



**Minutes of the Council of Governors meeting held on
29 November 2021 at Salisbury Rugby Club and via Microsoft Teams**

Present:

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| Kevin Arnold | Public Governor |
| Joanna Bennett | Public Governor |
| Mark Brewin | Staff Governor |
| Barry Bull | Public Governor |
| Mary Clunie | Public Governor |
| Steve Donald | Nominated Governor |
| Michael Glover | Public Governor |
| Lucinda Herklots | Public Governor |
| James House | Nominated Governor |
| Peter Kosminsky | Public Governor |
| John Mangan | Public Governor |
| Angela Milne | Public Governor |
| John Parker | Public Governor |
| Jane Podkolinski | Volunteer Governor |
| Andy Rhind-Tutt | Public Governor |
| Paul Russell | Staff Governor |

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| Tony Pryor-Jones | Public Governor |
| Sarah Walker | Nominated Governor |
| Christine Wynne | Public Governor |

In Attendance:

| | |
|---------------------|--------------------------------|
| Nick Marsden | Chairman |
| Stacey Hunter | Chief Executive |
| Isabel Cardoso | Membership Manager (minutes) |
| Peter Collins | Chief Medical Officer |
| Judy Dyos | Chief Nursing Officer |
| Kieran Humphrey | Associate Director of Strategy |
| Tania Baker | Non-Executive Director |
| David Buckle | Non-Executive Director |
| Eiri Jones | Non-Executive Director |
| Michael von Bertele | Non-Executive Director |
| Esther Provins | Director of Transformation |
| Felicity Pullan | KPMG |
| Kylie Nye | Head of Corporate Governance |

Apologies:

| | |
|-----------------|--------------------|
| Anisa Nazeer | Staff Governor |
| Edward Rendell | Nominated Governor |
| James Robertson | Public Governor |
| Peter Russell | Public Governor |
| Jayne Sheppard | Staff Governor |

ACTION

OPENING BUSINESS

CG
29/11/01

Welcome and apologies
Apologies were noted as above.

CG
29/11/02

Minutes of the Council of Governors meeting held on 26th July 2021
The minutes were agreed as a correct record.

CG
29/11/03

Action Log and Matters Arising

CG 16/11/12 – Governor Communication with members

I Cardoso informed the Council know that the Brochure was ready but that due to COVID restrictions had not yet been received by the Trust. S Hunter said for IC to speak to J Dyos and to get these released by exception. **ACTION: IC**

IC

CG 26/07/04 – IPR – Junior Doctors and weekend coverage

P Collins informed the Council that he was happy to provide extra detailed information, but I that he has assured himself that the Trust has the correct coverage of junior doctors to cover the emergency GIA on call and to cover escalated patients that are unwell and to cover our specialty and general surgical tasks as well as Paediatrics and maternity services.

P Collins informed the Council that the mortality index within the Trust was different at weekends compared to weekdays and that some triangulation research had been done and that it was the same as every other acute Trust. P Collins advised that some really good work had been done to look at whether the differences between weekend and weekday mortality have any basis on staffing levels, or indeed the achievement of the NHSEI seven days standards and it has been shown to have no correlation. So the Trust recognises that there is nationally a difference in mortality between the weekends and weekdays, and it's probably for a lot of complex reasons, some of which sit within an acute trust and some of which is influenced by a number of other factors. P Collins assured the Council that he had looked into the concerns raised and that the Trust was not an outlier and that the Trust continuous to review this. IC to get J Robertson to contact P Collins for further information. Item closed

CG 26/07/04 – IPR – appraisals

S Hunter discussed that the appraisal process had been slightly modified during the height of COVID, particularly for medical staff. The Trust was working really hard to get all appraisals completed through divisions and corporate teams but is difficult as understandably there is not always the time to complete them. S Hunter also informed the Council that appraisals were now recorded on ESR and therefore some staff required additional training to be able to record effectively. OD and People been asked to look into 'Appraisal Lite' and see whether it is viable. Item closed

Actions from other Governor Committees:

Membership and Communications:

- Website amendments – some have been made but others are still awaiting to be done.
- Stars Appeal; Dave Cates– being invited to the next meeting
- Communication with members – D Roberts provided list which was emailed on 18th November to all Governors.
- Constituency meetings – L Herklots said that the Governors had discussed onward steps at the pre-Governor meeting.

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

PERFORMANCE and FINANCE

CG
29/11/04

Integrated Performance Report (M6)

S Hunter informed the Council that the IPR that had been submitted related to October and that the paper was to note but that she would be giving the Council an up to date summary of how the Trust was currently doing, but was happy to clarify or take questions relating to the October report.

Governors noted the October IPR paper.

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

- The Trust continued to operate under significant operational pressure, with bed occupancy increasing and escalation bed days exceeding 2000. The challenges that this presented to effective flow throughout the organisation can be seen in ED performance, ambulance handover delays, and the average number of patients with no criteria to reside increasing.
- Workforce related metrics also demonstrated the pressure that the organisation faced, sickness absence was at just over 4%, with all divisions above the 3% target. Benchmarking across the BSW system shows SFT was in a slightly better position than the neighboring acute Trusts in the BSW system. Mandatory training and non-medical appraisal compliance levels reduced again, operational pressures and high vacancy rates were the biggest factor preventing staff from being released to complete training and appraisals.
- Despite the non-elective challenges, further progress was made on reducing elective pathways. The total waiting list size reduced slightly, with the number of patients waiting longer than 52 weeks falling. Theatre activity increased, with the 21/21 plan levels being achieved. Activity in November in day cases recorded 233 spells more than in October and exceeded the plan for the month. Activity in elective inpatients was higher than in October with improved performance in T&O/Spinal.
- The Trust continued to maintain achievement of the 6 week diagnostic standard for the third consecutive month. Importantly, the 62 Day suspected Cancer referral to treatment standard was achieved. The suspected cancer referral Two Week Wait standard deteriorated further to 77%. This was largely due to the continued issues with the Breast pathway and limited ability to undertake additional clinics because of lack of radiology cover. The average wait to first appointment for breast referrals is 15-16 days
- With a deficit of £6k the Trust remains broadly in line with the H2 plan, however increase staff absence due to Covid and a November spike in the cost of clinical supplies means that the forecast is under pressure. A significant proportion of these pressures will be mitigated in the coming months by the funding awarded for the winter resilience element of the Targeted Investment Fund (TIF).

Discussion:

C Wynne enquired about ambulance waiting times in A&E and asked if Salisbury was having the same problem as other Trusts. S Hunter confirmed this and noted that the Trust was working with the Ambulance service on how best to resolve this.

K Arnold referred to waiting lists and how they are prioritised, enquiring about the sort of conditions that are in category three and four. P Collins said that these would be conditions that do not need care within three months like patients with orthopaedic conditions – chronic osteoarthritis needing knee or hip replacements. Patients who are in pain but do not need to be seen right away, they are people without life threatening conditions whereas P1 is life threatening; P2 is urgent care like cancer surgery or chronic heart failure.

J Dyos noted the challenges in maintaining quality of care especially when the Trust is challenged with high numbers of staff unavailable to work due to them being sick, their children being off sick or having to isolate. J Dyos said that staffing numbers were constantly being reviewed and that the Trust keeps going despite all the sickness which will have an impact on the data relating to key standards that measure quality of care.

S Donald inquired which was the biggest issue demand or reduction in capacity. S Hunter said that it was the latter as because of the availability of staff on a day to day basis.

J House inquired about pressure ulcers and serious incidents. J Dyos informed the Council that pressure ulcers remained at a steady state throughout a long period of the year. The Trust has been tracking around 17/18 pressure ulcers on a monthly basis but has seen a stage three in a patient that had full capacity. There is still work to do to improve but not a bad a picture as it could be.

S Hunter informed the Governors that there have been 39 serious incidents (end October) to date compared to the 42 of the previous year, which is lower than 2019/20.

J Mangan congratulated the Trust on maintaining the quality of care in very difficult circumstances, but asked about the high cancellation rate (short notice) for non-elective and wanted to know if the Trust was able to use this time or does it become lost. S Hunter said that the majority was lost due to the COVID contact.

J Mangan asked if the Trust had changed its external provider for the mortality rate data. S Hunter advised that they had been bought out by another company. J Mangan enquired when the analysis of the deaths from phase two COVID will be available. S Hunter said that the data was due to go to the Clinical Governance Committee (CGC) at some point within the calendar year and will share the information as soon as it is available.

QUALITY and RISK

**CG
29/11/05**

Patient 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 which is April through to June 2021/22 in relation to complaints and the opportunities for learning and service change.

Some key changes are highlighted below:

- 95,000 episodes where there was an interaction either through the eight outpatients OPD or inpatients, whereby 37 complaints came through to the organisation with 462 compliments.
- New National Complaint Standards has been published by the Ombudsman and to be rolled out across the NHS in 2022. The Trust was pleased to be accepted onto the early adopters' programme and are currently in the process of undertaking a self-assessment; to identify aspects of the Complaint Standards that are already in place and to establish where priorities should sit.
- Attitude of medical staff remains the main theme from complaints and concerns.
- An increased number of patients completed the Friends and Family Test feedback questions this quarter which was largely favourable which demonstrated a positive sign for the quality of care of the patient experience. The Trust was recognised by a company called PP Health who use artificial intelligence to review friends and family test where the Trust came up as the fourth in the country acute hospital for positive patient experience
- This quarter the Trust has seen a 19% reduction in complaints being responded to within the agreed time frames. Of the complaints allocated a 60 working days return, none achieved the agreed target time.
- COVID-19 continues to be a theme seen in comments received by PALS in Q1.

J Dyos informed the Council that Katrina Glaister, Head of Patient Experience would be leaving the Trust and moving to a new post with NHS England from January 2022. J Dyos expressed her huge thanks to Katrina and acknowledged the hard work in the many years she had worked in the Trust.

Discussion:

M Brewin enquired about how representative or selective the Friends and Family Test

was, across the board or by department. M Brewin also wanted to know if there was some way to measure the test by departments so as to know which are doing them or not. J Dyos responded that the test was available across the board and open to all areas, and that some teams were better at engaging patients than others. J Dyos advised that it was very difficult to monitor and manage in a clear way and that it is something that has been discussed to ensure that there was a wide range of engagement.

P Kosminsky queried why there was a 60-day return for complaints. J Dyos said that responding to complaints was one of the key areas that the Trust was working on, especially as any given complaint might have a number of issues raised and therefore a plethora of people who have to be involved and have to respond, which could slow the process down quite considerably. S Hunter informed the Council that in times of operational pressure complaint responses were given less of a priority, but noted that unless it is a complex issue and requires a detailed response the letters should be going out a lot quicker than they currently are.

The Council noted both reports.

CG
29/11/06

Summary of Corporate Risk Register

K Nye informed the Council that she would be presenting the report on behalf of F McNeight who sent her apologies. K Nye informed the Governors that the paper provided a summary of the corporate risks which is presented to the Board committees and the Trust Board on a regular basis.

The paper is provided to the Council for assurance purposes so that the Governors are aware the Trust is tracking and reviewing risks on a regular basis. F McNeight has done a lot of work to revise the Board assurance framework and the proper risk register to a line to the new strategic objectives, and as part of the Improving Together the revision of the Trust corporate priorities the Board Assurance Framework (BAF) will be amended to reflect any changes in 2022/23. K Nye informed the Council that if there were any questions that F McNeight would be able to pick these up. K Nye also informed the Council that any new Governors are more than welcome to contact F McNeight if they wanted further guidance on the Corporate Risk Register or the BAF.

There were no questions from the Council.

S Hunter informed the Council that in regard to risk 6900 - Maternity Services – the CQC had revisited maternity services and that the warning notice around governance and culture that had been given has not been reissued. S Hunter reported that Maternity had done enough to meet the warning notice and that they deserve huge praise for achieving this, but that there was still a lot to do as the cultural change required cannot be embedded within four months. S Hunter also advised that there was still a lot to do to embed good practices.

S Hunter informed the Council that the Trust had significant risks around the estate. The Campus regeneration plan was trying to respond to these issues. S Hunter informed the Council that there was a national process whereby Salisbury hospital has been prioritised within eight hospitals in the south west identified for investment.

The Council noted the report.

ASSURANCE

CG
29/11/07

Annual Report 2020/21 – K Nye

The Governors were provided with the copy of the Annual Report that was laid before parliament in September 2021 which had been signed off by the Audit Committee and

the Trust Board.

The Council noted the report

CG
29/11/08

Trust Strategy 2022 – K Humphrey

K Humphrey shared his slide presentation with the Governors and informed them that further to the workshop delivered to the Council in February 2021, work has continued on the development and publication of the Trust's Strategy to cover the period 2022/26.

K Humphrey advised that after the Board's approval of the programme to update the Trust's corporate and clinical strategies in late 2020, work and wide engagement to identify strategic themes has continued through a series of seminars and engagement events over the past 10 months.

K Humphrey explained that the Trusts agreed strategic priorities are:

- Improving the health and wellbeing of the **Population** we serve
- Working through **Partnerships** to transform and integrate our services
- Supporting our **People** to make Salisbury NHS Foundation Trust the Best Place to Work

K Humphrey informed the Council that the Trust's Vision and Values have been refreshed but remain well established and supported across the Trust. K Humphrey also noted that the Trust had broadened its vision and revised its sole focus to be on patients, therefore the vision statement is: **Our Vision is to provide an outstanding experience for our patients, their families and the people who work for and with us.**

K Humphrey further informed the Council that the Trust had refined its values to reflect a broader view of the Trusts role in the local health system, and in the lives of the local population. The refined values assist in setting the cultural development of the organisation to embrace an improvement ethos as supported by the Improving Together programme.

K Humphrey reported that the next steps are to publish the Trust's strategy, to then begin the process of embedding the new priorities across how the Trust operated and develops over the next five years. With broad support and increased understanding of the new priorities work had commenced to embed these in the wider operational and business development of the Trust.

Discussion:

P Kosminsky said that at a recent meeting T Baker (NED) concluded that the Trust Board should be more challenging in setting strategic direction of the Trust, how does that relate to this report that the Council had just received.

T Baker said that this was in reference to a comment in the Performance Committee meeting that took place earlier today and was really reflecting the input the Board has had into this process as up to now there has not been as focused a strategy as was needed. T Baker said that K Humphrey and the Executives have taken as part of this review a more focused strategy that the Board can work through as an executive team and board so as to deliver the strategy.

C Wynne left the meeting at 5pm

L Herklots said that at the pre Council of Governors meeting that the issue on Governors engaging with their constituencies had come up and whether they should do so virtually or in person and asked how would the Trust want the Governors to take this forward. S Hunter noted that the Governors needed to consider doing both – face

to face and virtually especially taking into consideration the COVID rules, and that they Trust will support the Governors in any way needed.

J Mangan suggested that the Improving Together programme needed to engage in a wider capacity with the public and that there needed to be ongoing dialogue. S Hunter replied that this was an internal programme.

A Milne left the meeting

CG
29/11/09

Improving Together – KPMG initiative

E Provins; Director of Improvement and Partnerships provided the Council with a paper on the Improving Together Programme and a presentation in order to provide an overview of the new programme and that the Trust is on a journey to constantly improving the quality of care which was at the heart of the Trust's vision to provide outstanding experience to patients, their families and staff.

E Provins advised that for the last two years the Trust's Quality Improvement Steering Group, the Head of Quality Improvement and a newly developing cohort of QI Coaches have laid a strong foundation to support the Trust in adopting a culture of continuous improvement. No additional funding has been provided to carry out this work.

E Provins shared that:

- The Trust wished to embed a culture of continuous improvement as a fundamental way of working within each team and service, but that investment would be needed to do so.
- The Trust was aiming to achieve a step change; therefore, the Trust was introducing the Improving Together programme, thereby bringing together many of the improvement initiatives already underway.
- The programme will make sure that the Trust's priorities are clear to all, and resources utilised in the best possible way. Bringing the Trust values to life while offering new development and training opportunities to staff across the organisation.
- Improving Together is a key part of the journey to make Salisbury Hospital the 'best place to work'
- KPMG was commissioned to work with the Trust and help design and deliver the programme, including delivery of sustainable performance and high quality services alongside both incremental and transformational change.

E Provins informed the Council that the Improving Together programme would be split into three phases:

- Phase 1: Scoping (a comprehensive readiness assessment and road mapping exercise); completed in June 2021.
- Phase 2: Implementation; currently underway.
- Phase 3: Sustaining benefits; in planning.

E Provins said that the implementation comprised of these core work streams; deployment, operational management system, divisions, operational management system and frontline teams, leadership behaviours, centre of excellence, business intelligence and analytics, communications and engagement, Board and governance, and finally transformation projects.

The Trust was in the process of planning the programme launch and it was expected to take place during December and January, with the first cohort of trainees expected to start training in February 2022.

Discussion:

J Mangan provided a few comments and encouragement. J Mangan noted that he

hoped that within some of the projects; front of house is considered, i.e. not specifically when a patient is in front of you but the interaction right from the website through to the letters that they receive.

S Hunter said that she wanted to manage expectations on what priorities/objectives are looked at as the programme might fail if there are too many.

M Glover noted that as a new governor he had not found the structure or length of this meeting particularly helpful. He supported the idea of the Improving Together Programme but noted his disappointment at the content and time keeping of the Council meeting.

J Parker commented that some of the language used in the report should not be used if trying to engage with staff members, as this needed to be displayed in simple terms to communicate with all staff.

A Rhind-Tutt noted that the Trust needed to remove the duplication of effort and therefore achieving more for less.

J House supported the programme and the positive outcomes for the Trust.

K Arnold suggested that making sure that what is set is measurable and that people understand is important. E Provins advised that she would be happy to engage with K Arnold on this. Set up meeting between KA and EP **ACTION: IC**

IC

The Council noted the report.

GOVERNOR BUSINESS

**CG
26/11/10**

Committees/working group reports: minutes/notes attached

- Membership and Communications Committee
- Patient Experience Group: sub-group reports

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
29/11/11**

Any other business

L Herklots suggested that the strategy discussed should be held within the Council of Governors meetings rather than at separate strategy committee meetings. N Marsden said that he agreed and that if the Governors liked the items that were just covered, they could be brought to every Council of Governors meeting as an update.

A Pryor-Jones observed that this was his first attempt at joining one of these meetings virtually and that he had only managed to take on board a small proportion of the meeting due to sound issues. It was agreed that work to improve the sound on 'hybrid' meetings was a priority. *(post meeting note: K Nye working to find a solution to the sound issues when meeting face to face and virtually)*

J Bennett advised that she had not had a problem even though it was not fantastic she was still able to follow along.

N Marsden thanked the Governors their contribution to the Council and to the Trust

and wished everyone a Merry Christmas and Happy New Year.

The next public meeting of the Council of Governors is 28 February 2022 at 4pm.