

Minutes of the Public Council of Governors Meeting held on Wednesday 25th
August 2021, MS Teams, 6.00pm – 7.45pm

Present:

Public Governors:

David Allen, Luton	Helen Lucas, Hertfordshire
Pam Brown, Luton	Dorothy Ferguson, Central Bedfordshire
Marie-France Capon, Luton	Dr Jim Thakoordin, Central Bedfordshire
Brian Herbert, Luton	Teena Ferguson, Bedford Borough
Sean Driscoll, Luton	Yvette King, Bedford Borough
Theresa Driscoll, Luton	Chris Williams, Bedford Borough
Derek Smith, Luton	Jenny Gallucci, Central Bedfordshire
Malcolm Lea, Luton	Matthew Towner, Central Bedfordshire
Malcolm Rainbow, Hertfordshire	Robert Oakley, Bedford Borough

Staff Governors:

Janet Graham, Volunteers	Belinda Chik, Nursing, HCA & Midwifery
Malik Farooq, Admin. Clerical & Management	Ann Williams, Nursing, HCA & Midwifery
Thomas Moss, Ancillary and Maintenance	David Simms, Nursing, HCA & Midwifery
Noreen Byrne, Volunteers	Ritwik Banerjee, Medical and Dental
Sunny Patel, Professional and Technical	Joby George Malal, Medical and Dental

Appointed Governors:

Charles Royden, Bedford Borough Council
Cllr Javed Hussain, Luton Borough Council
Cllr Brian Spurr, Central Bedfordshire Council

Non-Voting Governors:

Roger Turner, Central Bedfordshire	Keith Barter, Luton
Linda Grant, Central Bedfordshire	Susan Doherty, Luton
Judi Kingham, Luton	

Board of Directors:

Simon Linnett, Chair	David Carter, Chief Executive
Steve Hone, NED	Paul Tisi, Joint Medical Director
Gordon Johns, NED	Matt Gibbons, Director of Finance
Ian Mackie, NED	Catherine Thorne, Director of Quality & Safety
Dr Annet Gamell, NED	Liz Lees, Chief Nurse
Mark Prior, NED	Gill Lungley, Chief Digital Information Officer
Fiona MacDonald, Director of Culture	

In attendance:

Donna Burnett, Trust Board Secretary (minutes)
Victoria Parsons, Associate Director of Corporate Governance
Anne Thevarajan, FT Membership

1. Chair's Welcome and Note of Apologies

The Chair welcomed members to the Council of Governors meeting.

Apologies were received from Matthew Borg, Steve Morgan, Jacquie Farhoud, Simon Barton, Richard Mintern, Louise Grant, Malcolm Rainbow, Cathy Jones, Pam Bhachu and Angela Doak.

2. Any Urgent Items of Business and Declarations of Interest

There were no urgent items and no declarations of interest.

3. Minutes of the previous meeting held on 26th May 2021:

The minutes of the previous meeting held on 26th May 2021 were APPROVED as a true and accurate record.

4. Action Log

The Council of Governors noted the progress that had been made around the actions within the action log.

Regarding Action Item 6: To plan a session on 'Integration – 2020 – One Year On' for a future Governor seminar until March 2022; Governors requested that this date be brought forward for an update and it was agreed to look at providing a presentation for 2021.

ACTION: To amend the date for a session on integration for the Council of Governors to 2021

5. Chair's Report

The Chair provided an update to governors on key areas of note from the Board which included:

- The outcomes of the recent Council of Governor elections and to note that Helen Lucas had retained her seat, and would continue in the role of Lead Governor;
- The Trust continued to work hard on recovery plans, but there continued to be an increasing number of Covid patients being admitted which was causing some concern;
- The collaboration work within primary care and the live debates that were currently taking place around healthcare and the need for greater integration. The Chair informed governors that the Integrated Care Board would take over the old ICS (Integrated Care System) on August 31st 2021, and this organisation would have a greater degree of authority over the direction and finances for regional healthcare than seen before;

6. Chief Executive's Report

The Chief Executive highlighted a number of key areas of activity for governors to note which included:

- The operational pressures that the Trust was under due to a whole combination of issues; with rising Covid numbers leading to handover delays; and the use of contingency wards for handover patients;
- Low staff morale had been picked up as a national issue, and there were concerns about the approaching winter and how the Trust would tackle increased demand; the Trust was now looking how to practically support staff under pressure in particular those working in critical care and respiratory areas;
- Re-development work continued at pace, with the old Trust Headquarters already demolished and significant progress underway;
- A review of the ISS Catering Services was now taking place with Gordon Johns leading the review;

L Grant queried the situation across Central Bedfordshire with the GP practices remaining closed to the public and how this would impact over the winter on Trust services. D Carter replied that the GP issue should be taken through the Health and Wellbeing Boards and scrutiny boards and agreed to support where possible if practices could be named. A Gamell highlighted the requirement for GPs to deliver services but the key route of accountability was through the CCGs and agreed to support to reinforce that message.

7. Covid-19 Update

P Tisi reported that the lack of blood bottles was a national issue and that primary and secondary care had been told to reduce all blood testing. This remained an area of concern, but new supplies were due to be delivered fairly soon.

Covid rates remained high across both sites with 88 patients currently in the hospitals. There had been a shift towards the older age group being admitted suggesting that this group were losing immunity. A booster dose vaccine for those higher risk groups had been planned for September but the date had not yet been confirmed

P Tisi informed governors of a new treatment for Covid, a synthetic, antibody treatment, but there had been no further information to date. This treatment could potentially be used for hospital patients initially and those with autoimmune issues.

P Tisi explained that in terms of recovery the Trust was part of the Accelerator programme and paid a tariff for performance. Despite additional clinics and optimising opportunities the Trust had been hampered by sickness absence and was performing at 95% of 2019 levels, which was a good position overall, but could pose challenges.

R Oakley queried whether there was any possibility to revert the figure from 95% to 80% performance. The Chair replied that this was unlikely as the targets were set by the system and the rewards out of the Trust's control.

R Banerjee reported that staff were both well trained and supported in the care of Covid patients. D Carter noted that some staff were under pressure and that there could be further improvements in the medical leadership, perhaps led by a non-executive.

8. Performance Reports:

Quality

C Thorne reported that the levels of harm / falls were in the normal range and the weekly harm-free care meetings continued to take place. A great deal of learning had been taken from those Covid patients on critical care and improvement actions established as a consequence. There remained a good reporting culture amongst staff.

L Lees informed governors that wards had been opened up to visitors for one hour a day with an appointment and this was having huge benefits to the patients and the wards. The key challenge was additional visitors to patients in ED, due to the increased demand and the space constraints. PALs services remained busy in part due to the levels of frustration around visiting arrangements.

P Tisi pointed out that the 62 day wait figures had improved, and the intention was to ensure as much elective work was undertaken as possible, despite a number of factors impacting on performance.

With regard to stroke services, P Tisi acknowledged that there were challenges, but the services were being monitored through the stroke team meetings to drive improvement.

Finance:

M Gibbons reported that the Trust had achieved against plans and were now in surplus, and were hopeful of receiving some further funding from the elective recovery accelerator programme. Governors noted that the financial environment was more challenging due to the different and the system partnerships.

M Gibbons described the ambitious capital plan of £10m, and a commitment to spending those funds.

Workforce:

F MacDonald reported that there remained challenges for staff who were working under pressure and showed signs of stress which impacted on sickness/absence. Support had been put in place to provide help for staff to access support services.

Vacancy rates remained low and there had been a large cohort of international nurses recruited which would bolster staffing.

F MacDonald acknowledged that there had been challenges for line managers to carry out appraisals but this was now being addressed. Compliance with statutory training was at 77% and the teams were now looking at innovative and creative ways to ensure staff undertook mandatory training, including drop in sessions.

The health and wellbeing of staff remained forefront and better facilities, including break out areas for staff were being improved. Staff had also been accessing the professional support services through CIC; and peer listening support sessions have been made available.

B Chik queried why basic life support training was not provided in a larger area rather than a porta cabin, and of the need to ensure that if people are sick they can inform the trainers who can then look at the waiting list. F MacDonald assured governors that the trust was looking at creative ways of providing training and improving access.

Both B Chik and R Banerjee stressed the challenges facing clinical staff to find the time to attend training due to work pressures and demands on time.

9. Lead Governor Report

H Lucas informed governors that this was the last formal Council of Governors meeting before the Annual Members Meeting.

H Lucas thanked Dorothy Ferguson and Derek Smith who had come to the end of term, having served 9 years; and welcomed their huge contributions, challenge and support in their roles as Governor.

H Lucas also thanked Roger Turner, Malcolm Rainbow, Keith Barter and David Allen, all of whom had been unsuccessful in the recent elections, for the invaluable contributions as chairs of groups and having supported the Trust through the many significant changes. Thanks in particular were offered to Roger Turner who had served as Lead Governors and steered the Council of Governors through some difficult challenges.

The Council of Governors acknowledged those governors who had not stood for election again, including Matthew Towner, Susan Doherty and Don Atkinson and Ritwik Banerjee, and thanked them for their serving as governors and wished them well.

H Lucas welcomed those returning governors who had been successful in the elections including Judi Kingham, Teresa Driscoll, Linda Grant, Belinda Chik, Jim Thakoordin, Jenny Gallucci, and Janet Graham.

Governors were informed that if they wished to send a personal message to any of the departing governors then this could be submitted to the Board Secretary to share with them.

The Chair thanked all governors for their time served, and the camaraderie and force they had shown as a collective Council.

10. Board Secretary Report

The Board Secretary Report had been taken as read.

D Burnett advised governors that there was an error in the election reports which had listed Belinda Chik as representing Bedford, but should state Luton and this would be amended.

D Burnett stated that the vacancies in the governor working groups would be shared with governors in mid-September, following the Annual Members Meeting to ensure that all governors, both new and old, had the opportunity to put themselves forward for the group membership.

11. Report from the Membership and Communications Group

P Brown reported that the Annual Members Meeting had been discussed and the date confirmed as Wednesday 8th September. Any governors wishing to join the meeting would need to request a login for the meeting.

P Brown welcomed the discussions around the resuming of medical lectures for 2022 with a potential first lecture in May.

The interim membership strategy was presented for approval and governors noted the content of strategy and the plans going forward for membership.

DECISION: The Council of Governors APPROVED the Interim Membership Strategy.

12. Governor Working Group Reports

The Governors Working Group reports were taken as read.

MF Capon approved the Patient Environment Group report as being accurate.

13. Terms of Reference

Governors noted that the minor amend related to the quorate numbers, and approved the updated terms of reference.

DECISION: The Council of Governor APPROVED the Terms of Reference

14 Any Other Business

14.1 J Kingham queried why people who had crutches and other pieces of hospital equipment were being told to throw them away which was wasteful, and asked how these

could be recycled or collected by Millbrook, and what was the role of the hospital in this. G Johns replied that there was little the Trust could do as the service was commissioned by Millbrook so this was an issue for the CCG. The CCG had informed the Trust that work was being undertaken with Millbrook to identify places in the community but they were still awaiting progress. It was acknowledged that this was not satisfactory due to the unresolved situation.

15. Time and Date of Next Meeting:

Council of Governors Meeting: Wednesday 17th November 2021

Close of Meeting: 7.45pm

DRAFT