

## Confirmed Minutes - Council Of Governors Meeting

<b>Date</b>	Thursday 15 October 2020	<b>Time</b>	15:30 – 17:25
<b>Venue</b>	Meeting held via Webex	<b>Chair</b>	Dr Maxwell Mclean, chairman
<b>Present</b>	<ul style="list-style-type: none"> <li>- Dr Maxwell Mclean, chairman</li> <li>- Mr Amit Bhagwat, public governor, rest of England and Wales</li> <li>- Mr Dermot Bolton, public governor, Bradford west</li> <li>- Mr Alan English, public governor, Bradford south</li> <li>- Ms Pauline Garnett, staff governor, nursing and midwifery</li> <li>- Professor Alastair Goldman, partner governor, university of Bradford</li> <li>- Cllr Tariq Hussain, partner governor, Bradford metropolitan district council</li> <li>- Ms Wendy McQuillan, public governor, Keighley</li> <li>- Mr David Wilmshurst, public governor, Shipley</li> <li>- Ms Stella Hall, public governor, Bradford east</li> <li>- Ms Kavitha Nadesalingam, staff governor</li> <li>- Ms Hilary Meeghan, public governor</li> <li>- Ms Hardev Sohal, patient governor</li> <li>- Ms Ruth Wood, staff governor</li> <li>- Mr Mark Chambers, patient governor</li> <li>- Ms Helen Wilson, staff governor</li> </ul>		
<b>In attendance</b>	<ul style="list-style-type: none"> <li>- Mr Jon Prashar, non-executive director</li> <li>- Ms Trudy Feaster-Gee, non-executive director</li> <li>- Mr Mohammed Hussain, non-executive director</li> <li>- Ms Julie Lawreniuk, non-executive director</li> <li>- Professor Laura Stroud, non-executive director</li> <li>- Mr Barrie Senior, non-executive director</li>   <li>- Ms Mel Pickup, chief executive</li> <li>- Mr John Holden, director of strategy and integration/deputy chief executive</li> <li>- Ms Sandra Shannon, chief operating officer/deputy chief executive</li> <li>- Ms Karen Dawber, chief nurse</li> <li>- Mr Matthew Horner, director of finance</li> <li>- Mr Faeem Lal, Assistant Director of HR</li> <li>- Mr Paul Southern, Associate Medical Director, Informatics</li> <li>- Mr David Hollings, deputy chief digital &amp; information officer/head of information technology (representing Ms Cindy Fedell, chief digital &amp; information officer)</li> <li>- Ms Jacqui Maurice, head of corporate governance</li> </ul>		
<b>Observer</b>	<ul style="list-style-type: none"> <li>- Ms Laura Parsons – Associate Director of Corporate Governance/Board Secretary</li> </ul>		

No.	Agenda Item	Actions
<b>CGo.10.20.0</b>	<p><b>Chair's opening remarks</b></p> <p>Dr Maxwell Mclean, chairman, welcomed all to the meeting and highlighted the agenda items to be covered.</p>	
<b>CGo.10.20.1</b>	<p><b>Apologies for Absence</b></p> <ul style="list-style-type: none"> <li>- Ms Marian Olonade-Taiwo, public governor, Keighley</li> <li>- Mr Kursh Siddique, public governor</li> <li>- Mr Andrew Clegg, partner governor, University of Leeds</li> <li>- Ms Selina Ullah, non-executive director</li> <li>- Dr Bryan Gill, chief medical officer</li> </ul>	

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	- Ms Pat Campbell, director of human resources	
CGo.10.20.2	<b>Declarations of Interest</b> There were no interests declared.	
CGo.10.20.3	<b>Minutes of the meeting held on 16 July 2020</b> The previous minutes were accepted as a correct record of the meeting held on 16 July 2020.	
CGo.10.20.4	<b>Summary report from the closed council of governors meeting held on 16 July 2020</b> The council noted the report.	
CGo.10.20.5	<b>Matters Arising</b> The chairman referred to the action log appended to the minutes. The following updates were noted and/or agreed by the council:- <ul style="list-style-type: none"> <li>- CG20008 – Draft membership plan. Action to be held over due to current Covid working circumstances.</li> <li>- CG20009 – Governors code of conduct. Session not able to be scheduled with NHS providers. Will be picked up following start date of new Board Secretary.</li> <li>- CG20010 – Act as One presentation: MP to provide presentation at January 2021 COG meeting.</li> <li>- CG20005 – AGM/AMM. <u>Action concluded</u></li> <li>- CG20006 – Chief Executive Report. <u>Action concluded</u></li> <li>- CG20007 – Large-scale fundraising projects. <u>Action concluded</u></li> </ul>	
CGo.10.20.6	<b>Chairman's Report</b> The chairman highlighted the following key points with regard to his report however first he formally congratulated Dr Tom Lawton, intensive care consultant (ICU) and anaesthetist on the award of his MBE. With regard to his report the council noted: <ul style="list-style-type: none"> <li>- All governors continue to be in receipt of daily updates regarding the trust's Covid 19 position.</li> <li>- Recordings of the COG meetings will, moving forward, be published on the trust's YouTube channel and publicised on the trust website.</li> <li>- The chairman commended Pauline Garnett, staff governor, on the article she wrote for the governor FOCUS magazine published by NHS Providers. NHS Providers had further contacted PG to thank all our colleagues at BTHFT in their response to the Covid 19 emergency.</li> <li>- The chairman also highlighted work undertaken by Dermot Bolton and Kavitha Nadesalingam, governors, as part of their involvement in stakeholder panels for two executive appointments.</li> <li>- Progress with regard to the implementation of the Trust's new governance structure. The director of strategy and integration would address this under separate item CGo.10.20.13 later in the meeting.</li> <li>- The Hospital Charity campaign for 2020/21. The Chief Nurse will provide more detail on the campaign at agenda item CGo.10.20.14 later in the meeting.</li> </ul> <p>The council noted the report.</p>	
CGo.10.20.7	<b>Nominations and Remuneration Committee (NRC) Report</b> Ms Wendy McQuillan, governor, presented the report to the council. She	

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	<p>asked the governors to note the report covered the 22 July and 8 September meetings. The council should take the report primarily as read however she asked the governors to note in particular that;</p> <ul style="list-style-type: none"> <li>- Two new members of the NRC have been appointed; Mr Amit Bhagwat and Professor Alastair Goldman. Both took up their posts in August 2020.</li> <li>- The NRC had been involved in all elements of the NED appointment process including the longlisting and shortlisting. The NRC had also agreed the interview process which included a governor led stakeholder panel.</li> </ul> <p>The council noted the report.</p>	
<p><b>CGo.10.20.8</b></p>	<p><b>Non-Executive Director(NED) appointment</b> Jacqui Maurice, head of corporate governance, presented a summary of the paper highlighting the key stages of the process undertaken by the NRC during the appointment process. The council noted their decision to approve the appointment subject to the completion of the fit and proper person's requirements. With regard to the decision of the council it was further noted that final ratification would take place at this council of governors meeting.</p> <p>The council noted the report and ratified its decision to approve the appointment of the new Non-Executive Director.</p>	
<p><b>CGo.10.20.9</b></p>	<p><b>Non-Executive Director(NED) appraisal process</b> The chairman confirmed that he had undertaken all seven NED appraisals which incorporated feedback from governors and executive colleagues as part of the process. Discussion took place with each individual NED and included reference to their input into the new governance arrangements, particularly the academies, to ensure an equitable share of the work.</p> <p>The council confirmed that it was assured by the report and its findings and, was further assured that the appraisals had been conducted in line with the process agreed by the council in 2019.</p>	
<p><b>CGo.10.20.10</b></p>	<p><b>NHS Providers: Governor Advisory Committee elections</b> The head of corporate governance updated the council on the forthcoming election process for members of the NHS Providers governor advisory committee (GAC). One governor nomination was permitted per trust. However there were only eight places available on the committee. Our foundation trust has currently been successful in the previous elections and is currently represented on the GAC by Pauline Garnett, staff governor. Pauline Garnett, spoke positively on her role with the GAC and indicated that she would be putting herself forward for nomination by the trust.</p> <p>The chair, on behalf of the council, thanked Pauline Garnett for her work during her time as a GAC member.</p> <p>He advised that any governor wishing to nominate themselves should contact the head of corporate governance in writing by 26 October 2020.</p> <p>Amit Bhagwat, governor, protested the number of nominations being limited to one and proposed that Trusts should be able to field more than one candidate if they felt that they had suitably qualified individuals. He</p>	<p>staff governor nursing and</p>

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	<p>requested that Pauline Garnett raise this with the GAC and see if there was anything that could be done with regard to increasing the number of nominations from individual trusts.</p> <p>The council noted the report.</p>	midwifery
CGo.10.20.11	<p><b>Chief Executive's Report</b></p> <p>Professor Mel Pickup, chief executive, shared in detail developments at the trust since her last report to the council. The council noted in particular;</p> <ul style="list-style-type: none"> <li>- Large numbers of Covid 19 patients remain within the hospital at the BRI site which has had an impact on the 'business as usual' throughout the trust.</li> <li>- There have been a couple of developments across WYAAT regarding the approval of two business cases. One for the implementation of a local laboratory management system which supports the network laboratory interfaces between all the acute trusts across West Yorkshire. The other concerns a network radiology system. These are significant amounts of money that we have managed to secure from NHSI to enable this work to be undertaken which will provide a more resilient offer for those laboratory services and radiological reporting across all the trusts that are part of the partnership.</li> <li>- Oversight function of our WYAAT partnership in respect of a range of areas continues. The key points to note are that; <ul style="list-style-type: none"> <li>o As senior responsible officer (SRO) for PPE for West Yorkshire our supplies and stocks of PPE across West Yorkshire are much more secure and robust due in part to the changes at national level in terms of the procurement pipeline.</li> <li>o As SRO for critical care for West Yorkshire, support is provided with regard to the operational delivery network. Work has been undertaken with the team to identify, by trust, the extent to which critical care can be escalated in order to create additional capacity. We have created more robust and resilient ways of reporting and measuring on a daily basis so that we can provide a mutual aid between critical care units to alleviate the immediate problems we might encounter. Patients have been transferred from BTHFT to other areas within the patch but we have had to open our second intensive care unit. Staff from elsewhere in the organisation have been moved to provide the appropriate skill and staffing numbers to support those patients. This in turn has an impact on our ability to continue to provide operating capacity due to staff covering critical care areas.</li> </ul> </li> <li>- Nightingale temporary hospitals: The hospital in Harrogate wasn't utilised in the first wave of the pandemic because sufficient resilience was created across the critical care networks to cater for the needs of our population in respect of Covid 19. The nightingale hospital is still available should it be needed and the CEO is mobilising the standby staff. Each of the hospitals within the delivery network has to contribute staff to work at the nightingale hospital if required.</li> <li>- We were planning in July 2020 to return to some degree of normality following the first wave of Covid 19 - we have had to halt the implementation of those plans. An activity plan was submitted to NHS England which outlined the numbers of patients on our waiting lists we intended to investigate or, list for operations for which they have been waiting some considerable time. We continue to provide very urgent</li> </ul>	

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	<p>surgical interventions for those patients with time critical conditions and cancer. To date we have 79 positive Covid 19 patients in our inpatient bed base and we have 8 Covid 19 positive patients in ITU. We have 24 Covid 19 patients receiving non-invasive respiratory ventilation either on our respiratory wards or our designated red Covid 19 wards. These numbers equate to those that we saw back in April 2020 at the peak of the first wave of the pandemic. This is having an effect on the morale of staff and levels of anxiety impacting on the manifestation of sickness rates.</p> <ul style="list-style-type: none"> <li>- Today the chief executive attended a virtual meeting with over 50 colleagues to update them on our planning and, ways of communicating support offers to staff. Assurances were provided with regard to PPE and the need to complete appropriate assessments - particularly for our BAME staff. Additional psychological support for staff has also been set up.</li> </ul> <p>The chief executive responded to questions received from governors. The Council noted the following in response;</p> <ul style="list-style-type: none"> <li>- Concerning the age profile of Covid 19 inpatients - it was noted that the younger generation were seen at hospital but discharged swiftly without being admitted or, they didn't present to hospital at all because they don't have the underlying conditions, ill health or the age and frailty that other cohorts of our community would have. 55% of our admissions are over 65 years old and the number of admissions at any given time of fewer than 25 years old was 25% of those cases.</li> <li>- With regard to the sorts of stress staff have been subject to; the trust run rate for sickness is usually between 4% and 5%. By contrast in April in aggregate, including staff reported sickness relating to Covid 19, non-Covid 19 and, the need for staff to isolate or shield - was in the region of 13%. During August the figures reduced but in September the figures increased but not to the level seen in April. Staff are feeling physically and mentally exhausted and some staff have had to be moved away from Covid 19 areas to give them some respite.</li> <li>- In relation to the availability of tests which has been a recurrent problem both in hospital and out in the community, the chief executive advised that we have a finite amount of testing capability within the organisation and we share that across the joint venture which includes ourselves, Airedale and Harrogate. We have the opportunity to complete around 600 tests per day and that is split between inpatients and staff. Some tests can be turned around more quickly than others. Tests that are sent to external laboratories will take about 8 hours for the results. We have some capability on site to do some testing which takes an hour. Some new equipment is imminent that will be sited in A&amp;E so that we can undertake even faster testing.</li> <li>- At the time we submitted our activity plans we were also in negotiation around the amount of money we would be allocated for the last six months of the financial year. Up to that point we weren't operating within a set budget. Due to the circumstances we were operating in we were able to draw down central money to pay for all the additional Covid costs. The Department of Health wanted to get a handle on its finances and it has tried to allocate as much money as it feels we will need for the remainder of the financial year.</li> </ul> <p>The director of finance provided an update on finances and confirmed that normal business rules are on pause in terms of how we manage our finances. From the 1 October onwards the Integrated Care</p>	

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	<p>System (ICS) has been allocated an overall quantum of around £2.2 billion and is in the process of allocating that funding to the healthcare organisations across the ICS. We have made an assessment of our costs for the remainder of the year which have been submitted and consolidated into the overall plan. Work is ongoing at organisational place level and ICS level to identify what opportunities might be available to address the gap going forward. We continue to look at our expenditure plan for the remainder of the year but due to the number of patients with Covid 19 increasing this is placing a challenge on us delivering the full re-start plans which will have a bearing on our cost forecast for the remainder of the year.</p> <p>The director of finance advised that there has been a very different regime around capital and we started during the first wave of the pandemic with the view that we needed to spend what we thought was reasonable to address our challenges and this equated to around £1.3 million. We have also submitted a range of other bids around how we make the organisation Covid 19 secure and safe for the future. We have been successful in acquiring around £5 million for our urgent care and A&amp;E department in terms of investing in the infrastructure and the estate to make this Covid 19 secure. A couple of other bids around critical care and diagnostic services are in the pipeline. The director of finance confirmed the board has a good sight on where we think our forecast is for the remainder of the year but noting that it will change if we continue to address the second wave of the pandemic and continue to re-configure the hospital to make sure we can treat those patients.</p> <ul style="list-style-type: none"> <li>- The governors recognised the excellent work taking place with regard to wellbeing for staff and the fact that this remained a standing agenda item on the Regulation and Assurance Committee where it was given full attention. The deputy director of HR confirmed there has been good engagement from our workforce to undertake risk assessments. Our Occupational Health department has worked to ensure that staff are supported throughout this period. The uptake of external national health and well-being initiatives has been low however, we continue to provide support for staff and monitor their wellbeing.</li> <li>- The chief executive confirmed she had received a letter from NHSI with an expectation that we would submit a plan for restarting elective and day case surgery. Levels were expected to be at 90% of our expected levels in October but that was predicated on us believing that we would have a certain level of Covid 19 in our midst but nothing like the levels that we are experiencing. At present we are undertaking 40% or less on activity. If we level out what we have done throughout the pandemic at the end of this month the prediction is completion of 55% of elective activity against the plan. This is however significantly reduced from now going forward as we are back to the levels of Covid 19 patients we had during the first peak. We are continuing to work with the independent sector and we are looking at other options to ensure we do as much activity as possible. Clinical priority remains our key focus throughout.</li> </ul> <p>The council noted the chief executive's verbal update.</p>	
<p><b>CGo.10.20.12</b></p>	<p><b>People, Partners and Place</b> John Holden, director of strategy and integration provided an overview of 'People, Partners and Place' and the progress to date. He referred to the themes that had been developed due to the impact of Covid-19 which included; kindness and wellbeing, supporting BAME colleagues during the</p>	

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	<p>pandemic, the growth in the idea of the Bradford and District Craven “Place”, the “Act as One” concept and, new ways of working digitally.</p> <p>Other developments during the period, unrelated to Covid-19, were the “good” rating from the CQC, the launch of the Outstanding Maternity Services Programme and the continued work with West Yorkshire Health &amp; Care Partnership (WYHCP) and West Yorkshire Associate of Acute Trusts (WYAAT).</p> <p>The director of strategy and integration advised that the trust will now publish the ‘People, Partners and Place’ strategy which sets out a simple, coherent narrative for the year ahead and acts as a bridge from the current corporate strategy published in 2017. It was hoped to launch this on 21 October to coincide with the launch of Act as One however the deadlines for Act as One have since changed. This will be shared predominantly via digital format.</p> <p>Dermot Bolton commented that he felt the strategy didn’t include work underway with local partnerships which would have more relevance than work with regional partnerships. The director of strategy and integration confirmed that reference to local partnerships were included in the strategy under Place.</p> <p>Pauline Garnett noted that some staff had asked for clarification on the ‘Act as One’ email logo. The director of strategy and integration confirmed that this was added to coincide with the launch of the ‘Act as One’ but due to the system wide launch being delayed information has instead been published in the staff magazine ‘Let’s Talk’, in the communications bulletins distributed via email and, on the intranet.</p> <p>Stella Hall asked how a Place based partnership benefits patients. Karen Dawber provided an update on the work being undertaken within the seven work streams which draw on expertise from across the Bradford and Airedale and wider area. The whole ethos revolves around doing the right thing for the patient and the system – utilising voluntary care, primary care and community care.</p> <p>Governors were asked to provide any further feedback to the strategy to the head of corporate governance in the first instance.</p> <p>The council noted the report.</p>	
<p><b>CGo.10.20.13</b></p>	<p><b>Developing our corporate governance model</b></p> <p>John Holden, director of strategy and integration delivered a presentation on developments with regard to the trusts new governance model. He reminded the council of the review undertaken with regard to our governance arrangements towards the end of the last calendar year and whilst we received a rating of ‘good’, there were some areas which could be improved. Due to the impact of Covid-19 streamlined arrangements were introduced. Our ambition going forward is to move to ‘outstanding’. The director of strategy and integration highlighted the proposals for the new governance model and discussed the new meeting structure which focussed on the development of the academies. He asked the governors to note the transitional period of approximately six months to bed in the new model.</p>	

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	<p>The chairman confirmed that the academy meetings are executive led with an operational focus and would therefore not be appropriate for the governors to observe. It will however be a function of all the academies to determine a form of public engagement and within this area there may be opportunities to involve governors. The chairman further confirmed that the regulation and assurance committee is a new three hour meeting that provides assurance and covers those key areas previously covered by the committees (quality, finance &amp; performance and, workforce). Governors were welcome to observe the regulation and assurance committee meetings.</p> <p>The council noted the report.</p>	
<p><b>CGo.10.20.14</b></p>	<p><b>Hospital Charity Campaign</b> Karen Dawber, Chief Nurse, provided the council with an update on the launch of the charity which is fundraising to build a £500,000 additional parent accommodation in the neonatal unit. Due to the pandemic the plan going forward is to undertake a soft launch of the campaign and drew attention to the link provided on the agenda. The chief nurse also provided an update on the Christmas campaign running over the festive period.</p> <p>The council noted the verbal update.</p>	
<p><b>CGo.10.20.15</b></p>	<p><b>Reports from the Committee Chairs' - Regulation Committee and Audit &amp; Assurance Committee</b> The chairman advised of the thorough discussion that had taken place at the joint session between the non-executive directors and the governors 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>	
<p><b>CGo.10.20.16</b></p>	<p><b>Any Other Business</b> The chairman agreed to formally note the council's best wishes to Sandra Shannon, chief operating officer as this was her last council of governors meeting prior to her retirement.</p>	
<p><b>CGo.10.20.17</b></p>	<p><b>Date and time of next meeting</b> 21 January 2021, 3.30-5.30pm</p>	



## Actions from the council of governors meeting held 15 October 2020

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
15.10.20	CGo.10.20.10	<b>NHS Providers: Governor Advisory Committee elections</b> Pauline Garnett, via the GAC, raise the issue with regard to increasing the number of nominations from individual trusts.	Staff governor nursing and midwifery	21/01/21 CG20011	
16.01.20	CGo.1.20.9	<b>Draft Membership Plan 2020/22</b> Feedback on the draft plan to be provided to the head of corporate governance within the next few weeks.	Head of corporate governance	21/01/21 CG20008	Reminder email for feedback sent to governors on 5 February. In March usual governance process stood down as result of Covid 19 Pandemic. Work to be resumed once governance processes re-established moving forward.  <u>15.10.20:</u> Action to be held over due to current Covid 19 pandemic response.  <u>21/01/20:</u> Item added to the agenda. This work to now restart. <u>Action closed.</u>
16/07/20	CGo.7.20.7	<b>Governors Code of Conduct</b> External governance advice would be sought to support the review. A session would be scheduled that would also include council members within the review.	Director of governance and corporate affairs	21/01/21 CG20009	<u>15.10.20:</u> Session not able to be scheduled with NHS providers. Will be picked up following start date of new board secretary.  <u>21.01.21</u> Item added to agenda. <u>Action closed.</u>
16/07/20	CGo.7.20.14	<b>Chief Executive's Report</b> The chief executive suggested that at a later date a presentation is delivered to the council on the 'Happy & Health at home' strategy to be delivered as part of the Act as One Programme.	Chief Executive	21/01/21 CG20010	<u>21.01.21</u> Item added to agenda. <u>Action closed.</u>