries. 9% of comments and enquiries logged were in relation to specific health related questions, as the public sought clarification on the level of risk COVID-19 posed to either themselves or a loved one.
- It is clear that during the COVID-19 pandemic (and despite the' pause' placed on complaints) all Divisions were committed to progressing complaint investigations, where possible
- An update on initiatives implemented within PALS as a result of COVID-19 is included in the report.

Discussion:
There were no questions from the Council

The Council noted the report.

ASSURANCE

CG 22/02/08 Corporate and Clinical Strategy Review

K Humphries, Associate Director of Strategy presented the Council of Governors with the Corporate and Clinical Strategy Review.

K Humphries informed the Council that the Trust published its Corporate and Clinical Strategies in early 2018. These were firmly established in the Trusts overarching vision, 'An Outstanding Experience for Every Patient', four values and six priority areas for focus in delivering wider corporate objective. The delivery of key projects has since been underpinned by these priorities and the strategy itself remains useful in guiding the direction that the organisation wishes to take.

K Humphries informed the Council that since its publication significant changes and developments have taken place in the national and local priority agenda - particularly the NHS Long Term Plan and integration of local health and care. Our local response to the COVID-19 pandemic will also shape how we prioritise and deliver our services alongside our local partners for the next 5 years of the Trust's strategic development.

K Humphries informed the Council that :

- 2018-22 Corporate Strategy primarily based on service delivery
- Separate 2018-22 Clinical strategy identifies themes and ambition but not how or what care will look like:
    - Hospital without walls
    - Short length of stay
    - Consistency of delivery
    - Right care in the most appropriate setting
- Strategies pre date & don't reference or reflect the NHS long term plan, BSW long term plan or wider integration agenda
- Range of enabling strategies developed after corporate/clinical strategies (e.g. digital, estates, workforce, financial sustainability, QI)
- Low level of staff/stakeholder engagement/understanding of current strategic/corporate priorities (findings from Best Place to Work)
- Covid-19 has fundamentally changed our working environment

K Humphries highlighted that the Trust would be delivering Clinical Priorities through partnerships. The Trust would be working closely with its community; Wiltshire Care Alliance; BSW Integrated Care System and Region Clinical Networks within Hampshire and Dorset ICSs.

K Humphries also informed the Council of the key risks :

- Impact of Winter pressure and COVID-19 management – and necessary adjusting of Trust focus on operational delivery.
- Uncertainty and prioritisation for operational planning for 2021-22 and any further requirements set nationally in next stages of pandemic response.
- Engagement fatigue – balancing further requests for workforce input following Best Place to Work exercises
- Partner response and endorsement to key priorities identified, balancing corporate focus with SFT input to BSW strategies and plans.
- Impact and implementation of proposals for integrated care and NHS reform

Discussion:
E Rendell said that he linked very closely with Kieran and welcomed the report and said that it was the right direction of travel.

J Mangan wanted know how this would be delivered in practice, how do you get new models of care put in place in practical terms. K Humphries agreed and said that one of the things that the Strategy needed to do better is inform on the Corporate planning so the aspirations have been set in this document and then properly follow it up with a regular return as to how the Trust is doing.

N Marsden said that the Council will have to recognise that the last twelve months will significantly affect the strategic perspective going forward in both positive and negative ways. Positive in terms of the Trust having to adapt and change very rapidly in various areas due to the pandemic and the skill to do that is a very good skill to have in any organisation, and therefore that will change to some degree the direction of travel of the Strategy.

J Lisle thanked K Humphries for the report and highlighting that the needs of the local population are being considered especially as it is hard to get this on the national agenda as these are long term projects.

P Collins said that the strategy does signal a shift in focus from the traditional model of secondary care and only being interested in something that happens in a reactive way and secondary prevention. P Collins said that for him it was working in partnership with community partners and beyond to look at those wider determinants of health and to understand what role the Trust plays as an organisation.

S Hunter informed the Council that the days of the Trust being a secondary care provider have gone and that the Trust has to change according to the needs of its local population, and that the Trust still had more to do to improve the outcomes and experiences of patients.

CG 22/02/09 Summary Risk Report

K Nye presented the summary of the Risk Report to the Council and informed the Council that the relevant Executive Director met with the Risk Co-Ordinator and Director of Corporate Governance bi-monthly to review the risks relevant to their portfolio. The review included action updates, review of risk scores and target scores, and consideration was given to any of the potential new risks.

K Nye explained that Board Committees provided oversight of the relevant risks through the bi-monthly reporting to the Clinical Governance Committee, People and Culture Committee, Finance and Performance Committee and Trust Management Committee. The Board also received a comprehensive update on the Board Assurance Framework and Corporate Risk Register three times annually. The next Board Committee and Trust Board update is due in March 2021.

K Nye informed the Council that the Trust risk profile had seen a significant shift since November 2020 and that there were now five new risks to note with the eight risks now rated 15 or above compared to the four reported in November. K Nye said that the risk profile shift was unsurprising given the impact of Covid-19.

Discussion:
There were no questions from the Council

The Council noted the report.

GOVERNOR BUSINESS

CG 22/02/10 Feedback – South West Governors Exchange Network – 18th January 20221

K Arnold reported back to the Council on the seminar and said that he thought the seminar was very worthwhile and allowed new Governors to compare notes. K

Arnold noted that they were in a very unique position in taking on a new role in the time of the pandemic. K Arnold also mentioned that further seminars like this one were going to be made available for Governors to attend. K Arnold also noted that the efforts that are being made within the Trust to communicate with Governors were very useful and helpful.

CG 22/02/11 Governor Newsletter

K Nye informed the Governors C Wynne could not attend the Council of Governors but wanted to make sure that Governors were aware that the spring Governor newsletter was being prepared, and that Christine currently only had two Governor articles for insertion and wanted to remind Governors that if they had any article to go into the newsletter that they had to be submitted to her before they were sent to the Communications team at the end of February.

CG 22/02/10 Any other business

R Jack enquired about the Campus project, and wanted to know if the project was put on hold due to the pandemic and if there were any plans to restart it. N Marsden responded that the project had never been put on hold but that the environment on which it would operate or be taken forward or not is rather unclear. N Marsden said that the Trust is still actively pursuing the campus project, purely on the basis that the Trust had some urgent requirements such as the Day Surgery Unit.

P Miller assured the Council that the Campus project board was still meeting on a regular basis.

CG 22/02/15 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 24 May 2021 at 4pm.