

COUNCIL OF GOVERNORS

Minutes of the Meeting of Thursday 23 July 2020

4.30 p.m. – 6.30 p.m

BY VIDEO CONFERENCE

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
Dr Sue Balmer	Public Governor, Solihull & Meriden
Mrs Kath Bell	Public Governor, Rest of England & Wales
Mr Anthony D Cannon	Public Governor, Sutton Coldfield North
Prof Carol Doyle	Stakeholder Governor, Birmingham City University
Mr Keith Fielding	Public Governor, Birmingham East
Mr Albert Fletcher	Public Governor, Birmingham North
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
Mrs Phyl Higgins	Public Governor, Lichfield Northwest & Northeast
Mr Derek Hoey	Public Governor, Tamworth
Dr Elspeth Inch OBE	Public Governor, Birmingham West
Mr Adam Layland	Public Governor, Birmingham Reservoirs
Mrs Anne McGeever	Public Governor, Solihull & Meriden
Mrs Veronica Morgan	Staff Governor, Nursing & Midwifery
Ms Yvonne Murphy	Staff Governor, Nursing
Ms Elizabeth Parry	Public Governor, Sutton Coldfield South
Colonel Timothy Steele	Stakeholder Governor, RCDM
Ms Jayne Robbie	Staff Governor, Clinical Professions Allied to Healthcare
Mr Lee Williams	Staff Governor, Corporate & Support Services

In attendance:

Prof Simon Ball	Chief Medical Officer	(CMO)
Mr David Burbridge	Chief Legal Officer	(CLO)
Mr Mark Garrick	Director of Strategy and Quality Development	(DSQD)
Prof Jon Glasby	Non-Executive Director	
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 and Senior Independent Director	(NED/SID)
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 Lisa Stalley-Green	Chief Nurse	(CN)
Ms Cherry West	Chief Transformation Officer	(CTO)
Ms Hilary Fanning	Director of Research, Development & Innovation	
Ms Sarah Snowden	Corporate Affairs & Governor Liaison Officer	(SS)

G20/41	<p>Welcome and Apologies for Absence</p> <p>The Chair welcomed everyone to the meeting.</p> <p>Apologies for absence were received from the following Governors:</p> <p>Mr Gerry Moynihan – Public (Birmingham Heartlands)</p> <p>Dr Jattinder Khaira – Staff (Medical & Dentistry)</p> <p>Prof Isabelle Szmigin – Stakeholder (Birmingham University)</p> <p>Cllr Kate Wild – Stakeholder (Solihull Metropolitan Borough Council)</p> <p>Apologies for absence were received from the following members of Staff:</p> <p>Mr Kevin Bolger – Chief Workforce & International Officer</p> <p>Mr Jonathan Brotherton – Chief Operating Officer</p>
G20/42	<p>QUORUM</p> <p>The Chair noted that a quorum was present and, accordingly, the meeting could proceed to business.</p>
G20/43	<p>DECLARATIONS OF CONFLICT OF INTERESTS</p> <p>No conflicts of interest were declared.</p>
G20/44	<p>MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS</p> <p>The Minutes of the Meeting of the Council of Governors on 21 May 2020 were considered. Two requests for amendments had been submitted to the CLO from Kath Bell and Liz Parry and it was agreed that these would be incorporated into the final signed minutes. The Chair reminded the Governors that she should be copied into emails regarding matters such as this. The Minutes were then agreed as an accurate and true record.</p> <p>RESOLVED: to APPROVE the Minutes of the Meeting on 21 May 2020.</p>
G20/45	<p>MATTERS ARISING FROM THE MINUTES</p> <p>One governor raised the matter of the record of attendance of Governors which is circulated prior to the meetings. It shows that there is a very active core but a small group appear to hardly attend any meetings. He asked that assurance be given that poor attendance is addressed.</p> <p>The Chair assured the Governor that in line with the Trust constitution, if Governors do not attend meetings for a six month period without providing an adequate excuse then the Council of Governors can agree to remove them. The record allows Governors to</p>

	<p>prove accurately that their attendance has been good which is helpful when standing for re-election.</p> <p>With regards to co-opted Governors, the Trust reverts to the organisation that co-opted them which has been done previously.</p> <p>Another Governor raised a matter in relation to Ask A&E. They had previously been advised that the Trust had information regarding how many people had attended against the different types of advice they were given and asked that this be included in the Performance Report in future meetings.</p> <p>It was agreed with the DSQD that this would be included in future reports.</p>
<p>G20/46</p>	<p>CHAIR'S REPORT</p> <p>The Chair reported that a lot of activity in recent months has been around the stakeholder management and handling of the Covid crisis. Regular updates continue with MPs and other stakeholders.</p> <p>Every fortnight the Chair takes part in a phone call with other Trust Chairs and NHSE/I where updates are given on general issues of concern. Matters covered have included testing and the targets related to this and whether there is too much focus on gathering information from Trusts rather than just letting them focus on the service. Issues around how successfully PPE has been provided have also been covered.</p> <p>The Chair is also a member of the Chair's Advisory Group for NHSE/I which was previously convened by Baroness Dido Harding, who is now leading on the Test and Trace Project. This is a useful forum for getting messages across.</p> <p>The Chair has been asked to take part in a working group linked to the regional work of getting services back up and running again.</p> <p>Lord Bethell, the Minister of Innovation at the Department of Health and Social Care, has been in contact with the Chair in relation to how a large and successful Trust has responded to Covid. Feedback has been provided by the Chair and the CWIO which has been of interest at a national level.</p> <p>The Chair was pleased to report that on 5 July, the birthday of the NHS, she recorded a thank you message to all staff on behalf of the leadership of the Trust.</p> <p>RESOLVED: to RECEIVE the Chair's report.</p>
<p>G20/47</p>	<p>CARE QUALITY REPORT</p> <p>The quarterly report including an Infection Control update was presented by the Chief Nurse.</p> <p>During Q1 significant changes were made to focus service resources on managing phase 1 of the pandemic. The Trust has cared for more than 3,500 Covid-19 patients to date which is the highest of any UK trust.</p> <p>A new profile of harm has emerged from the Covid-19 caseload with younger patients experiencing falls due to hypoxia. Device related pressure damage has also been seen in those nursed for prolonged periods in Intensive Care with learning around how lines can be better arranged.</p> <p>Weekly Covid-19 outbreak meetings have been held, a small outbreak was reported at GHH yesterday which is part of the Trust's poorest estate where fewer side rooms are available. Staff are working to understand how conditions can be improved and findings will be reported to NHSEI.</p> <p>Fewer complaints have been received this quarter and response rates have been reduced in line with national recommendations to allow for focus on care. Visiting has</p>

been maintained for only the most vulnerable groups with a Visiting Monitoring Group now in place to ensure sites are as safe as possible. Consideration is being given to how the Trust can better facilitate visiting given any further surges of Covid-19.

No Trust apportioned MRSA bacteraemia has been identified during Q1 and only 39 trust apportioned Clostridium difficile cases have been identified which is below trajectory.

A total of 356 compliments have been received during the quarter and the Friends and Family Test has seen an increasing level of positive recommendations for the Emergency Department which rose to 89% in May.

Questions from Governors included:

- Concerns regarding the hand sanitisation station in Outpatients at QEHB – could more space be provided between the pumps and could they be foot operated or automatic to reduce the need for contact?
The CN confirmed that she would take this matter up with Karen Johnson, Director of Facilities.
- Concerns regarding some patients who leave the building to meet outside with family members in cars, thereby exposing themselves, other patients and staff to Covid-19.
The CN agreed that this was unacceptable behaviour and has already asked staff to raise these issues in order to maintain a safe environment.
- Clarification on the nursing model used to assess pressure ulcers
The CN confirmed that pressure damage largely affects End of Life patients where pressure created by sitting or lying in a position for a long period coupled with moist and/or frail skin causes harm.

RESOLVED: to **RECEIVE** the Care Quality Report

G20/48 PERFORMANCE REPORT AND Q1 UPDATE AGAINST THE 2020/21 STRATEGY IMPLEMENTATION PLAN

This report was presented by the Director of Strategy & Quality Development. An apology was made in relation to an error on the cover sheet of the report.

A&E 4 Hour Waits

Compared to June 2019, attendances were 29.6% lower in the Trust and nationally fell by a third due to Covid-19. Internal performance improved to 90.6% in June and was 22.1pp higher than in June 2019.

A&E performance at Heartlands and Queen Elizabeth improved. This is the highest performance for the Heartlands A&E in the last 4 years.

Current performance for July month to date is 90% with increasing numbers of patients attending A&E in the last week.

Ask A&E experienced a drop in users of 32% in June compared to May. Of those using the app 62.9% were advised to use alternative providers rather than attend hospital.

RTT 18 Week Incomplete Pathways and Waiting List

All specialities had a deterioration in performance with overall performance at 61.5% against national performance of 62.2%

Cancellations of elective and outpatient appointments in response to Covid-19

continue to significantly affect current and future performance. A new clinical prioritisation process is in place with weekly meetings to ensure prioritisation of treatment to those who most urgently need it with limited surgical capacity available.

As the number of referrals from Primary Care increases, work is being undertaken with the CCG and NHSE/I to manage this work. Some patients will be treated differently with medical management rather than surgical options.

Cancer Targets

Performance for both Cancer 62 day GP referral and screening standards fell to 45.1% and 55.6%. National performance followed a similar trend. The 31 day first treatment improved to 91.3% whilst subsequent surgery improved to 95.9% with the performance above the national target. Elective capacity is now opening back up, albeit at reduced levels, with cancer patients making up the majority of the high priority elective surgery cohort.

Strategy Implementation Plan 2020/21

A review of Strategy Implementation Plan for quarter 1 of 2020/21 has been undertaken.

This review has focused on the impact by COVID 19.

Key developments are outlined in section 7.2 identifying changes in priority of projects.

These priority projects have been grouped into 4 main themes:

1. transformation of services,
2. workforce
3. digital
4. research and innovation.

Questions from Governors included:

- At some stage in the future is it going to be mandatory to complete details on an Ask A&E terminal? Earlier references to this had stated this would not be the case.

The DSQD responded that two new national projects had been implemented called "Think 111" and "Talk before you walk". Consideration has been given to providing support to people using the registration process, the areas will be staffed with people to help patients who can't engage with the kiosk directly, in a similar way to those found at airport check ins etc.

- With regards to the Ask A&E outcomes, why were 13% of users not given advice?

The DSQD responded that patients using the app sometimes give conflicting information which results in a "discharge method" where the App can't conclude with directing the individual to an appropriate service.

- Can confirmation be provided that no one will be denied access to A&E with the use of Ask A&E?

The CE responded that anyone who was acutely ill would be admitted, however the App would hopefully prevent non time-critical cases coming to A&E for advice and direct those individual elsewhere.

- A query was made in relation to paragraph 3.1 and more clarity was asked for in relation to the RTT tracking list and work undertaken "at a system level, to allow greater sharing of demand and capacity across system footprints".

The DSQD responded that this related to the Birmingham, Solihull and South

	<p>Staffordshire acute organisations where a flexible approach had been adopted on the use of resources across the acute organisations.</p> <ul style="list-style-type: none"> • What is the main area of concern of performance? The DSQD responded that this would be maintaining flow through the Front Door, balancing acute emergency care whilst bringing elective services and cancer services back on line. • How many wards are still closed due to Covid? The DSQD responded that at present, seven wards were closed across all Trust sites. <p>RESOLVED: to ACCEPT the report on performance and progress with the Strategy Implementation Plan.</p>
<p>G20/49</p>	<p>FINANCE AND ACTIVITY REPORT – QUARTERLY UPDATE</p> <p>The CFO presented the quarterly report up to 30 June 2020.</p> <p>NHSE&I introduced a range of measures at the start of the pandemic to reduce the burden on providers allowing them to concentrate operational effort on the Covid-19 response. Payment by results has been suspended and replaced with a nationally determined block contract and further retrospective top up payment to bring all providers to break even. The Trust has received one of the largest top-up funding payments nationally with £81.3m being paid towards the pandemic costs in Q1, although £52.1m of this relates to the Nightingale Hospital at the NEC. Including this payment the Trust has broken even for the period, although activity has been significantly below previous levels.</p> <p>An additional mandate payment was made in April so the Trust has received 4 months of income in the first quarter which puts the Trust in a strong cash position.</p> <p>At the end of June 2020, the value of unpaid debtor invoices stood at £17.3m. This includes £3.3m owed by NHS Commissioners, £6.7m for services provided to other NHS Trusts and £7.3m owed from overseas visitors, private patients, local authorities, universities, private sector organisations and individuals.</p> <p>The emergency financial regime was originally put in place until 31 July 2020 but it has now been verbally confirmed that this will extend for at least one further month and most likely until the end of September. The situation beyond this is uncertain but it is likely that the retrospective top up will be replaced by a prospective allocation to manage Covid costs so as to reintroduce incentives for cost control.</p> <p>Questions from Governors included:</p> <ul style="list-style-type: none"> • Will the block grant model continue going into the future? The CFO responded that the block contract will almost certainly continue through the current financial year. Although he didn't believe that the situation will revert back to a full payment by results in 2021/22, the block model doesn't incentivise delivery of activity and therefore some compromise blended payment method will probably be arrived at as it will be necessary to bear down on the size of the elective waiting list. • Has the Trust had £34m of debt written off? The CFO confirmed that £34m of loans were moved across to the "new combined" Trust as part of the merger agreement with HEFT. These had built up during the

last year that HEFT operated independently, and would probably have been continually rolled over as they were difficult to pay off unless the Trust was able to generate large surpluses, which was unlikely. Therefore the Government had taken the view it was best to convert them from debt to equity.

- Although part of the recovery plan is a financial boost, in Radiotherapy the Trust is struggling to recruit staff, and therefore cannot grow. What the Treasury are offering is not workable on the ground

The CFO accepted that there is a lack of trained staff, even if the money and physical capacity was made available and this will be a key constraint across the service in the years ahead.

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

G20/50

UPDATE ON DEVELOPMENTS IN THE TRUST'S RELATIONSHIP WITH PRIMARY PRACTICE

This report was presented by the COOHS.

The Governors were reminded that two of the Trust's strategic priorities are around integrating services and transforming healthcare around people rather than organisations. These matters have been pursued in a number of discussions with primary care organisations and practices exploring the different types of opportunities around collaboration.

One option considered was vertical integration where a GP practice could ask an acute trust to take over responsibility for delivering services and would employ GPs as part of that agreement. This would bring secondary and primary care services into a single organisation, which, although relatively uncommon in the UK, has started to grow and can be seen in Wolverhampton, for example, where 10 primary care practices are being run this way across the area. Healthcare in these practices could be enhanced with the Trust providing back office support such as clinical informatics and clinical governance allowing the GPs to focus more on patients.

Discussions have taken place with a number of GP practices and a request from one Primary Care Practice involving 6500 patients was taken to the Board of Directors last week. An agreement has been reached whereby the Trust will work in primary care to remove duplication and bureaucracy, creating new innovative pathways bringing GPs and secondary care together. Benefits will include people having to take less time off work with Artificial Intelligence (AI) consultation links and resources being used more efficiently.

Questions from Governors included:

- Concern that this had not been raised with Governors previously – they had found out from people at their own practice who had suggested that Babylon were taking over and other “Chinese whispers”

The Chair responded that while negotiations had been taking place this matter had to remain a commercial confidential item. This was the first Council of Governors meeting where it could be discussed which was why the matter had been added to the Agenda.

The COOHS confirmed that meetings had been held with the Patient Participation Group of the practice concerned along with the GPs with assurances being given around continuity of care. It was an opportunity to develop enhanced services locally and the feedback had been generally very positive. The proposal does not involve Babylon; it is purely UHB providing general medical services to the local

	<p>population.</p> <ul style="list-style-type: none"> • One Governor had a friend who was concerned this would lead to the demise of her GP practice. <p>The Chair confirmed that this was not one of the practices in talks with the Trust; some practices are thinking of different ways of working.</p> <p>The CE reasoned that GP practices are independent businesses and cannot be taken over aggressively. Each was different – one single handed Practitioner practice had approached the Trust directly asking for help as he was approaching retirement and would have had to close the practice on retirement. The CE assured the Governors that any practice wishing to maintain working in their current form would not be “taken over”.</p> <ul style="list-style-type: none"> • One Governor questioned if there would be a transfer of benefits from the NHS to private businesses <p>The COOHS responded that there is very clear guidance on what and what not can be done and this certainly would not happen under this arrangement.</p> <p>The RCDM Stakeholder governor confirmed that they had deployed similar models in new environments and had found there to be synergies that can be gained from this type of working, the trade off being opportunities for governance and a greater understanding of secondary healthcare.</p> <ul style="list-style-type: none"> • How would patients with comorbidities be divided in terms of a social care point of view? <p>The COOHS responded that this methodology would benefit patients with comorbidity as there would be less fragmentation between primary and secondary care.</p> <p>RESOLVED: to RECEIVE the update on developments in the Trust’s relationship with Primary Practice.</p>
G20/51	<p>RESEARCH, DEVELOPMENT & INNOVATION ANNUAL UPDATE</p> <p>The CIO apologised for the brevity of risk issues on the front page of this report and introduced Hilary Fanning the Director of Research, Development and Innovation (DRD&I) who presented the paper.</p> <p>The RD&I work at UHB includes academic and commercially sponsored clinical trials, medical device development and testing and healthcare data research. This function has been integrated across all hospital sites during 2019/20 with the phase 1 response to Covid-19 accelerating a number of these.</p> <p>It is expected that the National Institute for Healthcare Research (NIHR) to place significant emphasis on recruitment to vaccine trials and re-start the broader research activities associated with funded research grants during 2020/21.</p> <p>The RD&I Covid Phase 1 response allowed for re-deployment of nursing staff to front line clinical services and non clinical staff to operational role activities including helping the set up of Birmingham Nightingale Hospital. Remaining staff established a Covid-19 research development team across all four hospital sites with approximately 90% of patients admitted with Covid-19 recruited to trials.</p> <p>The team helped provide a dedicated testing centre for the Government’s National Ventilator Challenge examining over 50 prototypes of 12 different ventilators.</p> <p>The restart of paused research studies during the pandemic will be challenging owing to the delivery of additional vaccine trials and with clinical operational and capacity</p>

changes in support services such as imaging, pharmacy and laboratories.

Patient and public involvement is actively promoted through national and local workshops and conferences.

Questions from Governors included:

- The Trust hosts some hubs and also bids to the same organisations – how is it ensured there is no conflict of interest?

The DRD&I responded that research bodies spend their funding in a number of different ways. Taking NIHR as an example, this funds research infrastructure (the NIHR Clinical Research Facility is an example of this) in addition to providing funding allocated to different streams of research activity. For example, there is a funding stream for Health Technology Assessment (HTA) and a funding stream for Efficacy and Mechanism Evaluation (EME). Therefore there aren't conflicts because while it's the same funder, bids are submitted against different streams of funding.

RESOLVED to:

ACCEPT the summary report of UHB research development and innovation activity for 2019/20; and

RECEIVE a research development and innovation summary of response to Covid-19 in Q1 2020/21

G20/52 **AUDIT COMMITTEE ANNUAL REPORT**

The Non-Executive Director and Chair of the Audit Committee (Ms Karen Kneller) presented a report of the Committee's work and its opinion of the adequacy and effectiveness of the Trust's risk management, control and governance processes during the financial year 2019/20.

No assurance given can ever be absolute with the best assurance provided being that there are no major weaknesses in the Trust's risk management, control and governance processes and other relevant arrangements.

Due to the on-going national response to Covid-19, the external audit on the financial accounts has been delayed and the audit of the quality accounts cancelled. Furthermore, the implementation of IFRS 16 has been deferred until 2021/22.

In addition to core work informing the Head of Internal Audit opinion, the Board of Directors prioritised a series of risk based reviews. The Trust received a risk review on Equality & Diversity which resulted in "significant assurance with minor improvement opportunities" as well as four risk reviews which resulted in "partial assurance with improvement required".

The Local Counter Fraud Specialist (LCFS) service is provided by Deloitte who have undertaken preliminary enquiries into 41 referrals resulting in 7 investigations.

The Committee received quarterly updates on clinical governance audit activity, complaints, incidents and claims; a bi-annual health and safety report; annual reports on compliance with the Freedom of Information Act 2000; compliance with the policy on controlled documents and Research Governance. Quarterly assurance reports on cyber security and compliance with the General Data Protection Regulation (GDPR) were considered along with Compliance with the Monitor's Code of Governance.

Membership of the Committee were as follows:

	<p>Ms Karen Kneller (Chair)</p> <p>Ms Jane Garvey</p> <p>Ms Jackie Hendley</p> <p>Mr Harry Reilly</p> <p>Dr Jason Wouhra</p> <p>The Committee's principal support officers throughout the year were the Chief Legal Officer, Chief Financial Officer, Director of Finance and the Head of Corporate Governance.</p> <p>At the May Council of Governors meeting the CFO provided an update on the External Audit contract and tender. Due to Covid-19 it was agreed to extend the contract by a further 12 months to cover the financial year 2020/21 and to conduct the tender (also including the Internal Audit and LCFS services) in readiness for 2021/22.</p> <p>Questions from Governors included:</p> <ul style="list-style-type: none"> • Is the LCFS work done by Deloitte carried out just by them or by Trust staff using their parameters? <p>It was confirmed that the work plan was agreed by the Audit Committee with the actual work then being carried out by Deloitte so that it remains at arms length and independent.</p> <ul style="list-style-type: none"> • Following the acquisition of HEFT could clarity be provided that the Audit Committee had assurance about the speed of PICS and PAS being transferred across to the HGS sites in order that the benefits could be reaped? <p>The Chair of the Audit Committee confirmed that this piece of work was still on-going with the Auditors and that all digital areas of work are of particular concern at present with a close eye being kept on all areas.</p> <ul style="list-style-type: none"> • Is the Trust still restricted in choosing an Auditor? <p>The Chair of the Audit Committee responded explaining that there are very few Auditors equipped to audit a business the size of the Trust outside the "Top 4".</p> <p>The Chair wished to formally thank the members of the Audit Committee for all their hard work over the past year.</p> <p>RESOLVED: to RECEIVE the report on the work of the Audit Committee during the 2019/20 financial year.</p>
G20/53	<p>[CONFIDENTIAL]</p> <p>INVESTMENT COMMITTEE ANNUAL REPORT</p> <p>The Non-Executive Director and Chair of the Investment Committee (Mr Harry Reilly) presented the Investment Committee Annual Report to the CoG.</p> <p>The Committee is appointed by the Board of Directors to provide an overview and evaluation of potential and active commercial and investment opportunities. The Terms of Reference (TOR) of the Committee had been reviewed in the last year at a Seminar with all Board colleagues which included a re-evaluation of the roles and responsibilities of the Committee together with the "no go" areas.</p> <p>The Committee meets four times a year with the occasional short-notice meeting. Each Committee meeting reviews the Commercial Plan looking at outright benefits to the Trust, not just the financial benefits.</p> <p>Various commercial activities currently being undertaken by the Trust were outlined to</p>

the Council of Governors who were reminded of the commercially sensitive and confidential nature of these items.

The Chair of the Committee wanted to thank the other NEDs on this committee for their time and involvement.

Questions from Governors included:

- Given Saudi Arabia's different approach to human rights, was it a good choice for the Trust to carry out work in that country? Also, how many female doctors are taking part in this programme?

The Chair of the Investment Committee responded that the Committee has different relationships with different organisations around the world and that it is not involved in politicising health care. The answer to the second part of the question was unknown.

The Chair wished to formally thank the members of the Investment Committee for all their hard work over the past year.

RESOLVED: to **NOTE** the contents of the Investment Committee report and on the work of the Investment Committee during the 2019/20 financial year.

G20/54

GOVERNORS' FEEDBACK

The CLO confirmed receipt of questions from two Governors today which is past the deadline for submission. These will be submitted to the next meeting if not responded to outside of this arena.

- Keith Fielding, Public Governor Birmingham East, asked how the Trust will be affected by the Government's recent announcement on China considering the 5G network and the Trust's work in China.

The CLO confirmed that the Trust's joint venture in China was not actively pursuing any opportunities at present.

The CE confirmed that the Trust had been working closely with BT in relation to 5G and that all the infrastructure had been carried out by them. They had a "Plan B" all along should Huawei not be involved and they are confident that there will be no difference in the delivery of this project and using the 5G network going forward.

- Kath Bell, Public Governor Rest of England & Wales asked about a feature on Midlands Today on 17 July, where it was reported that a patient from GHH was told that they were unable to have a biopsy for prostate cancer at the Trust but could have the test straight away if they paid for the work to be done. It was stated by Michele Paduano, BBC Health Correspondent, that 14 biopsies had been carried out in the last 3 months and 193 patients were on the waiting list. Michele Paduano also stated that UHB has now created a bespoke Urology Treatment Centre.

The CLO confirmed that it is not Trust practice for consultants to direct patients to private health work.

The CE had seen the programme and had found no evidence to suggest that a patient had been referred to the private sector. He also stated that he did not know the name of the patient and asked Kath Bell to inform the CLO of the patient's name.

G20/55	<p>ANY OTHER BUSINESS</p> <p>No other business was reported.</p>
G20/56	<p>Date of Next Meeting</p> <p>Thursday 26 November 2020 - 4.30 p.m. – 6.30 p.m. Rooms 7 & 8, Education Centre, Heartlands Hospital or Virtual TBC (Pre-meeting 4.00 pm – 4.30 pm – Room 12, Education Centre, BHH or Virtual TBC)</p> <p>NOTE: Thursday 24 September 2020 (Venues/Virtual to be confirmed) 4.30 pm – 5.30 pm CoG/NED meeting 6.00 pm – 8.00 pm AGM</p>

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Chair

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Date

DRAFT