

## COUNCIL OF GOVERNORS

Minutes of the Meeting of Thursday 25 February 2021

5.30 p.m. – 7.30 p.m

BY WEBINAR

### Present:

Rt Hon Jacqui Smith	Chair
Mrs Bernadette Aucott	Public Governor, Birmingham South
Mr Richard Baker	Staff Governor, Corporate & Support Services
Mr Stan Baldwin	Public Governor, Solihull & Meriden
Mrs Kath Bell	Public Governor, Rest of England & Wales
Mr Anthony D Cannon	Public Governor, Sutton Coldfield North
Ms Anne Devrell	Public Governor, Solihull & Meriden
Prof Carol Doyle	Stakeholder Governor, Birmingham City University
Mr Keith Fielding	Public Governor, Birmingham East
Cllr Jayne Francis	Stakeholder Governor, Birmingham City Council
Mrs Maureen Haycock	Public Governor, Quinton, Halesowen & Southwest
Mrs Sandra Haynes MBE	Public Governor, Birmingham South West
Dr Elizabeth Hensel	Public Governor, Birmingham South East
Mr Derek Hoey	Public Governor, Tamworth
Mr John Hope	Public Governor, Birmingham North
Dr Elspeth Inch OBE	Public Governor, Birmingham West
Mr Robert Jasper	Public Governor, Rest of England & Wales
Dr Jattinder Khaira	Staff Governor, Medical & Dentistry
Ms Veronica Kumeta	Public Governor, Rest of England & Wales
Mr Adam Layland	Public Governor, Birmingham Reservoirs
Mrs Anne McGeever	Public Governor, Solihull & Meriden
Mrs Veronica Morgan	Staff Governor, Nursing & Midwifery
Ms Elizabeth Parry	Public Governor, Sutton Coldfield South
Mrs Deborah Porter	Public Governor, Lichfield Northwest & Northeast
Ms Jayne Robbie	Staff Governor, Clinical Professions Allied to Healthcare
Colonel Timothy Steele	Stakeholder Governor, RCDM
Prof Isabelle Szmigin	Stakeholder Governor, University of Birmingham
Mr Amrick Singh Ubhi	Stakeholder Governor, Birmingham Faith Leaders Group
Mr Lee Williams	Staff Governor, Corporate & Support Services

### In attendance:

Ms Fiona Alexander	Director of Communications	(DoC)
Prof Simon Ball	Chief Medical Officer	(CMO)
Mr Kevin Bolger	Chief Workforce & International Officer	(CWIO)
Mr Jonathan Brotherton	Chief Operating Officer	(COO)
Mr David Burbridge	Chief Legal Officer	(CLO)
Mr Stephen Chilton	Chief Digital Officer	(CDO)
Mr Mark Garrick	Director of Strategy and Quality Development	(DSQD)
Prof Jon Glasby	Non-Executive Director and Senior Independent Director	(NED/SID)
Ms Jackie Hendley	Non-Executive Director	
Mr Tim Jones	Chief Innovation Officer	(CIO)
Ms Karen Kneller	Non-Executive Director	

Ms Mehrunnisa Lalani	Non-Executive Director	
Mr Andrew McKirgan	Chief Officer for Out of Hospital Services	(COOHS)
Dr Catriona McMahon	Non-Executive Director	(NED)
Mr Julian Miller	Chief Financial Officer	(CFO)
Mr Harry Reilly	Non-Executive Director, Deputy Chair and Chair of the Investment Committee	
Dr David Rosser	Chief Executive	(CE)
Prof Michael Sheppard	Non-Executive Director & Chair of the Organ Donation Committee	
Ms Cathi Shovlin	Director of Workforce	(DoW)
Ms Lisa Stalley-Green	Chief Nurse	(CN)
Ms Sarah Snowden	Corporate Affairs & Governor Liaison Officer	(SS)

<b>G20/59</b>	<p><b>Welcome and Apologies for Absence</b></p> <p>The Chair welcomed everyone to the meeting. As the meeting was taking place via Webinar she asked the DoC to explain how people could ask questions. The DoC explained the process.</p> <p>Apologies for absence were received from the following Governors:</p> <p>Ms Yvonne Murphy, Staff Governor, Nursing</p> <p>Cllr Kate Wild, Stakeholder Governor, Solihull Metropolitan Borough Council</p> <p>Apologies for absence were received from the following members of Staff:</p> <p>Mr Mike Sexton, Deputy Chief Executive</p> <p>Ms Cherry West, Chief Transformation Officer</p>
<b>G20/60</b>	<p><b>QUORUM</b></p> <p>The Chair noted that a quorum was present and, accordingly, the meeting could proceed to business.</p>
<b>G20/61</b>	<p><b>DECLARATIONS OF CONFLICT OF INTERESTS</b></p> <p>No conflicts of interest were declared.</p>
<b>G20/62</b>	<p><b>MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS</b></p> <p>The Minutes of the Meeting of the Council of Governors on 26 November 2020 were considered. One amendment was requested to be made on page 2 with regards to how many people had subsequently attended A&amp;E having used Ask A&amp;E – this change was accepted and the Minutes were then agreed as an accurate and true record.</p> <p><b>RESOLVED:</b> to <b>APPROVE</b> the Minutes of the Meeting on 26 November 2020 with the changes shown.</p> <p>The Minutes of the Annual Plan Review Meeting on 3 December 2020 were considered. The Minutes were then agreed as an accurate and true record.</p> <p><b>RESOLVED:</b> to <b>APPROVE</b> the Minutes of the Meeting on 3 December 2020.</p>

G20/63	<p><b>MATTERS ARISING FROM THE MINUTES</b></p> <p>There were no matters arising.</p>
G20/64	<p><b>CHAIR'S REPORT</b></p> <p>The Chair believed that much of her report would be covered elsewhere in the agenda items of the meeting. She has also been providing regular updates to the Governors on the Covid-19 situation and the Governors had already had the chance to consider specific items of concern in their meeting with the Non Executive Directors prior to this meeting.</p>
G20/65	<p><b>BIRMINGHAM AND SOLIHULL INTEGRATED CARE SYSTEM – VACCINATION OF HEALTH AND SOCIAL CARE WORKERS (Confidential)</b></p> <p>The Governors considered the update report presented by the Chief Nurse.</p> <p>Frontline health and social care workers have been offered Covid-19 vaccinations in Birmingham and Solihull in line with the Joint Committee on Vaccination and Immunisation (JCVI) and Green Book guidance. An uptake of between 73% and 89% has been achieved across the Birmingham and Solihull Integrated Care System (BSol), with an uptake in the region of 80% at UHB. 24,000 out of 30,000 UHB staff have received the vaccine to date. A number of actions are on-going which are aimed at increasing uptake amongst those staff who have so far declined an appointment. This includes work taking place with those staff that are reticent, targeted through our members of staff who are from BAME communities, through Asian networks and faith leaders, all of whom have been helpful in the process. First dose appointments will continue to be available for as long as needed, including for all new employees. Second dose clinics for health and social workers commence later this month. There are no issues around supply.</p> <p><u>Questions from Governors included:</u></p> <p>Q: Are more people coming forward now who were reticent before?</p> <p>A: Confidence is growing and a lot of work is being done with BAME colleagues and the social context in which they make their decisions, including colleagues who have had the vaccine sharing their experience on Twitter. We are keeping the vaccine opportunity open ended.</p> <p>Q: How will effectiveness be determined in social care workers given the uncertainty around their numbers?</p> <p>A: This is one of the most challenging groups to identify, given the various ways in which they are employed and deployed. We have made accessibility easier, including access via primary care vaccination sites, so that it doesn't matter which site they go to, to help with travelling on busy days. We are continuing with peer education in this group.</p> <p><b>RESOLVED:</b> to <b>RECEIVE</b> the Vaccination of Health and Social Care Workers Report</p>

The Governors considered the report presented by the Chief Nurse.

Trust staff are experiencing and developing a wide range of physical and psychological symptoms from the experience of working through the pandemic for the last year. They have cared for in excess of 13,000 Covid positive patients during this time, the largest number by far compared to any other Trust nationally.

Staff are tired, exhausted, stressed and some have feelings of guilt and resentment. It is expected that some will experience mental health problems and many will want to leave or retire.

This will be exacerbated when the huge backlog of patients awaiting treatment is tackled along with reduced staff numbers from sickness and exhaustion. The delivery of health and social care will have to be transformed to accommodate the unrelenting demand with Covid-19 still present and possible future variants emerging.

Support for leadership is essential as leaders must think creatively and implement enlightened practices to retain and sustain the workforce. Webinars are being held on how to restore people's confidence in their role.

Health and Wellbeing hubs have been set up on each site offering psychological support and 400 colleagues have been trained in psychological first aid. NHSE have given the Trust just under £3m in recognition of the work done in Wave 1 and have commissioned the establishment of a mental health hub which gives staff fast access to assessment and treatment. There is also a 24/7 support line for mental health along with rapid access for staff to Cruse Bereavement Care.

Consideration is being given to providing a badge/medal/art installation to help staff have something that recognises their huge contribution and know their value is acknowledged.

The Chair noted Jane Garvey's very kind offer during the earlier CoG/NED meeting to use her considerable broadcasting skills to help with events for staff including talking about their experiences in the future.

Questions from Governors included:

Q: Has the Trust engaged additional spiritual leaders on wards supporting end of life care ensuring it has covered the wide range of faiths and needs of the diverse community we serve along with raising awareness of this facility.

A: The CN confirmed that the Trust has engaged an additional 80 faith and spiritual leaders across Solihull and East Birmingham who have now got honorary contracts to support staff, patients and their families.

It was requested that consideration be given to those staff that could not support the Covid work as they would have wanted (due to shielding advice etc.) and that this cohort should still be remembered when it came to recognition of involvement.

A Governor commented that they were pleased that the Trust Core Values are being reviewed to include "Caring" and "Compassion".

**RESOLVED:** to **RECEIVE** the Staff Health and Wellbeing Report

<p><b>G20/67</b></p>	<p><b>CARE QUALITY REPORT</b></p> <p>The quarterly report including an Infection Control update was presented by the Chief Nurse.</p> <p>The Trust continues to show good performance on infection prevention and control with only two Trust-apportioned MRSA bacteraemia cases and remains below projector on trust apportioned Clostridioidium Difficile infection (CDI).</p> <p>There has been an increase in falls as in Wave 1 which is now at 7.91 per 1000 bed days. Although there have been no catastrophic falls 47 falls have resulted in severe harm year to date. The case mix of the patients due to Covid-19 has been more acute with more frail people with confusion and likelihood to collapse.</p> <p>The Falls Team has liaised with the Manual Handling Team at GHH with the result that extra hover-jacks have been made available in order to promote appropriate retrieval from floor practices.</p> <p>Since the publication of the Ockenden Report, a Council of Governors Seminar was held in January on Maternity Safety and future updates will be brought in the Care Quality report.</p> <p>A time lag has been seen with complaint handling, which is understandable in light of the pandemic. Trends relate to communication with relatives, waiting times for treatment and surgery, as well as losses of property. Work is being undertaken to review these matters, including work with security staff. Agreement was reached at the Patient Experience Group meeting in January for all complaints recorded from Monday 25 January 2021 onwards to be placed on a 65 working day response timescale. This will help manage the expectations of those raising a complaint as well as providing staff with additional time to respond.</p> <p><u>Questions from Governors included:</u></p> <p>Q: How is the Trust dealing with the repatriations from other Trusts and lengthier recovery times at UHB?</p> <p>A: The Trust is currently working through all repatriation with quite a number of patients being discharged home from other sites. A number of patients will return to high dependency wards at QEHB and Heartlands or go to longer term rehabilitation units at other sites. Every patient has a care plan.</p> <p><b>RESOLVED:</b> to <b>RECEIVE</b> the Care Quality Report</p>
<p><b>G20/68</b></p>	<p><b>PERFORMANCE REPORT AND UPDATE AGAINST THE 2020/21 STRATEGY IMPLEMENTATION PLAN</b></p> <p>The COO reported that some elective surgery has been maintained through the independent sector along with a small amount at QEHB. Solihull and QEHB theatres are should open early to mid-March in a phased plan and be fully up to speed by mid-April. The Trust is working with partner organisations across the region to get patients treated and dates confirmed for surgery where these can't be fulfilled by UHB.</p> <p>The Performance Update report was then presented by the DSQD.</p> <p>The Trust's operational performance continues to be significantly affected by pressure from attendances and admissions by patients with COVID-19. This reached a peak on 19 January when 141 patients presented with COVID-19 positive symptoms.</p> <p>A&amp;E performance fell to 59.3% in January with the average time spent in A&amp;E increasing by 30 minutes compared to December. There were eight 12 hour trolley waits over the month with five of these relating to delays in transferring patients out of</p>

the department due to the lack of an available non-Covid bed.

Ask A&E was used by 879 people during January, with a daily average of 28 users during the month. This was a 2.8% reduction in users compared to the previous month. Of these users, 395 (44.9%) were advised to use alternative providers rather than attend the hospital.

18 week referral to treatment performance fell 1.5pp in December to 63.4%. Cancellations of elective and outpatients appointments in response to COVID-19 continue to significantly affect current and future performance.

The number of patients who had waited longer than 52 weeks for treatment increased to 7,294. The total size of the RTT waiting list grew by 12.4% over the month to stand at 124,456 at month-end; there are now a third more patients waiting than in December 2019.

The 62 day GP cancer referral target increased 4.1pp to 39.0%. Both 31 day first treatment and subsequent surgery targets saw improvements in performance to 88.9% and 60.6% respectively.

Performance for the 2 week wait target for suspected cancer fell to 44.3%. There were 20.5% fewer patients seen on this pathway in December compared to November. Performance for patients with breast symptoms increased to 12.5%.

The majority of pathways continue to be affected by the limited capacity in diagnostics and elective theatres, although processes for clinical prioritisation and safety netting of patients that can be safely deferred remain in place.

Questions from Governors included:

Q: The COO was asked which wards are open at Solihull Hospital if elective surgery is on hold due to Covid-19?

A: The COO confirmed that the Trust had opened four wards for medical patients during January with some patients transferred from Heartlands and QEHB. Currently only one medical ward remains open at Solihull – the remaining patients on this ward should be discharged by the end of this week. This will then fit in line with the Theatre opening plans.

Q: How is the Trust mitigating for the shortage of surgeons when trying to reduce waiting lists? Where is the extra capacity going to come from to clear the backlogs?

A: The COO confirmed that surgeons are all incredibly eager to get back into Theatre. The Trust is working with partners across the region that can help provide complex treatment and plans are in place to make full use of theatre resources and ITU capacity. The Trust is also considering a bid for additional temporary theatres to be brought into Solihull Hospital, which would allow for the treatment of potentially 5000 theatre cases over the course of the next two years. Patients will be prioritised in order of clinical need.

Q: In these challenging times with performance indicators being negatively impacted what should Governors focus their attention on/look out for?

A: The COO suggested that Governors should focus on the matters that the patients are most concerned about and these tend to be A&E waiting times, 18 week referral to treatment times etc. – all things that the Trust is also monitored on externally.

Q: Is the Trust sustaining the two week wait for cancer referrals currently?

A: The DSQD confirmed that this target has been variable given the pandemic and the unprecedented situation we find ourselves in.

The DQSD then presented the update on performance of the 2020/21 Strategic Plan.

There have been a number of key national policy developments over the last quarter including NHSEI's proposals for Integrated Care Systems (ICS) and the Government White Paper. Changes will be made in funding with the transformation of Emergency Care models including a new set of seven access target measures to replace the four hour current target. The national planning round for 2021/22 has subsequently been postponed with the Operational Planning Guidance not being released in January 2021, as originally planned.

The key expectations are that the ICS will deliver collaboration for acute, mental health and ambulance providers, partnership working for primary, community care and local authorities as well as cost savings.

The Ockenden Review of Maternity Services was published on 11 December 2020. NHSEI have identified 12 clinical actions that must be taken by all Trusts providing maternity services.

PICS has now been implemented into Heartlands and Good Hope Hospitals and Windows 10 should be completely rolled out onto 90% of Trust devices shortly.

**RESOLVED:** to **ACCEPT** the report on performance and progress with the Strategy Implementation Plan.

**G20/69**

**FINANCE AND ACTIVITY REPORT – QUARTERLY UPDATE**

The CFO presented the quarterly report up to 31 December 2020.

Under the revised financial framework for the second half of 2020/21, the Trust has a plan deficit of (£20.5m).

The Trust has reported an overall I&E deficit of (£1.2m) for the year to date. This is £7.2m favourable to plan due largely to higher than anticipated variable income. Based on current performance, and further to system level discussions with NHSE&I, a re-forecast year end deficit of (£11.4m) was submitted at Month 8, improving on the previous plan position by £9.1m.

Year to date COVID-19 costs total (£115.2m) including (£46.6m) for the Nightingale Hospital. £67m relates to additional expenditure for internal response (PPE, additional staffing etc.) The balance relates to the vaccine and testing activities.

Capital expenditure of £37.2m has been incurred for the year to date – this is £13.4m below plan. Of this £6.3m slippage relates to the ADAD development at Heartlands with permission granted to move the funding for this into future financial years.

The cash balance at 31 December is £274.3m. The net increase in the balance sheet is due to the issue of a new public dividend to write off historical loans incurred by the former HoEFT prior to acquisition by merger.

The overall financial position has slightly improved by the impact of the second and third waves of the pandemic in terms of the knock on to elective work. Charts show clearly how much activity has reduced compared to the previous financial year.

Questions from Governors included:

One Governor wished to add confirmation that £2m of the ACAD project funding was coming from UHB Charities.

Q: As funding related to Covid-19 is expected to be absorbed by the Trust, how much of an impact will this have on winter pressures costs towards the end of 2021?

A: In the first half of the year, whatever we spent over our baseline funding on Covid costs or otherwise was reimbursed. In the second half of the year, systems were set

on allocation with the onus being on the system to manage the costs within the envelope. It is likely that the amount of money that has been allocated will cover costs and we should come within our forecast.

Q: With respect to the elected representatives scheme do we have an estimate of the financial penalties we may face for September?

A: The precise value is being finalised but we expect across BSol this to be in the region of £1.1 – £1.2m – of that the share that is attributable to UHB will be around £750k – we are expecting this to be transacted within the next two weeks. No penalties will apply beyond this due to the level of Covid patients that have remained in hospital over the remainder of the year.

Q: Did we get money just for Covid and will this continue as Covid is not going away?

A: The BSol system had an allocation for the second half of 2021 – current debate is on what the financial architecture will look like next year but it is highly likely the current regime will remain over the first half of next year. The big debate is what happens in Q2 or Q3 when they try and move us back into the previous system. This will be difficult as there will be on-going Covid-19 related expenditure and re-modelling of services has taken place with things not going back to how they were. There is no certainty about the longer term plan at present and we have not been given any information beyond the next quarter.

**RESOLVED: to RECEIVE the Finance and Activity Report**

**G20/70 APPOINTMENT OF EXTERNAL AUDITORS FROM 2021/22**

The Governors considered the report from the Chair of the Audit Committee in regards to the tender process for the provision of External Audit services for three years from 1 April 2021. This process has been progressed jointly with the Royal Orthopaedic Hospital NHS FT (ROH) with the intention to award a single contract to both Trusts. Only one bidder expressed an interest in providing these services, which was disappointing.

Following a robust assessment of the technical evaluation criteria and the commercial proposal against the framework ceiling prices the Audit Committee recommend awarding the contract to Deloitte LLP for a three year period with the option to extend for a further two 12 month periods up to a maximum contract term of 5 years. The Trust has worked with Deloitte previously and received a highly professional service.

The CFO confirmed that, given the scale and complex nature of the work required to audit a Trust the size of UHB, it would only be natural for one of the “big four” auditors to undertake this work. External audit work does not produce large margins and therefore is not attractive work in the audit sector. There is a lot of risk with additional rules and regulations along with potential fines for individual Partners. Two firms from the “big four” (PWC and E&Y do not currently have external audit practices in the Midlands. Owing to the rules around independence, KPMG could not bid for this work as they are still employed as the Trust’s Internal Auditors and a break would have had to be seen in this work.

Questions from Governors included:

Q: Why did the Trust jointly bid with RoH on this work?

A: The process was undertaken jointly with ROH as going forward with the Integrated Care System (ICS) approach the Trusts will collaborate on back office services. The Trust already provides procurement and payroll services to ROH and therefore harmonising the audit arrangements makes sense as both Trusts use the same



	<p>systems and controls and the overall cost is reduced.</p> <p><b>RESOLVED: to APPROVE the Appointment of Deloitte LLP as External Auditors from 1 April 2021.</b></p>
<b>G20/71</b>	<p><b>ANNUAL CYCLE OF BUSINESS FOR 2021/22</b></p> <p>The CLO presented the draft Annual Cycle of Business for 2021/22 for approval by the Governors. The Cycle is intended to capture those items which the Council of Governors can expect to receive over the course of the financial year to enable it to fulfil its purpose.</p> <p>In year amendments to the cycle may be necessary as the Trust reviews and develops its framework of assurance. The Chief Legal Officer shall propose such amendments to the Chair for her approval.</p> <p><b>RESOLVED: to APPROVE the Annual Cycle of Business for 2021/22.</b></p>
<b>G20/72</b>	<p><b>NED UPDATES</b></p> <p>The Chair confirmed that, with regard to Non-Executive Director (NED) accountability, the Governors had been given the opportunity earlier in the day to ask questions and discuss issues with all the NEDs in their half yearly Council of Governors/Non Executive Director meeting. NEDs are also asked to provide updates on an individual basis at Council of Governor meetings.</p> <p><u>Professor Michael Sheppard</u> began by confirming he had a background in medicine – as a Clinical Endocrinologist. He held both the roles of Professor and then Dean of Medicine at Birmingham University and had practiced as a clinician at QEHB. Michael became a Member of the Chief Executive Advisory Group at QEHB and then a NED at Birmingham Women’s and Children’s Hospital, then Heartlands and now UHB. He is Chair of the Organ Donation Committee and also a member of the Investment Committee at UHB.</p> <p>Michael is Chair of the Academic Health Science Network across the Midlands and is on the Board of Birmingham Health Partners.</p> <p>Michael confirmed that with regards to the upcoming transformation process he will support the senior team at UHB in every which way he can to help with the need to look at different ways of delivering health care with patients at the forefront.</p> <p><u>Ms Jane Garvey</u> confirmed that she started her career as a local radio presenter in Hereford and Worcester and then went to Radio 5 Live followed by 13 years presenting Women’s Hour on Radio 4.</p> <p>Jane is always happy to ask the awkward questions that sometimes seem obvious but no one asks. These sometimes lead to interesting conversations and outcomes. She believes that, following the Ockenden Report, she is looking to see a great improvement in maternity services generally across the country. Jane is looking forward to visiting as many areas of UHB as possible once things get back to normal post-Covid.</p> <p>Jane has signed up as a Volunteer at Charring Cross Hospital (her local hospital) and has already undertaken shifts in the staff vaccination clinic.</p> <p>The Chair thanked both NEDs for their many talents.</p>

	<p><b>RESOLVED: to RECEIVE the updates from the Non Executive Directors.</b></p>
<p><b>G20/73</b></p>	<p><b>NHS PROVIDERS – ELECTION FOR GOVERNOR ADVISORY COMMITTEE</b></p> <p>This item was presented by the Chair. The Governors had been sent the profile of all candidates in the forthcoming election to the Governors Advisory Committee for NHS Providers. UHB will cast a vote as a member of NHS Providers, any strong views or preferences should be sent to Sarah Snowden by Tuesday 16 March, these will then be collated for David Burbridge as Foundation Secretary to cast the vote on behalf of the Governors.</p> <p><b>RESOLVED: to APPROVE that the Chief Legal Officer in his capacity as Foundation Secretary should cast the vote on behalf of the Council of Governors in the NHS Providers forthcoming election for Governors on their Advisory Committee.</b></p>
<p><b>G20/57</b></p>	<p><b>GOVERNORS’ FEEDBACK</b></p> <p>The CLO confirmed receipt of questions from a number of Governors.</p> <p>Veronica Morgan asked: how many of our staff have passed away from Covid-19?</p> <p>The CN responded: In wave 1 we lost five colleagues. Subsequently in wave 3, we lost a further colleague to Covid-19. Four more colleagues have passed away but we are awaiting specific details to see if they are specifically Covid-related deaths. Teams have done different things in recognition of colleagues and we plan to do some tree planting and invite loved ones and families when possible to mark those losses.</p> <p>Bob Jasper asked: it was reported on BBC News on 29 February 2021 that a patient had died of Covid-19 in “Covid-19 free” cancer ward at QE – what actions are being taken about this?</p> <p>The CN responded: We need to remember that nowhere is 100% Covid-free – it is prevalent in our communities and across the trust and we have had the faster spreading version since late November. All the things we do are around risk mitigation – but you cannot make anywhere completely Covid-free. Testing and shielding are never 100% effective and people carry Covid-19 but are asymptomatic. One of the benefits at QEHB is that we have more side rooms than in most hospitals but there is no zero risk. The Trust established a green pathway which involves the patient shielding for 2 weeks prior to transplant and then have two negative tests prior to admission and then managed in a side room. The patient must weigh the small risk of acquiring Covid-19 against not having the transplant. Throughout the year we have managed 174 patients through the pathway with one patient death. Feedback from the family of the patient involved described the team as giving exemplary care.</p> <p>Lee Williams: Are the figures reported in the press of 1,000 UHB acquired cases correct?</p> <p>The CN responded: this is not a number she recognises - the Trust has been benchmarked nationally and we are in the lower half nationally of acute trusts for transmission between patients. However, it is difficult as we have to bring in people who are already vulnerable in order to treat them in close quarters. The work staff do with compliance with PPE and managing social distancing is really good given how contagious Covid-19 is.</p> <p>The Chair confirmed that Simon Ball had presented comparative figures on Covid-19 at BoD earlier this afternoon and this showed that UHB has dealt with a considerable amount of Covid-19 cases over and above any equivalent trust. This context has not</p>

	<p>been mentioned by inspectors or the media when reporting some of the things that have happened within the Trust.</p> <p>Lee Williams and Veronica Morgan: please explain the re-implementation of charging for staff car parking at a time when Government ministers are claiming that they have implemented free parking for staff and they have given the NHS money in order to do this?</p> <p>The DoC responded: the Trust has re-introduced car parking charges for staff as have many Trusts across England. The main reason is around fairness as a significant number of staff use public transport and this is no longer free. Those members of staff that drive tend to earn more than those that use public transport. Ministers acknowledged that it was down to individual trusts whether they implement the free parking. As far as funding is concerned there are a lot of things that are not fully funded and money should be focussed on patient care. The Trust is planning for some mandatory guidance on offering free car parking for those with disabilities, frequent outpatient attenders, parents with children staying over night and staff working night shifts – we thought this would come into effect in January but we have not heard anything yet.</p> <p>Isabelle Szmigin (Stakeholder Governor) commented that she didn't believe the Trust should assume that people who drive are necessary economically better off than those that use public transport. The Chair responded that this may be true when looking at an individual but not as a cohort.</p> <p>The Chair then asked the CEO to provide an update on the Porterage dispute at Heartlands</p> <p>The CEO responded: The Chair has produced a letter to MPs which will be distributed in due course. All the individuals involved in the dispute have now agreed with the Trust and it's largely about context. We have had to change and will continue to have to change in the future and very few people are doing the same job in the same way they were a year ago. No one wants individuals to feel unhappy with the way an employer is treating them and the Trust has carried out individual negotiations that have been successful. We have had to ask 22,000 staff to change what they do dramatically in relation to Covid-19 with consultant surgeons working as nursing auxiliaries in ITU as an example. The process concerning the porters has been long and comprehensive through ACAS and the DoW can answer specific questions should that be required.</p> <p>The Chair confirmed that Lee Williams has circulated his update on the position to Governors. Once she has circulated her letter to MPs, if there is anything he wants to add to this, he should do that then.</p>
<p><b>G20/58</b></p>	<p><b>ANY OTHER BUSINESS</b></p> <p>No other business was reported.</p> <p>[The public, Non Executive Directors and Executive Directors all then left the meeting].</p>
<p><b>G20/59</b></p>	<p><b>PRIVATE (STAFF – CONFIDENTIAL) SECTION</b></p> <p><b>RE-APPOINTMENT OF NON-EXECUTIVE DIRECTORS</b></p> <p>The Governors considered the report presented by the Chair who explained that the terms of appointment of five of the current Non-Executive Directors will expire at the end of April 2021.</p> <p>Following meetings of the Executive Nomination and Remuneration Committee</p>

(EARC) and the Council of Governors Nomination and Remuneration Committee (CoG Nom Rem) where consideration had been given to the balance of skills and effectiveness of the Board, it had been agreed that all five NEDs should be recommended for re-appointment for a further term of three years. It was also confirmed that each has received a satisfactory annual performance appraisal.

Members of the CoG Nom Rem confirmed that they had sought and received reassurance that national guidance was being followed and that the Non-Executive Directors named all made valuable contributions along with retaining their independence and willingness to challenge when required.

There was discussion regarding the steps taken by the Committee to test the issue of whether there were gaps in the competences of the NEDs. The Chair reported that the Committee had debated the re-appointments thoroughly, and had fully considered the range of particular expertise that NHS Governance demands, including accountancy, clinical and legal backgrounds etc. The networking contacts that each NED can bring to the organisation were also considered.

In response to a question as to what experience exists within the Board of large scale workforce planning, the Chair said that at least 2 members of the Non-Executive Directors have direct experience of this. Both Harry Reilly and Debu Purkayastha have operated in large companies and been responsible for large transformations and workforce planning.

The diversity of the Board has also been considered by the EARC – as in all appointments.

The Chair thanked the CoG Nominations and Remunerations Committee for their consideration.

**RESOLVED: to APPROVE the appointment of Michael Sheppard, Karen Kneller, Jackie Hendley, Jon Glasby and Mehrunnisa Lalani as Non-Executive Directors for a further term of three years from 1 May 2021.**

<b>G20/60</b>	<p><b>Date of Next Meeting</b></p> <p>Thursday 27 May 2021 - 4.30 p.m. – 6.30 p.m. (TBC)</p> <p>(Pre-meeting 4.00 pm – 4.30 pm)</p> <p>Virtual meeting</p>
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**Chair**

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**Date**