

<b>Meeting Title</b>	<b>Council of Governors</b>		
<b>Date</b>	<b>15 October 2020</b>	<b>Agenda item</b>	<b>CGo.10.20.6</b>

## Chairman's Report

<b>Presented by</b>	Dr Maxwell Mclean, chairman		
<b>Author</b>	Jacqui Maurice, head of corporate governance		
<b>Governance responsibility</b>	Dr Maxwell Mclean, chairman		
<b>Purpose of the paper</b>	To provide an update to the Council of Governors on key items to note since the previous report provided in January 2020		
<b>Action required</b>	To note		
<b>Previously discussed at/ informed by</b>	N/A		
<b>Previously approved at:</b>	<b>Committee/Group</b>	<b>Date</b>	

Situation	
<p><b>1. Public Meetings of the Council of Governors and the Board of Directors</b></p> <p>Due to the current restrictions in place with regard to the Covid 19 Pandemic our public meetings will continue to take place virtually for the rest of this calendar year. We are however taking steps for our open meetings to be accessible to the public. This meeting of the council of governors will be recorded and uploaded to the Trust's You Tube Channel on 16 October 2020. The annotated agenda providing a time stamp for each item will be published along with the link to the recording on the Trust website.</p> <p>Our next public Board meeting is schedule for 12 November 2020. A recording of the meeting will be uploaded to the Trust's You tube channel on Friday 13 November. As with the Council of Governors meeting; the annotated agenda providing a time stamp for each item will be published along with the link to the recording on the Trust website.</p>	
<p><b>2. Governor Vacancies</b></p> <p>It is with regret that David Robertshaw, public governor Shipley and, Hilary Meeghan, public governor Bradford South have resigned from their governor roles. I would like to take this opportunity to thank both David and Hilary for the support and commitment they have provided to the Trust during their tenure as governors and wish them well with their future endeavours.</p> <p>An election process to fill the public governor vacancies will launch early in 2021.</p>	
<p><b>3. Annual General Meeting / Annual Members Meeting (AGM/AMM)</b></p> <p>In July, the council agreed that a small group should be formed to determine the content of the presentation regarding the governors and membership for our AGM/AMM. It was also agreed that this group would also confirm any additional supporting materials that would be required and confirm the focus of the key note presentation to be delivered. Those</p>	

Meeting Title	Council of Governors		
Date	15 October 2020	Agenda item	CGo.10.20.6

governors who volunteered to join the group were David Wilmshurst, Pauline Garnett, Wendy McQuillan, Mark Chambers and Ruth Wood.

We delivered our AGM/AMM on 8 September 2020. Due to the restrictions in place as a result of the pandemic our event was streamed live for the first time. The video of our AGM/AMM remains available here at this link

<https://www.youtube.com/watch?v=yfeQ40zwKqE&feature=youtu.be>

I am very pleased to report that during our live streaming we had 70 of our foundation trust members, the public and staff joining us for the meeting. Since then, our AGM /AMM has attracted 456 views to date. Our annual report and accounts remain available [here](#) online at along with our governor and membership publication.

#### 4. Governor FOCUS

All Governors are in receipt of the latest issue of Governor FOCUS published by NHS Providers which is also available here at this link <https://nhsproviders.org/training-events/governor-support/support-and-guidance/helpful-resources/governor-focus-newsletter>

There are a few key items from the recent October newsletter I would like to draw governors' attention to.

- The Governor Focus conference 2020. This year the conference is being delivered virtually and will take place over three consecutive days with the first session commencing on Tuesday 3 November at 10am. There are three governor places available for each Trust. If you are interested in attending please contact the head of corporate governance.
- Governor elections to the Governor Advisory Council (GAC). *This item is reported on separately under agenda item under CGo.10.20.10.*
- Impact of coronavirus – a staff governor's reflection. This item features reflections from Pauline Garnett, Staff Governor. "Pauline shares examples of how she and her trust responded to the unprecedented challenges of coronavirus, and reflects on the ways in which governors have successfully adapted to the situation". I would encourage all to read this excellent piece which is appended for ease of reference at appendix 1.
- Governwell training. Governors are encouraged to take a look at the latest programme. All sessions are currently being delivered virtually. If there are any sessions that you would like to attend please would you confirm with the corporate governance team.

#### 5. Governor involvement with regard to key Executive Director Appointments

- Chief Digital and Information Officer: Interviews were held in early September 2020 for the post of Chief Digital and Information Officer. I am pleased to advise that Dermot Bolton, public governor joined the stakeholder panel focus group assembled as part of

Meeting Title	Council of Governors		
Date	15 October 2020	Agenda item	CGo.10.20.6

the appointment process.

- Chief Medical Officer: Interviews will take place shortly for the post of Chief Medical Officer. I am pleased to advise that Kavitha Nadesalingam, will join the stakeholder panel assembled as part of the appointment process for this Executive role.

## 6. Key Communications

All governors continue to be in receipt of daily updates regarding the trust's Covid 19 position. I have ensured that other key communications continue to be shared as a matter of course so that you continue to remain in touch with all developments at our trust. As a reminder, governors continue to have access to Let's Talk (staff newsletter), the daily Covid-19 global emails to staff (which also include links to the chief executive's podcasts and videos). I do hope that you continue to find this of value.

## 7. My quarterly meeting with Governors

My last session took place on Tuesday 6 October 2020. At our session the following items were discussed;

- Progress with regard to the implementation of the Trust's new governance structure. The Director of Strategy and Integration will address this under a separate item CG.10.20.13
- The Hospital Charity campaign for 2020/21. The Chief Nurse will provide more detail on the campaign at agenda item CGo.10.20.14
- Initial feedback from the AGM/AMM with the speakers and video presented highly

My next quarterly meeting with governors will take place virtually on 12 January 2021.

## 8. Joint Session: Governors and Non-Executive Directors

Our next session will take place on Thursday 15 October from 2.15pm to 3.15pm (prior to the council of governors meeting). Again this will be a virtual session.

### Recommendation/s

The Council of Governors is asked to note the report.

Meeting Title	Council of Governors		
Date	15 October 2020	Agenda item	CGo.10.20.6

## Appendix 1

### Impact of coronavirus: a staff governor and sickle cell and thalassaemia genetic counsellor's thoughts

The Coronavirus (COVID-19) pandemic has created upheaval and turned everyone's life upside down. In these challenging, frightening and unprecedented times trust staff had to be agile and navigate through this unfamiliar environment, working in different ways to keep each other safe.

In my trust, training was delivered to expand skills across the organisation and increase the flexibility of staff across multiple areas. Some staff embraced the experience of working in different areas; others were unsettled, fearful of change and of contracting the virus. This challenging period was aided by acts of kindness e.g. donations of meals, snacks, drinks, comfort packs and pamper gifts generously given to staff across the trust.

Across the country there was an unprecedented surge in the numbers of patients to the intensive care unit (ICU) and dedicated COVID-19 wards. Sadly, many people lost their lives after contracting the virus. This death-rate might have been higher had it not been for the extraordinary efforts of our colleagues on the wards who have done a fantastic job and supported each other in the process. This experience may of course have taken its toll on their mental health and wellbeing. Fortunately, helpful guidance and support was made available during this time and beyond. It was also good to see a focus on staff wellbeing in the new NHS People Plan.

Having an ICU background, I felt a duty of care to respond to the demand and undertake the one day critical care training after a 16-year break from critical care. Understandably, friends and family were concerned about the prospect of me being deployed to ICU and the risk of contracting, transmission and exposure to the virus. These fears were heightened by the disproportionate numbers of BAME health workers contracting and dying from the virus across the country.

In light of this emerging evidence, local and national BAME staff engagement forums were established to examine the factors for such disparities. My Trust also held meetings to bring staff together to share their experiences and concerns and to explore any additional support BAME staff may require. The chief executive and key representatives joined the follow-up meeting so that everything possible could be done to ease concerns; this resulted in a risk assessment being introduced.

As a sickle cell and thalassaemia counsellor, a significant part of my role involves face-to-face interaction, as well as meeting a patient's complex needs. COVID-19 required the team to swiftly relocate from the community setting to the hospital. The team resilience and adaptability skills were put to the test when they were confronted with two further, necessary

<b>Meeting Title</b>	<b>Council of Governors</b>		
<b>Date</b>	<b>15 October 2020</b>	<b>Agenda item</b>	<b>CGo.10.20.6</b>

moves. Despite the challenging circumstances and severe disruption there was a sense of cohesiveness.

On a personal note, COVID -19 had an impact on my daily life and work routine e.g. loss of control in my role, inability to plan and uncertainty as to what lies ahead in this fast-evolving environment. There was a loss of face-to-face interaction with my patients and colleagues across the Trust. However, the team maintained regular contact with patients via phone consultations to assess their health and wellbeing.

The Trust took the difficult decision to suspend all visiting to the hospital except in a few exceptional circumstances, which was extremely difficult for families. Again, colleagues rose to the challenge and one deployed research nurse, carrying out end-of-life care commented that she found her new role 'fulfilling' that she was able 'to do a worthwhile job and put her palliative care background into practice'. Visiting restrictions were particularly distressing for religious communities' whose tradition consist of families and communities collectively caring for those during their final days. The hospital chaplains were under severe pressure as they fulfilled some of the roles that family members would normally carry out.

A relatives' app and telephone line were introduced to help families stay in touch and receive immediate updates on their loved one's condition and to exchange messages and maintain communication. The ICU team also launched an appeal for crocheted, knitted or sewn hearts that could remain with patients.

As a genetic counsellor, staff governor and staff advocate, I was able to listen to both patients' and staffs' concerns and feedback key points. Collaborating with other trusts and agencies enabled me to be kept updated of initiatives, support available for BAME and share that knowledge with the chief executive and Council of Governors.

It seemed right that governors take a back seat and allow the executives to respond to the crisis, with the non-executive directors working with them and holding them to account.

An extraordinary Council of Governors' meeting was held instead of the usual meeting and the chief executive attended and briefed all governors on the operational progress and the trust's response to the pandemic. This created an opportunity for governors to ask questions directly and raise any concerns with the chief executive. The daily briefings arranged for governors have been beneficial to make sure colleagues are sighted on levels of activity and impact of COVID-19. Other key communications continue to be shared with governors as a matter of course, so they continue to remain in touch with all developments at our Trust. Governors have access to staff newsletters and the daily global emails to staff which include links to the chief executive's podcasts and videos.

Quarterly written chairperson bulletins have continued. Communications have also been shared on a regular basis with members via email providing links to key press releases and our recent membership e-bulletins.

No Council of Governors meetings were cancelled, and meetings such as the remuneration and nominations committee, informal meetings with the chair, non-executive directors meetings were conducted as scheduled. Although initial virtual meetings were challenging in

<b>Meeting Title</b>	<b>Council of Governors</b>		
<b>Date</b>	<b>15 October 2020</b>	<b>Agenda item</b>	<b>CGo.10.20.6</b>

terms of the getting the digital infrastructure right, learning new digital skills has been transformative and many appreciate the benefits. Overall governors have adapted well to the technology and have remained well briefed.

In terms of trust business, the biggest difference has been a lack of physical presence on site from chairperson, governors and NED colleagues. The guidance has been clear, that without good reason, NED colleagues should not be posing any further infection risk by physical presence at the hospital. An ongoing challenge will be the proper arrangement of public access to our governor meetings which is currently being thought through.

It was not just myself and my team that have faced challenges e.g. with virtual consultations patients are required to have access to a PC or have a smart phone. This works for some but not all patients, especially those who are not 'tech savvy'. Fellow governors reported similar feelings around digital issues, lack of face-to-face contact with colleagues and the inability to see the hospital in action.

However, they did feel well informed by the trust. Governors highlighted the advantages of virtual governor meetings. It is an advantage not having to travel which saves me in the region of 1.5 hours per meeting. I think generally we tend to be better prepared and focussed in meetings so they are productive. On the other hand, it can be taxing concentrating on a screen for a lengthy time, one governor described being on the screen for up to 6 hours.

Another staff governor shared: 'From a trust perspective, I find it humbling how everyone has pulled together and more evidence of the 'We Are One Team' philosophy here in Bradford and how colleagues have gone that extra mile and are still doing. The chair and the governors have been extremely supportive of the trust and the letter and thanks from the governors did boost morale. There are many positives to take out of the negativity of the crisis e.g. a strong clinical focus and new innovations.

In light of the additional pressures arising from COVID-19, this unprecedented situation has created opportunities as well as challenges and has certainly been a true test of resilience. Moreover this rapid shift has opened our eyes to the possibilities that may previously have been considered not possible. This experience has been transformative and accelerated us to examine the way how we work, to be creative, innovative, and adaptable and be responsive in the face of crisis. Working practices will never be the same and as we look to the future let us maintain and embrace positive changes.

Pauline Garnett  
Haemoglobinopathy screening counsellor  
Staff governor and NHS Providers Governor Advisory Committee member Bradford  
Teaching Hospitals NHS Foundation Trust