University Hospitals Birmingham NHS
NHS Foundation Trust

COUNCIL OF GOVERNORS

Minutes of the Public Meeting of Thursday 20 May 2021
2.00 p.m. – 4.00 p.m
Via MS Teams

Present:

Rt Hon Jacqui Smith	Chair
Ms Aisha Abdul-Latif	Public Governor, Birmingham Central
Mr Stan Baldwin	Public Governor, Solihull & Meriden
Mrs Kath Bell	Public Governor, Rest of England & Wales
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 Insch 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
Cllr Martin McCarthy	Stakeholder Governor, Solihull MBC
Mrs Anne McGeever	Public Governor, Solihull & Meriden
Mrs Veronica Morgan	Staff Governor, Nursing
Ms Elizabeth Parry	Public Governor, Sutton Coldfield South
Mrs Deborah Porter	Public Governor, Lichfield Northwest & Northeast
Dr Semira Manaseki-Holland	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:

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)
Ms Margaret Garbett	Interim Chief Nurse	(ICN)
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)
Mr Julian Miller	Chief Financial Officer	(CFO)
Mr Debu Purkayastha	Non Executive Director	

Mr Harry Reilly	Non-Executive Director, Deputy Chair and Chair of the Investment Committee	
Dr David Rosser	Chief Executive	(CEO)
Ms Cathi Shovlin	Director of Workforce	(DoW)
Ms Sarah Snowden	Corporate Affairs & Governor Liaison Officer	(SS)

G21/01	**Welcome and Apologies for Absence** The Chair welcomed everyone to the meeting. Apologies for absence were received from the following Governors: Mrs Bernadette Aucott, Mr Anthony D Cannon, Ms Anne Devrell, Prof Carol Doyle, Ms Jayne Robbie and Colonel Timothy Steele. Apologies for absence were received from the following NEDs and members of Staff: Ms Catriona McMahon (NED), Ms Lisa Stalley-Green (Chief Nurse) (represented by Margaret Garbett), Prof Michael Sheppard (NED) and Ms Cherry West (Chief Transformation Officer). The Chair welcomed two new stakeholder Governors to their first meeting at UHB: Dr Semira Manaseki-Holland for the University of Birmingham and Cllr Martin McCarthy for Solihull Metropolitan Borough Council.
G21/02	**QUORUM** The Chair noted that a quorum was present and, accordingly, the meeting could proceed to business.
G21/03	**DECLARATIONS OF CONFLICT OF INTERESTS** No conflicts of interest were declared.
G21/04	**Matter addressed by the CEO** The CEO could only attend for a short time. He addressed the following question, that would normally be dealt with under Governor Feedback at the end of the meeting: Has the go-ahead for Arden Cross been confirmed yet? And will this have a bearing on the future of the Solihull hospital site, as per the question I asked six months or so ago which garnered the reply of 'no current plans' for closing/changing etc.? Arden Cross, is a proposed new development with 3,000 homes near the High Speed Two interchange station in the borough of Solihull, close to the NEC and airport. Politicians from various parties have stated their support for there to be a healthcare facility included in the scheme. San Ting Gilmartin is in attendance to provide further information later in the agenda. It is likely that a first phase, planned to be built between 2022 and 2025, would see the creation of a diagnostic community hub and short stay facility, providing ambulatory care and diagnostic services. A second stage, proposed to be completed between 2025 and 2028, would potentially involve the creation of a hospital and health campus. However, we are in the scoping phase, no plans have been fully developed and funding has not yet been agreed. Nevertheless, it does present an opportunity to

	address the long-standing issues presented by the Trust's aging estate in the east of Birmingham, as most recently exemplified by the problems with rats in Heartlands Hospital, and so the Trust has commenced planning work on this project. It is too early to say whether the project will go ahead and, therefore, identify the impact on current sites. However, it is very unlikely that some form of healthcare provision will not remain on the present sites. [The CEO left the meeting]
G21/05	**MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS** Minutes of the Meeting of the Council of Governors 25 February 2021 were considered. It was requested the fourth row on page 8 be changed to read "Elective Recovery Scheme" the Minutes were then agreed as an accurate and true record. **RESOLVED:** to **APPROVE** the Minutes of the Meeting on 25 February 2021 with the changes above.
G21/06	**MATTERS ARISING FROM THE MINUTES** There were no matters arising.
G21/07	**CHAIR'S REPORT** The Chair asked the COO to update the Council of Governors on a matter that had been reported on in that day's Birmingham Mail. The COO confirmed that the Trust is currently dealing with a rat infestation in Ward 3 (Renal) at Heartlands Hospital. This is a 32 bed ward and all patients have today been transferred out of the ward with other wards having to be reconfigured to accommodate them. This will allow contractors and the estates team to access the area and deal with the problem at source. It was to be noted that the infrastructure of parts of the Heartlands site – especially the tower block provides challenges owing to the age of the building. Comments raised by Governors included: Can this matter be properly resolved – it was raised some weeks ago now? The COO confirmed that the pest control company and the Trust's estates team have been working with the issue for a couple of weeks and it had been hoped not to have to empty the ward. Now the ward is empty he felt confident the matter would be resolved quickly. A Stakeholder Governor commented that there was currently a significant rodent problem across all of Birmingham owing to the large number of people that are eating and drinking outdoors. **RESOLVED:** to **RECEIVE** the Chair's report.

G21/08	**NEW HOSPITAL PROJECT IN EAST BIRMINGHAM – UPDATE ON CURRENT STATUS** An update on the current status of the New Hospital Project in East Birmingham was provided by San Ting Gilmartin, Director of Capital Planning and Development. During the mayoral pre-election period mention of a potential future health campus located on the eastern side of Birmingham was raised. Matters are at an early stage where the outcomes of any potential investment are being considered. Liaison has taken place with several stakeholders including Birmingham City Council, the Combined Authority, the ICS and BSOL around what the outcomes would be regarding such an investment and whether a joint working approach across Birmingham and Solihull will provide a better outcome. Matters to consider include the wider deprivation and economic challenges that exist within East Birmingham where five wards have 54% unemployed. Thought is being given to the resources needed to create a project team and how partnership working would evolve. A map showing the deprivation rate for Birmingham and Solihull was shown which was then overlaid with the key transport links and then the population numbers. Focus is on how resources can be combined to change the deprivation in the future. The Chair added that a lot of interest had been shown in the potential new facility with cross party support during the mayoral campaign for a new health campus. Questions and comments from Governors included: Q: Much work had been done on the comprehensive analysis with Birmingham and Solihull, but could South Staffordshire also be included in the consultation process? A: This point was received and noted. The Chair clarified that the background to the potential project was for the building of a large hospital similar in size to the QE and offering the same specialities with a particular focus on transformation of services and delivery. The first phase would be a traditional approach providing increased capacity in diagnostics but with a view to developing this into a more specialist hospital which would attract other industry and research units. These would link in with economic regeneration including housing alongside the development of HS2 as well as the benefits of the close airport connection. The idea and work was applauded by the Governors. **RESOLVED:** to **RECEIVE** the update on the New Hospital Project in East Birmingham
G21/09	**PATIENT CARE QUALITY - QUARTERLY REPORT TO INCLUDE INFECTION CONTROL UPDATE** The quarterly report was presented by Margaret Garbett, Interim Chief Nurse. The Trust has received over 13,772 cases of COVID-19 cases since the beginning of the pandemic – the largest number than any other Trust. This peaked in January 2021 with 1067 inpatients 165 patients on Critical Care. Focus is now on the recovery strategy and oversight of the implications of the pandemic. A sustained reduction in MRSA and C.difficile cases continues to be seen with a robust infection control strategy in place. Complaints have increased by 22.3% in March 2021, the greatest proportion of which is related to Emergency Medicine, Acute and Short Stay Medicine and Healthcare for Older People. Consistent themes are seen around communication, staff attitude and

	delays in clinical treatment. In relation to tissue viability the Trust has had two Category 4 Trust apportioned pressure ulcers in this period which is very unusual. These are reviewed through a root cause analysis (RCA) process and relates to one patient in February with on-going health issues and deterioration of mobility along with a number of comorbidities. The patient did not want to participate in some of the care the Trust would have provided and paperwork has been completed in support of this. The second case in March is still under review. The team have been working extensively in the redeployment within ITU receiving lots of training and education when patients are intubated and/or ventilated. Falls rates continue to reduce with a number of initiatives being undertaken. An increase has been seen in the number of compliments received Trust-wide. As part of the patient experience initiatives – "parcels for patients" and "letters to loved ones" had been introduced during the pandemic in order to connect patients to their loved ones whilst visiting has been restricted. This week the Trust had a CQC engagement and these initiatives were commended during the meeting. Questions from Governors included: Q: In relation to Infection Control relating to COVID-19, how did mixed economy wards arise? A: The ICN confirmed that this was seen at the beginning and the end of the pandemic waves when COVID-19 numbers are low. Capacity must be balanced as one ward cannot just be kept empty for positive cases. Side rooms are used for isolation but as the numbers increase it becomes a case of isolating both negative and positive patients within one ward and ensuring staff are very diligent with PPE etc. Q: Could more information be provided on complaint handling? A: The deterioration in response rates to complaints is due to staff re-deployment in relation to the pandemic. An early reaction to the complainant often resolves the matter so Matrons in the areas relating to the complaints have been asked to telephone the individuals and have a compassionate conversation regarding the issue rather than spend more time later writing lengthy reports which still may not address the problem. This has been working well and the Trust is seeing an improvement in the response rates already. A number of initiatives have been introduced to reduce the anxiety associated with making a complaint when communication with wards has been difficult with blocked lines etc. especially during the first wave of the pandemic. Family liaison teams were set up in areas such as Intensive Care which worked well but many staff were redeployed in the second wave which led to communication problems. **RESOLVED:** to **RECEIVE** the Patient Care Quality Quarterly Report
G21/10	**EXTRAORDINARY REPORT ON TRUST PERFORMANCE DURING COVID19 PANDEMIC AND RECOVERY OF SERVICES** This report was presented by the COO. This is a special report bringing together the impact of COVID-19 on the Trust and its' capacity and on waiting lists for patients while also looking at the range of activities and actions the Trust is taking to help to recover these services and reduce the waiting lists. The impact on the services across UHB and across the whole system has been immense owing to the response the teams have had to provide to deal with the emergency have been monumental. All staff have been required to do things they

	wouldn't normally do and work in other areas in order to care for patients. Whilst dealing with the response to the pandemic the Trust has led on a number of regional, system level matters including the building of the Nightingale Hospital at the NEC, being the lead provider for the Vaccination Programme across BSOL, and making rapid progress with digital transformation of patient care. The effect of the pandemic has not been equitable across the whole of the country with our region and therefore our Trust has been adversely affected in responding to the numbers of patients with COVID-19. This is not necessarily reflective of the infrastructure and resources set out by NHSE in order to support recovery. The Trust was unsuccessful in its bid to be one of the systems to access Accelerator Funding and furthermore access to the Elective Recovery Fund is also unlikely to be achieved based on the levels of activity that the Trust can deliver. As a board we have to find a way to address this in order to not delay recovery or worsen the health inequalities that already exist within the area. Recovery planning started once the new COVIC-19 admission numbers started to plateau and whilst UHB may not have recovered services as quickly as some other Trusts due to their starting position, the Trust has got back to approximately 70% of theatre capacity and delivering around 80% of outpatient and diagnostic work. This is just getting back to pre-Covid levels without dealing with the backlog of patients. Two new vanguard theatres have been delivered at Solihull – these will open within the month. International recruitment for nurses from overseas for deployment in ITU and Theatres has commenced along with other staff posts. Questions and comments from Governors included: Q: An informed source from outside the Trust had stated to one Governor that whilst activity at Solihull was increasing exponentially; things were predicted to stay the same level at Heartlands and Good Hope? A: The COO responded that based on the current plan Heartlands will not have elective operating back on site. The way that the hospitals have been reconfigured, elective operating will be provided at Solihull and areas of the QE that are free from the implications of managing emergency pathways and will therefore be protected. This will allow theatres to treat elective patients in higher numbers without the fear of cancellation due to lack of beds or lack of ITU. There are also plans to increase capacity further – these plans are presently being developed. The Chair added that the point of a single Trust is not to create competition between the different sites but to help in coherence of capacity that can be organised across all four sites. Q: Is the experience of COVID-19 going to lead to longer term changes in the way services are delivered? A: The Advice and Guidance service has generated a lot of benefits for GPs, patients and secondary care specialists. The Lead Clinician on this work is Dr Clara Day, a Consultant Nephrologist, who is asked to speak nationally to other organisations and health physicians about how they can do the same. It's an important step especially when tied in to the digital transformation work UHB is undertaking. The interface of managing patients without the reliance on a face to face meeting and the digital technology that was put in place to support this process during the pandemic would be hugely beneficial in the future and will avoid long waiting lists. Q: UHB has a much longer waiting list in comparison to other large teaching hospitals where it is understood things have been done very differently during the pandemic

even when taking into account complexities and case mix. Has the Trust asked other Trusts to help "mop up" some of its elective work? What three things would the Trust have done differently – especially in light of a possible third wave in the autumn?

A: The COO responded that the charts included in the Extraordinary Report reflect the disproportionate impact of the pandemic across Birmingham and even when this is adjusted for bed numbers etc. UHB is still a more significantly affected organisation and has therefore had to take different measures to other organisations to cope. The Trust is well connected with other Trusts and NHSE and good practice is shared.

In regards to what might have been done differently, decisions on which services were more critical than others, and which might have sacrificed more activity, might have been considered differently, but making these assessments in a considered way was difficult at the time when matters where moving at such pace. The Trust now has much more knowledge and learning with greater resilience in place and will be able to continue for longer before cancelling activities should there be another surge.

Q: In the Advice and Guidance section of the paper it is noted that GPs, consultants and patients are happy with the new system where they can ask for advice and guidance – is this an assumption or are there figures relating to it?

A: The COO responded that whilst there is not 100% satisfaction from GPs and consultants, there is a broad support and willingness from colleagues in primary care to expand upon it. GP engagement events over the last year have fed back that this is what patients want. Currently there are 100,000 patients waiting for a first outpatient appointment, and many more on follow up pathways. To be added to the back of these queues rather than be managed by advice from the specialist and passed back to the GP and managed more locally is obviously more beneficial for everyone.

The DoC then updated the Governors on how the Trust was communicating with patients on the speed of recovery.

All patients awaiting elective surgery will be sent letters from the start of next week – the content has been worked on with Healthwatch and whilst assurance will be given in a compassionate form to each patient, individual operating dates cannot be committed to. The patient will be offered the option of contacting a mini information hub if they believe their condition has deteriorated significantly. The hub will provide individual feedback on care, triage the patient and if necessary refer them back into the clinical speciality. PALS have been briefed and the Trust is working closely with primary care on this work, holding regular meetings with GPs.

In some specialties (paediatrics and maxillofacial initially) a health status check will be rolled out where individuals are asked specific questions and if statistics have deteriorated then clinicians will make contact and reassess. This has already worked well at the Children's Hospital.

Fortnightly stakeholder briefings are sent out (to MP's, Healthwatch etc) and a weekly recovery webinar is held on the whole system with the CEO, COO, ICN and other members of the Executive Team.

In addition a webinar will take place next week for Trust members which will cover the points made in the Extraordinary paper included in this meeting.

The DoC emphasised that the Trust is communicating as much as possible wherever it can and this should help manage expectations.

Questions and comments from Governors included:

Q: there is a lot of noise on social media about waiting times from whistle-blowers and campaigners – does this strategy seek to address this?

A: the Trust monitors social media, however some of the content is difficult to counter

	due to it being complex and there's just no easy answer. **RESOLVED:** to **ACCEPT** the Extraordinary Report on Trust Performance during the COVID19 Pandemic and Recovery of Services
G21/11	**2021/22 STRATEGY IMPLEMENTATION PLAN AND REVIEW OF 2020/21 PLAN** The report, presented by the Director of Strategy & Quality Development, provides an update on last year's plan and proposals for 2021/22 plan. The Queen's Speech on 11 May 2021 set out plans for a health and care bill, to enact structural changes to the NHS set out by the Government, including placing Integrated Care Systems on a statutory footing, and giving ministers more power over the health service in England. As well as a pledge to tackle obesity, proposals on reforms to social care will be brought forward in 2021. On 18 March 2021, the government announced an additional £7 billion of funding including £1 billion to address the backlogs that have built up in elective services and it is clear that the "catch-up" programme will be a significant focus for the Government going forward. The six main priorities of NHS England & Improvement (NHSEI) are outlined in the paper. Sir Simon Stevens, the CEO of the NHSEI has announced he will be retiring at the end of July 2021. Whoever is appointed as his replacement will have a profound effect on the future of the NHS as a whole. The proposed plan for this year is shown in Appendix A and identifies the 20 strategic objectives and the key deliverables for those objectives. As with previous years the plan will be reviewed and updated on a quarterly basis. An update on last year's plan is shown in Appendix C – where key priorities have not been delivered due to the pandemic they have been carried over into the 2021/22 plan. Questions and comments from Governors included: Q: Accessibility of services – not all Trust sites are easily accessible by public transport and drivers face car parking challenges on some of the sites. A: The DSQD confirmed that these issues should be addressed by the digital transformation and models of healthcare the Trust will be providing in the future along with the work already outlined by San Ting Gilmartin where healthcare is going to be provided on a more local basis within communities with consideration given to existing transport maps. Q: Within the section on the Trust's international partnerships regarding work with Saudi and Kuwait are there figures available on the male/female split of professionals coming from these countries? A: The CWIO responded that this work is at an early stage, currently there are 5 people from Saudi working with us all of whom are male but the Trust expects this to change as the project embeds over the next 18 months and further data on this will be shared. **RESOLVED:** to **RECEIVE** the 2021/22 Strategy Implementation Plan and Review of 2020/21 Plan
G21/12	**QUALITY ACCOUNT PRIORITIES FOR 2021/22** This report was presented by Imogen Acton, Head of Quality Development.

	The Trust is required to produce an Annual Quality Report by the end of June and agree at least three priorities for improvement that are trust wide. Priorities have been discussed at the Care Quality Group and the Clinical Monitoring Group and will be approved by the Council of Governors and the Board of Directors in June. Topics have been chosen where they affect a large number of patients or staff. They are usually based on incident data and focused on clinical effectiveness safety or patient experience. They should be measurable, multi-disciplinary and build on the quality improvement work already underway at the Trust. The six proposed priorities for 2021/22 are: • Freedom to Speak Up • Reducing hospital-associated thrombosis (blood clots) • Improving ward rounds • Improving diabetes care • Improving nutrition and hydration • Improving the safety of invasive procedures. It was agreed that the slides would be distributed to the Governors inviting comments to be fed back over the next two weeks. Questions and comments from Governors included: Q: How were these priorities identified and were any identified through mortality reviews that are statutory at present? A: The HQD confirmed that the Quality Account always has a report on mortality including national and local measures. The priorities here have been selected as some patients have not had the best care or died as a result of a blood clot. **RESOLVED:** to **REVIEW** the Quality Account Priorities for 2021/22 and feed back any comments to the Head of Quality Development.
G21/13	**FINANCE AND ACTIVITY REPORT – QUARTERLY UPDATE** This report was presented by the Chief Financial Officer. Under the financial framework for the second half of 2020/21, the Trust had a planned deficit of (£20.5m) but has reported an overall I&E surplus of £13.7m for the year. The reason for this improvement is the late release of additional unexpected central funding income of £104.7m in March. This helped cover losses in private patient income, car parking and catering. Year to date COVID-19 costs total (£134.6m) including (£47.4m) for the opening, hibernation and decommissioning of the Nightingale Hospital. Around (£5.5m) relates to the centrally funded vaccine and testing programmes and the remaining (£80m) relates to the internal response needed across the Trust for infection prevention and control, additional staffing etc. The cash balance has increased and is £210.8m as at 31 March 2021. A reduction in borrowing was seen in relation to the issue of new public dividend capital or equity which replaced some of the historical debt that related to loans taken out by HEFT in its last year of trading. Capital expenditure was £89.1m for the year with significant investment having been made in the Trusts' estates and equipment – of this around £15m relates to the ACAD at Heartlands. There are around £8.1m of donated assets which include the centrally procured ventilators and equipment during the pandemic.

	2021/22 will be significantly more challenging with the backlog of patients requiring treatment and the expectation that the Treasury will reduce the funding in the second half of the year as the Covid costs fall away. **RESOLVED: to RECEIVE** the Finance and Activity Report
G21/14	**PATIENT EXPERIENCE STRATEGY** This report was presented by the Interim Chief Nurse. The draft strategy is a culmination of development sessions that commenced prior to COVID and included input from staff, Governors and patients. It also takes into account regulatory and compliance requirements as well as what patients and relatives tell us matters to them via feedback and complaints. It is written in an easy to read format to enable both staff and patients to readily understand our patient experience ethos and direction. A full action plan will be developed to support the strategy implementation, the monitoring of which will be via the Patient Experience Group. The strategy focuses on four principles: practical patient experience, patient experience culture, supporting families and carers, and community together and includes Trust membership. Following approval of the Strategy there will be an action plan with regular updates to both the Board of Directors and the Council of Governors. Governors were invited to comment on the Strategy to the ICN by email following the meeting. **RESOLVED:** to **RECEIVE** the Patient Experience Strategy
G21/15	**NON-EXECUTIVE DIRECTOR SECTION** Two Non-Executive Directors gave an update to the Governors on their background and roles within the Trust. <u>Ms Mehrunnisa Lalani</u> Mehrunnisa introduced herself and explained that she had a background in social care where she had worked in community mental health followed by work in the third sector followed by a range of organisations within the wider public sector. She currently works as a consultant helping organisations with transformation. Mehrunnisa was on the Heart of England Board during its final year, and, following the merger found the journey with UHB interesting in how the Trust has collectively brought about a more open culture. However she believes more needs doing in this area and therefore one of the key areas she is focussing on is the health and wellbeing of staff. The way the Trust treats staff has a direct impact on patient safety and care and she is pleased to see this reflected as one of the key priorities in the Quality Account. With regards to the Patient Experience Strategy she believes it is important to have patients who are not only passive recipients of care but as active partners in the design and delivery of care and taking responsibility for their own care. Mehrunnisa is now in her second term as a NED and she looks forward to working on some of the post pandemic challenges including how the Trust addresses inequalities in care. She is particularly excited about the potential health campus in the east of Birmingham. She thanked the Governors for bringing a fresh perspective to matters, the NED/CoG

	meetings are particularly helpful when she reflects on her role, and she considers the current Governors do not shy away from holding the NEDs to account. <u>Mr Debu Purkayastha</u> Debu introduced himself as the newest Board member having started with the Trust in June 2020. He was born and brought up in India and then moved around living in other countries including America. Debu focusses on three things in relation to the Board - all digitalisation initiatives, the legal aspects of finance and digital partnerships. His main job is working in venture capital where he invests in high growth technology companies around the world. He has previously worked in technology for Google and prior to that was an investment banker in America and then the UK. Debu lives in London with his wife and one daughter; his other daughter is at university. Questions and comments from Governors included: Q: With so many other lines of activity why was Debu attracted to come to the Trust? A: Debu responded that he had never worked in healthcare, but having a huge interest in digitalisation, he strongly believes the sector is ready and development has been accelerated by the pandemic. He had considered working with other Trusts but felt UHB was the right fit. **RESOLVED: to RECEIVE** the updates from the Non-Executive Directors
G21/16	**GOVERNORS' FEEDBACK** Two questions had been received by the CLO from Lee Williams, Staff Governor. Q: With the idea of nosocomial Covid very much in the public sphere, has the Trust set aside resources to deal with potential legal claims in the future, from access to records to legal engagement and potential settlements? A: The CLO clarified that "nosocomial" means an infection acquired in hospital or as a result of health care. Therefore this would relate to claims/potential claims from patients or the families of patients who believe they have suffered harm as a result of catching Covid-19 whilst they were in hospital. Whilst it is undeniably a fact that a number of patients have caught Covid-19 whilst they were in hospital that does not necessarily equate to that being as a result of negligence of the hospital. The CLO is unaware of any claims being made against this Trust in relation to this to date. The Trust has not identified specific resource to set aside because at present it does not know what the level of claims may be and if they arise there may be a central scheme to deal with them. In terms of cost of handling claims and potential settlements they will be covered by the NHS Resolution Clinical Negligence Scheme for Trusts. Q: It appears that the Trust is moving away from face-to-face interpreters to a telephone service provided by Word360. I'd argue that this impacts significantly on the patient experience for those non-English speaking service users whose difficult circumstances are moderated by a human face and continuity an on-the-ground interpreter can offer. Is the Trust moving in this direction and, if so, have the views of the local communities affected, particularly around the Heartlands site, been sought? A: The ICN responded, confirming that the Trust is not moving away from face to face interpreters – indeed 40% of this service is still being carried out face to face. All

	letters sent out to patients regarding their treatment state that the Trust provides an interpreter service. The Translation Service is managed by Neil Grogan, the Director of Patient Services, he is meeting with the suppliers next week to review usage and the languages most requested and to ensure the Trust is serving the public appropriately.
G21/17	**PUBLIC GOVERNOR ELECTIONS IN JUNE 2021** This Chair reported that Elections were currently underway in half of the public constituencies. This potentially means a change of Governors. The following Governors are not standing again at this election: • Dr Elspeth Insch OBE; • Mr Anthony Cannon; and • Prof Adam Layland The Chair thanked them for their time and service to the Council of Governors. The following Governors are standing again at this election: • Mrs Sandra Haynes MBE; • Mrs Maureen Haycock; • Mrs Kath Bell; • Mr Stan Baldwin; • Mrs Anne McGeever; and • Mr Derek Hoey The Chair wished them the best of luck along with all the other candidates in the Council of Governors elections. The Chair reminded everyone that the induction for newly elected Governors or newly appointed Stakeholder Governors will take place on Monday 5 July 2021.
G21/18	**ANY OTHER BUSINESS** No other business was reported.
G21/19	**DATE OF NEXT MEETING** Thursday 29 July 2021 - 4.00 p.m. – 6.30 p.m. Venue TBC: Rooms 7 & 8 Education Centre Heartlands Hospital and virtually via MS Teams **(Pre-meeting 4.00 pm – 4.30 pm)**

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Chair **Date**