

Minutes of the Public Council of Governors Meeting held on Wednesday 21st
February 2022, MS Teams, 6.00pm – 7.45pm

Present:

Public Governors:

Pam Brown, Luton	Debbie Gardiner, Central Bedfordshire
Judi Kingham, Luton	Pat Quartermaine, Central Bedfordshire
Marie-France Capon, Luton	Michael Carter, Central Bedfordshire
Sean Driscoll, Luton	Jenny Gallucci, Central Bedfordshire
Theresa Driscoll, Luton	Teena Ferguson, Bedford Borough
Wendy Cook, Luton	Robert Oakley, Bedford Borough
Helen Lucas, Hertfordshire	Yvette King, Bedford Borough
Dilan Joshi, Hertfordshire	Jacquie Farhoud, Bedford Borough
	Chris Williams, Bedford Borough

Staff Governors:

Janet Graham, Volunteers
Noreen Byrne, Volunteers
Dimpu Bhagawati, Medical and Dental
Steve Morgan, Admin. Clerical & Management
Hina Zafar, Admin. Clerical & Management
Terence Haynes-Smith, Professional and Technical
Sunny Patel, Professional and Technical
Belinda Chik, Nursing, HCA & Midwifery
Matthew Borg, Nursing, HCA & Midwifery

Appointed Governors:

Board of Directors:

Simon Linnett, Chair	David Carter, Chief Executive
Steve Hone, NED	Cathy Jones, Deputy Chief Executive
Gordon Johns, NED	Matt Gibbons, Director of Finance
Tansi Harper, NED	Catherine Thorne, Director of Quality & Safety
Simon Barton, NED	Liz Lees, Chief Nurse
Dr Annet Gamell, NED	Fiona MacDonald, Director of Culture
Pam Bhachu, Associate NED	Paul Tisi, Medical Director
Gill Lungley, Chief Digital Information Officer	

In attendance:

Donna Burnett, Trust Board Secretary (minutes)
Victoria Parsons, Associate Director of Corporate Governance
Anne Thevarajan, FT Membership
Jenny Kelly, Corporate Governance Manager

Not in attendance: Jim Thakoordin, Thomas Moss, David Simms, Cllr Brian Spurr, Joby George Malal, Malik Farooq, Cllr Charles Royden and Cllr Javed Hussain.

1. Chair's Welcome and Note of Apologies

The Chair welcomed members to the Council of Governors meeting.

Apologies were received from Louise Grant, Brian Herbert, Malcolm Lea, Linda Grant, and Angela Doak.

2. Any Urgent Items of Business and Declarations of Interest

There were no declarations of interest or any urgent items of business.

3. Minutes of the previous meeting held on 17th November 2021:

The minutes of the previous meeting held on 17th November 2021 were APPROVED as a true and accurate record.

4. Action Log

The action log and progress was noted, with additional information outlined as below:

Item 1: Informal Governor Focus Group: D Burnett agreed to set up a meeting for late March to early April 2022

Item 2: Face to Face meetings: It was hoped that these would commence in the late spring.

Item 8: Security Plans: Governors were informed that the Director of Estates was now looking at the procurement of security services for the Trust cross site.

Item 10: Volunteer parking: Governors were advised that a designated process had been put on place for volunteer parking.

5. Chair's Report

The Chair provided an update to governors on key areas of note which included system partnership working. S Linnett reported that a lot of activity was being undertaken to look at how the Trust would fit into the wider system, including participation in decision making and what role the Trust would play as defined by the Constitution; and how the system of payments would operate in the broader environment.

6. Chief Executive's Report

The Chief Executive highlighted a number of key areas of activity for governors to note which included:

- There had been a significant event with a case of Lassa Fever with a family at the Trust, but there had been no further transmission to staff; regional pathways had been followed but this had taken up considerable clinical and management time;

- Construction work at the L&D and the Bedford site had commenced; and this would be used as an opportunity to build relationships with the community and staff at both sites, with the restarting of the Tent Events to connect and engage with staff and promote Trust values;
- The Trust was continuing to operate under sustained pressure; discussions with the Integrated Care Boards (ICB) and other community services were being maintained to support the Trust in community settings;

R Oakley queried why Biggleswade had been chosen rather than another area. D Carter replied that the Central Bedfordshire Council had committed to the funding of the venues and the Trust had to work around and with them as partners.

7. Covid-19 Update/ Recovery Plans

P Tisi reported that in terms of local incidence of Covid there was a downward trend in cases across all local boroughs which was overall encouraging. NHS specific guidance on testing was being awaited by the Trust to understand what would tests would remain or be removed.

C Jones explained that there had been significant pressure on beds throughout January to February, and that demand in emergency care had been very high. Work was being undertaken with other services to gain additional leverage at other sites to deliver activity, but staff sickness absence meant the situation was challenging.

J Farhoud queried how the Trust intended to address the waiting list issues. C Jones replied that the report was referring to cancer waits and not general waiting lists. Extensive micromanagement work on cancer management was required to drive forward improvements on cancer pathways and teams were working hard to progress and support the service. R Oakley drew attention to Bedford's underperformance with regard to cancer wait times, and C Jones reported that there had been challenges with capacity; and the Trust would continue to monitor the situation.

J Farhoud asked if more face to face meetings would be offered. C Jones pointed out that the Trust had to take out 25% of patients in line with national strategy, but for many patients virtual appointments were working well and the Trust would endeavour to support all individuals where necessary. Y King agreed that a system of in person and virtual appointments was a good complement for patients.

8. Performance Reports:

Quality

The report had been taken as read.

J Farhoud queried why mortality rates were high. P Tisi replied that a high proportion of day cases and Covid could skew the data, and that a lot of detail could not be attained. The mortality rate was still in the 'expected range' but the team was aware and this was being looked at.

Finance:

The report was taken as read.

M Gibbons reported that the Trust was in line to deliver to plan with a small surplus which was good news, in part due to the support and good revenue. The Capital plans and aspirations had not been progressed as yet, but monies would soon be spent on the significant redevelopment capital projects across both Trust sites.

Workforce:

The report was taken as read

F McDonald reported that there had been high levels of sickness absence and an increase in nursing vacancies. A healthy international recruitment drive had ensured a new flow of nurses over the next months.

Mandatory training continued to be monitored against an improvement trajectory of compliance.

Health and wellbeing areas had been set up for staff with new furniture; and there had been support and funding made available to retain the psychologists.

H Lucas queried if there was a plan to prioritise some of the mandatory training. F MacDonald replied that there had been challenges during the pandemic; and there had been issues to find the space to deliver training. Online mandatory training had been looked at where possible.

D Gardiner asked if the Trust was using the DWP scheme RESTART to support with vacancies and recruitment. F MacDonald agreed to look into this and contact the recruitment team.

R Oakley queried how many vacancies remained within midwifery. L Lees replied that at the Bedford site numbers had increased considerably, but that due to a national shortage it was challenging. The Trust was in receipt of funding for midwives and L Lees remained optimistic that by next year the numbers would be significantly reduced. B Chik queried if there were vacancies on the L&D site for midwifery. L Lees replied that there were vacancies at both sites despite funding, and that as one of the biggest maternity units it remained challenging.

N Byrne asked how long it would take to get the international nurses up and running. L Lees stated that it would depend on the level of training; an assessment would be undertaken and only once, when successful, would they be added to the register.

W Cook queried if it would be possible to invite students in to do work placements. F MacDonald replied that the Trust was in touch with local colleges and this was something which was being looked and considered.

9. Lead Governor Report

H Lucas reported that both she and T Moss had met with the Chief Nurse and Director of Estates and been provided with positive assurances that both the information and monitoring

processes had now been established cross site, and would take into account the new cleaning standards that would be introduced shortly.

H Lucas informed governors that a Patient Environment Group meeting had been organised with the Director of Estates and the topics of estates, catering and wheelchairs had been discussed in detail. Work was being undertaken to look at the integration of systems cross site and how governors could be involved in the monitoring of audit standards. The meeting had been very positive.

On behalf of J Gallucci, H Lucas provided an update on the replacement of the Chair of the Trust. The advert was now live, and details being finalised around the make-up of the both the interview panel and working groups, with diary dates now established.

10. Board Secretary Report

The Board Secretary Report had been taken as read.

11. Report from the Membership and Communications Group

P Brown reported that membership numbers had increased in part due to J Farhoud and R Oakley's efforts in the local markets and 130 new members had been signed up. More membership recruitment dates had been fixed for the next few months.

P Brown stated that the next Ambassador magazine would be published in March; and the first health event would take place on Wednesday 18th May 2022.

12. Report from the Constitutional Working Group

H Lucas reported that the Terms of Reference had been reviewed by the Group and asked the Council of Governors for approval.

DECISION: The Council of Governors APPROVED the Terms of Reference of the Constitutional Working Group

H Lucas summarised the proposal for a change in the Governor Terms of Office. The Constitutional Working Group (CWG) had reviewed the NHS Providers paper and following robust debate and sensitivity to the impact on fellow governors; and taking into account that the Trust was an outlier in this matter; had agreed to propose to the Council of Governors to adopt the governor 3 years term (maximum 9 years cumulative) into the Constitution.

- ***DECISION: The Council of Governors APPROVED:***
 - ***The NHS Providers guidance proposing a maximum 3 term (max 9 cumulative years) rule with a 3 year break be adopted and written into the Constitution;***
 - ***The 9 year term would be cumulative; and that a term could span up to 3 years (2.5 or 2 years);***

- ***The proposal would supersede any previous approvals made to governors in 2020 regarding the resetting of the 3 term (9 year) for the non-voting governors;***

13. Report from the CoG Remuneration and Nomination Committee

Item 13 had been covered under the Lead Governor Report (Item 9)

14. Governor Working Group Reports

The Governor Working Group reports had been taken as read.

15. Any Other Business

15.1 Trust Emails

Work was now underway on the delivery of a single email address which would commence March 2022. G Lungley reported that due to the different platforms there was a lot of work flow and processes to ensure that both Trusts were operating on Windows 10; and by September 2022 it was hoped that all offices would be on the new mail exchange with the new BedsNHFT email.

Y King thanked G Lungley for the update and the excellent progress including timelines.

15.2 D Bhagawati queried the integration of PACs x-ray systems. C Jones replied that a new procurement process for the system was being carried out but that it was a complicated process.

15.3 R Oakley asked why blood tests at the North Wing were subject to a 4 week wait. C Jones replied that a group of GPs and pathology were working to get support from one of the town centre practices which would enable additional phlebotomy services to bring the time down to 2 weeks. J Farhoud pointed out that a one week target was preferable given what GPs needed to check if there was an urgent response required. C Jones acknowledged this would be difficult but would endeavour to challenge the target with partners.

16. Time and Date of Next Meeting:

Council of Governors Meeting: Wednesday 25th May 2022

Close of Meeting: 7.40pm