

**Draft Minutes of the Council of Governors' Meeting held in public
on Thursday 11th March 2021 from 5pm – 6.40pm via video conferencing**

PRESENT:	Mark Lam	Trust Chair
Governors:	Patrick Adamolekun	Staff Governor
	Victoria Aidoo-Annan	Staff Governor
	Zulfiqar Ali	Appointed Governor, Newham
	Dawn Allen	Public Governor, Bedford Borough
	Rehana Ameer	Appointed Governor, City of London
	Dr Roshan Ansari	Public Governor, Tower Hamlets
	John Bennett	Public Governor, Tower Hamlets
	Shirley Biro	Public Governor, Newham
	Robin Bonner	Staff Governor
	Steven Codling	Public Governor, Central Bedfordshire
	Laura Jane Connolly	Public Governor, Rest of England
	Katherine Corbett	Staff Governor
	Terry Cowley	Public Governor, Tower Hamlets
	Caroline Diehl	Public Governor, Hackney
	Darlene Dike	Public Governor, Hackney
	Mark Dunne	Staff Governor
	Tee Fabikun	Public Governor, Newham
	Susan Fajana-Thomas	Appointed Governor, Hackney
	Adam Forman	Public Governor, Hackney
	Obayedul (Arif) Hoque	Public Governor, Tower Hamlets
	Tony Isles	Staff Governor
	Carol Ann Leatherby	Public Governor, Newham
	Khtija Malik	Appointed Governor, Luton
	Reno Marcello	Public Governor, City of London
	Eve McQuillan	Appointed Governor, Tower Hamlets
	Beverley Morris	Public Governor, Hackney
	Caroline Ogunsola	Staff Governor (Lead Governor)
	Jamu Patel	Public Governor, Luton
	Larry Smith	Public Governor, Central Bedfordshire
	Suzana Stefanic	Public Governor, Central Bedfordshire
	Felicity Stocker	Public Governor, Bedford Borough
	Sebastian Taylor	Public Governor, Hackney
	Mark Underwood	Public Governor, Central Bedfordshire
	Ernell Watson	Public Governor, Newham
	Jim Weir	Appointed Governor, Bedford Borough
	Lilu Wheeler	Staff Governor
	Aidan White	Public Governor, Newham
	Paula Williams	Public Governor, Luton
	Keith Williams	Public Governor, Luton (Deputy Lead Governor)
IN ATTENDANCE:	Aamir Ahmad	Non-Executive Director
	Ken Batty	Senior Independent Director
	Paul Calaminus	Interim Chief Executive
	Richard Carr	Non-Executive Director
	Tanya Carter	Executive Director of People and Culture
	Anit Chandarana	Non-Executive Director

Steven Course	Chief Finance Officer
Prof Sir Sam Everington	Non-Executive Director
Richard Fradgley	Executive Director of Integrated Care
Philippa Graves	Chief Digital Officer
Tajmina Khanam	Governors and Membership Apprentice
Prof Dame Donna Kinnair	Non-Executive Director
Norbert Lieckfeldt	Corporate Governance Manager
Cathy Lilley	Director of Corporate Governance
Dr Rima Makarem	Independent Chair BLMK Integrated Care System
Edwin Ndlovu	Interim Chief Operating Officer
Meena Patel	Membership Officer
Stephanie Quitaleg	Senior Executive Assistant
Gill Skrzypczak	Corporate Services Minute Taker
Lorraine Sunduza	Chief Nurse
Eileen Taylor	Vice Chair – London
Dr Mohit Venkataram	Executive Director of Commercial Development
Deborah Wheeler	Non-Executive Director

APOLOGIES: Viv Ahmun Appointed Governor, Voluntary Sector

ABSENT:

1. Welcome

- 1.1. Mark Lam warmly welcomed everyone to the meeting.
- 1.2. He reminded everyone of the Trust's values: We Care, We Respect and We Are Inclusive and asked all to ensure these were applied throughout the meeting.
- 1.3. Mark particularly welcome Dr Rima Makarem, Independent Chair of the BLMK Integrated Care System (ICS), who will be presenting an agenda item.
- 1.4. Mark reported that Philip Ross and Brian Spurr have stepped down from their Governor roles since the previous meeting, and thanked them for their contributions.

2. Apologies for Absence

- 2.1. Apologies were noted as above.

3. Declarations of Interest

- 3.1. No declarations of interest were received.

4. Minutes of the Previous Meeting on 21 January 2021

- 4.1. The Minutes of the meeting held in public on 21 January 2021 were **AGREED** as a correct record.

5. Action Log and Matters Arising from the Minutes

- 5.1. Governors noted that items on the Action Log were either in progress or closed, and action 167 is on the Agenda for today's meeting. There were no matters arising.

6. Update on Winter Plan – Covid-19, Vaccinations

- 6.1. Edwin Ndlovu provided an update on the Trust's response to the operational challenges being faced during the Covid pandemic:

- The NHS level of response has been changed to Tier 4 from Tier 5, however our Gold Command structure remains in place. Gold Command members also hold regular meetings with teams in order to be able to respond quickly to ongoing challenges presented by Covid.
- Sadly, since the beginning of the pandemic 262 service users have died – 30 inpatients and 232 within the community. The Trust has also now lost three members of staff.
- The Trust's wellbeing services continue to support staff. Additional support is being provided to staff who are shielding, and also to their managers.
- The impact of Covid continues to be felt, with high demand levels being placed on our Community Health Services in particular.
- Mental Health Services are also experiencing a surge in admissions and the Trust is working hard to ensure the workforce have the resilience to support those in greatest need.
- Our Primary Care colleagues have continued to facilitate a high number of appointments, whilst supporting the vaccine programme for homeless and vulnerable service users through their outreach clinics.
- Winter pressures always result in complex variables, but with the addition of the pandemic it has put our workforce under enormous pressure. Despite tiredness and experiencing personal loss, our staff have managed to respond with continued high levels of commitment and resilience for which we express our deep gratitude.

6.2. Steven Course gave an update on the Trust's future position in relation to Covid:

- There has been a drop in the number of Covid patients testing positive, resulting in no in-patients returning a positive test over the past two days.
- Looking towards the next phase, the Trust's focus is on looking after staff, resetting our services, and starting to assess the changes we have undergone during the pandemic and the lessons learned.
- Our Future of Work workstream is currently planning the best way to structure ourselves going forward to ensure we continue to deliver high quality services for staff, service users and carers. The Trust recognises the vital part staff will play in this planning, given their continued outstanding support and dedication.
- In terms of finance, for the six months from 1 April 2020 we received additional funding of £10.5m to cover the Trust's additional spend in response to Covid, including backfilling staff sickness and shielders, developing Covid-safe ways of working and enabling staff to work remotely, with an additional £3m having been spent on IT systems.
- The method of funding changed in October 2020 which resulted in an overspend of c£3m; however, the Trust recognises that the safety of our staff and service users is of paramount importance and the required funds will be met from the Trust's own funds.
- We are currently being asked by NHSE/I (NHS England/NHS Improvement) to provide an assessment of the funding required for recurrent, ongoing Covid related issues, including long Covid, and the impact of the winding down of our response.

6.3 Lorraine Sunduza updated on the Trust's testing and vaccination response:

- With the significant reduction in the high numbers of Covid positive cases and the success of the vaccination programme, it remains nevertheless vital to emphasise the need for continued vigilance around the Infection Control guidelines of Face, Space and Hands.
- Given our previous high numbers of infections, the NHS London Lead on Infection Control was invited into the Trust to comment on our procedures. These were confirmed as being satisfactory, with an acknowledgement of the challenges faced

on safeguarding given the set-up of mental health wards in contrast to acute wards.

- The Trust's supply of Personal Protective Equipment (PPE) remains steady, ensuring all staff, service users and visitors are provided for.
- We continue to focus on the lessons learned during the pandemic, undertaking root cause analyses into all outbreaks of Covid and investigating any measures that could have been carried out differently.
- A recent NHS document on good practice in relation to Infection Control promotes compassionate leadership. Our Infection Control team have responded by working closely to support teams across the Trust in finding ways to work more easily in closed environments and on Wards, without breaking Infection Control guidelines.
- We continue to monitor the supply of Lateral Flow Tests to all frontline staff and encourage their use. 29,000 tests have been registered to date and, of those, 196 were shown as positive with only 48% of those proven to actually be positive following the more specific PCR test.
- Approximately 70% of staff have received their vaccination; however, some hesitancy is still being seen in both the NHS and the wider community. Communication plans are in place to try and encourage the conversations, understand the reasons for hesitancy and supply information to inform people's decisions, remaining mindful of language barriers and cultural issues. There has, however, been some improvement in the taking up of the vaccination amongst BAME.
- Over 70% of in-patients have had their vaccines which has, in turn, encouraged some staff to take it up. Work is ongoing to support people with serious mental health issues, making sure they are well informed and undertaking individual care plan visits.
- The CQC undertook a visit to the Trust's mass vaccination centre at Stratford and we have been verbally assured on the safety of the site and the plans in place to support people attending for vaccinations. We were asked to extend their gratitude for the support of the Trust's on site staff and, in addition to this, we have received many compliments from visitors and users on the set-up of the site.

6.4 Mark expressed his thanks for the presentations and to all of the workforce in the face of ongoing pressures being experienced and taking time to reflect on the sad loss of life.

6.5 Governors noted the following assurance in relation to concerns raised:

- Bank staff shifts have totalled 3,600 since last March which has enabled gaps in staffing due to Covid-related sickness and shielding to be successfully covered. Work has also gone into ensuring all contractors, bank and agency staff have been treated as permanent staff enabling them access to vaccinations, to provide safe services for our service users, and to the Trust's wellbeing and psychological support services.
- The Trust follows Joint Committee on Vaccination and Immunisation (JCVI) guidelines in terms of offering vaccines to all in-patients.
- Families of staff who have died in service and who were members of the NHS pension scheme are eligible for a 'death in service' payment and receive three months' salary and a lump sum payment. In addition, NHS England have also put in place a life assurance process so if the individual caught Covid during the course of their duties the family receive an additional £60k payment, whether or not they were in the pension scheme. There is also pastoral support in respect of the administrative process.

6.6 Mark re-iterated the need for a formal expression of gratitude to the workforce to be sent from himself and the Lead Governor, Caroline Ogunsola. **ACTION: Mark Lam/Caroline Ogunsola**

7. Strategic Item: Integrated Care

- 7.1. Dr Rima Makarem and Richard Fradgley led this agenda item.
- 7.2 Richard Fradgley provided an update on emerging national policy and legislation following his presentation on the Integrated Care Systems (ICSs) consultation document at the last Council meeting. There is now a White Paper confirming the proposal for ICSs to become statutory bodies, planning and making statutory decisions as a system. It includes the abolition of Clinical Commissioning Groups (CCGs) and the removal of the requirements on the NHS to procure services. There is a live consultation via NHSE on a Provider Selection Regime, detailing the way in which ICSs in future will identify NHS providers for services on their behalf. The deadline for this consultation is 7 April 2021.
- 7.3 The White Paper confirms that Foundation Trusts are important entities in the new architecture of the NHS with new responsibilities, in particular to collaborate and deliver the Triple Aim. Also contains important information about NHS providers collaborating at scale to drive quality and tackle inequalities in delivery.
- 7.4 Additionally it contains some items which were not in the original consultation:
- The creation of ICS Health and Care Partnerships to sit alongside the statutory boards.
 - Proposition where NHS bodies and Local Authorities come together to oversee a plan.
 - New powers for the Secretary of State to direct NHSE to set multi-year mandates, to change the functions of arms-length bodies and intervene directly into local service alterations.
 - A number of additional proposals on public health and a new duty on the CQC to assess Local Authority abilities with regard to levels of adult social care.
- 7.5 The Paper is expected to go through Parliament during the summer and receive Royal Assent for application from 1 April 2022. There is currently a Health Select Committee process ongoing, with written evidence on their website plus a summary of the debate.
- 7.6 A reminder that this is effectively enabling the NHS to work with Local Authorities, the voluntary sector and citizens on providing person-centred, coordinated care to improve health outcomes and tackle inequalities.
- 7.7 Rima Makarem explained the BLMK ICS system covers an area with a current population of approx. 945,000, predicted to grow to over a million by 2035, with a growing age 80+ demographic and significant differences in diversity and levels of deprivation. It contains two acute hospitals trusts but patient flow between systems enables service users to access seven hospitals in total.
- 7.8 Rima gave the definition of an ICS as a *sophisticated approach to population health management*. It is acknowledged that the NHS is only accountable for 20% of health outcomes with a variety of other factors affecting this, such as diet or deprivation. By working together in an integrated way, an individual's physical, mental, social and economic needs can be met, lessening the factors that lead to inequalities and poor health outcomes.
- 7.9 The aims of the ICS are:
- To set and lead overall strategy.
 - Manage collective resources and performance.
 - Identify and share best practice.

➤ Lead the changes that benefit from working at a larger scale.

- 7.10 The White Paper also defines the primacy of place as the footprint of the local authority, thereby encouraging many of the services to be carried out locally. BLMK currently has 10 partnerships organised into two Integrated Care Partnerships (ICPs); however, in future other stakeholders will include the Primary Care Networks (PCNs), the population, voluntary sectors and agencies such as the police and fire services.
- 7.11 Covid has shown the vast health inequalities that exist, which has informed us to frame long term plans around population health and not just along clinical lines. It has provided systems with the opportunity to work in a different way, with some of these innovations being maintained in the future. A single system approach provides this flexibility within the overarching strategy.
- 7.12 Rima set out the four strategic priorities for the population of BLMK ranging from child health and support for vulnerable families, support for people to manage their own health and wellbeing, providing proactive interventions and help in the rebuilding of the economy and sustaining local growth.
- 7.13 Mark thanked Rima and Richard for their presentations and invited questions from Governors. In response to questions, Governors were assured that:
- a) Trusts will still have responsibility for managing systems, resources and staff though some of these will move to the ICS. A programme of digital transformation aimed at simplifying the patient's journey between services is being carried out, including use of machine learning and artificial intelligence to flag up early warning signals for linked health and social care factors.
 - b) A multi-pronged approach will be required to hear the voice of local service users in the new system; the ICS will need to work closely with local authorities and community services to develop local connections. Current ELFT channels will be maintained and help to harness everybody's individual forums. This Trust also has a vital role to play in supporting the acute sector to become more patient-centric.
 - c) The White Paper clarifies that the ICS is not a pre-cursor to privatisation. It shows a move away from market based competition to a more collaborative approach, with integration across NHS providers.
- 7.14 A discussion followed with Governors grouped into breakout rooms each facilitated by a Board member who noted feedback on the two questions below:
- On the basis of what you heard, what matters to you with regard to further development of integrated care in Luton and Bedfordshire?
 - How best can BLMK ICS ensure that Governors are informed and engaged in its work?
- 7.15 **ACTION: The notes from each group will be themed following the discussion and reported back to the Council (Norbert Lieckfeldt)**

8. Elections, NHS Providers Advisory Committee

- 8.1. The Council **RECEIVED** and **RATIFIED** the Election report.

9. Any Other Urgent Business/Questions from the Public

- 9.1 A question on how Non-Executive Directors are assured that the Complaints Procedure is working. This has gone to the Trust's Quality and Assurance Committee and a full response will be provided offline.

9.2 Mark thanked the Governors for their engagement and Rima Makarem for her informative presentation.

The meeting closed at 6:40pm