

COUNCIL OF GOVERNORS

Minutes of the Meeting of Thursday 26 November 2020
 4.30 p.m. – 6.30 p.m
 BY WEBINAR

Present:

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| Rt Hon Jacqui Smith | Chair |
| Mrs Bernadette Aucott | Public Governor, Birmingham South |
| 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 (until 5.15 pm) |
| 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 |
| Prof 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 |
| 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 (Staff):

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| Ms Imogen Acton | Head of Quality Development | (HQD) |
| Ms Fiona Alexander | Director of Communications | (DoC) |
| Prof Simon Ball | Chief Medical Officer | (CMO) |
| Prof Julian Bion | Foundation Trust Speak Up Guardian | (FTSUG) |
| Mr Kevin Bolger | Chief Workforce & International Officer | (CWIO) |
| Mr Jonathan Brotherton | Chief Operating Officer | (COO) |
| Mr David Burbridge | Chief Legal Officer | (CLO) |
| Mr Mark Garrick | Director of Strategy and Quality Development | (DSQD) |
| Ms Jane Garvey | Non-Executive Director | |
| Prof Jon Glasby | Non-Executive Director and Senior Independent Director [from 4.50 pm] | (SID) |
| Ms Jackie Hendley | Non-Executive Director | |
| Mr Tim Jones | Chief Innovation Officer | (CIO) |
| Ms Karen Kneller | Non-Executive Director | |

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| 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 Lisa Stalley-Green | Chief Nurse | (CN) |
| Ms Sarah Snowden | Corporate Affairs & Governor Liaison Officer | (SS) |

In attendance (Public):

Ms Lucy Burnett Account Manager, Johnson & Johnson

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| G20/57 | <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: Mr Richard Baker, Mrs Maureen Haycock and Ms Veronica Kumeta .</p> <p>Apologies for absence were received from the following members of Staff: Mr Mike Sexton, Deputy Chief Executive (DCE), Ms Mehrunnisa Lalani – Non-Executive Director, Ms Cherry West, Chief Transformation Officer (CTO), Mr Jason Wouhra – Non Executive Director, and Mr Debu Purkayastha – Associate Non-Executive Director.</p> |
| G20/58 | <p>QUORUM</p> <p>The Chair noted that a quorum was present and, accordingly, the meeting could proceed to business.</p> |
| G20/59 | <p>DECLARATIONS OF CONFLICT OF INTERESTS</p> <p>No conflicts of interest were declared.</p> |
| G20/60 | <p>MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS</p> <p>The Minutes of the Meeting of the Council of Governors on 23 July 2020 were considered.</p> <p>It was noted that on page 3 it had been agreed that information regarding how many people had used Ask A&E with data against the different types of advice given would be included in the Performance Report for future meetings, however this was missing. The DSQD confirmed that this information would be included in all future meetings.</p> <p>The Minutes were then agreed as an accurate and true record.</p> <p>RESOLVED: to APPROVE the Minutes of the Meeting on 23 July 2020.</p> |
| G20/61 | <p>MATTERS ARISING FROM THE MINUTES</p> <p>No matters were raised.</p> |

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| <p>G20/62</p> | <p>CHAIR'S REPORT</p> <p>The Chair reported that Stakeholders and MPs had been kept updated on any changes made with respect to the resurgence of COVID-19 cases in the Trust.</p> <p>Two virtual events had taken place – firstly a memorial service for those who had lost their lives to COVID-19 and secondly a birthday celebration for Heartlands Hospital which had received good coverage in social media.</p> <p>The Annual General Meeting (AGM) had been well attended with several hundred people having registered for the event and a good range of questions addressed.</p> <p>It had been hoped that a social event with Governors and the Executive Team would have taken place in December but owing to the virus this has been put on hold and will hopefully happen in 2021.</p> <p>RESOLVED: to RECEIVE the Chair's report.</p> |
| <p>G20/63</p> | <p>UPDATE ON CHANGING PATHWAYS/ACUTE ACTIVITY IN RESPONSE TO INCREASING NUMBERS OF COVID-19 CASES</p> <p>The COO provided a verbal update report at the request of the Membership, Engagement and Governor Development Committee.</p> <p>The current position is challenging with the prevalence of COVID-19 having increased when schools and universities returned and admission levels rose when the virus reached those more susceptible to becoming ill. Ultimately the Trust had to reduce other health care activity in order to accommodate the extra demand.</p> <p>The Trust had maintained non-COVID health care activities longer than in the previous wave, but by late October/early November, the decision was taken to reduce elective activities in order to focus the Trusts resources on emergency pathways. A good level of support had been received from other organisations which has been especially helpful in maintaining faster access pathways around ITU.</p> <p><u>Questions from Governors included:</u></p> <p>Q: With all elective work being suspended, what is the Trust doing in Solihull?</p> <p>A: The COO confirmed that the Trust had managed to maintain all elective activities at Solihull and was now looking to expand services at this site in the next few months. This will include planning for any subsequent spikes in cases alongside implementing the vaccination programme. Electronic Patient Records are now going live at Solihull and this should help increase operating numbers. The elective work was only stopped at the QEHB and Good Hope sites.</p> <p>Q: What is the situation with basic diagnostics (x-rays/scans etc.)?</p> <p>A: The COO confirmed that normal throughput had been maintained albeit with a constrained capacity due to infection control and social distancing. All diagnostic facilities have remained open during the second wave of the virus and £1.5m capital had been secured from HSE for more Endoscopy rooms at Solihull Hospital. Whilst there are a significant number of people waiting the Trust has reinstated all capacity which has helped with cancer and other urgent pathways.</p> <p>Q: Vaccination – will this save the day? Will the public have any control as to which vaccine you get?</p> <p>A: The CEO confirmed that this had been discussed at the Private Board of Directors</p> |

meeting earlier. Although final decisions have yet to be taken it would be fair to say good progress is being made and it is hoped that some of the vaccines being developed will be in use before Christmas.

Q: With all the additional pressures how is the Trust providing the leadership support for SaTH?

A: The Chair confirmed that support had been in place for three months now with Cherry West as Chief Transformation Officer and Catriona McMahon as Chair along with other support from Staff at UHB. SaTH is being governed through a “Committees in Common” arrangement which involves bringing together Executives and NEDS from both organisations. The third Board Meeting since the changes were implemented took place last Monday, good progress is being made with people at SaTH feeling positive about improvements now happening support.

Q: Clear communication is important around vaccinations for the virus – there is a lot of unrest in faith communities about the ingredients of the various vaccines – messages need to be clear.

A: The Chair confirmed that this was a very important point and that the Director of Communications is working with a host of partners across the City and, once more specific information is available, a clear communication plan will be formed.

RESOLVED: to RECEIVE the COO’s update.

G20/64 CARE QUALITY REPORT

The quarterly report, including an Infection Control update, was presented by the Chief Nurse.

Significant changes have been made to focus service resources on managing the second spike of the pandemic where the Trust has seen 4,597 cases to date with currently over 200 patients with COVID-19 on wards and 23 in critical care units.

The Care Quality Group and the Patient Experience Group continue to meet monthly. The focus on Covid-19 caseload has seen a new profile of harm for patients this includes falls with moderate or low harm and device related pressure damage for patients nursed for prolonged periods in the Intensive Care Units. The Trust has seen a reduction in MRSA cases and C.difficile cases in comparison to the previous year. This may be due to the different patient caseload or may, in part, be due to enhanced Infection Control practices in the Trust and more widely across the community.

The number of complaints opened in October saw a further slight increase in new cases compared to September. There has been a further improvement in response performance figures with 83.7 per cent being achieved for July’s caseload. Division 3 continues to receive the highest number of complaints, with twice the level of the next nearest division. Emergency Medicine, Acute and Short Stay Medicine and Healthcare for Older People were the specialties continuing to receive the highest level of complaints in October. Consistent themes around communication persisted across these specialties, where staff attitude issues were also highlighted and clinical treatment concerns also continued to be prevalent in complaints for Emergency Medicine and Acute and Short Stay Medicine.

The Trust handles more than half a million telephone calls in a month, the Medical Assessment Unit receiving 28,000 of these which is a significant challenge in such a busy area. In order for the administrative support to cope a systematic solution is for

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| | <p>each family to have a named member for contact along with a named nurse/clinician for each patient. Work continues on this.</p> <p>The Trust continues to receive a higher number of compliments than complaints. These are in support of the hard work Trust staff continue to deliver and proves the value they have provided a patient and their family.</p> <p><u>Questions from Governors included:</u></p> <p>Q: What an astounding number of phone calls – can families be better educated to help reduce this?</p> <p>A: The CN confirmed that different approaches were being considered to support staff including the appointing of a single individual contact for the family of each patient.</p> <p>Q: Does the Trust have figures for hospital-acquired COVID-19 numbers?</p> <p>A: It was confirmed that the Trust has these numbers, although they hadn't been included in Q2 reporting, as they hadn't been finalised at the time of issue. All numbers are reported up to NHSI and a daily outbreak meeting is held. Up to two weeks ago the Trust had 30 cases of outbreaks across all sites. 23 of these had been in clinical areas where patients had been asymptomatic. Very few staff had been affected which indicates that compliance with mask-wearing and hand washing has been exceptional. The fitting of medical screens between each bed has also helped. From next Monday (30 November) point of care testing will be implemented at Good Hope – this is already live at QEHB and Heartlands. Results can be obtained within 1.5 hours which should prove to be a game-changer. Unfortunately these machines could not be provided earlier by Central Procurement.</p> <p>RESOLVED: to RECEIVE the Care Quality Report</p> |
| G20/65 | <p>FULL YEAR QUALITY REPORT 2019/20</p> <p>The report was presented by the Head of Quality Development. This report is usually produced in April but has been delayed due to COVID-19 NHSE & I confirming that the deadline would change this year to 15 December 2020 with no requirement for the report to be included in the Trust's Annual Report and external assurance not required. Trusts are still required to share their 2019/20 Quality Reports with third parties – Clinical Commissioning Groups, local Healthwatch organisations and Overview and Scrutiny Committees – for 'document assurance'.</p> <p>The 2019/20 Quality Improvement Priorities were discussed at the Clinical Quality Monitoring Group during quarter 4 2019/20 and proposals were put forward for 2020/21. The following changes were agreed:</p> <ul style="list-style-type: none"> • <i>Reducing pressure ulcers:</i> to focus on reducing device-related pressure ulcers. • <i>Improving patient experience and satisfaction:</i> not continuing for 2020. This is monitored through the Patient Experience Group and Care Quality Group. • <i>Timely and complete observations including pain assessment:</i> one indicator to be replaced. • <i>Reducing missed doses:</i> continuing for 2020/21. • <i>Reducing harm from falls:</i> to focus on reducing the falls rate (number of patient falls per 1,000 occupied bed days). • <i>Timely treatment for sepsis:</i> continuing for 2020/21. |

Two new priorities will also be introduced for 2020/21:

- *Freedom to Speak Up*
- *Timely Medical Review*

The report was sent to Board in October and then to the following third parties for feedback/comments.

- Birmingham and Solihull Clinical Commissioning Group
- Healthwatch Birmingham
- Healthwatch Solihull
- Birmingham Health & Social Care Overview and Scrutiny Committee
- Solihull Health & Social Care Overview and Scrutiny Committee

Once these have been incorporated the final report will be published later this month on the Trust website.

Questions from Governors included:

Q: The reference on page 6 to the Clinical Dashboard Review Group – does this relate to all four hospitals or just QEHB?

A: The HQD confirmed that this group was implemented last August and now includes QEHB and Solihull. Good Hope and Heartlands will go live next year but at present it is difficult to compare data by wards. When PICS has been standardised across all sites it will be possible to compare and challenge performance. Work on aligning practice across all sites will accelerate next year, but has been put back this year due to the additional COVID-19 pressures.

RESOLVED: to **RECEIVE** the Full Year Quality Report 2019/20

G20/66 PERFORMANCE REPORT AND Q1 UPDATE AGAINST THE 2020/21 STRATEGY IMPLEMENTATION PLAN

This report was presented by the Director of Strategy & Quality Development.

A&E performance fell to 73.0% in October. All sites had deterioration in performance compared to the previous month, due to the current pressures experienced dealing with COVID-19 second wave. Ambulance volumes are surging to pre-COVID levels, reflecting the increased acuity within the Emergency Departments. There were 49 12 hour trolley waits in October, with the majority of breaches due to internal bed availability as a result of closed wards (COVID).

Increased numbers of patients presenting with ‘COVID-19 like’ symptoms will continue to affect performance. Until the swab results are received, it is assumed they have COVID and this increases the complexity of the treatment pathway. Many of these patients are found not to have COVID once the swab results are available.

Ask A&E was used by 1,313 people during October, with a daily average of 42 users during the month. This was a 22% increase in users compared to September. Of these users, 937 (71.4%) were advised to use alternative providers rather than attend the hospital.

RTT performance improved however there were 3,594 52 week breaches in September. Cancellations of elective and outpatients appointments in response to COVID-19 continue to significantly affect current and future performance.

The 62 day performance for GP referrals fell in September. However, there was a significant increase in patients seen on the pathway compared to the previous month.

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| | <p>Elective capacity remains at a premium and in line with national guidance from NHSE and the Federation of Specialty Surgical Associations, will be prioritised for patients with the highest clinical need; primarily those patients with cancer and other serious clinical conditions that require urgent treatment.</p> <p><u>Questions from Governors included:</u></p> <p>Q: Is the Trust still able to offer dedicated corridor nursing as it did before for the A&E 12 hour trolley waits?</p> <p>A: The CN confirmed that a standard approach has now been adopted and partnership working between hospital and ambulance service implemented. Patient assessment including clinical risk and prioritisation for immediate transfer to department is worked through including pain management while the patient is in the ambulance. There are far fewer patients waiting in corridors than in the first wave but it remains a management challenge.</p> <p>The DSQD offered sincere thanks to Keith Fielding and Veronica Morgan - the two Governors stepping down from the Governors Annual Plan and Strategy Reference Group following this year's reshuffle.</p> <p>RESOLVED: to ACCEPT the report on performance and progress with the Strategy Implementation Plan.</p> |
| <p>G20/67</p> | <p>FINANCE AND ACTIVITY REPORT – QUARTERLY UPDATE</p> <p>The CFO presented the quarterly report up to 30 September 2020.</p> <p>NHSE&I have imposed an emergency financial regime for the first half of the 2020/21 financial year in response to the COVID-19 pandemic. Payment by Results has been suspended and replaced by nationally set block contracts for all NHS providers with additional retrospective top-up funding available to bring providers back to breakeven, effectively offsetting the financial impact of responding to the COVID-19 outbreak.</p> <p>The emergency arrangements ended at 30 September and will be replaced by a revised System Financial Plan set at STP level covering the remainder of the financial year. Provider funding will remain underpinned by block contracts but the retrospective top-up arrangements will be replaced by a prospective allocation for direct Covid-19 costs The BSOL plan has yet to be agreed with NHSE&I but the new arrangements are likely to see a return to organisations posting deficits and surpluses.</p> <p>The Trust has reported an overall I&E deficit of (£0.3m) at Q2. This includes internal COVID-19 costs of (£54.2m) and a further (£44.5m) for the Nightingale Hospital.</p> <p>Retrospective top up income of £112.9m has been recognised for the year to date, of which £104.6m relating to months 1-5 has been approved and paid by NHSE&I.</p> <p>Capital expenditure of £22.8m has been incurred for the year to date (including £4.2m of COVID-19 expenditure).</p> <p>There were no Questions from Governors.</p> <p>RESOLVED: to RECEIVE the Finance and Activity Report</p> |
| <p>G20/68</p> | <p>FREEDOM TO SPEAK UP UPDATE REPORT</p> <p>This report was presented by Professor Julian Bion, the Foundation Trust Freedom to Speak up Guardian (FTSUG). A presentation had been sent to all Governors prior to the meeting for reference.</p> <p>Freedom to Speak Up Guardians were introduced in 2015 to act as an independent</p> |

and impartial source of advice to staff with access to anyone in the organisation or if necessary outside the organisation. For any case the primary focus is on safety in that it is handled appropriately, investigated promptly and issues addressed with no repercussions for the person who raised the case.

The FTSUG is appointed by the Trust's CEO to act in a genuinely independent capacity. The FTSUG helps protect patient safety and quality of care, improves the experience of workers and promotes learning and improvement. They ensure workers are supported in speaking up and that any barriers in doing so are addressed.

At UHB the FTSUG is supported by 30 confidential contacts who offer their time voluntarily. The FTSUG reports quarterly in person to the CEO, Chief Legal Officer, Medical Director and Chief Nurse as well as the Trust Board. Regular meetings are held with Human Resources (HR), Occupational Health (OH), Chaplaincy and Union Representatives. The FTSUG will also meet with the CQC on visits to the Trust.

RESOLVED: to RECEIVE the Freedom to Speak Up update.

G20/69 NED UPDATE – Ms Jackie Hendley

Jackie provided an update on her background and the skills she brings to the Trust in her capacity as Non-Executive Director. Jackie is a Chartered account, tax specialist and business advisor. She spent 23 years working at KPMG, 11 of those as a Partner. This covered varied work for clients in PLCs and private equity in both the public and private sectors.

In 2013 she left KPMG to join a regional company and then took a portfolio career. This has included work for BMG Research who are currently involved in the Track and Trace projects.

Jackie is Vice Chair of West Midlands Institute of Directors and a member of Sutton and Birmingham Chamber of Commerce.

Jackie was a NED at the former Heart of England Foundation Trust prior to its merger by acquisition in 2016. She is a member of the Trust Audit Committee where she adds great value from having sat for many years “on the other side of the table” as an auditor.

Jackie regularly attends seminars with the likes of Price Waterhouse Coopers (PWC) and the Good Governance Institute (GGI) to ensure she is keeping abreast of developments in the health sector and other Trusts.

On a personal level, Jackie lives in Sutton Coldfield and uses Good Hope Hospital where she gave birth to both her children. She enjoys taking part in the Unannounced Governance Visits and looks forward to them being re-instated post-COVID-19.

Questions from Governors included:

Q: How do you manage to keep the different streams of work you undertake for different organisations separate without overlap?

A: Jackie confirmed that when she was a Partner at KPMG she had plenty of experience of juggling the different priorities and challenges that looking after 20-30 clients presented along with keeping independence between them. There are no potential conflicts of interest but if there were these would be discussed with the Trust before any meeting to ensure nothing was in conflict. Jackie treats her work with UHB as a priority and rarely misses any meetings.

The Chair thanked Jackie for her time and assured the Council that she was a good attender and contributor to meetings.

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| | RESOLVED: to RECEIVE the update from the Non Executive Director. |
| G20/70 | <p>CHANGES TO MEMBERSHIP OF COMMITTEES AND GROUPS</p> <p>The Chair confirmed that the annual reshuffle of membership of Committees and Groups that required Governor representation had taken place. When allocating Governors she along with the Vice Chair, had been borne in mind both what Governors had expressed as a preference and their individual skills, thereby ensuring each Committee and Group had a suitable and diverse range of people in attendance.</p> <p>The Chair thanked the Governors for their contributions to the work of the Committees and Groups and for their time. She hoped the Governors would be both pleased and excited about the new opportunities.</p> <p><u>Questions from Governors included:</u></p> <p>Q: Is the remit for the Volunteers Committee aligned across the whole of the Trust or limited to QEHB? If it is the latter, how is the same purpose achieved across the other sites?</p> <p>A: The Vice Chair who is also the Governor representative for this Committee confirmed that the original Committee was set up at QEHB in 2010 to give a voice to the Volunteers and that any concerns could be fed back to the Patient and Carer Council. It is the only Volunteer Committee that exists across the whole of the Trust. Going forward there are two options – either to have a Committee that reports to each Patient Carer and Community Council (PCCC) or to disband the Committee at QEHB. It was felt that the former approach would be best and that Volunteering would be placed on the agenda for each PCCC meeting as a standing item. The Vice Chairs of each PCCC have a meeting with Mandy Green, the Deputy Director of Patient Experience, and Jamie Emery, the Head of Patient Engagement and Patient Services, next week and will discuss this further then.</p> <p>RESOLVED: to APPROVE the changes to the Committees and Groups with Governor representation following the reshuffle.</p> |
| G20/71 | <p>UPDATE TO THE MEMBERSHIP, ENGAGEMENT & GOVERNOR DEVELOPMENT COMMITTEE TOR AND APPOINTMENT OF CHAIR TO THIS COMMITTEE</p> <p>The revised TOR for this Committee was reviewed and the following changes requested:</p> <p>Item 7.5.3 – the insertion of the word “in” so that the sentence reads “ ...held in their constituency ...”</p> <p>Item 7.6.2 – remove “hospital atrium” and replace with “public areas” as this fits and is a more appropriate term across all sites</p> <p>The Chair proposed that if the members of the Membership, Engagement and Governor Development Committee wanted to express their interest in becoming Chair of this Committee then they should email Sarah Snowden or corporate.affairs@uhb.nhs.uk stating their interest. If more than one candidate steps forward the full Council of Governors will vote on the appointment.</p> <p>RESOLVED: to APPROVE the changes to the TOR of the Membership, Engagement and Governor Development Committee</p> |
| G20/57 | <p>GOVERNORS DECLARATIONS OF INTEREST</p> <p>The declarations made were considered and approved.</p> <p>RESOLVED: to APPROVE the Governors Declarations of Interest.</p> |

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| <p>G20/58</p> | <p>GOVERNORS' FEEDBACK</p> <p>The CLO confirmed receipt of questions from one Governor.</p> <p>Lee Williams asked:</p> <p><i>"It seems to me to have been emphatically refuted before, but a rumour appears to be circulating amongst the public about the future of the Solihull site. This, inevitably, has filtered through to the staff. Are there any plans to close or physically reduce the Solihull site, or in any way sell off the land it is situated on? And are you aware of any change in the zoning of the land it occupies, either immanent or proposed for the future"?</i></p> <p>The Chair responded confirming that it had been made clear that the change of services at Solihull Hospital are temporary and have been prompted by the COVID-19 circumstances. Any permanent changes would have to be subject to full consultation in line with the law and no plans are in place at present. Obviously the Trust can never say that there will never be any changes to any of the sites in the future but none are planned at present.</p> <p>Lee Williams also asked:</p> <p><i>"If I recall correctly this was touched on at the AGM, I understand that a large amount of public money has been deployed to facilitate support from private hospitals for the NHS. What volumes of procedures are being conducted by these institutions on behalf of the Trust, and how does that compare to the volume roughly this time last year, in the pre-Covid period"?</i></p> <p>The CEO responded confirming that the number of procedures conducted by private hospitals had increased from last year and that he would ask the COO to respond back with numbers. If subsequent waves of COVID-19 result in the Trust hitting trigger thresholds (i.e. Major Incident Level 4), the contract with private hospitals, which is currently due to end in December will come back into play.</p> <p>[The COO circulated a more detailed answer to the Governors on 3 December by email as follows:</p> <p><i>During the Pandemic BSOL STP (largely UHB patients) has undertaken the following elective procedures within the Independent Sector (IS) under the NHSE procurement of their capacity:</i></p> <table data-bbox="240 1131 518 1220"> <tr> <td><i>Daycase</i></td> <td><i>2,872</i></td> </tr> <tr> <td><i>Inpatient</i></td> <td><i>1,462</i></td> </tr> </table> <p><i>There has also been over 20,000 Outpatient Consultations and over 6,000 diagnostic investigations undertaken in this capacity under the same NHSE procurement arrangement.</i></p> <p><i>None of this activity would have been undertaken in the IS pre-pandemic.]</i></p> | <i>Daycase</i> | <i>2,872</i> | <i>Inpatient</i> | <i>1,462</i> |
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| <i>Inpatient</i> | <i>1,462</i> | | | | |
| <p>G20/59</p> | <p>ANY OTHER BUSINESS</p> <p>No other business was reported.</p> | | | | |
| <p>G20/60</p> | <p>Date of Next Meeting</p> <p>Thursday 25 February 2021 - 5.30 p.m. – 7.30 p.m. (Pre-meeting 4.00 pm – 4.30 pm)</p> <p>NOTE:</p> <p>Thursday 25 February 2021 (Venues/Virtual to be confirmed)</p> <p>4.00 pm – 5.00 pm CoG/NED meeting</p> <p>Thursday 3 December 2020 2.00 pm – 4.00 pm Annual Plan Review Meeting</p> | | | | |

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Chair

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Date