Minutes of the Council of Governors meeting held on 24 May 2021 in Microsoft Teams

Present:

Kevin Arnold	Public Governor
Joanna Bennett	Staff Governor
Mary Clunie	Public Governor
Jenny Lisle	Lead Governor
John Mangan	Public Governor
John Parker	Public Governor
Tony Pryor-Jones	Nominated Governor
Edward Rendell	Public Governor
James Robertson	Staff Governor
Jayne Sheppard	Public Governor
Christine Wynne	Nominated Governor

Guest:

Steve Donald	Chairman

In Attendance:

Nick Marsden	Chief Executive
Stacey Hunter	Membership Manager (minutes)
Isabel Cardoso	Director of Corporate Governance
Fiona McNeight	Chief Nursing Officer
Judy Dyos	Chief Medical Officer
Peter Collins	Non-Executive Director
Rakhee Aggarwal	Non-Executive Director
Tania Baker	Non-Executive Director
Eiri Jones	

Apologies:

Jonathan Cullis	Staff Governor
Rachel King	Nominated Governor
Lee Phillips	Staff Governor
Peter Kosminsky	Public Governor

ACTION

OPENING BUSINESS

CG 24/05/01 **Welcome and apologies**

Apologies were noted as above.

CG 24/05/02 **Minutes of the Council of Governors meeting held on 22nd February 2021**

The minutes were agreed as a correct record.

CG 24/05/03 **Action Log and Matters Arising**

CG 16/11/12 – Governor Communication with members

J Dyos said that the Council had been provided with a paper on the video consultation activity within the Trust. E uin t een ublultat b8 (w)2.6happy-6.6 ((ul)2.6 (t)7 (ato(ul)2.

from 2 to 3 people.

S Hunter stated that elective activity continues to be a challenge due to the restricted numbers of some services. S Hunter informed the Council that he ICU bay on Laverstock ward had been completed during the month and became operational, ceasing escalation into theatres.

The Council was informed that elective and day case activity levels had improved, but that it did not reach the levels set in the Phase 3 plan, and as a result the number of patients waiting over 52 weeks for elective treatment increased.

S Hunter noted that that:

- performance against the 6 week diagnostic standard reduced slightly to 92.8%, and that the national position at M10 was 71.5% so SFT were significantly ahead of many Trusts in recovering this standard. The main area yet to recover was Cardiology Echocardiograms; however improvement actions have been identified with performance expected to start improving from M1. The main risk to ongoing improvement and achievement of this standard remains increasing referral levels.
- The number of patients seen within 2 weeks with an urgent suspected cancer referral improved and the Breast pathway has been challenging, but improvement is beginning to be seen. 62 Day performance has improved by just short of the 85% standard at 83% (provisional) in M12.

S Hunter informed the Council that the Trust had recorded a bottom line surplus of £78k at the year-end and that the financial plan had assumed a control total deficit of £0.1m for the month. A £15.2m deficit for the year, with no central MRET or FRF was therefore assumed. The Trust's improved performance against this target was due to the increase in funding made available to NHS providers in 2020/21.

S Hunter reported that the costs directly driven by the Covid-19 response have now reached £5.7m, 62% of which related to hours worked by the Trust's existing workforce, and though a combination of redeployment from BAU duties and additional hours. The high costs seen in month 11 has begun to level off as the level of Covid-19 activity in the Trust has fallen; bank nursing, junior doctor additional shifts and ancillary staff remain the areas mainly affected.

Discussion:
M Clunie inquired about the Emergency Department waiting times, and asked if the new modular medical outpatient building had opened, and if so was it starting to make an impact now that it was available. S Hunter reported that the new medical outpatient unit was going to be used for additional outpatient clinics like fracture clinic, and that the Trust is now able to bring back more outpatient type activities.

K Arnold asked as to the methodology used to triage who has an appointment first and whether a virtual consultation would be appropriate or not in the first instance. P Collins informed the Council that the prioritisation focused on intervention such as operations and other procedures, and is very much clinically led. P Collins said that each speciality prioritises their patients according to the clear national guidance around what type of condition is classified Priority 1 though to Priority 4 and then there was also a balancing between specialities to get the right mix of procedures to make sure that those in the most need are seen first. This process is mostly led by the Trust's senior medical and nursing staff.

J Bennett asked how the inappropriate referrals that were coming through from GP's because of the lack of face to face consultations in primary care were being monitored and if there was any feedback to GP's for inappropriate referrals. P Collins said that no referral was inappropriate if it got the patient the help they

needed, but that the Trust was helping primary care and community colleagues to understand how to use the hospitals facilities for early diagnostics. The Trust has regular meetings with primary care physicians so as to enable them to understand what information the hospital would need in order triage better.

J Parker said that he was comforted to see staff absence levels falling but was still slightly concerned that in the clinical divisions report the first category was anxiety and stress and just wanted a bit of an assurance that staff well-being was being monitored especially after the year that has been. S Hunter assured the Council that the Trust was working with the Trade Unions, health and well-being colleagues to understand what more the Trust could do to support staff and that there were

has been proactively reviewing maternity services in the Trust since the Autumn last year and recognise that there are things that need to be improved upon.
Action: JD/KG

The Council noted the report. .

GOVERNOR BUSINESS

CG 24/05/08 Council of Governor engagement

F McNeight referred the Governors to the paper written by K Nye and I Cardoso on the upcoming work to improve the Governor engagement within the local community and suggest further methods of engagement that might be appropriate. F McNeight also informed the Governors that the Membership Manger would be working towards reinvigorating all the Governor Committees and thereby improving Governor involvement within the Trust (involved in the Trust-led working groups) as well as in the local community (Medicine for Members and Constituency meetings).

F McNeight said that although governor engagement had been limited during the last year largely to virtual meetings; Governors have been given additional virtual informal briefings

process of being distributed by post and email. The Newsletter would also be uploaded on to the website.

C Wynne took the opportunity to thank the committee members who were leaving for all that they had contributed to the committee.

Patient Experience Sub-Group Reports:

- Organ Donation Committee – L Herklots
- People and Culture – J Lisle

The minutes and sub-group reports were noted by the Council

CG 24/05/12 Any other business
Veterans aware programme

J Mangan informed the Council that Tony Pryor-Jones had had an appointment in the hospital and that staff had been unaware that there was a veteran programme. J Mangan said that Tony then met with a PALs representative to discuss this and that two requests have come from this :

- For a nominated Governor to liaise with the Trusts Veterans Awareness Programme
- System of flagging veterans

J Mangan said the T Pryor-Jones was concerned that there was a general lack of staff awareness around veterans and that some of the issues they have was caused by them being in the armed forces and wanted to bridge this gap.

J Mangan informed the Council that P Russell had offered to serve as liaison with GPs to encourage them to include information in their referrals of veterans, and will link in with T Pryor-Jones to develop any suggestions that might have. (at 10.15)