



Minutes of the Council of Governors meeting held on  
26 July 2021 in Microsoft Teams

Present:

Kevin Arnold	Public Governor
Joanna Bennett	Public Governor
Mark Brewin	Staff Governor
Barry Bull	Public Governor
Mary Clunie	Public Governor
Steve Donald	Nominated Governor
Lucinda Herklots	Public Governor
James House	Nominated Governor
John Parker	Public Governor
Edward Rendell	Nominated Governor
James Robertson	Public Governor
Paul Russell	Staff Governor
John Mangan	Public Governor
Tony Pryor-Jones	Public Governor
Jayne Sheppard	Staff Governor
Sarah Walker	Nominated Governor
Christine Wynne	Public Governor

In Attendance:

Nick Marsden	Chairman
Stacey Hunter	Chief Executive
Isabel Cardoso	Membership Manager (minutes)

Public Governor

		ACTION
	OPENING BUSINESS	
CG 26/07/01	Welcome and apologies Apologies were noted as above.	
CG 26/07/02	Minutes of the Council of Governors meeting held on 24 <sup>th</sup> May 2021 The minutes were agreed as a correct record.	
CG 26/07/03	Action Log and	

	PERFORMANCE and FINANCE	
CG 26/07/04	<p>Integrated Performance Report</p> <p>COVID Update S Hunter provided the Council with a brief COVID update. S Hunter informed the Council that Wiltshire had seen a rise in cases and that the Trust had 10 inpatients a steady increase over the last three weeks. S Hunter informed the Council that the vaccination programme was working, and that everyone was being encouraged to have the vaccine.</p> <p>Discussion: Governors asked about the profile of these 10 people – their age and vaccine status. Further queries were made as to where the patients were located; ITU or Covid beds. Governors also inquired as to the current rate of staff absence, and if any of the Covid cases were hospital acquired.</p> <p>S Hunter said that there were still a lot of people who had not been double vaccinated, and that the 10 people in the hospital were from a broad spectrum of age and were not as clinically affected as before. S Hunter said that none of the vaccines were a hundred percent effective, but that people were not as unwell and that their length of stay in hospital was shorter. S Hunter also said that this increase in Covid patients had not stopped the Trust from doing elective work.</p> <p>S Hunter informed the Council that only three people in total have needed ITU, the majority are in a Covid ward bed. Regarding staffing numbers there are about 100 staff members unavailable. These are staff members who have caught Covid, been in contact with or were isolating after being notified to do so by the Government app. S Hunter informed the Council that there was a risk assessment process in place.</p>	
	<p>S Hunter also said that a significant number of staff shortages were due to annual leave and not only due to Covid.</p> <p>J Dyos said that so far there had only been one hospital acquired Covid case but that in the majority it was difficult to be sure where patients have acquired it, but that reviews are being done of all patients with Covid.</p> <p>Integrated Performance Report (I PR) S Hunter proceeded to present the IPR report to the Council of Governors.</p> <p>S Hunter advised the Council that:</p> <ul style="list-style-type: none"> <li>x Emergency Department attendance numbers continue to increase, with December 2019 the highest level seen in M2. There were significant challenges in filling rota gaps which further added pressure to the service with performance against the four-hour standard decreasing slightly. Ambulance arrivals remained high, with handover delays occurring for almost 1 in 4 ambulance arrivals, and bed occupancy levels sustained at over 90%.</li> <li>x Stroke and TIA performance remained challenging, with flow issues a factor in the number of patients reaching the Stroke unit within 4 hours. TIA performance had been reduced from 92% in M1 to 60% in M2, but with the loss of a Stroke locum this compounded the issues. A review at departmental/divisional level has been requested by CMO with the expectation of a recovery action plan to return to SSNAP A or B performance.</li> </ul> <p>S Hunter informed the Council that there had been an increase in elective activity which remained a priority. Encouragingly a reduction in the number of patients waiting over 52 weeks was achieved for the second month running. S Hunter also said that</p>	

---

Referral to Treatment performance had increased from 65.5% in M1 to 71.6% in M2.

The Council was informed that The Elective Recovery Fund (ERF) threshold had been met; although at POD level of elective activity remain under plan despite the progress made. S Hunter said that the over performance in day cases, Outpatient Attendances and Outpatient Procedures have mitigated the shortfall to ensure overall achievement of the threshold. Early calculations imply SFT will have contributed c£0.9m to the system total of c£8.6m YTD. The activity threshold level for ERF was 75% in M2, this rises again to 80% in M3.

S Hunter informed the Council that:

- x The Trust continued to operate within its allocated H1 2021/22 contractual envelopes up to the end of May 2021, with a YTD reported surplus of £145k (excluding the impact of donated assets).
- x Recovery of the six-week Diagnostic standard remained positive with 95.02% of patients requiring a diagnostic test receiving it within six weeks. The main area yet to recover was Cardiology with a recovery trajectory in place. Increasing referral levels for all modalities present a risk to recovery.
- x The Mortality indices have begun to normalise following the peak of deaths seen in January attributed to the second wave of the COVID-19 pandemic. SHMI (which excludes Covid-19 deaths but includes all palliative care coded deaths) remains just below the national medical in the last reported period.
- x An increase in high harm falls has been noted in May from 1 in April to 7 in May. 3 majors requiring surgery and 4 moderates. S Hunter let the Council know that 'The Falls Lead' post, which will sit within Medicine Division, was out to advert and there was a matron focus on falls reduction. A cluster review has been requested by the CNO to identify more detail on themes.
- x A dashboard for Maternity and detail on the Saving Babies Lives Care Bundle version 2 is included in the report for the first time. In May there were 0 stillbirths, maternal deaths or neonatal deaths within 28 days of birth.
- x Further development of this report is planned, with a working group identified to review the current content and ensure the report is providing oversight on the right elements. A development schedule will be identified, and updates

end of June into July which has helped to increase inpatient sessions. S Hunter informed the Council that the Trust was in the process of doing a significant piece of work on recruitment and retention of permanent theatre staff. In terms of theatre efficiency, the Trust has an improvement program that it is running, although there is always more that the Trust could do. The late starts to theatre sessions are also being impacted by patient who have become Covid positive or been told to isolate.

J Robertson inquired about weekend coverage by junior doctors and weekend mortalities vs week mortalities.

S Hunter said that she would get P Collins, Chief Medical Officer to get some information regarding junior doctor staffing at weekends and the mortality rates.  
Action: SH/PC

S Hunter informed that medical staffing was a challenge and that the Trust had significant gaps in medicine, particularly in the middle grade and junior doctors. The Trust had a discussion with the local Health Education England (HEE) provider who recognises that Salisbury is under doctored and are trying to do what they can to increase the number of trainees that are coming through that will help the weekend position, although this will not rectify all the existing gaps. S Hunter also informed the Council that Stuart Henderson, Clinical Director in Medicine, is leading on a piece of work around utilising different roles to assist with workforce challenges, whether that's Advanced Practitioners from different professional groups or other ways to try and give additional capacity and support to the doctors at the weekend.

E Rendell inquired about appraisals and them being naturally stepped down with a reduction in non-medical appraisals and was interested to know when these would be stepped up again as it can be used to check on staff wellbeing. Could it be possible to hear more about how it is going at the next meeting please.

J Dyos said that she would like to first comment to the Council on the mortality rate and when the highest period was. J Dyos informed the Governors that the highest mortality was on a Tuesday. J Dyos informed the Council that the Trust had been working with teams to get on top of their appraisals and make sure that they have undertaken them. J Dyos noted that the Trust was going to be changing appraisal systems so there might be a bit of disruption before performance gets better.

J House noted that in Hampshire most of their problems and increase in demand came from paediatrics and wanted to know if the Trust had the same issues and if it also put the services under more pressure.

S Hunter confirmed that the paediatric department was under pressure because of the increase in activity but that the Trust was managing it reasonably well at the moment.

J Dyos informed the Council that the Trust has been working across a number of different systems, with critical care operating network and with BSW to match what the Trust is doing on workforce planning, educational training and upskilling of nurses as well as looking at how all the organisations can do mutual aid. The Trust is also in the process of upskilling adult nurses so that they can potentially support and provide additional surge capacity care.

J Mangan commented on the mortality indices report provided within the IP report. J Mangan said that there was more in what the report did not say than what it reported. The report says that whilst the HSMR has been rising there are indicators that it will come down and that the SHMI is a better indicator of the mortality rates. J Mangan said that he fundamentally disagreed with that for two reasons. Firstly the palliative care coding issue which J Mangan has been asking for, for the last four and half years. J Mangan said that he did not think that a policy existed as he has never been shown it and that worried him as well as the unwillingness to create one. J Mangan



J Bennett wanted to know if the birth rate + tool was being used as recommended and why had it not been brought in before.

J Dyos said there had been a birth rate + undertaken in 2019 and brought to Board in March 2020. There should have been a further staffing report but Covid caused a delay due to redeployment. The

presented in the appendices.

- x The new contract for translation services is hoped to go live in Q1 2021/22
- x In Q4 a total of 534 patients provided feedback through the Friends and Family Test (FFT). The numbers are increasing though as we are encouraging areas to start displaying the FFT feedback forms again. A total of 2,627 provided their feedback in 2020/21. The new FFT questions went live in Q1 2020/21 (a) what was good about your experience (b) how can we improve our service. Whilst the former continues to provide overwhelmingly positive comments the latter is providing some ideas for improvement. Wards, the Emergency Department and Maternity, have action plans in place to address the areas of concern in their location.

J Dyos also presented the Patient and Public Experience and Involvement progress on our priorities – end of year report.

Discussion:

No questions were raised

po (epa)10 -1.1rTj EMCnB10.09226

	<p>B Morris said that it was a complex situation and from the Auditors perspective the Trust is a relatively small organisation in a rural location which bring up particular challenges around staffing recruitment and retention. The financial regime within the ICS is struggling and therefore the Trust is not receiving the funding for the activity that the Trust requires.</p> <p>P Miller emphasised that the S Hunter and L Thomas have been working with system colleagues on the size of the deficit root cause financial analysis.</p> <p>The Council noted the report</p>	
	<b>GOVERNOR BUSINESS</b>	
CG 26/07/08	<p>Future remote meetings</p> <p>N Marsden informed the Council that the Trust was going to migrate from only holding MS Teams to starting to hold face-to-face meetings. Due to the NHS still being bound to social distancing rules and the Trust not having a sufficiently large enough venue to accommodate a full Board meeting, the Trust will be trailing Board meetings at Salisbury Rugby Club, which might have to be hybrid.</p> <p>Therefore, unless otherwise stated the next Council of Governors meeting in November will be held face-to-face. Governors are also encouraged to start holding their committee meetings at the Trust within social distancing regulations.</p>	
CG 24/05/09	<p>Governor Elections – 2021</p> <p>I Cardoso provided the Council with a verbal summary of the status of the current Governor elections and said that the Council had been emailed the results of the elections. I Cardoso said that the election process for the majority of the constituencies had been completed on the 17<sup>th</sup> May 2021. I Cardoso informed the Governors that there were a few constituencies that had been unable to recruit a Governor and that a bi-election was going to be needed. I Cardoso said that the bi-elections would start in July so as to have the new Governors in post by September 2021.</p>	
CG 26/07/10	<p>Any other business</p> <p>N Marsden thanked the Governors their contribution to the Council and to the Trust.</p>	
CG 24/05/13	<p>Date of Council of Governor Meeting</p> <p>N Marsden informed the Council that there was a list of all meeting Council of Governor meetings for 2021 attached to meeting papers.</p> <p>The next public meeting of the Council of Governors is 29 November 2021 at 4pm.</p>	