

Unconfirmed Minutes - Council Of Governors Meeting

Date	Thursday 21 January 2021	Time	15:30 – 17:55
Venue	Meeting held via MS teams	Chair	Dr Maxwell Mclean, Chairman
Present	<ul style="list-style-type: none"> - Dr Maxwell Mclean, Chairman - Mr Amit Bhagwat, Public Governor, Rest Of England And Wales - Mr Dermot Bolton, Public Governor, Bradford West - Mr Mark Chambers, Patient Governor - Mr Andrew Clegg, Partner Governor, University Of Leeds - Ms Pauline Garnett, Staff Governor, Nursing And Midwifery - Professor Alastair Goldman, Partner Governor, University Of Bradford - Ms Wendy Mcquillan, Public Governor, Keighley - Mr David Wilmshurst, Public Governor, Shipley - Ms Kavitha Nadesalingam, Staff Governor - Mr Kursh Siddique, Public Governor - Ms Hardev Sohal, Patient Governor - Ms Ruth Wood, Staff Governor - Ms Helen Wilson, Staff Governor - Ms Stella Hall, Public Governor, Bradford East 		
In attendance	<ul style="list-style-type: none"> - Mr Mohammed Hussain, Non-Executive Director - Ms Julie Lawreniuk, Non-Executive Director - Mr Altaf Sadique, Non-Executive Director - Mr Barrie Senior, Non-Executive Director - Ms Selina Ullah, Non Executive Director / Senior Independent Director - Mrs Karen Walker, Non-Executive Director - Ms Mel Pickup, Chief Executive - Mr John Holden, Director Of Strategy and Integration/Deputy Chief Executive - Mr Sajid Azeb, Chief Operating Officer - Ms Pat Campbell, Director Of Human Resources - Ms Karen Dawber, Chief Nurse - Mr Mark Holloway, Director of Estates - Mr Matthew Horner, Director Of Finance - Dr Ray Smith, Chief Medical Officer - Ms Sarah Freeman, Associate Director of Nursing - Ms Laura Parsons, Associate Director Of Corporate Governance/Board Secretary - Ms Jacqui Maurice, Head Of Corporate Governance 		

No.	Agenda Item	Actions
CGo.1.21.0	Chair's opening remarks Dr Maxwell Mclean, Chairman, welcomed all to the meeting and highlighted the agenda items to be covered. He further confirmed that he had asked for some NHS Providers guidance to be circulated to Governors regarding governor attendance at Committee meetings and requested that Academies consider how they may involve Governors in Academy business.	Board Secretary
CGo.1.21.1	Apologies for Absence The following apologies were noted. <ul style="list-style-type: none"> - Ms Marian Olonade-Taiwo, Public Governor, Keighley 	

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	<ul style="list-style-type: none"> - Mr Alan English, Public Governor, Bradford South - Cllr Tariq Hussain, Partner Governor, Bradford Metropolitan District Council 	
CGo.1.21.2	<p>Declarations of Interest</p> <p>The Chairman confirmed that he would leave the meeting at agenda item CGo.1.21.11, Chair Appraisal Process 2020. Mr David Wilmshurst, Vice-Chair of the Council of Governors would chair the meeting for this item.</p> <p>Mr Dermot Bolton confirmed that he was now employed to work as part of the 'Act as One' programme.</p> <p>The Council noted the declarations.</p>	
CGo.1.21.3	<p>Minutes of the meeting held on 15 October 2020</p> <p>The previous minutes were accepted as a correct record of the meeting held on 15 October 2020; subject to an amendment required to agenda item CGo.10.20.10: NHS Providers: Governor Advisory Committee. Update was to reflect that Mr Amit Bhagwat was not proposing that he would have liked to have stood for election, that in essence "Trusts should be able to field more than one candidate if they felt that they had suitably qualified individuals".</p> <p>The Chairman noted that the action related to this item was addressed on the action log and suggested that Mr Bhagwat should consider if he might like to make further representation to the GAC with regard to this issue.</p>	Head of Corporate Governance CG21005
CGo.1.21.4	<p>Matters Arising</p> <p>The Chairman referred to the action log appended to the minutes. The following updates were noted and/or agreed by the council:</p> <ul style="list-style-type: none"> • CG20008 Draft Membership Plan. Item added to this meeting agenda. <u>Action closed.</u> • CG20009 Governors Code of Conduct. Item added to this meeting agenda. <u>Action closed.</u> • CG20010 Act as One presentation. Item added to this meeting agenda. <u>Action closed.</u> • CG20011 Governor Advisory Committee (GAC) Elections. Pauline Garnett was in receipt of a response from the GAC regarding the query raised by Mr Bhagwat. 'Their election rules currently state that there is one candidate per Trust and they cannot change that for this election. They will consider the comments when reviewing their rules for the next election.' They further cited a number of reasons for retaining the number of candidates to one per Trust. This included the size of the committee and the difficulties in operating with large numbers and, the difficulties in processing a larger number of nominations. For the current elections governors were asked to note that they had 55 nominations from Trusts across the country. The GAC further cited other opportunities were Governors did have opportunities to influence the GAC other than as a committee member. These included the Governwell courses, regional workshops and the annual conference'. <u>Action closed.</u> 	
CGo.1.21.5	<p>Chairman's Report</p> <p>The Chairman highlighted the following key points with regard to his report</p>	

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	<p>and the council noted:</p> <ul style="list-style-type: none"> BTHFT continues to hold our public meetings of the Council of Governors and the Board of Directors and recordings of the meetings are uploaded to YouTube. Governor elections for three seats will open on Monday, 15 February in the public membership constituencies of Shipley, Bradford South and Bradford West. The national Governor Advisory Committee Elections are taking place and Pauline Garnett, BTHFT staff governor is standing for re-election. The Governor FOCUS newsletter for December has been circulated and highlights training and development opportunities available to Governors. The Chair's Winter Bulletin has been circulated to Governors. The Chair referred to the excellent item on the trust's performance which had been provided by the Chief Operating Officer. The Chairman emphasised how well the Trust is performing in spite of all the pressures currently being experienced. He asked the Council to note that we are national outliers for excellence in certain areas and encouraged the Governors to spread this message. The 'Kinnair review' commissioned by West Yorkshire and Harrogate Health and Care Partnership focussed on tackling health inequalities for Black, Asian and Minority Ethnic (BAME) communities and colleagues and the impact of COVID. There were 4 key themes highlighted in the review which were:- <ul style="list-style-type: none"> Improving access to safe work for BAME colleagues Ensuring leadership was reflective of the communities we serve Population planning Reducing inequalities in mental health outcomes <p>The summary report has been circulated to Governors. The Trust's Head of Equality, Diversity and Inclusion provided his personal testimony regarding his support to the Chaplaincy Service within the first wave of COVID 19. The Trust's Assistant Director of HR has been involved in the action planning process from the review as part of the regional BAME network. A detailed action plan from the review was presented to the West Yorkshire and Harrogate Health and Care Partnership Board in December 2020. Also in December the Phase 3 letter on Operational Priorities for 2021/22 was received from NHSI and this has highlighted addressing health inequalities as a priority for action. An Equality & Diversity Council with a wide ranging membership has been established at our Trust and is chaired by the CEO. The Director of HR confirmed that our BAME network is very active with a core membership that is leading on key pieces of work within the organisation. Representatives from the BAME network have seats on the Equality & Diversity Council. Two other networks within the Trust are ENABLE which comprises of staff with disabilities and long term health conditions and, our LGBT network. Mr Amit Bhagwat drew attention to digital inequality and stated that the lack of land based broadband internet to support work with the Trust was an issue which could further cause exclusion and prevent many individuals from effectively participating. The Chairman confirmed that the Trust was aware of this and work was underway to address it.</p> <ul style="list-style-type: none"> The quarterly Chair's meeting with Governors took place on 12 January 2021 The Joint Session between Governors and Non-Executive Directors 	

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	<p>took place today, 21 January 2021.</p> <p>The Council noted the report.</p>	
<p>CGo.1.21.6</p>	<p>Non-Executive Director(NED) appointment The paper details the work that has been ongoing within the closed Council of Governors meetings and, the Governors Nominations and Remuneration Committee with regard to the appointments of Mr Altaf Sadique and Ms Karen Walker. The Council noted that;</p> <ul style="list-style-type: none"> • Mr Sadique, Non-Executive Director took up his post on 1 December 2020 following the completion of the required Fit and Proper Persons checks. His term completes on 30 November 2023. • Ms Walker, Non-Executive Director took up her post on 1 January 2021 following the completion of the required checks. Her term will complete on 31 December 2023. <p>The Council also noted that Professor Laura Stroud who was re-appointed by the Council in July 2020 has, with sadness, tendered her resignation, effective on 23 October 2020. Discussions are currently ongoing with the Leeds School of Medicine in Leeds to seek a replacement.</p> <p>The Council noted the report.</p>	
<p>CGo.1.21.7</p>	<p>Council of Governors Terms of Reference The Associate Director of Corporate Governance / Board Secretary presented a summary of the paper highlighting the proposed amendments to the Terms of Reference.</p> <p>Ms Wendy McQuillan drew attention to 7.3.5, where explicit reference is made to the 'Council of Governors Engagement Policy'. It was agreed that a copy of the policy would be sent to Governors.</p> <p>The Council approved the Terms of Reference.</p>	<p>Board Secretary CG21001</p>
<p>CGo.1.21.8</p>	<p>Nominations and Remuneration Committee (NRC) Terms of Reference review The Associate Director of Corporate Governance / Board Secretary presented a summary of the paper highlighting the proposed amendments to the NRC Terms of Reference at Appendix 1.</p> <p>The Council approved the amendments to the NRC Terms of Reference.</p>	
<p>CGo.1.21.9</p>	<p>NRC report Ms Wendy McQuillan, Public Governor, presented the report to the Council. She asked the Governors to note the report covered the NRC meeting held on 1 December 2020. The Council should take the report primarily as read as a number of the items were reported on elsewhere in the meeting. However, the Council was asked to note the review undertaken of the recent NED interview process experience where the NRC had concluded that a Governor focus group should form part of future interview processes. The opportunity to include other Governors within the process had also been noted and, the timings for such focus groups would be extended.</p> <p>The Council noted the report</p>	

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CGo.1.21.10	<p>NRC membership</p> <p>The Head of Corporate Governance advised that the NRC membership term of Ms Hardev Sohal, Patient Governor, would conclude at the end of January 2021.</p> <p>Any Governor is able to nominate themselves for the seat. Term lengths are for a period of three years or, until the end of a Governor's term of office. Governors interested in nominating themselves should contact the Head of Corporate Governance to declare their interest by Thursday, 28th January 2021.</p> <p>The Council noted the report</p>	
CGo.1.21.11	<p>Chair Appraisals Process 2020</p> <p>The Chairman left the meeting for this item and handed over the chair to Mr David Wilmshurst, Vice-Chair, Council of Governors.</p> <p>Ms Selina Ullah, Non-Executive Director/Senior Independent Director, confirmed that she conducted the appraisal of the Chairman in accordance with the Chairman's appraisal process. The appraisal took place on 12 November 2020. As part of the process questionnaires related to the appraisal were circulated to all Non-Executive Directors and Governors for completion. The Executive Team and the CEO were also consulted as part of the appraisal process, as were three key external stakeholders. The appraisal included a review of the Chairman's duties, areas for focus, time commitment and his contributions and performance as outlined in the report. All the documentation relating to the appraisal has been completed. Following the Chairman's formal performance evaluation Ms Ullah confirmed that the Chairman's performance continues to be effective and demonstrates commitment to the role. The Council noted that the NRC was in receipt of the Chair's objectives which formed part of the reporting of the Senior Independent Director to the NRC.</p> <p>The Council noted that there was an error in the process documentation provided whereby the Chair's objectives would be made available the Council of Governors meeting. The document should specify that this would be to the NRC only. The document will be reviewed as part of the annual review process and this will be amended.</p> <p>The Council confirmed they were assured by the report received.</p>	<p>Head of Corporate Governance CG21002</p>
CGo.1.21.12	<p>Quality Report 2020/21: Locally Selected Indicator</p> <p>The Chairman returned to the meeting. The Head of Corporate Governance asked the Council to note the content of the paper. She highlighted that in the previous year it was confirmed by NHSI that, due to the pandemic, Quality Reports would not be subject to external audit, were not required to be included within the annual report and, there was no requirement for Governors to select an indicator for audit. The Trust is awaiting publication of the guidance for this year but is expecting that the arrangements in place last year will remain in place for this year.</p> <p>The Council noted that if, following receipt of the guidance, there is a requirement for Governors to select an indicator then a Governor Working Group would be convened to develop the recommendation. The Council would be asked to work virtually to approve the recommendation.</p>	

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	The Council noted the position.	
CGo.1.21.13	<p>Foundation Trust membership plan</p> <p>The Associate Director of Corporate Governance/Board Secretary presented the paper. The Council noted that previous work had been suspended in March 2020 due to the pandemic. The paper proposed re-forming the task and finish group to continue with the development of the draft membership plan. Governor volunteers who wish to be involved were asked to contact the Head of Corporate Governance via email by 5 February 2021. A draft of the membership strategy would be presented to the Council for review in July 2021 and then to the Board of Directors for approval in September 2021.</p> <p>The Council noted the paper.</p>	
CGo.1.21.14	<p>Governors Code of Conduct</p> <p>The Associate Director of Corporate Governance / Board Secretary presented a summary of the paper. At least three Governors were asked to volunteer to participate in the review which will be led by the Associate Director of Corporate Governance / Board Secretary. Any Governor interested in putting their names forward should contact the Head of Corporate Governance by the close of Friday 5 February 2021. The revised Code of Conduct will be presented to the Council in April 2021 for final review prior to its adoption.</p> <p>The Council noted the paper.</p>	
CGo.1.21.15	<p>Governors Annual Evaluation and, Skills and Knowledge Audit</p> <p>The Head of Corporate Governance presented a summary of the paper highlighting the need for Governors to complete the annual evaluation and, the skills and knowledge audit. Governors were asked to consider if there were any amendments / additions they would like to make to either of the review tools prior to their circulation to Governors during the week of 1 February 2021. Where amendments were suggested these should be provided by close of Thursday 28 January.</p> <p>Once in receipt of the review tools these should be completed and returned to the Corporate Governance Officer by close of Friday 26 February as detailed within the paper. The results will then be collated and the outcomes presented back to the Council for review, led by the Chairman, in April 2021. Pauline Garnett suggested undertaking an evaluation following each COG meeting. This was agreed.</p> <p>The Council noted the paper.</p>	<p>Board Secretary CG21003</p>
CGo.1.21.16	<p>Governor Induction Programmes</p> <p>The Head of Corporate Governance presented a summary of the paper, outlining the process undertaken in previous years for the delivery of the Governor induction programme.</p> <p>The Council was advised that both the individual and collective Governor induction programmes are due for review to ensure that they are fit for purpose and, take advantage of new ways of working. At least three Governors were invited to participate within the review. All those interested were asked to confirm with the Corporate Governance Officer</p>	

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	<p>by Friday 5 February 2021.</p> <p>The revised programmes will be presented to the Council of Governors for consideration and adoption on 15 July 2021. Once the collective Governor induction refresh is finalised the schedule for delivery will be confirmed.</p> <p>The Council noted the paper.</p>	
CGo.1.21.17	<p>Governor Work Programme 2021/2024</p> <p>The Associate Director of Corporate Governance / Board Secretary presented a summary of the paper which related to the Governor work programme for the next three years. Also included were slots to include topics for future development sessions. The Council noted that the work programme would be reviewed at least annually. There were no requests for additions, amendments or deletions from the Council.</p> <p>The Council approved the work programme 2021/24.</p>	
CGo.1.21.18	<p>Chief Executive's Report</p> <p>The Chairman invited Professor Mel Pickup, Chief Executive to provide responses to the following five questions he had received from Governors at his quarterly meeting.</p> <p>1. Are there any staff declining to have the vaccine and if so how many and are there any patterns emerging?</p> <p>The CEO confirmed that it is too early to tell in a scientific way. At the moment it suggests that there was a lower uptake in younger members of staff including younger BAME colleagues. This may be a consequence of the fake news and media coverage about taking the vaccination. Factual information is being distributed to strongly encourage the uptake of the vaccination.</p> <p>2. What types of vaccines are being used at the hospital?</p> <p>BTHFT is a vaccination hub and we are currently using the Pfizer Biontec vaccine with its limitations in the way it can be stored, handled and transported and for that reason it lends itself to be given in the facility we have. There are other vaccines available and we have been involved in trials for the Novovax vaccine with Professor Saralaya leading on it. Dermot Bolton queried if there was a gender gap on the uptake of the vaccine as some women felt it might affect their fertility. Mel Pickup confirmed that they didn't have any data available at present to validate this.</p> <p>3. Are staff reporting any side effects from the vaccine?</p> <p>Two vaccines are required to be delivered to each person for full protection. Mild symptoms ranging from sore arm, mild headache and feeling generally sluggish have been noted. Limited members of staff have so far received the second dose because of the national stance in prolonging the interval between those vaccinations of up to 12 weeks. The reporting of staff having had the second vaccination there were more marked symptoms leading to some short term sickness and absence associated with that which caused a general malaise and tiredness.</p>	

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	<p>4. How are we managing our oxygen supply?</p> <p>Capability of our internal infrastructure 'the pipes' that take the oxygen from the very large tanks to the clinical areas. This does have its limitations and during the first wave we had the foresight to put additional resilience in our stores by having two systems that work in tandem. The demands at this particular time, the second peak of the second wave, we are seeing many more patients requiring high levels of oxygen interventions and where that is the case sometimes the capability of that infrastructure is being exceeded. Patients are moved to other wards and departments to try and even out the demand across the whole of the site. This causes a logistical problem in that we have to spread our Covid 19 patients over more ward areas and that has diseconomy of scale in terms of how we deploy staff.</p> <p>The Council noted the responses to the questions.</p> <p>The Chairman invited the Chief Executive to provide her Chief Executive's Report. The Chief Executive, shared in detail developments at the Trust since her last report to the Council in October 2020. The Council noted in particular;</p> <ul style="list-style-type: none"> • Inpatient numbers during the peak of the second wave was 178 which have begun to reduce slowly to a low of 83 over the Christmas period. Today's figures are between 140-150 inpatients. • The new variant is accounting for between 50-70% of all our new inpatient cases who require more intense critical care and are of a younger age group. Approximately 40 people are on invasive ventilation of some description. • Non Covid 19 services are being impacted and new ways of working have been implemented including the use of digital support in an outpatient setting, drive through cardiology clinics at SLT and many other services including the use of the independent sector. • Significant impact on waiting times for patients whose care is delayed because it required them to present for a face to face appointment or an admission for an investigation or procedure. • All CEOs received a letter on the 23 December from Amanda Pritchard, Chief Executive, NHS Improvement and Julian Kelly, Chief Finance Officer describing the priorities for the next 3-4 months. Five areas were highlighted: <ul style="list-style-type: none"> - Responding to the Covid 19 demand - Implementing the Covid 19 vaccine - Maximising capacity in all settings to treat non-Covid patients - Responding to urgent and emergency demands - Supporting the health and wellbeing of the workforce – in the first wave we had up to 600 members of staff off work. Over 200 staff are off work in the second wave which adds to the challenge of ensuring safe staffing in clinical areas. Psychological support, facilities to provide breaks/downtime and ensure staff have annual leave have been implemented. <p>There is a requirement for us to plan for 2021-22 in terms of an operational plan and a financial plan. Due to Covid 19 the normal planning information has been delayed. We are however in discussion in response to the five areas articulated.</p> <p>Wendy McQuillan raised the issue of a disparity with the figures in the daily updates to the figures provided above for inpatient stays. The Chief Executive confirmed that the figures on the daily updates were for the</p>	

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	<p>preceding 24 hours. In any given day the numbers will fluctuate between 20/30 because of the number of discharges and admissions.</p> <p>Staff governors in early conversations had suggested keeping a balance in messages regarding staff morale and wellbeing.</p> <p>Alastair Goldman asked if post Covid 19 there might be an exodus of staff from the Trust in 6 to 12 months' time. The Chief Executive confirmed that staffing was on the strategic risk register and is monitored on a regular basis. She noted that there had been an uptake on nursing, allied health professional and medical degrees arising from the first wave of the pandemic. There have been significant numbers of staff who have been re-deployed into clinical areas who are now considering or actively taking steps to move into a caring role. Work is ongoing to ensure training placement capacity is available at the Trust. Discussions are ongoing with the University of Bradford and the Chief Radiographer at Leeds University regarding the 16 new Radiographers due to join us in the next cohort and the capacity to provide more placements if required.</p> <p>The Council noted the verbal update.</p>	
CGo.1.21.19	<p>Act as One</p> <p>The Chief Executive delivered a presentation on Act as One. The following key areas were highlighted:</p> <ul style="list-style-type: none"> • Opportunity to refresh and refocus the work that had been undertaken by the respective health and care partnerships over the preceding couple of years and rebrand to Act as One. • Rationalise the programmes to provide more impact. • Aim to achieve the happy, health and at home strategy supported by their families and communities through prevention and early intervention with greater focus on healthy lifestyle choices and self-care. • All programmes in the Act as One refresh are 'end to end' and 'whole person'. • New Act as One Whole System Governance function detailing the strategic partnership agreements. • Seven priority areas within the Act as One priority programme: <ul style="list-style-type: none"> - <u>Access to health care</u> – patients presenting are managed in primary care prior to attending hospital as the secondary care provider. On-going clinical validation of waiting lists to ensure patients continue to be seen in priority order. Cancer Alliance project in planning via the Access to Healthcare programme around early intervention and detection of patients with potential lung cancers and how we better manage their care. - <u>Better births</u> – outcomes for women giving birth in Bradford District and Craven are not as good as elsewhere in the country. The CQC report required improvement in that area at BTHFT. Significant programme of work, Improving Maternity Services Programme that is reported on a monthly basis to Board. We are working with community partners to share key messaging around access to maternity services. - <u>Children & Young People's Wellbeing</u> – bringing mental and physical health together. Working with school heads to support school staff, and re-defining the approach to students in Year 11 and 13. - <u>Respiratory</u> - providing Covid aftercare for patients suffering from 	

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	<p>long Covid and caring for patients suffering from Covid at home. Support from the digital hub at Airedale to provide respiratory patients with support in their own homes.</p> <ul style="list-style-type: none"> - <u>Healthy Hearts</u> – focus on self-management for patients with high blood pressure - <u>Ageing Well</u> – Revised programme board agenda with increased focus on discharge pathways across organisations - <u>Diabetes</u> – using the decision aids for GP's and patients at high risk of Covid <ul style="list-style-type: none"> • Positive feedback has been received and the key issues are highlighted below: <ul style="list-style-type: none"> - There has been positive feedback around the prominence and recognition of our “place” brand. - Every programme board has VCS, primary care, public health, CCG and NHS Trust membership. - Healthy Hearts has a Multi-agency Heart Failure group. - Better births focus on peri-natal mental health with Local Authority. - Ageing Well has a continuation of a super rota to support people in their place of residence. - Flu vaccinations have increased with 15k+ more people vaccinated this year. - Children & Young People Wellbeing - one trusted referral pathway implemented. - Access - working closely with the independent sector to recover our elective surgery activity and address our backlogs. - Diabetes – strong clinical forum of primary and secondary care colleagues leading with a change across the whole district. • Looking ahead we need to acknowledge that we have been dealing with Covid 19 which will mean we will need to advance the programmes which will mean focus will be split between short term pressures and longer term impact of programmes. We need to shift resources around our system to support improvement and change and really “Act as One”. New ways of working, improved partnerships, closer integration of services and use of digital will be the means to achieve transformed services and making cost savings. A specific lead for communications and engagement has been secured, who joins the Trust on the 10th March. <p>Pauline Garnett questioned if it was challenging to agree on what should be the seven priorities and the challenges for sustainability. The Chief Executive noted that the seven areas of focus were chosen in the belief that they would have the greatest impact with regard to scope for being transformed and, delivered out of hospital in an economical and effective way. The momentum and commitment from partners remains strong and there is an opportunity to capitalise on the consultation that is happening - on the increase in prominence, authority and autonomy so such structures as described in ‘place’ relative to how the integrated care partnerships will work at West Yorkshire and Harrogate level.</p> <p>The Chairman thanked the Chief Executive for her comprehensive presentation.</p>	
CGo.1.21.20	<p>Reports from the Board: Regulation & Assurance Committee and, Audit Committee</p> <p>The Chairman advised of the thorough discussion that had taken place at the joint session between the Non-Executive Directors and the Governors</p>	

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	<p>prior to this formal Council meeting. There were no further comments or questions raised.</p> <p>The reports were received and taken as read.</p>	
CGo.1.21.21	<p>Any Other Business</p> <p>There was no other business discussed.</p>	
CGo.1.21.22	<p>Date and time of next meeting</p> <p>15 April 2021, 3.30-5.30pm</p>	
CGo.1.21.23	<p>Resolution to move into closed session</p> <p>The Council moved into a closed session in line with section 7.16.3 of the Constitution.</p>	

Actions from the council of governors meeting held 21 January 2021

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
				CG21006	
21.1.21	CGo.1.21.3	Minutes 15 october 2020 CGo.10.20.10: NHS Providers: Governor Advisory Committee. Update was to reflect that Mr Amit Bhagwat was not proposing that he would have liked to have stood for election, that in essence "Trusts should be able to field more than one candidate if they felt that they had suitably qualified individuals".	Head of corporate governance	15.4.21 CG21005	15 october minutes updated – <u>action closed</u>
21.1.21	CGo.1.21.0	Chairs opening remarks NHS Providers guidance to be circulated to Governors regarding governor attendance at Committee meetings and requested that Academies consider how they may involve Governors in Academy business.	Board Secretary	15.4.21 CG21004	
21.1.21	CGo.1.21.15	Governors Annual Evaluation and, Skills and Knowledge Audit Undertake an evaluation of the meeting after each COG meeting	Head of corporate governance	15.4.21 CG21003	It was agreed to add as an agenda item at the end of each agenda "review of the meeting" – <u>action closed</u>
21.1.21	CGo.1.21.11	Chair Appraisal Process 2020 Paper to be updated to remove the reference to circulating the chair's objectives to the COG. To be circulated to the governors NRC only	Head of corporate governance	31.1.21 CG21002	
21.1.21	CGo.1.21.7	Council of Governors Terms of Reference Council of Governors Engagement policy to be circulated to the governors.	Board Secretary	15.4.21 CG21001	Circulated to governors by email. <u>Action closed</u>
15.10.20	CGo.10.20.10	NHS Providers: Governor Advisory Committee elections Pauline Garnett, via the GAC, raise the issue with regard to increasing the number of nominations from individual trusts.	Staff governor nursing and midwifery	21.1.21 CG20011	JM confirmed that PG had received a response from the GAC representative. Their election rules currently state that there is one candidate per Trust and they cannot change that for this election but they have said they will consider the comment when reviewing

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					<p>their rules for the next election. They cited a number of reasons for not encouraging more than one candidate per Trust one being the size of the committee making it difficult to operate. The current structure does allow representation from across a number of different categories. They have had 55 nominations where Trusts have put forward one candidate. <u>Action closed</u></p>