

**Minutes of the Council of Governors meeting held on
18 February 2019 in the Board Room, Salisbury District Hospital**

Present:

Raymond Jack	Lead Governor
Ross Britton	Public Governor
Mary Clunie	Public Governor
Lucinda Herklots	Public Governor
Pearl James	Staff Governor
Alastair Lack	Public Governor
Jenny Lisle	Public Governor
John Parker	Public Governor
Lee Phillips	Staff Governor
Jan Sanders	Public Governor
Jonathan Wright	Staff Governor
Christine Wynne	Public Governor
William Holmes	Public Governor
Chris Horwood	Nominates Governor
Jayne Sheppard	Staff Governor

In Attendance:

Fiona McNeight	Director of Corporate Governance (Minute taker)
Lisa Thomas	Director of Finance
Michael von Bertele	Non-Executive Director
Tania Baker	Senior Independent Director
Christine Blanshard	Medical Director
Paul Miller	Non-Executive Director
Claire Gorzanski	Head of Clinical Effectiveness (for item CG 18/02/05)

Apologies:

Dr Nick Marsden	Chairman
Isabel Cardoso	Membership Manager
Jenny Erwin	Nominated Governor
Andy Hyett	Chief Operating Officer
Rachel Credidio	Non-Executive Director
Jonathan Cullis	Staff Governor
John Mangan	Public Governor
Bill Butterworth	Public Governor

ACTION

OPENING BUSINESS

CG18/02/01 Welcome and apologies

Tania Baker, Senior Independent Director chaired the meeting in the absence of the Chairman and welcomed all to the meeting.

Apologies were noted as above.

CG18/02/02 Minutes of the Council of Governors meeting held on 19 November 2018

The minutes were agreed as a correct record.

CG18/02/03 Action Log and Matters Arising

All actions were completed with the exception of item CG19/11/05 regarding the CQC report. The members were advised that the CQC report had been received by the Trust and was being reviewed for factual accuracy and a response due to the CQC at the end of the week. The final report is anticipated to be received in March 2019.

Raymond Jack asked about the replacement auditors. Lisa Thomas informed the members that the audit re-tender was planned for around June 2019 and this process would involve the Lead Governor.

PERFORMANCE and FINANCE

CG18/02/04 Integrated Performance Report

Christine Blanshard provided an overall summary of the report highlighting the following:

- Overall, the Trust is performing well against the constitutional targets.
- In respect of the ED target, the Trust had achieved 100% on Sunday.
- The diagnostic target was challenged related to workforce challenges.
- Laverstock Ward had been opened which was improving patient flow.
- Mixed Sex Accommodation breaches were occurring in the ambulatory area within the Acute Medical Unit (AMU), as a result of patients being moved in overnight. However, these were resolved within a few hours. The Trust actively sought the real-time experience of these patients.

Raymond Jack asked about the ED performance for January. Christine Blanshard stated that she did not have this information but the Trust had not achieved the 95%. There had been high admission and conversion rates throughout January contributing to the performance.

Paul Miller informed the members that the Finance and Performance Committee were looking closely at the ED performance and action plans to improve the position. Papers for the next meeting were due this week.

Raymond Jack questioned whether screens could be used in ambulatory to address the mixed sex issues. Christine Blanshard explained that in line with National guidance, there must be a fixed wall however; screens were in use to protect the privacy and dignity of patients.

Alistair Lack asked if there were any themes from the real-time patient feedback. Christine Blanshard confirmed that no concerns had been raised and that patients felt well informed.

Christine Wynne pointed out that her personal experience of care by the hospital had been excellent.

Paul Miller noted that endoscopy had been discussed at Trust Board and asked whether there was an update. Christine Blanshard stated that there was a national shortage of gastroenterologists. Mitigating actions were being taken such as, outsourcing however, referrals were increasing. The members were informed that the service was now under intensive support with the Executives to accelerate progress against actions.

Lisa Thomas provided an update on the Trust financial position regarding forecasting and the revised control total for 2018/19. A number of factors had

supported the Trust position, such as, additional funding from the CCG. The Trust is going to formally re-forecast to NHS Improvement (NHSI) of a £1.6m variance to the control total. Conversations were being had with NHSI regarding the variables. The Trust is still seeking Provider Sustainability Funding (PSF) and had secured the contract agreements with the Trust's main Commissioners. The main focus was now managing the plan to year end.

Raymond Jack asked about the year ahead. Lisa Thomas explained that the control total for 2019/20 was more palatable. The Trust would benefit from about £3.8m from the National agreement for PSF funding to be put back into the emergency care tariff and approximately £2m coming back to the Trust from the PSF. The Trust had access to £2m Financial Recovery Funding (FRF) and that this combined contributed to a break even control total. Lisa informed the members that the board had accepted this control total. The key message being that the Trust had identified £8m of the £10m savings programme.

Jan Sanders pointed out that several constituents were impressed with the weekend appointments and asked where the funding was coming from. Lisa Thomas explained that there was a balance to be made and not all the additional appointments were at premium cost.

John Parker asked if there were any thoughts on the Terms and Conditions for staff with 7 day working. Lisa Thomas advised that as a Foundation Trust, there is flexibility to work outside Agenda for Change arrangements. Christine Blanshard added that the Junior Doctor contract and the Consultant contract were being re-negotiated.

Lucinda Herklots asked whether the Trust would receive PSF money if Q4 was achieved. Lisa Thomas confirmed yes.

CG18/02/05 Quality Account Indicators

Claire Gorzanski, Head of Clinical Effectiveness presented the Quality Account paper, noting that there were 4 proposed priorities:

- 1) Work with our partners to prevent avoidable ill health and reduce health inequalities
- 2) Reduce avoidable patient harm by 50% over 3 years (2019 – 2021)
- 3) Work with our partners to improve patient flow through the hospital
- 4) Design new models of care to provide patients with more convenient access to services and make the most of digital care.

Comments on the paper were invited by the members.

Tania Baker asked whether this had been presented at the Clinical Governance Committee. Claire Gorzanski informed the members that this was going to the March meeting and that there had been consultation with the Directorate Management Teams and community groups. Tania Baker felt that the priorities were appropriate and in line with National and local priorities. All members agreed.

Chris Horwood noted that Claire had stated that in respect of patient flow, it was hard to work with partners. Claire Gorzanski clarified that she meant that patient flow is a challenge but this was not down to working relationships, which were improving. Fundamentally, this was due to capacity issues in the

community.

Tania Baker noted that priority 2 appeared to focus on patient harm in hospital and asked whether there should be a focus across organisational boundaries. Claire Gorzanski agreed and provided an example of collaborative working related to gram negative blood stream infections and agreed that there needs to be whole system working on improvement actions.

Tania Baker referred to priority 1 in the Mid-Year report and asked how much were the Older Person's Assessment Liaison Team getting out to the hospital, and whether there would be more potential for the team with the right resources. Claire Gorzanski stated that the Trust were measuring the outputs and the team had increased the number of patients they were seeing and turning around and that the focus was not just on the frailty wards.

Alistair Lack referring to the same priority, asked for the reason for the reduction from 27 (69%) to 12 (57%) for home as the preferred place of care at the end of life. Claire Gorzanski explained that for some patients who want to go home, need to apply for Continuing Health Care (CHC) and that patients die in hospital before they get home with a care package. Alistair also pointed out the reduction in patients who have an expected date of discharge within 14 hours of admission.

Jan Sanders informed the members that she sits on the End of Life Strategy Committee and that they were very aware of the CHC issues.

Alistair Lack asked what the cost of a patient going home to die was. Tania Baker responded that this was not just about cost as related to workforce constraints also. Paul Miller stated that there needs to be a focus on the quality of care for each patient and that the Trust must ensure things within our control are actioned.

Mary Clunie asked whether priority 4 was realistic. Claire Gorzanski clarified that this relates to some surgical services and not all services. Tania Baker noted that not all the deliverables would be within the year.

Pearl James referred to point 1.5 of priority 1 relating to health and well-being of staff and how this was going to be achieved. Claire Gorzanski informed the members of the new Head of Occupational Health who had a focus on this subject and that there were twice monthly health clinics run by health trainers from Wiltshire Council. Jenny Isles informed the members of the development of a Health and Wellbeing Strategy. Paul Miller stated that any deliverables need to be measurable. Alistair Lack raised the point of sedentary working and the need for staff to take a break and change their style of working.

QUALITY and RISK

CG18/02/06 Patient Experience Report – Quarter 2

Lorna Wilkinson presented the report highlighting the following:

- Timeliness of response letters has improved
- Complaint numbers are down
- No cases currently referred to the Parliamentary and Health Ombudsman (PHSO)
- Patient and public involvement activity on-going

- The new Head of Patient Experience, Katrina Glaister is looking at refreshing a number of processes.

Lorna explained that the report format was likely to change and welcomed the Council of Governors input on what works.

Paul Miller asked if there were any key themes arising. Lorna stated that there was on-going work in relation to patient experience of discharge and that this was complex and came up in multiple feedback methods. Tania Baker asked if there was shared learning with other providers. Lorna confirmed there was and that there is a meeting every Wednesday to look at this.

Lucinda Herklots asked how involved relatives are. Lorna confirmed that discussions do take place with relatives but that this was probably too late in the pathway. Information is being reviewed and will involve patients and their families and there was a need to balance messages.

Pearl James raised a point that from the Dementia Steering Group, relatives are not sure how to manage patients on discharge and also questioned the complaint numbers in Orthopaedics. Lorna explained that orthopaedics often have higher numbers as a high volume area and this is a National trend and not local to Salisbury with complaints relating to waiting times and cancelled appointments. Orthopaedics is also a high litigation service.

GOVERNOR BUSINESS

CG18/02/07 Constitution

Raymond Jack highlighted that the Constitution had been totally reformatted to correct errors which required no action. There have been version control issues and therefore this version provided was the final version.

There was one matter relating to the Council's Standing Orders which required the Council's approval. This was paragraph 11.2 which stated "For the appointment of the Chairman, the Nominations Committee should consist of 2 public Governors.....and the Chief Executive Officer". NHS Improvement has advised that the CEO should not be involved in the appointment of a Chairman.

The members were asked to agree to remove the reference to the CEO. This had been assumed in the revised wording. The 15 Governors in attendance voted to approve the amendment, which was over the required majority of more than half of the Governors.

Decision: Approved

CG18/02/08 Governor queries

Mortality reporting

No concerns noted with the response received.

Wiltshire Health and Care (WH&C)

Pearl James asked where we are now. Tania Baker explained that the Trust representative on the WH&C Board is changing to improve joint working and addressing core issues and that there was a renewed focus from the Executives. Lisa Thomas is now the Trust representative.

Paul Miller stated that the Trust had 2 interests. Firstly, as the user/customer

and secondly as third owner.

Raymond Jack pointed out that the information to the Board is slight and that there needs to be a regular update.

Query 3

Alistair Lack raised the issue of signs and letter heads and that the title of the hospital was confusing for patients, recommending that the Trust is referred to Salisbury Hospital not Salisbury Foundation Trust. Raymond Jack acknowledged the need for the legal name and suggested whether letters etc could feature both. Lucinda Herklots felt that this needs to be clear in the body of the text and required some thought by the Communications Team

Action: Communications Team

JMcG

Pearl James raised her concerns regarding the Level B zebra crossing and that the response from Andy Hyett had missed the point. She felt there was likelihood of a serious accident and that something needed to be done. Warnings were written on the doors leading to the crossing but as the doors were permanently held open, they could not be seen.

Action: Fiona McNeight to discuss with the facilities department and check whether the risk was recorded on a risk register

FMc

Query 1

Ross Britton asked about the revised structure. Raymond Jack stated that he was working with Fiona McNeight to produce a summary for members.

Mary Clunie asked what the views were from staff regarding these senior posts. Jonathan Wright responded saying there had previously been some 'noise' however, staff acknowledge the need for these posts and that the Trust has been open about these posts with reference in Cascade Brief.

CG18/02/09 Committee / working group reports

Membership and Communications

Lucinda Herklots asked on behalf of John Mangan to encourage all to hold constituency meetings. The main issue has been availability of Executives. Fiona McNeight agreed to support this. In addition, members were asked if they felt holding 'Governor Surgeries' similar to Yeovil, where a table is manned once a month giving advice on the role of the Governor and information to staff. All were in agreement for elected governors to do this.

Jenny Lisle suggested having photos up of Governors to raise the profile.

Action: Fiona McNeight agreed to discuss with the Membership Manager to take forward

FMc

Medicine for Members – at least one Governor should attend.

Patient Experience Sub-Groups

Signage

Alistair Lack stated that he did not like the Smokefree poster as he felt the message was lost.

Workforce

It was felt that there were too many abbreviations in the People Strategy plan

so difficult to follow. It was noted that there was useful attendance at the meeting.

Jan Sanders informed the members of Tommy Whitelaw visiting the Trust on 14 May 2019 to open the Garden of Reflection and encouraged Governors to attend.

Action: The Membership Manager to circulate details to Governors and Executives.

IC

The Council resolved that the public should be excluded from the Council's consideration of the further agenda for this meeting on the ground that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted.

Date of Next Meeting

The next public meeting of the Council of Governors is 20 May 2019 at 1600hours in the Trust Boardroom.