

# Minutes of the Council of Governors meeting held on 16 November 2020 in Microsoft Teams

Present:

Kevin Arnold Public Governor Joanna Bennett Public Governor Public Governor Mary Clunie Lucinda Herklots 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 Lee Phillips Staff Governor Tony Pryor-Jones Public Governor Edward Rendell Nominated Governor James Robertson Public Governor Paul Russell Staff Governor Jayne Sheppard Staff Governor Nicholas Sherman **Public Governor** Christine Wynne Public Governor

In Attendance:

Nick Marsden Chairman
Stacey Hunter Chief Executive

Isabel Cardoso Membership Manager (minutes)
Fiona McNeight Director of Corporate Governance
Kylie Nye Corporate Governance Manager

Judy Dyos Director of Nursing
David Buckle Non-Executive Director
Eiri Jones Non-Executive Director
Paul Miller Non-Executive Director
Rakhee Aggarwal Non-Executive Director

**Apologies:** 

Jonathan Cullis Staff Governor
William Holmes Public Governor
Rachel King Nominated Governor

**ACTION** 

## **OPENING BUSINESS**

## CG 16/11/01 Welcome and apologies

N Marsden welcomed Stacey Hunter, the new Chief Executive, to her very first

Council of Governors meeting.

Apologies were noted as above.

CG 16/11/02 Minutes of the Council of Governors meeting held on 20<sup>th</sup> July 2020

The minutes were agreed as a correct record.

CG 16/11/03 Action Log and Matters Arising

#### CG18/02/02 - Governor Queries/ Letter heads:

N Marsden informed the Council that communications have improved in the last few months with the Communications team keeping everyone informed on the current updates in relation to Covid-19 and all other internal services. N Marsden also informed the Council that there was a new Communications Strategy that was going to the next public Trust Board meeting in January 2021 for approval and that the Council would be updated to this regard at the next Council meeting in February 2021. **ACTION: NM** 

## CG 17/02/13 – Any other business

**Smoking at the Front Entrance** –P James informed the Council that she had found it a challenge to meet with L Lane and that she has now been put in contact with L Lane's new PA, and that she was now awaiting for Gemma O'Brien to set up a Teams/telephone meeting to discuss. **ACTION: PJ/GOB** 

## CG 17/02/13 - Any other business

**Plastic Cups** –P James informed the Council that the use of plastic cups was discussed at the last Sustainability Group meeting. P James explained that the group were committed to removing single use plastic cups but that Covid-19 had slowed progress with the need to avoid multiple handling. P James said that the subject remained high on the agenda and was under constant review. **ACTION: PJ/EP** 

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

## **PERFORMANCE and FINANCE**

## **CG 16/11/04** Integrated Performance Report

S Hunter set the context to the current report that was being presented to the Council. S Hunter explained that since the Council last met the country was essentially in its second lockdown due to Covid. S Hunter informed that Council that over the last few months the Trust had been making a great effort to get services back to normal and that further information about the recovery work going on was detailed in the Integrated Performance report (IPR).

S Hunter highlighted the following key points.

- Challenges in maintaining non-elective flow are beginning to be felt, with the number of stranded patients in the hospital increasing to pre Covid-19 levels (99 in M6), and flow out of the department in ED being a factor in the reduced performance against the 4 hour standard. Although ED attendances were lower (412 fewer than M6 2019-20), performance was reduced to 88% (91.52% for M6 in 2019-20). Whilst this is not reflected in the bed occupancy levels (86% for M6), a 12 hour breach was recorded in the month, for the first time in a number of years. Further work is being undertaken into how bed occupancy figures are reported to ensure that escalation capacity is being correctly reflected.
- This pressure is felt across the Trust Stroke performance was affected
  with number of patients reaching the stroke unit within 4 hours falling to 50%
  (73.1% in M5). Additionally, 20 occurrences of non-clinical mixed sex
  accommodation breaches were seen in September affecting 59 patients.
  The Trust has had zero breaches of this prior to September since March.
- As part of phase 3 of the NHS response to Covid-19 elective activity levels have increased, although recovery of elective spells is the most challenging. This is reflected in the theatre activity levels, with main theatre activity still being some way off of pre covid-19 levels. An increase in the theatre recovery plan has been agreed, expected to start increasing in November, however Main theatres remain the escalation area for ITU should Covid-19 cases increase. September is the first month that the Elective Incentive

- scheme is in place and in line with guidance as a result of low elective levels this has been assessed at a negative impact of £113k but not included within the position per instruction from NHSEI.
- The slow return of Elective activity is seen in the increase of patients waiting over 52 weeks for treatment. The backlog grew by 54 in M5 to a total of 198. This is above the forecast position of 166.
- Encouragingly, performance continues in the Diagnostic standard, reaching 90% in Month 6. The number of diagnostics performed increased in month to 6467 (6035 in M5).
- Patient choice is still a big factor in cancer pathways. Performance against
  the Two Week wait standard dropped further to 85.47% in M6. Of the 144
  breaches, 69 of them related to patient choice. Work continues with Primary
  care to develop materials encouraging patients to attend their appointments.
  62 day performance fell just short of the 85% target at 84.57%, with legacy
  delays linked to Covid-19 and diagnostics earlier in the pathway having an
  impact.
- Phase 1 contractual arrangements have been extended to 30th September 2020, and a phase 3 planning submission for October 2020 through to March 2021 has been submitted. Additional funding above the 2020/21 contractual block contracts has been allocated at a system level; initial forecasts suggest that this funding is less than the system's cost base.

## **Discussion:**

P Kosminsky inquired about the mortality indicators as the report stated that there had been no further deaths due to Covid-19. S Hunter said that there had been a further three deaths since the report had been written.

J Parker inquired about the escalation plans that were being reviewed due to the second Covid wave, and wanted to know about the expected seasonal escalation and how much of a difference it will make. S Hunter informed the Council that winter planning had been factored alongside Covid-19.

J Mangan said that now that patient's being moved from one ward to another had been stopped what was the capacity and staffing levels like. S Hunter replied that the hospital was at 93% bed occupancy at this time and that the sickness rate was a bit higher because of staff having to isolate. S Hunter informed the Council that the hospital was going to be starting the twice weekly staff testing; staff would be given lateral flow tests to be able to do this.

E Rendell inquired about discharging patient before midday, and how the Trust could improve this. S Hunter stated that this was normally planned on a daily basis but has had to change to hourly. However, SH noted this is something the Trust should be focussing on and work is ongoing to improve this position.

C Wynne inquired about the proposed staff vaccinations and whether staff are accepting of this, and whether it was mandatory or optional. S Hunter informed the Council that the vaccination will be voluntary but that the Trust was encouraging all staff to take the vaccine.

J Lisle inquired about whether the Trust knew which staff were off due to Covid. S Hunter informed the Governors that the Trust knew how many staff were off sick and also which staff were isolating due to having Covid or having been in contact with someone with Covid as the Trust has to report on this.

The Governors noted the paper.

#### **QUALITY and RISK**

CG 16/11/05 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 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:

A discussion was had about the Attend Anywhere program. Governors queried what determined a Attend Anywhere appointment. Some Governors felt that the patients' needs needed to be taken into consideration, especially those that did not have the technology and who needed to have the human contact. Governors queried how many had already taken place. J Dyos said that she did not have those figures but could share them with the Council once she had them. **Action:** JD

J Dyos informed the Council that a clinical decision was made based on the information provided to a clinician as to whether a patient was offered an Attend Anywhere appointment. A Governor noted that some patients who had symptoms and were not improving did not like having to have a video or telephone consultation and that these patients should be given the opportunity to see someone in person. J Dyos said a review of the information that is provided to the clinician allows them to make the decision as to if the patient can be seen virtually or if they should come in to see them. A patient's personal preference is also taken into consideration. J Dyos reiterated that the Trust had to make sure that they did not bring in people unnecessarily during this time.

The Governors noted the report.

## **ASSURANCE**

# CG 16/11/06 Summary Risk Report

F McNeight 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.

FMc 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.

#### Discussion:

There were no questions from the Council

The Council noted the report.

#### **GOVERNOR BUSINESS**

## CG 16/11/07 G

#### **Governor Queries**

There were no further queries from the Governors.

#### CG 16/11/08

## Constitution

F McNeight informed the Council that the Trusts constitution had been completely revised and the following updates had been made:

- Annex 8 Standing Orders of the Board of Directors has been completely rewritten and is included as an appendix to the Constitution.
- The wards and constituencies have been updated. This includes merging West Wiltshire into South Wiltshire Rural. North Dorset and East Dorset constituencies have also been updated based on the electoral wards.
- It is proposed that within Annex 2 the Hotel and Property class in the Staff
  Constituency is merged with the Clerical, Administrative and Managerial
  Staff class. It is proposed that due to merging the staff classes, the name
  should be amended to "Administrative, Facilities and Managerial". The
  vacancy of the Hotel and Property class has not been filled for several years
  and these staff would benefit from better representation.
- The unused paragraphs have been removed and the document renumbered and reformatted to reflect this.

L Herklots noted that the change of name of the merged staff constituencies in the executive summary is called Administrative, Facilities and Managerial, but this hasn't transferred over to the document, and also the sub-classes of the Hotel and Property were missing in the new staff constituency and need to be listed there. L Herklots also noted that the appendix with the number of Governors listed needed to be updated especially as we were now one Governor less in the Staff Constituencies, and any other reference to the number of Governors throughout the document need to be checked and updated if needed. **Action: IC/KN** 

E Rendell noted that the Wiltshire CCG no longer existed and needed to be changed to the BSW CCG (Bath, Swindon and Wiltshire). **Action: IC/KN** 

R Jack informed the Council that there was a reason that there were paragraphs that were not used in the constitution, and that was because the constitution followed the paragraphs in the model core constitution put forward by Monitor. R Jack said the changes to the paragraphing in the constitution mean that any referencing in other documents need to be updated, for example the Governors Standing Orders. **Action: IC/KN** 

C Wynne referenced the gender throughout the document only mentioned

him/his/he and that it should be him/she or their. F McNeight said that under interpretations and definitions 1.2 it does define the wording used for the gender throughout the document.

F McNeight recommended that following the above corrections that the Council pre approve the changes so that the constitution can be submitted to Trust Board for final approval at the next public meeting in January 2021.

#### Decision:

The Governors unanimously approved the constitution.

# CG 16/11/09 Membership and Communications Strategy

C Wynne informed the Council that the Membership and Communications Strategy was updated by the Membership and Communications Committee. Lucinda Herklots undertook the major overhaul of the Membership and Communications Strategy. C Wynne said that the Strategy had been approved by the Membership and Communications Committee at its last meeting on 15th October.

L Herklots suggested that the Governors should consider holding online constituency meetings.

C Wynne asked the Council to approve the final version of the Membership and Communications Strategy.

The Council approved the document unanimously.

## CG 16/11/10 Governors Newsletter – update

C Wynne informed the Council that a long with R Jack, they had done a lot of work on how the newsletter should look like in the future. C Wynne stated that the newsletter was very dependent on Governors participating and contributing/producing the newsletter. C Wynne informed that the Communications department would be helping with the production of the articles in the newsletter, but that the newsletter belonged to the Governors.

P Kosminsky asked whether the M&C Committee was happy with the number of members on the books and also if I Cardoso could indicate/share any paraphernalia about membership and how to recruit. I Cardoso informed the Council that the M&C Committee was in the process of updating all it information packs and brochures. I Cardoso also informed the Council that the Trust was in the process of procuring a new membership database where electronic membership would be available and that once all of these were completed, she would share the appropriate tools to engage with and encourage membership. **Action: IC** 

## CG 16/11/11 New Website – Governor Feedback

C Wynne provided the Council with a report on all the feedback that she had collated from Governors about the Trusts website. C Wynne informed the Council that their feedback had been fed back to the Trust, who were are taking them into consideration. J Mangan said that the Trust had taken up a lot of the points that the Governors had fed back. J Mangan also said that the fact that the website was created in-house this allowed for continuous improvement.

The Council noted the report.

## CG 16/11/12 Governor Communication with members

J Mangan thanked the Communications Department for all the work they have done with providing a Governor briefing s that Governors could communicate with their constituents. The content and frequency of these depended on any updates or new

information. J Mangan said that Covid had provided Governors with the opportunity to communicate more often with their members, but would be more beneficial if the Governors received the briefings on a more regular cycle. This would enable the Governors to communicate more effectively with their members and thereby reminding people to be compliant with the countries regulations and also by reassuring people that they can and should attend their hospital appointments.

S Hunter said that she would be more than happy to support the Communications Department in providing more frequent briefings, and that she was more than willing to spend more time with the Governors if the need was there.

J Mangan also said that it would be good to have a clinical input into the briefings coming from the Communications Department as this would lend more weight to any information that the Governors are providing the members with. J Dyos said that she would also have a chat with Dave Roberts and see what can be done.

Action: JD

# CG 16/11/13 Mandatory Training

I Cardoso informed the Council that the way their mandatory training was delivered had changed and that their training was now going to be online via the Trust's training portal. I Cardoso said that Governors would therefore be given access to the same Mandatory Training Learning Environment which they can access from home electronically.

The Council noted the report.

# CG 16/11/14 Committees and Working Groups

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

- Membership and Communications Committee
- Strategy Committee
- Patient Experience Sub-Group Report
   L Herklots provided a report from the Organ Donation Committee

L Herklots queried if there was any update on the campus project. N Marsden informed the Council that the Trust's focus is currently on the Day Surgery Unit which needs to be replaced. The Trust is going into greater detail on how to achieve this and looking on the site where the unit could be placed and what links it will need to be effective.

J Lisle queried if there was any intention to have a rehabilitation facility on site, as it looked like there was no provision for a stroke rehab on the new site. S Hunter said that t was part of the clinical strategy especially as there were lots of pockets of rehabilitation and the Trust is looking into how to position all rehab in to one area.

The Council noted the minutes and reports.

## CG 16/11/15 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 22 February 2021 at 4pm.