

**Minutes of the Council of Governors meeting held on
28 February 2022 at Salisbury Rugby Club and via Microsoft Teams**

Present:

Joanna Bennett	Public Governor
Mark Brewin	Staff Governor
Barry Bull	Public Governor
Mary Clunie	Public Governor
Lucinda Herklots	Public Governor
James House	Nominated Governor
John Mangan	Public Governor
Angela Milne	Public Governor
John Parker	Public Governor
Jane Podkolinski	Volunteer Governor
Anthony Pryor-Jones	Public Governor
Andy Rhind-Tutt	Public Governor
Paul Russell	Staff Governor
Peter Russell	Public Governor
Jayne Sheppard	Staff Governor
Christine Wynne	Public Governor

In Attendance:

Nick Marsden	Chairman
Stacey Hunter	Chief Executive
Isabel Cardoso	Membership Manager (minutes)
Judy Dyos	Chief Nursing Officer
Tania Baker	Non-Executive Director
David Buckle	Non-Executive Director
Paul Miller	Non-Executive Director
Michael von Bertele	Non-Executive Director
Esther Provins	Director of Improvement and Partnerships
Kylie Nye	Head of Corporate Governance

Not in attendance:

Michael Glover	Public Governor
Peter Kosminsky	Public Governor
James Robertson	Public Governor

Apologies:

Kevin Arnold	Public Governor
Steve Donald	Nominated Governor
Edward Rendell	Nominated Governor
Sarah Walker	Nominated Governor

ACTION

OPENING BUSINESS

- CG 28/02/01 Welcome and apologies**
Apologies were noted as above.
- CG 28/02/02 Minutes of the Council of Governors meeting held on 29th November 2021**
The minutes were agreed as a fair and accurate record.
- CG 28/02/03 Action Log and Matters Arising**

CG 29/11/09 Improving Together – I Cardoso informed the Council that a meeting had been set up between K Arnold and E Provins, which would be taking place on the 17th March. Item Closed.

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

ASSURANCE

CG 28/02/04 Strategic Plan – Update

S Hunter presented the Strategic Plan update to the Council on behalf of K Humphries. S Hunter informed the Council that there were a number of workstreams planned so as to support the roll out and deployment of the Trusts new Strategy 2022/26. S Hunter said that plans were being developed on how to best deploy the strategic priorities throughout the Trust in partnership with other organisations. S Hunter said that the primary driver of this work was to address the insights provided during the readiness assessment for Improving Together which had found that staff were disconnected with the strategy and what it meant to them.

S hunter highlighted some of the points within the document and stressed that these were driving the Trust objectives for the next 12 to 18 months, and that four areas had been selected as 'breakthrough objectives'. S Hunter also advised that the Board Assurance framework had been revised to align with the recently approved Trust Strategy and Strategic Objectives of Population, People and Partnerships.

Discussion:

M Brewin noted that there was no recognition of the key problems that are currently occurring or what the Trust is trying to stop staff from doing by stating what is going wrong. M Brewin said that if the Trust said to staff that they understood what the key problems were and this strategy is to bring them inline, the Trust would gain more staff support.

The Council agreed that engagement with staff was key to getting them to buy into the new Strategy. The Council discussed the virtues of the new strategy and that the 'breakthrough objectives' would all help with improving patient experience. The Governors agreed that acknowledging what is going wrong would be helpful for staff to recognise what the Strategy is trying to change.

L Herklots asked if it would be beneficial for Governors to promote the strategy within their constituency meetings, and what the time frame would be. S Hunter noted that K Humphries would have a better view on the timings for the strategy going live to the public and going to consultation. **ACTION: I Cardoso** to invite K Humphries to next Council of Governors.

J Parker noted that within point 4.3 of the document there is no mention of the interaction between the executive leaders and all the staff that follow down the corporate chain structure.

The Council noted the paper provided.

CG 28/02/05 Improving Together – Update

E Provins; Director of Improvement and Partnerships and shared a PowerPoint presentation with the council to update the Council on the Improving Together Programme.

The slides were to be shared with the Council post meeting. **ACTION: I Cardoso** to email Governors the slides for their information.

E Provins highlighted various slides and what they would mean within the Improving

Together program. E Provins explained that the aim of the program was to align the direction, goals and objectives of staff while empowering teams at all levels to maximise their contribution potential. E Provins said that the Improving Together program was about delivering outstanding care by improving the way that staff work together and by improving systems and processes – this would be supported by a coaching culture.

E Provins informed the Council that all the Trusts that have gone through the Improving Together program have found that an active culture of continuous improvement has provided better patient care and that staff within these Trusts have greater job satisfaction.

E Provins explained the workstreams of the project for the Council and let them know who was leading on what within the program.

Discussion:

Pt Russell asked how the Trust would ensure that it was happening on the ground, that staff were buying into this program essentially. E Provins said that staff would be helped into stopping to do things that add no value and do not really benefit anyone, and that a daily five to ten minute 'improvement huddle' is being introduced for staff to have strategic discussions. E Provins said that the Trust also recognised that it was not going to be easy for staff to shift their thinking but that it would be beneficial in the end.

J Parker advised that he was encouraged and liked the approach that was being taken, the only caution that he suggested is that the Trust will need to make sure that managers were being supported in case of resistance by staff to these changes and that they are given the tools to manage and handle any issues that should arise. J Parker further noted that the Trust should be cautious about having league tables and performance charts for all to see which highlighted the poor performance of specific wards.

S Hunter advised that the culture within the Trust needed to be changed as many issues could be resolved without staff having to always keep asking for permission in order to change or do something.

J Dyos noted that if the Trust get this right that there would be more time for staff to focus on better patient care. For example, investigating falls, these take up a lot of time and staff, so if the root cause was corrected then staff would not need to spend so much time investigating them.

A Rhind-Tutt offered to help in any capacity with taking this program forward.

The Council and the executives discussed the benefits of culture change and how the Improving Together would benefit the Trust and better patient care.

The Council noted the report.

CG 28/02/06 Constitution annual update

K Nye asked for the report to be taken as read. K Nye noted that the Council of Governors is asked to review the Constitution on an annual basis. L Herklots and K Nye have reviewed the document and the suggested changes are detailed within the cover sheet. K Nye noted that these changes have been suggested to provide consistency and to remove references to old legislation.

The only consideration highlighted was to include Annex 7.1 Code of Conduct in the contents page, so it is not missed within the document.

Decision:

The Council of Governors agreed that the Code of Conduct should be included in the main contents page and approved the suggested amendments to the constitution.

PERFORMANCE and FINANCE

CG 28/02/07 Integrated Performance Report (M6)

S Hunter informed the Council that the IPR presented at the meeting related to performance data from December 2021 and that the paper was to note. SH provided the Council with an up-to-date summary of how the Trust is currently doing.

Governors noted the December IPR paper.

S Hunter informed the Council of the most up to date position of the Trust:

- The Trust has been under significant pressure since August/September 2021
- The number of people that have never come forward for treatment are starting to through for treatment
- The last wave of the virus has also put us under pressure as there are quite a few outbreaks in specific areas
- Performance standards are holding their own and the Trust is doing okay. The Trust is not falling behind compared to other Trusts.
- Elective treatment is going to be a three to five-year recovery period.
- Quality metrics are doing okay even though staffing levels remain challenging on certain wards. Colleagues are doing a brilliant job of providing essential care.
- The Trust is spending more money then expected on temporary care. The Trust's finances is in a similar position to other organisations within the NHS.
- The Trust is going to have to start looking at saving money.

Discussion:

A Milne asked what the policy was for PPE in relation to visitors, as on a recent visit to a long-time patient, she had not been able to visit with the patient unless she put on rubber gloves and an apron. J Dyos informed the Council that the Trust was following the guidance that it has been given for the last two years and that there were several wards within the Trust with an outbreak where visitors are being asked to wear gloves and an apron. J Dyos asked that A Milne provide her with context to the specific case that she is raising. **ACTION: A Milne** to provide J Dyos more information in regard to the situation she experienced being asked or not to use PPE when visiting a patient on the ward.

M Clunie referred to on page 116 - pressure ulcers, it stated that there were no category three or four pressure ulcers in December 2021 but immediately under that statement it describes deep pressure ulcers/injuries of 11, and wondered if she had missed something as these statements do not correlate. J Dyos informed the Council that the categorisation of a deep pressure injury would not sit under a category three.

C Wynne asked if patients were allowed to ask staff about their vaccination status or not. S Hunter said that staff were under not obligation to respond to what their vaccinations status was as it was a personal question.

C Wynne raised the article in the Mail on Sunday regarding the changing of the zebra crossing to the rainbow in honour of the LGBTQ+ community and said that the amount quoted for Salisbury Hospital was the highest in the NHS. S Hunter said that she endorsed the decision to have the LGBTQ+ crossings as there are many patients and staff that feel that they are not recognised. S Hunter said that whoever answered the FOI request had supplied the wrong amount as only £6000 was spent on the crossings and the rest was for the normal maintenance and therefore the FOI response had been used out of context.

B Bull wanted to know whether the Trust Board was content with the robustness of the systems to register, control and monitor authority levels when taking on external consultants. B Bull asked if the process in place were robust especially with the cost

implications that these cost the Trust. N Marsden responded that the Trust Board was happy with the processes as they are reviewed every year. P Kemp, Non-Executive Director, who sits on the Audit Committee is very robust in his challenges to the Trust Board on these processes.

J Mangan asked if the 96% figure for the uptake of the vaccine by staff was for all three or just the one. S Hunter said that it was for both but possibly included staff that have had the third dose.

J Mangan said that the analysis of the second wave of the mortality figures is yet to be taken to Board and there is no formal reporting of these figure to the Board, from a Governor point of view is there any way that a more timely report could be produced rather than waiting for the learning report S Hunter informed the Council that the report was had been to the Clinical Governance Committee last week and escalated via the report that goes to Trust Board. The report had followed a very systematic structure judgement review process as it cannot be produced at the time of the incident is happening. S Hunter stated that the structure judgement review process is the best way to get the most correct information.

QUALITY and RISK

CG 28/02/08 Patient Experience Report – Quarter 1

J Dyos presented the Patient and Public Experience report for Q2 and informed the Council that the report provided a summary of all the activity which is July through to September 2021/22 in relation to complaints and the opportunities for learning and service change.

Some key changes are highlighted below:

- Increased percentage of complaints responses were sent out in the agreed timeframe.
- Complaints that were significantly past their response time are noted in the divisional reports.
- Results from urgent and emergency care 2020 survey and adult inpatient 2020 survey have been published by the CQC.
- Attitude of medical staff; unsatisfactory treatment and further complications are the main themes from the complaints and concerns combined.
- Increase in re-opened complaints. In all cases complainants were unhappy with the response they had received.
- 98% of patient who completed the FFT questions in Q2 felt that their experience was good or very good.
- The new Patient Experience Steering Group (PEG) commenced in October 2021.

Discussion:

J Podkolinski referenced the Panorama documentary that had recently highlighted the problems within the Shropshire Maternity services and wanted to know if the program could trigger local women to begin to ask questions about our Maternity services. J Dyos said that she had had a discussion with the clinical director and had asked if there had been any increased activity because of the programme.

J Dyos assured the Council that the Trust had worked really hard with maternity services over the last 18 months and had invested heavily in the development of the team as well as working closely with NHS England in improving our maternity services and that it was the service within that Trust that had had the biggest deep dive assessment. J Dyos explained that the Trust was sighted on things there and feels comfortable that the services is doing the right things for the women that come through the door. J Dyos also said that the Trust was very transparent in investigating issue when they arise.

J Bennett said that she had recently had a tour through the Maternity Unit and that she

had been really impressed with the service.

The Council noted the report.

CG 28/02/09 Summary of Corporate Risk Register

F McNeight informed the Governors that the paper provided a high-level summary of the corporate risks which is presented to the Board committees and the Trust Board on a regular basis.

F McNeight informed the Council that the tracker gives an overall picture of the corporate risks in the organisation, and that the Board Assurance Framework identifies to the Board risks to the delivery of corporate objectives. The Board and Board Committees look at this in detail and have detailed discussions. F McNeight advised that some risks were detailed in the paper that had been discussed at the last Board meeting where it had been presented, and just wanted to provide assurance that there was a lot of discussion around the Board Assurance Framework and Corporate Risk Register.

Discussion:

M Clunie noted that she was interested to see that risk 6825 which was a high risk one – 15 score, and had only been added pretty recently, 11 February, and did not believe that the Council had seen this one before. M Clunie wondered if it would be a worthwhile topic to be discussed at another Governor session as it had a lot of strategic questions around where the Trust was going. F McNeight informed the Council that risk 6825 has been on the register since March 2021. **ACTION:** FMcN to pick up with M Clunie

The Council noted the report.

GOVERNOR BUSINESS

CG 28/02/10 Chairman recruitment process

K Nye asked for the report to be taken as read and highlighted the following key points:

- The Council are asked to note the report and the proposed chairman recruitment timeline which will be fully approved by the Nominations Committee once formed.
- The Council are asked to consider if they wish to put themselves forward for the Nominations Committee to appoint the Chair of Salisbury NHS Foundation Trust. K Nye noted that she had already received emails from a number of governors expressing their interest in the process. It is likely that a mini election would go ahead following the 9th March 2022 to decide on the members of the Nominations Committee
- The Council are also asked to consider and approve that the Chief Executive be involved in the long listing and short-listing process and be a non-voting member of the interview panel.

Decision:

The Council approved the proposal for the Chief Executive to be involved in the long listing and short-listing process and be a non-voting member of the interview panel.

The Council noted the next steps and K Nye explained that diary invites for the relevant meetings would go into the diary asap.

CG 28/02/11 Deputy Lead Governor – expressions of interest

L Herklots informed the Council that the process to select a Deputy Lead Governors is summarised in the Constitution that was included in the papers of this meeting. The role of the Deputy Lead Governor was to support the Lead Governor and then to follow on to become the lead Governor if they so desired in a year.

L Herklots informed the Council that the current deputy lead Governor, J Mangan's term was ending on the 31 May 2022, and so if any Governor wanted to take on the role to send their expressions of interest to her or I Cardoso before the next Council of Governors meeting in May where it will be approved by the full Council. L Herklots also invited any Governor who wanted to find out more about the role to contact her for a conversation. **ACTION:** All governors to consider whether they would be prepared to take on the role of Deputy Lead Governor.

L Herklots thanked J Mangan for all that he had done as Lead and Deputy Lead Governor.

CG 28/02/12 Governor Queries

The Council noted the queries raised and their responses.

CG 28/02/13 Committees/working group reports: minutes/notes attached

- Membership and Communications Committee – C Wynne asked for another Governor to volunteer to write an article for the next Governors Newsletter which will be publicised in May 2022.
- Self-Assessment Committee – J Parker informed the Council that the committee met for the first time since 2013, and that the committee was in the process of producing a Self-Assessment questionnaire for Governors to respond to.
- Patient Experience Group: sub-group reports – no comment on the report
- Volunteer Feedback - J Podkolinski informed the Council that as the Governor for the Volunteers in the Trust that she had canvassed the volunteers and that they had reported to her a plethora of issues that they have been raising but have had no resolution on. J Podkolinski said that she had enquired with I Cardoso as what to do whereby she had been informed to write up a report for the Council of Governors and that I Cardoso would then send the report to the right people to request action on those issues. I Cardoso informed the Council that the report had already been sent to the right department head to alert them to the issues and was awaiting their response. **ACTION:** I Cardoso to add the report to the Action Log

These reports were noted.

CLOSING BUSINESS

List of dates for all Council of Governors meetings in 2022 – attached

N Marsden informed the Council that there was a list of all meeting Council of Governor meetings for 2022 attached to meeting papers.

CG 28/02/14 Any other business

S Hunter informed the Council that the Trust was holding an event in conjunction with the Cathedral on the 22nd March and that anyone may attend, so please attend. All details are on the daily bulletin.

Pt Russell said that the daily bulletin and the CEO briefings were very helpful.

N Marsden thanked the Governors for their attendance and contribution to the Council and Trust Board meetings.

The next public meeting of the Council of Governors is 23 May 2022 at 4pm.