



Minutes of the Public Council of Governors Meeting held on Wednesday 26th
May 2021, MS Teams, 6.00pm – 7.30pm

Present:

Public Governors:

David Allen, Luton	Helen Lucas, Hertfordshire
Pam Brown, Luton	Dorothy Ferguson, Central Bedfordshire
Marie-France Capon, Luton	Teena Ferguson, Bedford Borough
Sean Driscoll, Luton	Yvette King, Bedford Borough
Theresa Driscoll, Luton	Jenny Gallucci, Central Bedfordshire
Derek Smith, Luton	

Staff Governors:

Janet Graham, Volunteers	Belinda Chik, Nursing, HCA & Midwifery
Malik Farooq, Admin. Clerical & Management	Ann Williams, Nursing, HCA & Midwifery
Steve Morgan, Admin. Clerical & Management	Ritwik Banerjee, Medical and Dental
Thomas Moss, Ancillary and Maintenance	

Appointed Governors:

Louise Grant, University of Bedfordshire
Charles Royden, Bedford Borough Council

Non-Voting Governors:

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

Board of Directors:

Simon Linnett, Chair	David Carter, Chief Executive
Steve Hone, NED	Cathy Jones, Deputy Chief Executive
Gordon Johns, NED	Matt Gibbons, Director of Finance
Richard Mintern, NED	Catherine Thorne, Director of Quality & Safety
Ian Mackie, NED	Paul Tisi, Joint Medical Director
Dr Annet Gamell, NED	Liz Lees, Chief Nurse
Mark Prior, NED	Kandarp Thakkar, Director of Integration and Transformation
Simon Barton, NED	Gill Lungley, Chief Digital Information Officer
Pam Bhachu, Associate NED	

In attendance:

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

1. Chairman's Welcome and Note of Apologies

The Chair welcomed members to the Council of Governors meeting.

Apologies were received from Noreen Byrne, Jacquie Farhoud, Robert Oakley, Chris Williams, David Simms, Malcolm Lea, Councillor Abbas Hussain, Fiona MacDonald, Matthew Towner, Brian Herbert, Sunny Patel, Joby George Malal, Cllr Brian Spurr, Matthew Borg and Jim Thakoordin.

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 24th February 2021:

The minutes of the previous meeting held on 24th February 2021 were APPROVED as a true and accurate record subject to a minor typo amendment.

4. Action Log

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

It was noted that a number of the actions to be progressed were dependent on the Covid rates and national guidance.

5. Chair's Report

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

- How well the hospitals had performed under such challenging circumstances and the work taken to drive recovery;
- Building works were now underway on the hospital sites, with the L&D rheumatology and bariatrics services already installed in the Travelodge; and the ED upgrade at the Bedford site almost close to completion;
- Discussions were being undertaken around how budgets would be set going forward together with health care partners across the system;

T Driscoll informed governors that a patient who had attended the new bariatric services based in the Travelodge was full of praise for the new venue which was both very accessible and convenient.

6. Chief Executive's Report

The Chief Executive highlighted a number of key areas of focus around the scale of the recovery and redevelopment work which included:

- The Bedford Borough position on Covid and the impact on the hospital;

- The Nova House move had gone well and there remained capacity within the building, and many staff had embraced different ways of working;
- An accelerator programme had been put in place to enable the hospital to get waiting lists back to a reasonable position post Covid;
- The Memorandum of Understanding (MAU) had been signed off for the Dunstable Hub; once completed, a part of the building would be leased out to a GP Practice and the Trust would consider to how to develop this going forward with a view to become a more significant part of the wider system;

The Chair stated that it was a step in the right direction, which would permit the Trust to take advantage of the opportunities the building presented and to potentially take the pressure off the ED services.

H Lucas highlighted the need to remind people of alternative routes to get help such as the 111 service, and queried whether such services could be re-advertised in the ED surrounding areas. L Lees agreed that this was something to be looked at to support the pressure on ED. L Grant proposed using social media to pre-book an ED slot on the 111 webpage so waiting times would be reduced and to prevent people using ED as a GP surgery. The Chair agreed that steps should be taken to move this forward.

L Grant queried if a Crisis Café would be installed in the Dunstable Hub given that Central Bedfordshire did not currently have such mental health facility. The CEO replied that it was not part of the plan but the whole building was being looked at with a view to what services would be provided.

7. Covid-19 Update

P Tisi reported that there were currently nine Covid inpatients in Bedford Hospital. The majority of Covid patients were now in the younger age group or those who were non-vaccinated, with the increase in the Bedford borough mainly due to travel and schools. The vaccination programme had been stepped up and weekly meetings with social care, the police and system partners were taking place to consider how to minimise transmission.

P Tisi explained that there was a wide variation between different communities and work to promote vaccination was taking place in hard to reach communities. Louise Grant drew attention to the research work with Luton Borough Council with under-represented groups and the report on the findings and learning from that work which could be of use to inform the Trust.

Y King queried how staff at both hospital sites were coping in light of the new variant and the pressures on recovery. A Doak replied that staff were generally fatigued on both sites, Clinical psychologists were in place to support staff and working with teams to set the strategy for the future in terms of health and wellbeing. Trauma had been identified as a key

staff issue of concern. Wellbeing areas had been re-established and steps taken to improve and the areas; and a staff engagement event had been planned for early July.

Y King suggested that signs of trauma may arise at a later stage following grieving. L Lees agreed and explained that the Covid pandemic had affected all hospitals in different ways, with the L&D and Bedford continuing to work relentlessly through all waves of the pandemic which challenged staff.

Recovery Plans

C Jones reported that The Trust had been invited to join the Accelerator Programme worth £6m if the trust could deliver over 95% of last year's performance.

A key focus was to minimise waiting times for patients, and staff were keen to progress and work on recovery plans. To support recovery a 5th endoscopy room in Bedford had been opened and some treatment would take place in the independent sector which would enable the Trust to deliver more and start to see a gradual improvement and reduction in waiting times especially for patients waiting over 52 weeks.

8. Performance Reports:

Quality

L Lees drew attention to the challenges facing staff with the increased acuity of patients, in particular in critical care and managing the incidences of pressure tissue damage.

The compliance with visitors and relatives using lateral flow tests had been very good and this continued to be monitored on four wards as a pilot. Maternity services had now extended visiting access for partners in response to national guidance.

C Thorne stated that the Trust had maintained a good safety culture and encouraged staff to report any incidents. Following any serious incident (SI), an incident review would take place and the learnings from that shared with teams, including the actions taken as a consequence.

P Tisi reported that mortality figures were 32% higher in the previous twelve months due to the Covid pandemic.

C Jones reported that the cancer performance and diagnostics had shown some improvement but due to the number of new referrals the pathways were stretched and services struggled with the huge demand. Action plans had been put in place with the target to get back to the 62 day wait performance levels.

There had been no reporting on A&E performance due to the embargo but the new standards going forward could result in a change to timings on handovers amongst other key data.

There had been a successful outcome in staff efforts to reduce the number of long stay patients in Bedford with excellent results.

Y King queried whether the number of complaints or compliments had increased due to Covid and whether there had been breaches in the response to complaints. L Lees replied that most organisations had seen an increase in written complaints since the second wave, many which related to communication issues. There had been some breaches in response times to complaints due to the difficulty of accessing nurses/manager to respond.

Finance:

M Gibbons reported that the Trust had ended the year with £2.7m surplus in part due to donated income, assets and funding which was very positive against the shortfall in elective income. The Trust had been allocated a good sum for the first part of the financial year and continued to deliver a surplus, but there was uncertainty for the second part of the year, in light of the recovery work.

There had been a £55m capital spend which was significant in equipment and site expenditure, with projections of an even bigger spend next year.

M Rainbow queried why the independent sector figures did not include the local private hospitals. M Gibbons replied that the figures related to the Independent Sector work that we have commissioned as a Trust. In 2020/21 the CCG commissioned work directly from the Spire (and others) via a nationally negotiated contract.

In 2021/22 this would change and the Trust would send work to the Spire, directly commissioned by the Trust, with the income to pay for it via the Elective Recovery Framework.

Workforce:

A Doak reported that vacancy rates across all staff groups were the lowest in comparison to April 2020 and that a huge nurse recruitment drive had started to pay dividends in terms of filling staff vacancies. Turnover remained 1% above the regional average and this was being monitored. Sickness levels were slowly returning to normal levels.

Key areas of concern were around mandatory training and a recovery plan was being monitored through the Board's Workforce Committee.

9. Lead Governor Report

H Lucas reminded governors that the election period had now commenced, and took the opportunity to thank all the non-voting governors for their contributions during the past year.

10. Board Secretary Report

The Board Secretary Report had been taken as read.

Governors were informed that the election timetable had changed marginally since the publication of the report, and that governors and the public membership had been issued the notice of election including all key dates.

11. Report from the Membership and Communications Group

P Brown took the minutes as read, and explained that membership recruitment had fallen slightly since the last drive to boost membership, thanks to the work of Vinod Taylor across the region. The Group remained keen to reinstate the medical lectures which had been very popular previously and venues were being considered going forward with Covid measures in mind.

P Brown reported that the membership database had been cleaned up and all dormant members removed from the system.

12. Governor Working Group Reports

The Governor Working Group report submitted by the Equality, Diversity and Human Rights Group (EDHR) was received and noted.

13. Any Other Business

H Lucas requested an update on ISS which had been listed in the action log.

L Lees reported that there had been discussions on the monitoring of the ISS contract, including the governance and performance. Work was currently being undertaken with the ISS team including the Director of Estates and Non-Executive Directors to get a structure in place. This had been complicated by the new national cleaning standards implemented in June and how compliance would be monitored within the new scoring system.

L Lees acknowledged the ISS services continued to be monitored and agreed to bring an update to the next meeting.

ACTION: To provide a report on ISS monitoring for the next meeting.

K Barter expressed concern about the quality of the food, and the inability to undertake PLACE inspections to monitor the quality. S Morgan replied that on the Bedford site there are fortnightly meetings to survey patients on food, and cleanliness, with a recent ward audit showing very positive indications.

The Chair thanked members of the Council of Governors and Board members for their input and contribution to the meeting.

14. Time and Date of Next Meeting:

Council of Governors Meeting: Wednesday 25th August 2021

Close of Meeting: 7.30pm