Salisbury NHS Foundation Trust

Minutes of the Council of Governors meeting held on 20 July 2020 in Microsoft Teams

Present:

Kevin Arnold	Public Governor
Joanna Bennett	Public Governor
Mary Clunie	Public Governor
Jonathan Cullis	Staff Governor
Lucinda Herklots	Public Governor
Raymond Jack	Public Governor
Pearl James	Staff Governor

C Charles-Barks informed the Council of the current numbers of patients in hospital. The Trust currently has 363 patients in the hospital, 269 tested negative and 94 patients were awaiting results. C Charles-Barks reminded the Council that the Trust screened everyone that came to the hospital and that was why there were people awaiting test results. The Council was informed that the last admitted patient with Covid was the 28th June.

The cumulative total to date is 88 patients tested positive have been discharged home and the Trust had 56 Covid deaths to date. C Charles-Barks said that much of the Trust focus now is on recovery. One of the big pieces of work is around the anti-body testing and that the Trust has over 70% of the workforce tested and aim to have everyone tested in the next couple of weeks. 52% of staff have also undertaken a risk assessment and over 89% of vulnerable staff have undertaken their risk assessment.

Discussion:
R King enquired about the actions being taken to secure diagnostic capacity and also the timescales for those given the impact on cancer standards. C Charles-Barks said that she didn't have the latest up to date position, but will ask A Hyett, the Chief Operating Officer for an out of meeting update. Action: AH

P Kosminsky referred to the 56 people who sadly passed away from Covid, and wanted to know the rate of people who have died compared to the number of people admitted with Covid and how this figure compares with the national figure. C Charles-Barks informed that the Trust saw 150 admissions in total and 56 of those admissions went on to die. So about 33% of those admitted. The Trust is no different from others nationally. C Charles-Barks also informed the Council that a full mortality review was performed on every person that has died of Covid to see if there was anything that the Trust could have done differently. The Trust only had 4 BAME admissions. Of the 150 that were admitted a 130 had pre-existing conditions.

J Mangan stated that he was concerned going forward that the Trust does not put people of greater risk because of the flu and wondered what the progress was with the flu campaign to immunise front line staff. J Dyos informed the Governors that the Trust was already making plans to promote the flu vaccine to staff and also following government guidance as to how mandated it was going to be.

J Mangan asked if it was possible to know what percentage of staff tested for the anti-bodies tested positive. J Dyos informed the Governors that 90% of staff had been tested and that 10 % had tested positive.

of long days and night shifts that they were allowed to do.

The Hospital at Night rota ensures that there are doctors covering:

- Medical admissions –
  - Medical SpR,
  - FY2;
  - Medical twilight until 9/10pm
- Surgical admissions – 12x FY2 and 8x FY1
  - Surgical FY2/Core Trainee(second on for wards) called the H@NT doctor
  - Surgical SpR until 11pm (9pm Fri; Sat; Sun)
- Ward Cover –
  - H@N Surgical FY1
- Other Team members
  - H@N Co-Ordinator
  - Critical Care Outreach
  - Clinical Site (7pm-7am)
  - H@N Assistant (8pm-2am)
  - Emergency Department – SHO x2
  - Ed Consultant until midnight
  - Anaesthetic SpR
  - Anaesthetic SHO
  - Paediatric SHO
  - Paediatric SpR or Consultant
  - Obs&Gyn SpR or Consultant

S Davies assured the Council that the besides the junior doctors that The Deanery provided the Trust with, the Trust also employs local doctors to fill gaps/rotas when the allocation hasn't been sufficient. The Trust is constantly reviewing this.

S Davies informed the Council that during Covid, Hospital at Night had been suspended and that all junior medical staff had been redeployed to critical care, respiratory care and ED. Additional support from consultants on wards was also provided. Bed occupancy was reduced from 97% to 60%, and that elective work was in the majority suspended. S Davies assured the Council that in the near future the Trust was going to ensure that there was:

- Weekend working task force
- H@NT was reinstated
- Rest facility for junior doctors created
- Appoint an education and development lead for locally appointed doctors.

J Robertson enquired if the Trust knew the rate of gaps, is it 1 in 10 or 1 in 20 of the posts that might not be filled. S Davies explained that it was quite difficult to respond as even if The Deanery sent a doctor it does not account for the fact that they are part time. This makes it very complicated to manage.

J Mangan inquired if the issue of rest and refreshments for people working at night had been addressed. S Davies responded that it had been.

M Clunie enquired about the sepsis decrease in percentage after the initial diagnosis as there seems to be an inexplicable delay once a patient is diagnosed to when they received their first antibiotic. According to the Quality Account this appears to have deteriorated further. M Clunie asked why the percentage had fallen so much.

P Miller, NED, informed the Council that the sepsis report was highlighted in the Clinical Governance Annual Report and that NED, Eiri Jones had recommended that the Clinical Governance Committee track the performance and report back to the Council of Governors at a future date if there are any concerns.

The Governors noted the presentation.

CG 20/07/08 Auditors Report – Grant Thornton UK LLP, Barrie Morris

B Morris informed the Council that Grant Thornton had audited the financial statements of the Trust and its subsidiaries for the year 31 March 2020. In Grant Thornton's opinion the financial statements:

- Gave a true and fair view of the financial position of the group and of the Trust
- Have been properly prepared in accordance with International Financial Reporting Standards (IFRSs)
- Have been prepared in accordance with the requirements of the National Health Service Act 2006

B Morris said that the basis for the qualified opinion was:

- Due to national lockdown arising from Covid-19, Grant Thornton were unable to observe the counting of physical inventories, this qualification applies to all NHS provider organisations in 2019/20
- The unknown future economic impact of Covid-19 an Brexit
- Material uncertainty relating to the going concern arising from formal contractual arrangements for 2020/21 only extending to phase 1 of the Covid-19 response (31 July 2020). The financial statements were prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2019/20 which states that the financial statements should be prepared on a going concern basis

Discussion:

- J Mangan noted that Covid had played a huge part and the report provided is a historical look based on what was planned and what was achieved and that the Government introduction of a level 4 emergency has fundamentally changed that. The report provided by Grant Thornton is technically correct and that there were no surprises as to the financial position of the Trust. B Morris concurred with the observation and stated that the report would be different had the pandemic not hit at the end of March 2020. P Kemp, NED, assured the Council that he was quite happy with the position of the Trust and that the report was a fair summary.

The Governors noted the report.

GOVERNOR BUSINESS

CG 20/07/09 Governor Communications

J Mangan noted that the Trust was doing a review of its communications and that Governors were keen to do more when communicating with the general public. The council wanted reassurance that the Trust in its Communications Strategy review was committed to improving the newsletter and producing regular Governor Bulletins so that Governors may communicate in a regular and coherent way with their constituents.

N Marsden indicated that it was the intention of the Trust to do so. C Charles-Barks explained that the Trust should not be specifically producing a series of communications for the Governors, for them to then pass on to the constituents. C Charles-Barks expectation is that the Trust has publically available information the on the website that anybody can access and that those are also shared with the Governors so that they may use them when communicating with their constituents.

N Sherman stated that Governors are there to protect the interest of the public and

Governors meetings, especially in a public meeting.

C Charles-Barks said that the expectation would be that the information that Governors are sharing would be consistent with what is on the Trust's website. If there is a requirement to have more publically available information then Governors should feedback what information constituents require so that the information can be made available. Communication from the Trust needs to be consistent and if there are any gaps the Trust will endeavour to rectify this.

J Robertson suggested that the Communications Team link closely with the GPs to keep them informed of what might not be going as well as it should, e.g. patient not attending their hospital appointments. C Charles-Barks informed the Governors that the STP communications leads come together regularly and are doing a piece of work around improving how they collectively communicate across all areas. The Trust also has a Primary Care liaison, Paul Russell, who supports the Communications Team to actively communicate with key partners. P Russell reassured the Governors that in his role as the Primary Care liaison he keeps in regular contact with key partners and provides all the information they need, through newsletters, phone calls etc.

CG 20/07/10 Governor Elections