

# Minutes of the Council of Governors meeting held on 20 May 2019 in the Board Room

#### Present:

Raymond Jack Mary Clunie Jonathan Cullis Jenny Erwin Lucinda Herklots William Holmes Chris Horwood Pearl James Alastair Lack Jenny Lisle John Mangan John Parker Jan Sanders Christine Wynne

#### In Attendance:

Tania Baker Cara Charles-Barks Fiona McNeight Isabel Cardoso Michael von Bertele Rachel Credidio Katrina Glaister Sarah Evans

## **Apologies:**

Dr Nick Marsden Richard Clewer Lee Phillips Jayne Sheppard Jonathan Wright Lead Governor Public Governor Staff Governor Nominated Governor Public Governor Public Governor Staff Governor Public Governor Public Governor Public Governor Public Governor Public Governor Public Governor Staff Governor Staff Governor

Senior Independent Director – Chairing meeting Chief Executive Director of Corporate Governance Membership Manager (Minute taker) Non-Executive Director Non-Executive Director Head of Patient Experience – CoG 0383 Deputy Head of Communications

Chairman Nominated Governor Staff Governor Staff Governor Public Governor

# ACTION

## **OPENING BUSINESS**

## CG20/05/01 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.

## CG20/05/02 Minutes of the Council of Governors meeting held on 18 February 2019

The minutes were agreed as a correct record.

# CG20/05/03 Action Log and Matters Arising

All actions were completed with the exception of item CG19/11/05 regarding the CQC report – Lorna Wilkinson and Cara Charles-Barks to present at next CoG meeting on 22 July.

Clinical Ethics Committee - being revived and first meeting to take place on the

10<sup>th</sup> June 2019. Jan Sanders asked if it was agreed for her to continue representing the Governors on this committee. CoG agreed.

# PERFORMANCE and FINANCE

## CG20/05/04 Integrated Performance Report

The Council received the Integrated Performance report for February 2019 (month 11).

The Chief Executive, Cara Charles-Barks (CCB) informed the Council that the March position was going to Trust Board this week and therefore she could provide the year end summary of the report in addition to the February position highlighting the following:

- By year end (March 2019) the Trust met its NHSI control total, and achieved the full financial component of Provider Sustainability Fund (PSF) for 2018/19 and were awarded a further £2.7m, bringing the total PSF earned in 2018/19 to £5.4m.
- Agency spend also dropped beneath the NHSI cap in 2018/19, reflecting a reduction in vacancies and impact of quarter 4 bank incentives
- The Trust achieved the Referral to Treatment (RTT) 92.2% standard, diagnostic targets 99.3%, an improved financial position, whilst also providing care to more patients in 2018/19.
- Although there had been quality issues during the year with more Serious Incidents reported than the previous year, infection rates have remained low.

CCB informed the Council that although the Trust had had a positive year there were still challenges as the delivery of the control total for 2018/19 had relied on non-recurrent actions, thereby the underlying financial position for the next year was more challenging and the £10m for the 2019/20 CIP was greater than the national assumptions as a result. CCB also said that in the event the Trust could not deliver the control total the Trust would need to seek additional borrowing from NHSI/Department of Health.

Mary Clunie (MC) inquired about staff engagement, and inquired to the statement on page 19 where it stated that the Trust had accepted the help from the HEE to undertake organisational development diagnostics to change the culture at the Trust and wondered why that was. CCB said that the Trust had recognised the need to change the culture at the hospital and that it needed a better foundation. The HEE offered consultancy support which the Trust accepted.

Christine Wynne inquired about physician and surgeon vacancies, and how the Trust was mitigating this. CCB assured the Council that the Trust was looking at partnering with other organisations to resolve any vacancy issues and that at the moment the interim solution was to go to a private partner, but the Board was reviewing this and looking at all available solutions.

Jan Sanders asked when the primary care networks were starting. CCB informed the Council that they had already begun.

John Mangan questioned how the Trust was going to save £10m in the coming year, was it by reducing cost or increasing productivity. The Director of Finance, Lisa Thomas (LT) said that the Trust was moving into a more collaborative way of working with other partner organisations and that the commissioners also needed to move into doing what is the beat for all patients. LT said that there was a 'one system one pound' for patient care and that everyone needed to do the best by it.

AH

The Council also noted that the Trust had submitted its operating plan and financial plan to NHSI at the beginning of April. The Trust had agreed to the NHSI control total of an  $\pounds$ 8.9m deficit for 2019/20. CCB informed the Council that a payment of  $\pounds$ 2.1m is automatically available to the Trust for signing up to the control total, with a further  $\pounds$ 6.8m contingent on the Trust meeting its financial plan.

Tania Baker inquired whether the Trust had any sense of the new emergency department target. The Chief Operating Officer, Andy Hyett (AH) said that the Trust does not have any statistics yet but that they were working with the department on 'time to first assessment' and that the four main standards were also being looked at.

MC inquired about the ED navigators work, and if this was a new post, and if it was a clinical or administrative post. AH said that the Trust had trialled this post and that it was a clinical role. Nurses will be doing this as per the job role. Paramedics have been doing the role for the last 12 months but it was now moving into a nursing role.

John Parker asked about the ward rearrangements and if they had been<br/>successful. AH replied that they had been and the flow within the hospital wasAction:much better. Andy Hyett to provide data on how successful the ward<br/>rearrangements were.

## **Quality Account Indicators**

Raymond Jack inquired why the Quality report had not come before the Council of Governors as per usual practice.

Action:Check with Claire Gorzanski, whether the Quality Accounts/Report needs<br/>come to the Council of Governors for approval and if so establish process to<br/>guarantee due process is followed going forwardIC

The Council noted the Integrated Performance Report.

# QUALITY and RISK

# CG20/05/05 Patient Experience Report – Quarter 3

The new Head of Patient Experience, Katrina Glaister (KG) presented the Patient Experience Report for quarter 3 highlighting the following:

- Customer Care team had been rebranded as what was formally PALS (Patient Advice and Liaison Service)
- Line Manager of members of staff named in negative feedback via FFT cards – are now given the patient's comments so that they may follow up with the named member of staff
- Compliments for staff mentioned by name in patient feedback is now being sent out in a SOX (Sharing Outstanding Excellence) form
- Compliance with agreed timescales are still challenging but have improved since the previous quarter.
- A new compliance report has been compiled and will be shared with all the directorates every quarter. A quarterly PALS meeting with all the directorates is being considered as in other Trusts this has been found to be a useful way to share learning from PALS issues
- PALS attendance at all directorate management committee meetings is being actively pursued

The Council noted the Patient Experience Report.

## **GOVERNOR BUSINESS**

#### CG20/05/06 Confirmation of Deputy and Lead Governor – Standing Order 16.2.b The Director of Corporate Governance. Fiona McNeight (FMc) invited the

Governors to confirm the appointment of John Mangan as Lead Governor and Raymond Jack as Deputy Lead Governor form 1 June 2019.

Decision: The vote was carried unanimously.

## CG20/05/07 Governor By-Elections 2019

The Membership Manager, Isabel Cardoso (IC) provided the Council of Governors with a brief stating the by-election timetable.

IC informed the Council that due to a further two resignations the previous timetable for the by-elections ending in May had to be cancelled and a new timetable, to include the two new constituencies added to the by-election, had been set.

The Council noted the Governor By-Election Report.

## CG20/05/08 Constituency Meetings

The Membership Manager, Isabel Cardoso (IC) reminded the Council of Governors of those public Governors that still have not had a constituency meeting to please get in touch so that one could be set up. IC informed the Council that so far only Salisbury City has held a meeting in 2019.

## CG20/05/09 Committee / working group reports

The Council received to note the following minutes from Governor Committees and Trust led committees:

- Membership and Communications Committee
- Patient Experience Group Reports on End of Life Care Strategy Steering Group; Stroke Strategy Steering Group; and Food and Nutrition Steering Group

## CG20/05/10 Any other Business

As Trust Board has alternate short public meetings (one hour long) the Governors are invited to attend

Action: IC to distribute the dates to the Governors

## IC

# Date of Next Meeting

The next public meeting of the Council of Governors is 22 July 2019 at 4pm, in the Trust Boardroom.