

COUNCIL OF GOVERNORS

**Meeting to be held on Friday 27 November 2020 at 14:00-16:00 via Cisco Webex
Videoconference. Livestreamed online for public viewing**

AGENDA

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
1. Preliminary Business				
1.1.	Introduction and apologies	Information	Chair	14:00
1.2.	Declarations of Interest	Information	Chair	
1.3.	Minutes of previous meetings <ul style="list-style-type: none"> Minutes of Council of Governors meeting held on 30 July 2020 Minutes of Annual Members' Meeting held on 15 September 2020 	Approval Information	Chair	14:05
1.4.	Matters arising (Action Log)	Approval	Chair	
1.5.	Chair's Report	Information	Chair	14:10
2. Performance Update and Strategic Outlook				
2.1.	Chief Executive's report	Information	Chief Executive	14:20
2.2.	Covid-19 Update	Information	Deputy Chief Executive/ Chief Operating Officer	14:35
2.3.	Weston Integration Update	Information	Director of Strategy and Transformation	14:55
2.4.	Quarterly Patient Experience and Complaints reports – to note	Information	Chief Nurse	15:10
3. Governor Decisions and Updates				
3.1.	Nominations and Appointments Committee Report <ul style="list-style-type: none"> Re-appointment of the Chair Non-Executive Director Re-appointment Non-Executive Director Remuneration Appointments to the committee 	Approval Approval Approval Approval	Senior Independent Director / Chair	15:15

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS
3.2.	Governor Activity Report <ul style="list-style-type: none"> - Governor Focus Group updates - Holding to Account Report - Governor Meeting Dates 2021/22 - Governors' Register of Business Interests 	Information	Membership Manager/ Governors	15:30
3.3.	Update against Membership Engagement Strategy	Information	Membership Manager	15:40
3.4.	Process for the Appointment of External Auditors	Approval	Director of Corporate Governance	15:45
3.5.	Governors Log of Communications	Information	Chair	15:50
4. Concluding Business				
4.1.	Foundation Trust Members' Questions	Information	Chair	15:55
4.2.	Any Other Urgent Business – <i>Verbal Update</i>	Information	Chair	
	Date and time of next meeting <ul style="list-style-type: none"> • 28 January 2021, 14:00 – 16:00 	Information	Chair	

**Minutes of the Council of Governors Meeting of University Hospitals Bristol and Weston
NHS Foundation Trust (UHBW) held in public on Thursday 30 July 2020 at 14:00-16:00 by
videoconference**

This meeting was broadcast live on the internet for public viewing.

Present

Jeff Farrar – Chair of the Board and Chair of the Council of Governors
Hessam Amiri – Public Governor
Ashley Blom – Appointed Governor (University of Bristol)
Graham Briscoe – Public Governor
John Chablo – Public Governor
Carole Dacombe – Public Governor
Aishah Farooq – Appointed Governor (Youth Involvement Group)
Tom Frewin – Public Governor
Chrissie Gardner – Staff Governor
Sophie Jenkins – Appointed Governor (Joint Union Committee)
Mo Phillips – Public Governor (Lead Governor)
Ray Phipps – Public Governor
John Rose – Public Governor
Martin Rose – Public Governor
Marimo Rossiter – Appointed Governor (Youth Involvement Group)
Jane Sansom – Staff Governor
John Sibley – Public Governor
Malcolm Watson – Public Governor

In Attendance

Robert Woolley – Chief Executive
Mark Smith – Chief Operating Officer and Deputy Chief Executive
Paula Clarke – Director of Strategy and Transformation
Matt Joint – Director of People
Neil Kemsley – Director of Finance and Information
Carolyn Mills – Chief Nurse
David Armstrong – Non-Executive Director
Sue Balcombe – Non-Executive Director
Julian Dennis – Non-Executive Director
Bernard Galton – Non-Executive Director
Jayne Mee – Non-Executive Director
Guy Orpen – Non-Executive Director
Martin Sykes – Non-Executive Director
Kam Govind – Non-Executive Director (Associate) (NEXT Director Scheme placement)
Peter Collins – Deputy Medical Director
Eric Sanders – Director of Corporate Governance / Freedom to Speak Up Guardian

Approximately 8 members of the public observed the livestream broadcast of this meeting.

Minutes: Sarah Murch – Acting Membership Manager

Jeff Farrar, Trust Chair, opened the meeting at 14:00

Minute Ref:	Item	Actions
1.0 Preliminary Business		
COG1.1/07/20	1.1 Chair's Introduction and Apologies	
	<p>The Chair, Jeff Farrar, welcomed everyone to the meeting. He extended a particular welcome to Professor Ashley Blom, newly-appointed governor for the University of Bristol.</p> <p>He notified those in attendance via videoconference that the meeting was being streamed live online via YouTube. He reminded members of the public who were watching the livestream that the meeting should not be recorded. Members of the public who wished to ask questions could do so via the YouTube comments section on the livestream.</p> <p>Apologies had been received from governors Sally Moyle, Graham Papworth, Penny Parsons, Garry Williams, Mary Whittington, Sue Milestone, Barry Lane, Hannah McNiven and Debbi Norden.</p> <p>Apologies had also been received from William Oldfield, Medical Director, with Peter Collins, Deputy Medical Director, attending in his place.</p>	
COG1.2/07/20	1.2 Declarations of Interest	
	<p>There were no new declarations of interest from governors relevant to items on the agenda.</p> <p>Paula Clarke, Director of Strategy and Transformation, noted that she was currently Chief Officer for the Nightingale Hospital Bristol which was hosted by North Bristol NHS Trust, covering the role one day a week at present while the hospital was in stand-by mode.</p>	
COG1.3/07/20	1.3 Minutes from Previous Meeting	
	<p>Governors considered the minutes of the meeting of the Council of Governors held on 28 May 2020. Sophie Jenkins, Appointed Governor (Joint Union Committee), referred to an item that had been raised under Any Other Business about the Trust's Freedom to Speak up initiative. She pointed out that according to a recent survey, staff from BAME (Black, Asian and minority ethnic) backgrounds were less likely to raise concerns and enquired about the Trust's measures to address this. Eric Sanders, Freedom to Speak Up Guardian, responded that he was aware of this and was making contact with the BAME staff forum and other staff networks to discuss ways to support staff to raise concerns. This would be taken forward and input into the process would be very welcome.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Approve the minutes of the Council of Governors meeting held on 28 May 2020 as a true and accurate record of the proceedings. 	
COG1.4/07/20	1.4 Matters Arising/Action Log	
	<p>Governors noted updates on the actions from previous meetings as follows:</p> <ul style="list-style-type: none"> • Circulate Chief Executive's video for staff re Weston closure to governors <u>Action Complete</u> 	

	<ul style="list-style-type: none"> Information to be provided to governors about Trust efforts to support staff at increased risk of domestic abuse <u>Action Complete</u> FT Member questions/responses sent to May Council of Governors meeting to be copied to all governors <u>Action Complete</u>. July Governor Focus Groups to meet via videoconference – <u>Action Complete</u> Governors' comments on the Quarter 2 Patient Experience and Complaints Report to be raised with the Chief Nurse – <u>Action Complete</u> Governors to receive a briefing on the Trust's Quality and Performance data – <u>Work in progress</u> - scheduled for Governor Development Seminar on 6/10/20. 	
COG1.5/07/20	1.5 Chair's Report	
	<p>Jeff Farrar, Trust Chair, gave a brief update to governors on his recent activity. The period was still dominated by the Trust's continued response to the Covid-19 coronavirus pandemic and the integration work since completion of the merger between University Hospitals Bristol NHS Foundation Trust and Weston Area Health NHS Trust on 1 April 2020. Key points were as follows:</p> <ul style="list-style-type: none"> The Chair had provided governors with weekly updates during the early stages of the pandemic from April-June 2020 to ensure that governors were kept informed of the Trust's actions during a fast-moving situation. These were now provided fortnightly. UHBW was one of only six Trusts to take part in a national Workforce Race Equality Scheme pilot and the Board had recently received training in how to take this forward. He had met with the Chair of North Bristol NHS Trust to discuss how both Trusts could work more collaboratively together as part of the Acute Services Review. This was progressing well. The Board had been holding virtual meetings since the onset of the pandemic but was now intending to move to hybrid meetings from September with a mixture of online and face-to-face participation, though this would be kept under review. Since the merger, the Executive Team had been making efforts to be as visible as possible at Weston General Hospital as well as the Bristol hospitals, within the constraints of Covid-19 infection control measures. The Board had agreed to establish an external awards committee to co-ordinate and provide oversight over external awards and honours nominations for the Trust. <p>Governors discussed the Chair's report, and in particular the shift to virtual governors' meetings since the pandemic. There was general agreement that videoconference meetings were working well and were more focussed than face-to-face meetings, but did not allow for the same exchange of ideas, creativity, nuanced conversation and camaraderie. While face-to-face meetings were felt to be preferable there was a recognition that the priority in the short-to-medium term needed to remain on staying safe and minimising the risk of transmission of the virus.</p> <p>Carole Dacombe, Public Governor, raised a question in relation to the medical revalidation report received at the Board of Directors' meeting earlier that day. It had not been clear in the report whether there was an approved policy in place at the Trust for responding to concerns about conduct. Peter Collins, Deputy Medical Director, clarified that there was a</p>	

	<p>policy in place for managing conduct concerns in relation to medical and dental staff within the UHBW disciplinary policy. The Trust's established Freedom to Speak Up policy for all staff was also noted.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Chair's Report to note. 	
2.0 Performance Update and Strategic Outlook		
COG2.1/07/20	2.1 Chief Executive's Report	
	<p>Robert Woolley, Chief Executive, provided an update on the main issues facing the Trust.</p> <ul style="list-style-type: none"> • The challenges for the NHS brought about by the ongoing Covid-19 pandemic had meant that the Trust had needed to operate in a very different way in the last four months. Staff had been under enormous pressure and the Trust had needed to think radically about how to support them. As governors had seen from the weekly videos that the Chief Executive had recorded for staff during the pandemic, there had been considerable efforts to establish a range of wellbeing support initiatives as well as a continued focus on diversity and inclusion to improve the experience of the Trust's BAME (Black, Asian and minority ethnic) staff. Part of the staff and patient wellbeing response was being taken forward by the Trust's Arts and Culture programme. This included the installation of new garden areas in and around the hospitals, the creation of a 'Boredom Buster' activity pack for inpatients, and participation in a national programme for a commemoration about the impact of the virus and its impact on staff and patients. • The Trust had needed to review and adapt its strategic and business plans in response to the pandemic. A review of the business plans for 2020-21 had just taken place and it had been decided that plans would proceed where there were no risks to doing so. • The Trust had completely reconfigured Bristol Royal Infirmary and Weston General Hospital to allow as much segregation of Covid patients, non-Covid, and suspected Covid patients as possible. Robert Woolley acknowledged the enormous efforts of staff to enable these changes and noted that they had undergone considerable upheaval to their working environment as a result. • The Trust's relationships with its partners in the wider health system were becoming increasingly important as the pandemic progressed. UHBW was working closer with North Bristol NHS Trust as part of the Acute Services Review. Work was also continuing to establish whether health services regionally could form a designated Integrated Care System by April 2021. This programme of work would be taken forward over the next 3-4 months. • Various investigations were taking place into the Covid-19 outbreak in Weston General Hospital which had resulted in a temporary closure of the hospital to new patients in May/June 2020. Firstly, the Trust was undertaking its own Root Cause Analysis into the causes of the outbreak. This was a very detailed piece of work and involved reviewing patient notes and interviewing staff who were in the hospital at that time. The Trust was setting up panels to review the extent of hospital-acquired infection and the findings from this were likely to be published at the start of September. A separate independent 'lessons-learned' review was being carried out at the same time by the regional Outbreak Control Team. <p>There was a brief discussion on Robert Woolley's report. Guy Orpen, Non-</p>	

	<p>Executive Director, noted the value of the Trust's Arts and Culture programme in boosting morale for staff and patients in challenging times and added that there was also a city-wide project called 'Bristol Remembers' to which the Trust may wish to contribute.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Chief Executive's report to note. 	
COG2.2/07/20	2.2 Covid-19 Update	
	<p>Mark Smith, Deputy Chief Executive and Chief Operating Officer, introduced a report which had been produced for the Board of Directors and was shared with governors for information. It provided an update on the Trust's ongoing arrangements to manage the implications of the Covid-19 coronavirus pandemic for patients and staff, and the recovery actions being taken to re-establish normal business. He reported that the Trust was retaining some of its crisis management infrastructure on top of a return to normal business, in order to be able to react quickly should infection rates rise again.</p> <p>He highlighted to governors that the reconfiguration of the Trust's hospitals had been significant and were designed to ensure not only Covid segregation but also distancing and infection prevention measures. As a result of the changes, the Trust's hospitals now had fewer beds and reduced capacity. This would impact the Trust's ability to restore services and recover the backlog of elective and diagnostic work that had developed during the pandemic. This was being mitigated internally through risk assessments and safety measures. However, the Trust would also need to utilise and explore other capacity options, such as the independent sector, and it would need to work closely with its system partners to look at different ways to increase capacity going into the winter.</p> <p>In response to a question from John Rose, it was agreed that governors could receive more insight about the implications of Covid-19 on restoring services and the Trust's performance at a future Governor Development Seminar and that this would also be included on an ongoing basis in the Chair's regular updates.</p> <p>Action – Governor Seminar programme and Chair's briefings to include updates on Covid-19 and its implications on restarting services and Trust performance.</p> <p>In response to questions from John Rose and Jane Sansom about the Trust's oversight of patients on waiting lists, Robert Woolley provided further reassurance that the Trust was working hard to try to ensure that patients with urgent needs were not waiting any longer than necessary and was re-assessing the waiting lists regularly. It was hoped that the Trust would be able to use the independent sector for diagnostics. A large capital bid had been submitted around urgent and emergency care capacity and additional bids had been submitted around diagnostics and other facilities. Governors would be kept updated as to the progress around this.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Covid-19 update report to note. 	Chair/ Acting Membership Manager
COG2.3/07/20	2.2 Forward planning	
	<p>Annual Plan 2020/21 Update: Paula Clarke, Director of Strategy and Transformation, introduced a report which outlined the progress made in refreshing the Trust's Operating Plan for 2020-21 and updated governors on</p>	

	<p>the position as part of the preparatory phase for moving into Phase 3 recovery of NHS services and planning for the winter. She described it as a pragmatic and robust response by the Trust to establish its priorities for the year in the current environment, recognising that they may be subject to change.</p> <p>Trust Strategy Update: Paula Clarke, Director of Strategy and Transformation, reminded governors that the Trust's Five-Year Strategy 2020-25 had been approved last year with input from governors and members. It had now undergone a review and a refresh to take into account the impact of the pandemic. The review had concluded that the Trust's strategy and priorities remained relevant but that some of the specific objectives needed to be adapted. There was now a review of the decision-making and assurance process for delivering the strategic objectives which would be discussed at Board level in September.</p> <p>Governors discussed the impact of the pandemic on the Trust's strategy. Ray Phipps, Public Governor, enquired how the Trust and its partners would deal with the forecast increase in mental health care needs. Robert Woolley responded that the Healthier Together regional system had agreed in principle a £3.3m business case to respond to the anticipated rise in mental health needs inside Bristol, North Somerset and South Gloucestershire for immediate action and to address longer term issues and existing shortfalls. UHBW was only partly involved but was playing its part in the wider system.</p> <p>Steve West, Non-Executive Director, added that the mental health issue was multi-factorial and it was not just NHS organisations that were preparing for the anticipated increase in demand. The education sector, for example, was working to improve training pathways and preventative work and also to establish online methods of mental health support.</p> <p>Ray Phipps further enquired as to what assurance the Trust had that sustainable provision would be in place when contracts with independent sector came to an end. Robert Woolley explained that the independent sector contract was being renegotiated nationally and the Trust was waiting to hear the outcome of this. The Trust was awaiting national guidance for Phase 3 of the pandemic (August 2020-March 2021) and would be able to provide greater assurance once this had been received.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Annual Plan update and the Trust Strategy update to note. 	
COG2.4/07/20	2.4 Weston Merger Implementation Update	
	<p>Paula Clarke, Director of Strategy and Transformation, introduced a report providing an update on the progress of the Weston Integration Programme during the first quarter of 2020/21. The report had been produced for the meeting of the Trust Board of Directors on 30 July 2020 and was shared with governors for information. She highlighted that good progress was being made despite the pandemic. The Weston Divisional Management Board had now been established and was setting up governance systems and processes. The next step would be an organisational development programme ('One team, one vision - #TeamUHBW') which would be getting underway in the coming months to engage all staff in developing shared values and a shared vision for the new enlarged organisation.</p>	

	<p>Governors heard that there had been a delay in realising the expected financial benefits but the reasons for this were understood and progress was expected in the second half of the year.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Weston merger integration report to note. 	
COG2.5/07/20	2.5 Patient Experience Report and Patient Complaints Report	
	<p>The Trust's quarterly Patient Experience Report and Patient Complaints reports were provided to governors to provide information on the Trust's activities in these areas. An Annual Report of Patient Complaints for 2019/20 had been produced in place of the Quarter 4 report on this occasion.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Patient Experience and Complaints reports to note. 	
3.0 Items for Information		
COG3.1/07/20	3.1 Governor Activity Report	
	<p>Governor Activity Report (including Governor Focus Group reports and Holding to Account report)</p> <p>Governors were asked to note this report, which provided a summary of recent activity demonstrating that governors were still discharging their duties despite the pandemic. Sarah Murch, Acting Membership Manager, highlighted that it included reports of two governor focus group meetings and also a report showing the various ways in which held governors had held Non-Executive Directors to account in the period.</p> <p>Carole Dacombe, Chair of the Governors' Quality Focus Group, noted that the group had met via videoconference on 7 July 2020 with a full agenda and lively discussion. She expressed thanks to Bernard Galton and Julian Dennis, Non-Executive Directors, who had joined the meetings to provide reports from the Board committees and take questions from governors.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the report to note. 	
COG3.2/07/20	3.2 Membership Strategy update	
	<p>This report provided an update against the Trust's Membership Strategy including current membership numbers and ways in which the Trust had engaged with its membership in June/July 2020. Sarah Murch, Acting Membership Manager, reported that face-to-face membership events and other activity had been stood down due to the pandemic. Public membership engagement had continued mainly via email newsletters, and some members had responded to express support for the Trust and its staff in this difficult time. Planning for virtual online events was underway, particularly the Annual Members' Meeting and Trust AGM which would be held on Tuesday 15 September 2020.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the report to note. 	

COG3.3/07/20	3.3 Youth Involvement Group Governor Report	
	<p>Marimo Rossiter and Aishah Farooq, Appointed Governors from the Youth Involvement Group, provided an update on the group's activities over the past year.</p> <p>Marimo Rossiter talked about several events attended by the Youth Involvement Group (YIG) in the period before the pandemic. This included:</p> <ul style="list-style-type: none"> • A visit to the activity centre at Bristol Royal Hospital for Children, in which they had discussed ways in which the appearance of the centre could be enhanced, particularly for older children and teenagers. • Attendance at a Trust Sustainability Event in October 2019, as a result of which the YIG had sent a letter to the Board of Directors to ask them to progress the Trust's goals around environmental sustainability with urgency. • Attendance at the Trust's Quality Counts Event in January 2020 which was organised to seek public views on the Trust's priorities around quality of care. The YIG had noted several areas in which the Trust could make improvements to the experience of young people, and these would be fed into the Trust's process for setting its Quality Strategy and objectives. <p>Aishah Farooq talked about several initiatives that she had been involved with including the following:</p> <ul style="list-style-type: none"> • She had helped to support and coordinate the Trust's Open Day at the Bristol Simulation Centre in February 2020 to enable young people between 14-18 years old to gain an insight into healthcare careers. Feedback after the event had been very positive, with 97% of respondents stating that they would definitely come again. • Since the pandemic, she had been working closely with the national NHS Youth Forum and Bristol Royal Hospital for Children to create and promote resources to help support young people. As part of this they had launched #mycovid19pledge campaign at the Trust, a national campaign to engage as many young people as possible to share one thing they would change during lockdown. She had also assisted with the launch and the development of the Power of Youth microsite, which contained information gathered by young people for young people to help support, encourage and empower them during the pandemic. <p>The Chair, governors and members of the Board thanked Aishah and Marimo for excellent reports and for the support that they had given the Trust over the past year.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the reports to note 	
COG3.4/07/20	3.4 Governors' Log of Communications	

4.0 Concluding Business		
COG4.1/07/20	4.1 Foundation Trust Members' Questions	
	<p>Jeff Farrar, Trust Chair, noted that one question had been received in advance from Annabel Plaister, Chair of the Weston Patient Council and a Foundation Trust member. He read out the question and response, as follows:</p> <p>Question: <i>"I understand the beds in Weston General Hospital are now more spaced out in the wards. What is the inpatient capacity of the hospital now? We used to have one ward that was closed and then open for the winter, have we been able to use this ward and keep the same capacity?"</i></p> <p>Response: We are now down to 222 (-43), and about to go to 219 (-45) when the Hutton beds come out (currently under review) in line with distancing measures). Draycott was always the winter surge ward, but it is never closed and is considered core capacity. Additional capacity used to be available through Waterside, but due to current social distancing measures, this is not an option. We are currently reviewing bed capacity and zoning and have held a workshop with physicians this week to scope additional capacity options on site.</p> <p>There had been no questions asked via the YouTube livestream.</p>	
COG4.2/07/20	4.2 Any Other Business	
	<ul style="list-style-type: none"> Sophie Jenkins, Appointed Governor for the Joint Union Committee, noted that an issue had recently arisen at a neighbouring Trust about the way in which staff used social media to express support for one of their colleagues who had been the victim of a serious attack. She highlighted that some staff at UHBW may not realise that the Trust had a social media policy that they were expected to adhere to. It was agreed that perhaps the policy could be communicated more widely to ensure that staff were aware of it. <p>Action: Governors to receive assurance that Trust staff were adequately informed about the Trust's Social Media Policy</p> <ul style="list-style-type: none"> Mo Phillips, Lead Governor, acknowledged the enormous challenges facing the Board and the Trust at present due to the pandemic and commented that governors' questions were well-intentioned as they were very grateful to those running the Trust. Jeff Farrar, Trust Chair, asked governors to note that Kathy Baxter had taken the decision to stand down from her Public Governor role for health reasons with immediate effect. He commented that he was very grateful for everything that Kathy Baxter had done for the Trust and he would write to thank her on the Trust's behalf. John Rose, Public Governor, referred to the Capital Projects report received at the Board meeting and asked whether he could see more information in terms of smaller capital projects and building maintenance. Jeff Farrar provided assurance that the Board's Finance Committee had oversight of this through their scrutiny of divisional budgets. Neil Kemsley, Director of Finance and Information, offered to provide more information 	<p>Deputy Chief Executive/ Chief Operating Officer</p> <p>Director of</p>

	<p>about components of the capital plan outside the meeting.</p> <p>Action: More information about the Trust's capital plan to be shared with governors</p>	Finance and Information
COG4.3/07/20	<p>4.3: Meeting close and date of next meeting</p> <p>The Chair declared the meeting closed at 15:55. The date and time of the next meetings are:</p> <ul style="list-style-type: none"> - Annual Members' Meeting/Trust AGM – Tues 15 Sept 2020 at 5pm-7pm [POST-MEETING MINUTE: time of meeting changed to 5pm-6.30pm] - Council of Governors' meeting – Fri 27 November 2020, 2pm-4pm 	

Minutes of the Annual Members' Meeting of University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) held on 15 September 2020 at 17:00-18:30

In line with the social distancing restrictions imposed by the UK government at the time of this meeting due to the COVID-19 Coronavirus pandemic, this meeting was held as an online event.

Present

Members of the Trust Board of Directors

Jeff Farrar - Chair
 Robert Woolley – Chief Executive
 Neil Kemsley – Director of Finance and Information
 Carolyn Mills – Chief Nurse
 William Oldfield – Medical Director
 Matt Joint – Director of People
 Bernard Galton – Non-Executive Director
 Jayne Mee – Non-Executive Director
 Martin Sykes – Non-Executive Director
 Steve West – Non-Executive Director
 Sue Balcombe – Non-Executive Director
 Guy Orpen – Non-Executive Director

Members of the Council of Governors

Mo Phillips – Public Governor (Lead Governor)
 Carole Dacombe – Public Governor
 Sally Moyle – Appointed Governor (University of the West of England)
 John Rose – Public Governor
 Jane Sansom – Staff Governor
 Hessam Amiri – Public Governor
 Tom Frewin – Public Governor
 Sue Milestone – Public Governor
 Penny Parsons – Public Governor

In Attendance

Sarah Murch – Acting Membership Engagement Manager
 Eric Sanders – Director of Corporate Governance
 Mark Pender – Head of Corporate Governance
 Emma Mooney – Director of Communications
 Heather Ancient, Director, PricewaterhouseCoopers – *External Auditor*
 Approximately 30 public, patient and staff members of University Hospitals Bristol and Weston NHS Foundation Trust and members of the public.

Minutes

Rachel Hartles – Membership and Governance Administrator

1. Chair's Introduction and Apologies

The Chair of the Trust, Jeff Farrar, welcomed everyone to the Trust's first online Annual Members Meeting. Jeff acknowledged that the past six months had been extremely challenging due to the Coronavirus Covid-19 pandemic that the world had been experiencing, and paid tribute to members of staff and members of the Trust who had sadly passed away during the past year.

Apologies were noted from Board members Paula Clarke, Mark Smith, Julian Dennis and David

Armstrong. Apologies were also noted from governors Ashley Blom, John Chablo, Chrissie Gardner, Sophie Jenkins, Graham Papworth, Ray Phipps and Hannah McNiven.

2. Minutes of the previous Annual Members Meeting/Annual General Meeting

As this was the Trust's first Annual Meeting since the merger between University Hospitals Bristol NHS Foundation Trust and Weston Area Health NHS Trust, there were two sets of minutes to be considered.

- The minutes of the University Hospitals Bristol NHS Foundation Trust Annual Members' Meeting on 19 September 2019 were approved as an accurate record of proceedings.
- The minutes of the Weston Area Health NHS Trust Annual General Meeting on 17 September 2019 were approved as an accurate record of proceedings.

3. Independent Auditors' Report

Members received the External Auditors' Report from Heather Ancient, Partner of PricewaterhouseCoopers (PwC). She outlined PwC's three key responsibilities as the Trust's external auditors in relation to the Annual Reports for 2019/20 for University Hospitals Bristol NHS Foundation Trust and Weston Area Health NHS Trust. She reported their conclusions as follows:

1. Financial statements:

The audit for University Hospitals Bristol NHS Foundation Trust was concluded remotely, however there was a thorough process using video conferencing and technology. PwC had issued an unqualified and unmodified opinion for the final accounts for the year 2019/2020.

The audit for Weston Area Health NHS Trust was the final audit for the Trust as they merged with University Hospitals Bristol NHS Foundation Trust from 1 April 2020. PwC issued an unqualified and unmodified opinion for the final accounts for the year 2019/2020.

2. Value for money:

PricewaterhouseCoopers issued an unqualified opinion on University Hospitals Bristol NHS Foundation Trust's Value for Money which confirmed the Trust had used its resources effectively, efficiently and economically.

PricewaterhouseCoopers issued an adverse opinion in relation to Weston Area Health NHS Trust's value for money due to an underlying deficit and missed control total. The Care Quality Commission's (CQC) overall rating from June 2019 of 'requires improvement', along with a Section 29A warning notice in place throughout the audit impacted PricewaterhouseCoopers' opinion on value for money.

3. Quality Report: Due to the Covid-19 pandemic, the regulator had not required an opinion on the Quality Report for either University Hospitals Bristol NHS Foundation Trust or Weston Area Health NHS Trust this year.

The Chair thanked Heather Ancient for attending and providing an update.

4. Presentation of Annual Report and Accounts and Quality Report for 2018/19

Robert Woolley, Chief Executive, and Neil Kemsley, Director of Finance and Information jointly presented the Annual Report and Accounts for 2019/20, with Carolyn Mills, Chief Nurse,

presenting an update on the quality achievements for the year.

Review of the Year 2019/20

Robert Woolley, Chief Executive, gave an overview of both University Hospitals Bristol NHS Foundation Trust and Weston Area Health NHS Trust. Highlights included:

- University Hospitals Bristol NHS Foundation Trust and Weston Area Health NHS Trust successfully merged on 1 April 2020 and became University Hospitals Bristol and Weston NHS Foundation Trust (UHBW). The merger was expected to deliver improvements throughout the whole of the new Trust.
- To support patient flow through the Trust's hospitals, the Trust had worked with its partners in the wider health community to enhance discharge capacity. Also a new mobile real-time communication tool for clinical staff known as 'Careflow' had been launched within the Trust.
- The Trust had invested in its physical environments including refurbishing the Linear Accelerator F and Brachytherapy Suite within the Bristol Haematology and Oncology Centre (BHOC) and the Discharge Lounge and Medical Day Case Unit in Weston General Hospital.
- A new Arts and Culture Strategy had been approved by the Board in June 2019.
- For staff, a new Education Strategy and a new Diversity and Inclusion Plan had been launched.
- The Trust continued to play a lead role regionally within the Bristol, North Somerset and South Gloucestershire Healthier Together partnership.

Looking forward, the Trust's aims for 2020/2021 were:

- To manage the Covid-19 pandemic as effectively as possible
- To support staff to give the best possible care
- To restore normal services as far as possible
- To retain new and beneficial ways of working where possible
- To learn lessons to inform future pandemic preparedness.

Robert Woolley confirmed some of the steps taken by the Trust in relation to the Covid-19 Pandemic, which included decreasing the number of available beds in order to maintain social distancing, increasing the number of appointments being held with patients through an online platform and providing wellbeing support to staff so that they could give the best possible care.

Annual Accounts 2018/19

Neil Kemsley, Director of Finance and Information, presented the financial results for 2019/20 separately for University Hospitals Bristol NHS Foundation Trust and Weston Area Health NHS Trust.

Headlines for University Hospitals Bristol NHS Foundation Trust included:

- The Trust reported a turnover of £749m, and delivered a core surplus of £3m.
- The Trust received Provider Sustainability Income at £11m, although this may not be offered to the Trust next year due to the changes in the regime.
- The Trust delivered savings of £14m which equated to approximately 2% of the Trust's turnover.

Headlines for Weston Area Health NHS Trust included:

- The Trust had a turnover of £113.8m, and delivered a core deficit of £16.7m.
- The Trust had received an organisational loan of £15.2m.
- The Trust had ended the year with £4.4m cash in the bank against an expected level of only £1.2m.

- The Trust had agreed with NHS England and Improvement that all loans were written off and would not be repayable in the newly merged Trust.

Neil Kemsley provided a breakdown of the main areas of income and expenditure for both Trusts. He briefly discussed the changes to the financial regime in the current financial year due to Covid-19, which had been put in place in order to ensure all Trusts broke even and to enable cash-flow through the economy. There was some uncertainty about the position going forward; so the Trust's revised financial strategy would need to restore the underlying financial strength to afford investment in the core infrastructure as well as the key strategic priorities.

Presentation of Quality Achievements 2019/20

Carolyn Mills, Chief Nurse, presented the quality achievements the Trusts had seen during 2019/2020, though noted that the publication date of the Quality Report had been extended to November 2020.

Carolyn Mills emphasised that quality improvement and patient safety within the newly-merged Trusts was an important objective for the Board. Staff at Bristol and at Weston were commended on their focus on quality of care for patients during the very difficult months since the start of the Covid-19 pandemic.

Carolyn Mills highlighted the objectives that University Hospitals Bristol NHS Foundation Trust had achieved, which included:

- Improving the provision of information and support to meet the needs of young carers across the Trust.
- Driving positive staff engagement through expanded use of the 'Happy App.'
- Planning and overseeing implementation of the Medical Examiner system.
- Enabling improvements in patient safety through the use of digital technology.
- Reducing the risk of Never Events.
- Improving the availability of information about physical access to our hospitals to ensure patients and visitors know how to get to services in the easiest possible way, particularly patients with disabilities.
- Improving patient experience through roll out of the real time outpatients initiative.
- Developing and implementing a training programme for Trust lay representatives to support and develop their participation in Trust groups and committees.

She also highlighted the objectives that Weston Area Health NHS Trust had achieved, which included:

- Improving governance processes and learning from concerns.
- Promoting inclusion, involvement & engagement of patients & carers.
- Improving medicines safety.
- Developing and making the most of our workforce.
- Optimising safe discharge.

The objectives for the newly merged Trust were limited due to the Covid-19 pandemic and organisational merger. These were designed to be whole-Trust objectives and included:

- Improving compliance with VTE (Venous thromboembolism) assessment.
- Improving the availability of information about physical access to our hospitals to ensure patients and visitors know how to get to services in the easiest possible way, particularly patients with disabilities.
- Improving patient experience through roll out of the Trust's outpatients strategy and guiding principles.
- Supporting and developing the participation of lay representatives in Trust groups and

committees.

Jeff Farrar, Trust Chair, thanked the Chief Executive, the Director of Finance and Information and the Chief Nurse for their presentations and invited those watching that they were also able to observe the Board meetings in public, which were held every other month either online or in person, where important decisions were taken in relation to the Trust.

5. Governor and Membership Report

Mo Phillips, Lead Governor/Public Governor and Carole Dacombe, Public Governor, introduced a report of governor and membership activity over 2019/20 at University Hospitals Bristol NHS Foundation Trust.

Mo Phillips explained the role of the Governor within the Trust and advised the number of Governors currently holding a position were 29 in total, broken down as:

- 17 Public Governors,
- 6 Staff Governors,
- 6 Appointed Governors.

In terms of membership numbers, Carole Dacombe reported that there were currently 7,768 public members and 11,395 staff members. It was celebrated that a further 1,983 staff joined as staff members from Weston from the 1 April 2020. The Trust membership was reviewed regularly to be sure it was representative of the community it served, and the membership team had therefore focussed recruitment on younger people during the 2019/2020 year.

The Trust had held Governor elections in March through to May 2019 for 4 staff Governors and 13 public Governors. Those elected had joined the Council of Governors on 1 June 2019. Governor elections had been planned for March through to May 2020, but these had been postponed for 12 months due to the Covid-19 pandemic.

Carole Dacombe and Mo Phillips gave a brief overview of governor activity over the year. The Council of Governors had spent a large proportion of 2019/2020 discussing and understanding the risks, benefits and other aspects in relation to the proposed merger with Weston Area Health NHS Trust. The Governors also organised events on health-related topics for the public throughout the year, on topics including dementia, pain management, and stroke care. Governors had supported staff awards schemes, visited different hospital sites and participated in assessments of the hospital environment. They engaged with their members through newsletters with individual perspectives on their role and impact at the Trust.

The Governors had continued to meet via online platforms throughout the Covid-19 pandemic and continued to ensure all issues raised continued to be addressed. Governors had received updates from the Chair on the situation within the hospitals and had opportunities to speak directly with the Board via online platforms and via telephone calls.

Mo Phillips and Carole Dacombe assured members that the Governors had a good working relationship with the Board and looked forward to continuing the work that had been done so far.

Jeff Farrar, Trust Chair, reminded the audience that the governor role was entirely voluntary and he thanked Mo Phillips, Carole Dacombe, and all the governors for their support, positivity and commitment to the role.

6.Q&A with the Trust Board

Jeff Farrar advised that a number of questions had been submitted to the Board in advance of the Annual Members Meeting, which would be responded to in writing. **Questions and responses have been included in full as an appendix to the minutes.**

Further questions were submitted to the Board via the Question and Answer function on the online meeting platform. These included the following:

- **The reduction in capacity in all areas of the Trust as a result of Covid is a genuine concern for staff and patients. How can the Board reassure us that there are credible plans to safely provide services for patients, whilst not putting staff under pressure?** (Jane Sansom, Staff Governor)

Response: Robert Woolley, Chief Executive, acknowledged that this was the key issue facing the Trust at the present moment. Capital funding had been released by government for additional critical care beds and increased diagnostics capacity across the country, and confirmation was awaited as to how much the Trust would receive. At the same time, the Trust was trying to achieve as much as it could within its own resources. It had for example reconfigured urgent and emergency care pathways both in the BRI and in Weston and was making decisions on investments to create additional capacity and secure new staff. The Trust was also maximising its use of independent sector facilities and was working with its partners in the region to support patient care outside the hospital environment. There was still no guarantee that staff would not be asked to do more to help restore services in the interests of patients who had been waiting too long, but the Board would continue to work with local divisions to explore every opportunity to mitigate pressures and the effect on staff over the winter.

- **What is your ethnic representation of governors?** Eric Sanders, Director of Corporate Governance, confirmed that the Trust currently had 26 Governors, 3 of whom had declared that they were from a BAME (Black, Asian or Minority Ethnic) background.
- **What are we doing to protect volunteers and what does that look like going forward?** Carolyn Mills, Chief Nurse, responded that in relation to Covid-19, significant national guidance had been sent to all Trusts relating to hospital volunteers and as a result risk assessments for Trust volunteers were being conducted. The aim of the organisation must be to limit the number of people accessing the hospitals. The Trust was keen to retain its volunteers; however it was looking into how volunteers could support the Trust without being in the hospitals.

The Trust Chair, Jeff Farrar, thanked everyone for attending and closed the meeting at 18:35.

Appendix A

Questions for the UHBW Annual Members' Meeting – Tuesday 15 September 2020

1. In the light of the pandemic, will the Trust be updating and changing significantly the recently-published five year strategy – Embracing Change, Proud to Care, which outlines the Trust's vision for the future? Will the Trust be changing this strategy, and will the Trust be consulting with the public on any changes? (**Mike Frost, public Foundation Trust member - Bristol**)

Response from Sarah Nadin, Associate Director of Strategy and Business Planning: We have undertaken a thorough review of recently published Trust strategy to ensure we are agile to any changing requirements in relation to the Covid pandemic and the resulting changes to our operating environment. In order to do this we agreed with our Senior Leadership Team and through our Trust Board a set of 'New World Drivers' which characterised the factors we now need to consider that are new, or have become of greater priority because of the pandemic. We undertook a review of our main Trust Strategy, our enabling strategies (such as Digital and People), as well as each of the clinical division's strategies and as a result confirmed that our key Strategic Priorities still remain relevant. This was on the basis that they are high level by nature and were recently approved and were produced via a process of significant consultation. As part of the process, we also reviewed each of the strategic objectives, which are the more detailed list of the actions we are planning to take over the next 5 years to deliver our Strategic Priorities. We categorised these objectives into four categories, still relevant and to be delivered at the same rate, needing to be accelerated, to be re-prioritised or needing to be changed or added. Our annual corporate objectives and divisional annual objectives for 2020/21 have also been reviewed and refreshed to ensure we are planning to deliver the objectives which have been priorities for delivery this year. These changes are not significant to our strategic direction, but represent where a change of emphasis is needed to ensure we account for the change requirements associated with the last 6 months. For those objectives where it was identified that they needed to be added or amended, these were reviewed and approved by our Senior Leadership Team and an addendum to our Trust Strategy outlining these changes is due to be presented to Public Board at the end of the month.

2. In March this year the entire NHS was re-orientated to focus on treating patients with Covid-19 and the treatment of patients with other conditions suffered. Does the Board consider that this Trust has reached the point where it is back to providing the standard and level of treatment to non Covid-19 patients that it did prior to March 2020? If it does not, when does the Board anticipate that all of the Trust's services will be back to their pre-Covid-19 state? (**Paul Wheeler, public Foundation Trust member – Bristol**)

Response received from Philip Kiely, Deputy Chief Operating Officer (Planned Care): The elective (planned care) services offered by the Trust are still being significantly impacted by the Covid-19 outbreak.

If we compare the level of activity we are undertaking in August 2020 compared to August 2019, we are currently undertaking 81% of the inpatient activity, 62% of day case activity and 74% of outpatient activity.

The question of when our services will be back to normal is a difficult question to answer. Our services continue to be impacted in a number of ways by the Covid-19 outbreak, despite the relatively low number of inpatients at present.

Firstly, to prevent the risk of cross infection, we have needed to reconfigure how we care for patients on our wards to separate patients that have been diagnosed or suspected of having Covid-19 from patients awaiting elective procedures that have self-isolated and have been screened as part of the pre-operative process.

Secondly, in order to maintain social distancing, we have had to limit the number of patients that can be seen in an outpatient setting because of the difficulty of managing the requirement within the size and configuration of some of our waiting rooms. Following assessments by our Infection Prevention and Control team we have also had to reduce the number of inpatient beds and trolleys that we use to maintain the appropriate distance between bed spaces.

Thirdly, staffing is a major constraint. We have had to split on-call cover and our ward establishments between the wards caring for patients diagnosed or suspected of having Covid-19, and those that have been tested as negative for Covid-19. We have also had to allocate more of our staff to help support operating on cases where there is a heightened risk to our staff of contracting Covid-19, and hence they have to wear full PPE for extended periods. The additional staff are being used to relieve these staff, and to act as additional runners within the theatre environment.

The Trust is currently, in partnership with other organisations in our region, developing our plan for the remainder of the year. These plans include a number of investments both in terms of capital investments in our buildings, but also in additional staffing, to help the Trust to recover to as normal a level of operating, whilst still taking all of the appropriate precautions in the context of the continuation of the Covid-19 outbreak. The extent to which we will be able to recover our services, and by when, is still being determined.

3. We all appreciate the difficulties which COVID-19 has caused both in the UK and worldwide in 2020. It is appreciated that it was necessary to ensure that the NHS had sufficient capacity to deal with this, which was done probably by mid-April 2020, with cancellation of appointments and operations, the building of the Nightingale hospitals and potential utilisation of private hospitals. Fortunately the demand was not as great as feared. However, it appears that it is still extremely difficult if not impossible to obtain an appointment either for preliminary discussions and tests or for surgery. I need surgery for cataracts but was told on contacting the Bristol Eye Hospital for my preliminary appointment that I would be put on the waiting list and probably have the preliminary appointment in "early 2021". From that it follows that the actual surgery is unlikely to take place until 2022. When will our hospitals be opened up again for treatment and surgery for everything from life-threatening cancer and heart conditions to important surgery such as joint replacements and cataract surgery? Further when will GP surgeries be fully open again? ***(Judith Gordon-Nichols, public Foundation Trust member – Bristol) Judith sends apologies for the meeting but would be grateful if we could email the response to her afterwards.***

Response received from Philip Kiely, Deputy Chief Operating Officer (Planned Care): On 17th March 2020, the NHS Chief Executive Officer and Chief Operating Officer released guidance to organisations as part of the NHS's Phase 1 response to the Covid-19 outbreak. This required

organisations to postpone all routine procedures to free up the maximum capacity – beds, staffing etc. – to manage the anticipated additional demand related to the outbreak.

This was followed on the 29th April 2020, by the Phase 2 guidance, which stated that all urgent services should be returned to normal operating, and where capacity is available, routine activities could also commence.

Finally, on the 31st July 2020, the Phase 3 guidance was released which set certain expectations for organisations to restore their routine services, whilst acknowledging that a complete return to normal operations was unlikely given the continued challenge of manage admissions for patients suspected or diagnosed with Covid-19, and the need for NHS organisations to maintain a state of readiness in the event of a second wave of the outbreak.

I can confirm that we have maintained services for life-saving treatment throughout the Covid-19 response. The Trust has been following guidance from the Royal College of Surgeons in clinically prioritising cases by categorising them as either: priority 1a (procedures to be performed in <24 hours), 1b (to be performed in <72 hours), 2 (in <1 month), 3 (in <3 months), and 4 (>3 months).

With respect to cataract surgery, the vast majority of patients awaiting surgery have been categorised by the surgeons at the BEH as priority 4 cases. This is because it is considered to be a deliberating condition, but is reversible. The clinical team has been prioritising the available theatre capacity for urgent cases such as those that if untreated may cause irreversible sight loss.

Following the Phase 3 guidance noted above, I can confirm that our cataract surgery service recommenced on the 29th June. However, we are currently undertaking much lower levels of surgery in general at the BEH – a little under half the number of cases compared to pre-Covid levels.

This is because of a number of factors including our ability to manage patients' admission, recovery and discharge in a safe manner adhering to infection prevention and control guidance with respect to social distancing. The BEH, its outpatient and theatre facilities, dating from the 1980s, were not built with social distancing in mind. The BEH team have had to redesign the way that patients are cared for during their admission to ensure that we can maintain social distancing, and in so doing we have been following guidance issued by the Royal College of Ophthalmologists.

We currently have 828 patients on the cataract waiting list – 154 of these patients have already received a date for surgery at the BEH.

In order to expedite the surgery for other patients on this waiting list, we have offered 200 patients awaiting surgery, the option of being treated by an independent sector provider called New Medica. These patients were some of the longest waiting, and they have also been assessed as being clinically appropriate to transfer. We are in the process of offering a further 90 patients waiting for their first outpatient appointment, and a further 200 patients waiting for surgery, the option of transferring their care to New Medica.

I am not sure about the source of the information that your surgery would not be scheduled until 2022. This does not sound correct, and we will clarify with our teams the information that they are giving to patients.

The BEH management team have confirmed that the waiting time for cataract surgery is approximately 36 weeks from referral at present. This waiting time does not reflect the recent offer for transfer of patients to the care of the independent sector.

In addition, the BEH is in the process of organising additional outpatient and theatre sessions to reduce waiting times at the BEH, and there is a possibility that we can start to schedule cataract surgery at Weston General Hospital.

I am afraid that I cannot answer the query concerning to opening of the GP surgery. This query is best addressed to the GP surgery concerned.

4. Annual Report and Accounts - Page 24 includes Table 1 on the Trust's performance on National Standards. It would be beneficial to readers if comparable results from other Trusts across the country were included to give a picture of where UHBT performance fits with comparable Trusts. This could be included in the public facing document mentioned above. Previous year results would be good if current year results were not available at time of issue. *(Tony Denham, public Foundation Trust member, Bristol)*

Response received from Philip Kiely, Deputy Chief Operating Officer (Planned Care): The Trust's Board papers include a monthly Integrated Performance Report. This report provides data for a range of performance indicators structured according to the CQC domains of Safe, Caring, Responsive, Effective, Well-Led and Use of Resources.

Please follow this link to the latest papers: <https://www.uhbw.nhs.uk/p/about-us/trust-board-meetings>

Where the comparative nationally published data exists for other providers, the Integrated Performance Report provides a histogram to indicate the Trust's performance against other NHS Trusts (Weston and Bristol performance is also currently differentiated).

Given the impact of Covid, the Integrated Performance Report arguably provides the best account of the Trust's current performance compared to the annual figures.

We can certainly include a performance benchmark comparison in the Annual Report for future years. Some thought will need to be given to whether we compare ourselves with all other trusts, or whether we benchmark against similar organisations i.e. teaching trusts providing secondary and tertiary services.

5. [Annual Report and Accounts](#) - Page 144 Audit Report; this section starts by stating 'there is an incentive for management to manipulate the timing of recognition of both income and expenditure'. Then in the Revenue section it states that '...the payments are 'trued up' on a

quarterly basis...'. Please explain the term 'trued up' in relation to Revenue and the judgement exercised by Directors. How does this level of Director judgement compare with the materiality level quoted on page 146? **(Tony Denham, public Foundation Trust member, Bristol)**

Response received from Neil Kemsley, Director of Finance: Page 144 of the audit report describes the potential risk that the Trust could manipulate the recognition of income or expenditure in the accounts to achieve the financial targets set by regulators. The audit testing is therefore designed to ensure this is an area of focus.

In terms of revenue, the audit report goes on to describe the process by which the Trust receives income each month from Commissioners based on the planned activity in the contracts, which is trued-up at the end of each quarter. The true-up refers to the Trust providing the actual activity delivered against the contracts with Commissioners at the end of each quarter. This is paid for after deducting the payments already made 'on account'. The judgement comes at year end when the accounts have to be submitted and audited before the actual activity for March has been verified and agreed. The estimate made for the value of the 'true-up' for March is always discussed and agreed with Commissioners. The Trust's accounting policies (note 1.21 to the accounts) provide the methodology for estimating the month 12 income. For 2019/20, due to Covid-19, the methodology of the year end settlement with Commissioners was changed as described in note 1.21 to the accounts. A fixed and final settlement was agreed for the income in respect of the activity for month 12 requiring no true-up.

To give a sense of materiality, in the previous year the true-up for March 2019 was circa. £2.5m (additional income received in 2019/20) compared to a materiality limit of £14.4m for 2018/19.

6. The 149-page Annual Report consists of the 94-page main report and 4 Appendices and several blank pages. It is accepted that the report fulfils several statutory requirements placed on the Trust; however, its length makes it impenetrable to the lay public. Could the Trust consider a much shorter [20pages] public facing document with increased graphics that identifies the main points of interest to the public? **(Tony Denham, public Foundation Trust member, Bristol)**

Response from Emma Mooney, Director of Communications: Thank you for taking the time to provide your feedback. We will seek to produce a summary document going forward.

7. Reference: Council of Governors Item 2.3a "Operating Plan Refresh 2020 -21" Appendix 1 - The New World Drivers, Page 23.....Under Item 6 It was suggested that changes to the commissioning and planning environment involved "probable changes to Foundation Trust autonomy, financial regime and independent sector sub-contracts." Please could you advise what further detail you have on this statement especially the probable changes to Foundation Trust autonomy? **(Clive Hamilton, Public Foundation Trust member – Bristol)**

Response from Sarah Nadin, Associate Director of Strategy and Business Planning: The national Planning Guidance released in response to the Covid pandemic changed the national funding and commissioning regime for the NHS, meaning we are on a block contract for the first part of 2020/21 and we are awaiting the further guidance, which will outline the national approach to NHS funding

and commissioning for the second half of the year, this is expected shortly. The comment in relation to Foundation Trust autonomy refers specifically to capital funding, where there is now a new approach to system allocations of capital, which now means we need to consider BNSSG system priorities along with our own when making decisions regarding the spending of capital. This is not likely to impact our decision making this year, but will become more relevant in future years to support the delivery of system changes for our patient population.

8. We now appear to be entering a second wave of the COVID-19 pandemic and as such, as a possible patient at the Trust hospitals, I would feel more assured of not being exposed to infection if I knew that all staff who come into contact with patients are tested and that this testing was carried out on a regular rota basis - say every 14 days. This would be in addition to any testing as a result of requests due to symptoms or contact exposure. I understand from a previous answer given that testing is available on a voluntary basis at the moment - should it be made compulsory? **(Clive Hamilton, public Foundation Trust member, North Somerset)**

Response from Dr Martin Williams, Director of Infection Prevention and Control: There are a number of issues with the suggestion of mandatory testing of all front line health care workers.

Firstly, a policy of mandatory testing would have significant repercussions on staffing levels. All individuals have the right to refuse to be tested. If a policy were introduced for mandatory staff testing then those who refuse to be tested would have to be redeployed into a non-patient facing role, which would have an impact on staffing levels and patient safety. Similarly, if a staff member were unavailable (e.g. on holiday) and missed their allotted testing slot, then they would not be able to return to work until they had a negative test result. This again would have implications for staffing numbers, and on patient safety.

Secondly, Severn Infection Sciences (who deliver the testing services for UHBW), have significant testing capacity, but prioritise the availability of testing for Pillar 1 activity. This includes testing of symptomatic patients in secondary care, and supporting public health activities in the community related to outbreaks in care homes, schools, and prisons. Their activity also includes the investigation of any ward based transmission of SARS-CoV-2. In addition, the laboratory supports Pillar 1 activity across the South West, and other areas across the country e.g. Cambridge, London, Manchester, and has recently been called upon to support the Pillar 2 testing services. Testing for UHBW is currently funded centrally, but this is likely to change and each test costs in the order of £30+ pounds bringing with it a significant resource implication. If this were to be done through the laboratory at Severn Infection Sciences the significant increase in the demand for testing (as they provide laboratory services for NBT, UHBW and the RUH) could impact significantly on the turnaround times for delivery of test results of symptomatic in-patients, with the associated risks.

Testing of asymptomatic staff members does not strictly fall within Pillar 1 activity, so any wholesale testing of staff members should be done through Pillar 2. Staff members would have to be released from their duties to attend one of the community testing facilities. The results of Pillar 2 testing are not delivered in a timely or responsive way, and are not available to the Trust. As such, there would be no way of policing test results.

The next important thing to consider is that the situation now is very different compared to the beginning of the pandemic. All staff are now required to wear a type IIR fluid repellent surgical mask, in non-COVID secure non-clinical areas, and additional PPE when they are in clinical areas. This reduces the risk of staff-to-staff, staff-to-patient, and patient-to-staff transmission. In addition, all

hospital in-patients are tested on a weekly basis for the duration of their hospital stay. This goes above-and beyond the recommendations set out by NHS-E/I but allows early detection of any ward-based problems. Any probable or definite health-care acquired case would be thoroughly investigated, which includes additional patient testing and staff testing.

Finally, if staff systematic screening were to be undertaken then once every 14 days would be insufficient, and falsely reassuring. As the incubation period for COVID-19 is 4-14 days (with most patients becoming symptomatic at day 6-7, and rarely after day 10) testing once a fortnight would miss a significant number of asymptomatic and pre-symptomatic individuals. Realistically, staff would need to be tested daily, although this would be impractical.

9. How effective are communications between medical staff, patients and families and how does the Board and Council of Governors know ? In our experience it is poor, it's not effective, it's inconsistent and only letters of complaint to senior managers ensure an appropriate response. How will the Board and Council of Governors ensure this situation is improved? **(Denise Hunt, public Foundation Trust member, North Somerset)**

Response from William Oldfield, Medical Director: The importance of effective communication between any member of the Trust's staff (and most importantly, patient or public-facing staff) and the community the Trust serves is well understood by the Trust, but the quality of the communication is very difficult to measure and is reliant on individual feedback, both positive and negative. This occurs in a number of formats including patient compliments and complaints and 360 degree feedback from both patients and staff members - these data are used to inform the Annual Appraisal which each member of the medical staff participates in and guides any reflection or subsequent training needs that are subsequently identified. The Trust regularly reviews complaints that the Trust receives and underlying themes are reported to both the Senior Leadership Team and the Non-Executive Directors to ensure that issues are known about and acted upon.

Effective, and new ways of, communication have become increasingly important over the past few months as a result of the CoVID-19 Pandemic. Due to the requirement for Personal Protective Equipment (PPE), especially face-masks, many non-verbal clues are now missing (one of the most important being lip-reading - although this can be mitigated by the use of transparent face-masks). Additionally, many consultations are no longer face-to-face, but conducted either via video- or tele-conferencing. Members of staff are increasingly aware of the potential limitations of these approaches and are factoring in the need to ensure that patients (and their associated carers) are kept fully informed and thus able to participate in their medical care.

Additional response from Sarah Murch, Acting Membership Manager re the role of the Council of Governors: The Council of Governors frequently challenges the Board of Directors on matters relating to patient experience. Governors are elected by Foundation Trust members to represent your interests, and so as a Foundation Trust member you are welcome to contact them at any time if you have any general concerns that you would like them to raise with the Board.

10. I am a patient at the eye hospital. On account of Covid 19 I have not been able to physically attend the hospital for the last six or seven months (I've had my consultations over the phone.)I wondered what, if any, progress has been made with reference to the plans for refurbishment of the ground floor of the Eye Hospital. **(Paul Thomas, public Foundation Trust member)**

Response from Andy Headdon, Director of Estates and Facilities: The whole strategic capital programme, which includes the Eye Hospital ground floor scheme is now subject to a review process to reprioritise the Trusts investment plan. This review will not conclude until April 21, so there won't be any further update on schemes until then.

DRAFT

Council of Governors meeting – 27 November 2020 - Action Log

Outstanding actions following the Council of Governors meeting held on 30 July 2020					
No.	Minute reference	Detail of action required	Responsible Officer	Completion date	Additional comments
1.	COG2.2/07/20	Governor Seminar programme and Chair's briefings to include updates on Covid-19 and its implications on restarting services and Trust performance	Acting Membership Manager	Oct 2020	Action completed since the last meeting: Governors received a presentation on restarting services/Trust performance at their Governor Development Seminar on 6 October 2020. Updates are also incorporated into regular Chair's briefings to governors.
2.	COG3.4/07/20	Governors to receive regular updates on outstanding issues, questions and actions	Acting Membership Manager	Aug 2020	Action completed since the last meeting: 'Governor Issues and Action Tracker' created and circulated to governors every month. This includes updates on meeting actions, issues raised by governors and members, and the progress of Governors' Log questions.
3.	COG3.4/07/20	More information to be provided to governors about alcohol-related ED attendances	Deputy Chief Executive/ Chief Operating Officer	TBC	Work in Progress: An initial response has been received from Lucy Parsons, Deputy Chief Operating Officer (Urgent and Emergency Care) as follows: <i>We have been well supported by the ambulance service who since the pubs reopened have had their Alcohol Recovery Unit (mobile treatment unit) deployed every weekend evening – they are able to see and treat lots of people in central Bristol with alcohol related concerns / injuries.</i> Data has been requested as well.
4.	COG3.4/07/20	Confirm to governors steps taken by the Trust to ensure that all staff at Weston General Hospital receive relevant communications (including staff	Deputy Chief Executive/ Chief Operating Officer	Nov 2020	Action completed since the last meeting: Response received from Emma Mooney, Director of Communications, as follows: <i>Every effort is made to ensure that all staff working on the Weston site have</i>

		employed by other organisations)			<i>access to relevant information and materials. There are a number of ways in which the Trust broadcasts information to ensure we reach as many staff as possible, these include email messages, information on the intranet, social media, posters, screen savers and pop up desktop alerts. The Communications team also have good relationships with our local health and care communications colleagues to ensure that messaging is aligned and amplified in each organisation as required.</i>
5.	COG4.2/07/20	Governors to receive assurance that Trust staff were adequately informed about the Trust's Social Media Policy	Deputy Chief Executive/ Chief Operating Officer	Nov 2020	<u>Action completed since the last meeting:</u> Response received from Emma Mooney, Director of Communications, as follows: <i>The Information Governance aspect of the staff induction programme includes information on appropriate use of social media in line with Trust policy, and the communications team also regularly advise and support staff across the organisation on the use of social media. The communications team also actively monitor social media channels to spot issues and advise and support staff as required.</i>
6.	COG4.2/07/20	More information about the Trust's capital plan to be shared	Director of Finance	TBC	<u>Work in Progress:</u> A capital programme update was shared at Governors' Strategy Group meeting on 10 September 2020. It was noted however that this was incomplete and under review and a further update would be provided at the Governors' Strategy Group meeting on 8 December 2020.
7.	COG5.2/01/20	Governors to receive a briefing on the Trust's Quality and Performance data.	Deputy Chief Executive/ Chief Operating Officer	Oct 2020	<u>Action completed since the last meeting:</u> A briefing was received by governors at the Governor Development Seminar on 6 October 2020

Meeting of the Council of Governors on Friday 27 November 2020

Report Title	Item 2.2: Organisational Response to Novel Coronavirus (Covid-19) Pandemic
Report Author	Lucy Parsons and Philip Kiely – Deputy Chief Operating Officers and John Wintle, Resilience Manager
Executive Lead	Mark Smith, Deputy Chief Executive and Chief Operating Officer

1. Report Summary

The following report was written for the meeting of the Board of Directors in Public on 27 November 2020. Its purpose was to provide the Board with an update on the Trust's ongoing arrangements to manage the implications of the novel coronavirus (COVID-19) pandemic and the recovery actions being taken to re-establish normal business.

It is being shared with the Council of Governors for information.

2. Key points to note (Including decisions taken)

- In response to the growing number of inpatients in hospitals with Covid-19, a national lockdown in England commenced at midnight 4th November and is planned to last until 2nd December.
- Bristol's rate of infection per 100,000 was 394 (at 31 October 2020), an increase of 371.1 from the previous month. The age range of people testing positive is still largely in the younger adults 20-29 years old (around 50%), but there is now an increase in the positivity rates of those aged over 60 years. The number of Covid-19 confirmed cases across the Trust's sites has continued to increase.
- In response to the increasing pressure on Trust services, an internal critical incident was declared on Monday 26th October. A number of changes have been made internally to address the increasing incidence of Covid-19 and these are set out in this report.

3. Advice and Recommendations

- This report is for **Information**.

4. History of the paper Please include details of where paper has previously been received.

- *Board of Directors meeting held in public – 27 November 2020*
- *Senior Leadership Team – 18 November 2020*

Organisational Response to Novel Coronavirus (COVID-19) Pandemic and Recovery – November 2020 Update

Part 1 – Incident Management & Response

1) Purpose

To update the Trust Board on the ongoing response to the Covid-19 outbreak, and the actions that are being undertaken to restore business as usual activity.

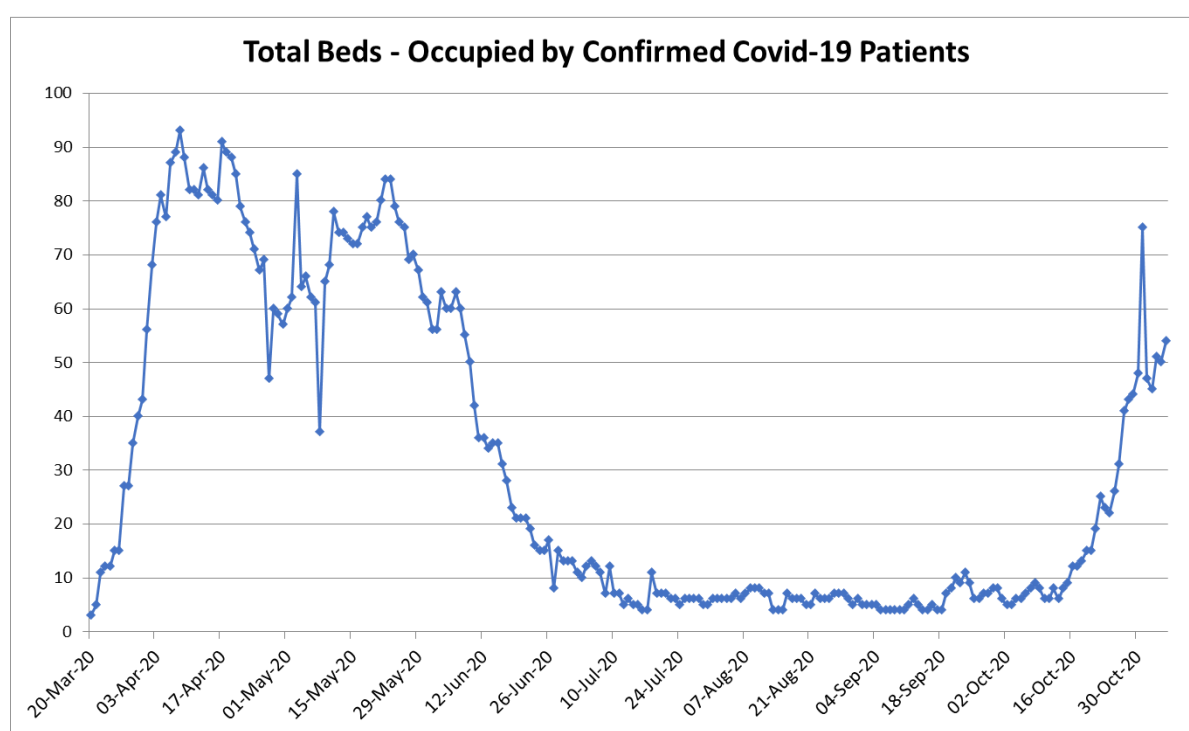
2) National and Local Context

In response to the growing number of inpatients in hospitals with Covid-19, a national lockdown in England has commenced at midnight 4th November and is planned to last until 2nd December.

The NHSE/I incident response team led have moved the national incident level from 3 (meaning regional co-ordination) to a level 4 Incident (providing National Co-ordination). This move allows greater access to mutual aid beyond the region and the ability to access national assets to support the NHS.

Bristol's rate of infection per 100,000 was 394 (at 31 October 2020), an increase of 371.1 from the previous month. The age range of people testing positive is still largely in the younger adults 20-29 years old (around 50%), but there is now an increase in the positivity rates of those aged over 60 years.

The number of Covid-19 confirmed cases across the Trust's sites has continued to increase. The following graph provides the total number of UHBW beds occupied by confirmed Covid-19 patients.



In response to the increasing pressure on Trust services, an internal critical incident was declared on Monday 26th October. Actions as part of this declaration involved the stepping up of the frequency of the ongoing command and control meetings from weekly to a daily Tactical (Silver) and increased meetings with system partners through the local health economy to mitigate the increased pressure.

The table below outlines the current schedule of meetings and the purpose.

Frequency	Group	Purpose
Mon, Wed , Fri	Internal Gold (CEO)	Strategic coordination of UHBW's response
Daily 7 days per week	Internal Silver (COO) Via Flow meetings at weekends	Co-ordinating the actions required to implement the strategic plan from Gold, and overseeing operational plans from the subgroup structure.
Tues, Fri	BNSSG CCG Gold (CEO)	Strategic coordination of BNSSG system response
Mon, Wed, Fri.	BNSSG CCG Silver (COO)	Co-ordinating the system response and identifying the actions required to deliver that response.
Daily 7 days per week	BNSSG CCG Bronze (deputy COO) (on call managers weekends)	Co-ordination and delivery on the actions of the CCG silver group.

3) Internal Response

A number of changes have been made internally to address the increasing incidence of Covid-19 which includes the following:

i) **Standard operating procedure (SOP) for the movement of temporary (bank and agency) staff between wards and departments during the Covid-19 outbreak**

Silver has approved the SOP for minimising the movement of temporary staff (agency and bank staff) during the Covid-19 outbreak, as much as possible, to prevent the potential transmission of infection.

This includes the use of block bookings to cover vacancies to ensure that there is both continuity of care and a reduction in the movement of temporary staff on a daily basis.

Where staff would need to move to provide a safe staffed ward / department, set criteria applies to reduce risk of transmissions.

ii) **Proposal for the management of space during Covid-19 recovery**

As part of the recovery plans, many clinical services within the Trust are increasing their patient activity back to normal levels. With the additional restrictions on physical space and

social distancing that the pandemic has required, it is crucial that services find additional space, or new methods of working through this transition period.

A process is being developed to manage and prioritise requests for additional space to support recovery plans.

ii) Covid Second Wave Plan

The Trust has a second wave escalation plan, developed by the cross-divisional Bed Model Testing Group that was approved at Silver. The delivery of the actions included within the plan will be monitored by relevant local operational delivery groups.

iii) Proactive Hospital

The Proactive Hospital programme of works continues. To meet the objectives of the programme, in the context of the current operational pressures, we are employing a rapid response approach, including:

- Focussing on fewer working groups to make the most impact (ED Redirection and Streaming, Specialty Pathways, Inpatient Admissions and Transfers and Discharge)
- Supporting the divisions to deliver improvements through trusted methodology with the help of an Improvement Lead (and Proactive Hospital Coach)
- Building capability through training and coaching in improvement methods will commence following winter
- High level benefits have been identified, with work commencing soon on establishing a Proactive Hospital dashboard to track key metrics

4) System Response and Preparation for Winter

i) Front Door Streaming / Redirection

In order to reduce crowding and to support changes to workflows within the ED departments, UHBW and NBT are working with BNSSG CCG to modify the Directory of Service in order that ED dispositions for minor illness / injury are effectively switched off.

This will mean patients calling 111 would receive an alternative disposition, such as an Urgent Treatment Centre or GP appointment. Coupled with this, we are working through a plan with BRI ED to start streaming patients after they have arrived at the department to alternative providers.

ii) Support to Discharge

As part of the BNSSG system approach to managing risk over the coming weeks, work has been ongoing to describe the risks and put in place robust mitigations relating to the management of hospital discharge.

During COVID the BNSSG system has increased the community capacity in discharge to assess (D2A) pathways from 150 beds to 303 beds. Recruitment is ongoing to increase, in particular, therapy input in order to reduce length of stay.

Further actions are being implemented to support timely hospital discharge including the purchase of additional D2A pathway 2 and 3 beds, the establishment of a Covid-19 virtual ward using home monitoring / pulse oximetry, relatives being asked to support care of patients at home, and an increase in domiciliary care hours.

Part 2 – Restoration and Recovery

The Trust is undertaking a number of programmes of work in order to plan for the restoration of services, including the following:

5) Outpatient Redesign

The Outpatient redesign programme was launched with divisional representatives at the outpatient steering group meeting on the 10th of September.

The overall aim of the programme is to delivering high quality outpatient care to our population by:

- Ensuring patients are part of decisions relating to their care
- Developing efficient system pathways by working with our partners
- Embracing innovative delivery methods
- Creating sustainable services for all patients

This programme provides a consolidation of the priorities of the NHS Long Term Plan, Adopt and Adapt high impact interventions, and BNSSG Outpatients Healthier Together strategic principles in to a redesign programme to support divisions in achieving their Phase 3 plans.

The approach to redesigning outpatient care is a three stage process. Firstly, all divisions have been asked to engage in self-assessment with the aim to test the specialities alignment to the strategic themes and supported by data identify the key high impact outpatient redesign priorities. Secondly, the allocation transformation lead for each division engages with the senior leadership about opportunities to add value for patients. Finally, the outputs are incorporated within a 3 month action plan.

In order to support this process, toolkits have been developed and through this process will be iterated to support rapid roll out of redesign priorities across the trust.

6) Adopt and Adapt for Outpatients

The Adopt and Adapt programme has identified a number of interventions concerning a redesign of outpatient care to support recovery plans, including:

- Clinical validation of existing referrals and follow ups
- Advice and Guidance

- Patient initiated follow ups
- First Contact Practitioners

The focus of the work is to identify areas of good practice to develop toolkits to support the rapid adoption of change across the system. Advice and guidance / referral optimisation is being led by the BNSSG CCG and the Referral Support Service, Patient Initiated follow up led by NBT, and Clinical Validation of existing referral waiting lists led by UHBW.

At Trust level, we have made an assessment of the specialties that would most likely benefit from adopting the interventions outlined by the Adopt and Adapt programme.

The progress of this programme is being closely monitored by NHSE and BNSSG CCG/Healthier Together. At Trust level, progress is being monitored by the monthly Outpatient Steering Group meeting.

7) Clinical Prioritisation and Validation of Elective Waiting Lists

A task and finish group has been established with clinical representatives to provide a clinical perspective on our plans for responding to this national initiative.

Letters are in the process of being sent to all patients over 52 weeks without a planned procedure date. These letters are nationally defined, and ask patients to confirm whether they wish to remain on a waiting list, to be removed from a waiting list, or would like the option to discuss their treatment plan and likely timescales with a member of the clinical team. The expectation from NHSE is that letters are sent out to all patients on our admitted waiting list by December. We are prioritising sending letters to the longest waiting patients.

One of the key requirements of this national programme is to be able to provide NHSE with an extract of our waiting list data documenting the Royal College of Surgeons (RCS) clinical priority status, their waiting list status (i.e. whether they have elected to defer their treatment, but would like to remain on a waiting list), and the patient's suitability for a procedure in the Independent Sector.

At present, there is no facility on the Medway PAS to capture the RCS priority status. The task and finish group has developed an outline plan to develop a workaround to capture the priority status of patients to satisfy the requirements of the national clinical prioritisation and validation programme, but also to better inform decision making at a Trust and system level.

8) Recommendations

The Trust Board is asked to note the contents of this report for assurance.

Meeting of the Council of Governors on Friday 27 November 2020

Report Title	Item 2.3 - Weston Integration Progress Update
Report Author	Rob Gittins, Programme Director
Executive Lead	Paula Clarke, Director of Strategy and Transformation

1. Report Summary	
<p>This report provides an update to the Council of Governors on the progress of the Weston Integration Programme following completion of the Trust's merger on 1 April 2020.</p> <p>The report was produced for the meeting of the Board of Directors in public on 27 November 2020 and is shared with governors for information.</p>	
2. Key points to note <i>(Including decisions taken)</i>	
<p>Good progress continues to be made, to bring the staff and services together across University Hospitals Bristol and Weston NHS Foundation Trust. This remains a key priority for the Trust and significant work is continuing to move forward whilst managing the second phase of Covid-19 and respond to the annual increased demands of winter.</p>	
3. Advice and Recommendations	
<ul style="list-style-type: none"> This report is for Information. 	
4. History of the paper Please include details of where paper has <u>previously</u> been received.	
Trust Board (Public)	27 November 2020

Meeting of Board of Directors in Public November 2020

Report Title	Integration Progress Report
Report Author	Rob Gittins, Programme Director
Executive Lead	Paula Clarke, Director of Strategy and Transformation

1. Introduction

Good progress continues to be made, to bring the staff and services together across University Hospitals Bristol and Weston NHS Foundation Trust. This remains a key priority for the Trust and significant work is continuing to move forward whilst managing the second phase of Covid-19 and respond to the annual increased demands of winter.

2. Clinical services update

The first phase of bringing together clinical services across Bristol and Weston is almost complete and has been led by services leads working together across sites. Adult Therapies, Laboratory Services and Sexual Health completed integration on 2nd November; with Gynaecology and Pharmacy the next services to integrate.

The second phase of service integrations is underway, with the aim of completion in the spring / summer of 2021.

- Care of the Elderly
- Stroke
- Palliative Care
- Resuscitation
- Audiology
- Critical Care and Anaesthesia
- Paediatrics
- Gastroenterology and Endoscopy
- Emergency Department
- Patient Flow and Integrated Discharge

3. Corporate Trust Services integration

From 1st April 2020, interim arrangements have been in place to ensure that corporate services across Bristol and Weston had single leadership arrangements. Through the course of the year, work has continued to formally bring together corporate services across the Trust to form single teams to reduce duplication, improve organisational resilience, share best practice and ensure that there is a common approach across the organisation. Out of a total of 21 areas, over 90% of services are due to have completed this process on target by April 2021, with the remaining two services completing by 1st July 21.

4. Digital Convergence

A significant step forward was taken in September with the successful first phase implementation of the Medway patient administration system within Weston. This is the first stage in the process of establishing a common system across the Trust by September 2021. Work has also continued with the integration of corporate IM&T systems, for example the a single financial ledger and single risk management system.

5. Managing the Risks to integration

The Integration team through the governance of the Integration Programme Board (IPB) provide active management of risk. Risks are managed on an on-going basis and progress is reported quarterly to the IPB, the Trust's Risk Management Group and Audit and Finance Committees. This provides assurance that a process is in place to actively identify, quantify, manage and eliminate risks to the integration process. Key risks at the moment relate largely to the pressure on the integration programme timeline presented by the demands of managing the on-going COVID-19 pandemic and the pressures this presents. Weston Hospital service specific risks are managed separately through the divisional management governance structure and at a Trust level through the corporate risk register.

6. Monitoring patient experience and the impact of the merger

Impact on patient experience post-integration will be tested using the established Trust measures of Friends and Family test, patient surveys and patient complaints data. Comparisons of data collected pre-merger with post-merger performance will provide useful indicators of what has gone well and what improvements need to be made. This data is presented to Trust Board routinely as part of the Integrated Performance Report. In addition, increased executive presence, with frequent floor walking and direct contact with patients where this is possible also provides valuable first hand feedback on experiences. The Weston divisional management team also consider patient stories at their Board, providing a further source of information.

7. One team, one vision - #TeamUHBW

To ensure that UHBW will continue to be a diverse and inclusive place to work that attracts, develops and retains exceptional people, we are building and developing a shared vision and values across our Bristol and Weston sites. This crucial programme of work will be supported by an external specialist partner following the completion of the procurement process.

8. Early benefits of integration

It has been just over six months since merger. It was always the intention to maintain safe and secure services for our patients at the point of merger and so in many ways patients and carers should not have seen significant differences to services, particularly at Weston General Hospital.

As the merger happened within the first few weeks of a global pandemic, staff across the newly merged trust have rightly been focussed on, and working exceptionally hard in responding to the pandemic. Inevitably the covid19 response has impacted upon the timelines for delivery of integration actions, but despite this, good progress has been made in combining our organisations.

A range of benefits expected to be realised over time from the merger were set out within the Transaction Business Case (TBC):

- **Critical mass** – creating a larger organisation increases both the resilience of Weston General Hospital (WGH) and the scale and influence of the new Trust as a leading acute provider in the south-west and beyond
- **Recruitment and retention** – providing a strengthened workforce with improved flexibility, career opportunities, recruitment and retention through maximising the opportunity of UH Bristol's reputation and brand.
- **Pace and impact** – the merger allows alignment of ways of working and benefit to changes to clinical models at pace, as part of a single organisation.
- **Clinical alignment and reduction in variation** – Realising benefits of alignment of clinical services and opportunities to reduce variation, improve productivity and to reduce operational and quality risks currently associated with some services.
- Addressing in a controlled manner the current known **risks to the resilience of acute clinical services** across Bristol and North Somerset.
- Enabling the wider health system to protect its future services for the benefits of patients, by **improving the financial sustainability of acute services in North Somerset**.
- **Supporting staff to access a greater range of training and development**, education, training and research opportunities across a wider organisation. Establishing WGH as an 'anchor institution' in North Somerset with a reputation for providing high quality training and education.
- **Sharing learning across both organisations** to improve access to and quality of clinical services and develop exemplar models for frailty, ambulatory and out of hospital care
- **Greater scope to make best use of the combined available capacity and buildings in order to deliver our service goals**
- **Corporate synergies** – realising efficiencies in shared corporate services
- **Improve digital capabilities** – provision of services across remote sites will provide a positive stimulus for the development of digital solutions to enhance and improve the quality of service delivery

Whilst more quality and service related benefits will flow from bringing together clinical and corporate services in the longer term, there are already benefits of operating as a single organisation since April with examples of this set out below.

Critical mass

WAHT was the smallest non-specialist acute trust nationally. The opportunity to operate as part of a larger organisation is starting to allow services to be planned and developed across a much larger template, and offer stronger support to underpin services at Weston Hospital.

This has been particularly beneficial in managing the impact of covid19 providing the opportunity to transfer patients across our hospitals to comply with infection prevention and control requirements. An additional CT scanner has also been brought into operation at WGH, supported by the radiography teams working together and enabling patients requiring planned scans to have more timely access than would have been possible, under two separate Trusts.

Weston General Hospital has also benefitted from access to remote working and remote consultation technologies, with the successful introduction of on-line outpatient consultations across Bristol and Weston. The roll out of remote working applications and laptops to keep staff safe whilst home working, with the ability to access to the Trusts extensive on-line training and information resource, has also been enabled with the support of a larger scale digital team.

Recruitment and retention

Making improvements to the recruitment and retention of medical, nursing / allied health professionals and administrative posts at Weston, is a key part of our plans to address the long standing and systemic workforce issues at Weston. We know this will take time and resources which is why a five year programme of support has been put in place with specific recruitment activity in Weston, enabled through the integration recruitment taskforce. This includes:

Nursing

- An EU Nurse Recruitment campaign has been successful with four overseas nurses being offered posts at Weston.
- The addition of a Divisional Nurse Recruitment Lead in Weston is also starting to provide a focussed oversight of nurse recruitment, mirroring the success of this role in the clinical divisions in Bristol.
- A monthly registered nurse virtual open day is proving popular, show-casing Weston Hospital alongside our other divisions.
- Joint bank staff recruitment campaign, delivered via social media, Spotify and internal publicity.

Medical

- As a merged Trust, Weston General Hospital now has access to a wider range of dedicated recruitment experts and expertise. For example, the Trusts Head of Resourcing, working with the Weston Senior Leadership team and Medical Recruitment Sub Group, has developed a medical vacancies tracker in Weston, providing weekly review and oversight of all medical recruitment hot spots and progress with filling vacancies
- To encourage cross site working between Bristol and Weston, all job descriptions for new UHBW consultant appointments expect doctors to undertake a minimum of 2 clinical sessions on both the Bristol and Weston campuses
- A campaign to recruit ED Consultants and Middle Grade doctors via head-hunters and multimedia routes has resulted in some positive appointments

Allied Health Professionals

- The international recruitment of radiographers has commenced as part of the 'Adopt & Adapt' workforce regional plan to support the recovery and expansion of the diagnostic radiography workforce across the South West.

Pace and impact

Whilst services continue to be delivered from Weston as they are now, bringing the organisation of clinical services together across the Trust brings a number of benefits such as offering more resilience and cross cover, the sharing of best practice and the removal of barriers to delivering a wider range of clinical services to the patients of Weston. The work of integrating all clinical services over the first two years as a combined Trust has been provided in section 2 above.

As a specific example of the benefits to be secured, Adult Therapies have identified that service integration will improve workforce sharing and cross-site rotations to cover vacancies or gaps, better cross sites data review and audit to improve service quality and delivery, enabled by a common patient care system (Medway).

Clinical alignment, reduction in service variation and risks

Before the merger, both Trusts were already collaborating to develop new models of care designed to reduce variation in the delivery of services and to help drive up quality, reduce risk and improve productivity. A good example of this is Critical Care, where services are being re-shaped in line with the Healthy Weston model.

The future model of Critical Care for people at Weston General Hospital is based upon closer working with the Bristol Royal Infirmary (BRI) and patients seamlessly accessing specialist clinical services as part of their treatment plan. This is enabled through a number of changes and innovations including a dedicated transfer service between Weston and Bristol (ambulance with consultant led transfer team), in addition to the new regional 'Retrieve' service, hosted by the Trust. Furthermore, work is in an advanced stage, to roll out

a single ITU clinical system, providing a digital link to the Bristol Royal Infirmary to provide joint oversight and central monitoring of patient care. Bringing on-stream additional ITU beds at the BRI in spring 21 will enable the vision for Healthy Weston and critical care to be realised.

Covid-19 planning has also provided a stimulus to accelerate team collaboration in critical care, leading to:

- Improved rapid transfer of patients from WGH and BRI to the regional haematology service and more seamless repatriation of patients to Weston who no longer required specialist care.
- Bristol consultants working on the Weston Intensive Care Unit (ITU) daily and weekend rotas, to provide additional capacity and to promote common working practices
- Strong collaboration between the two services on the planning for the future in the context of the continuing challenges presented by Covid-19 and particularly in relation to the need to expand critical care capacity across the region

Staff training and education will be enhanced

Enhanced training and development programmes for new and existing staff are beginning to be rolled out, with new roles now featuring more cross-site working for both Bristol and Weston based staff. This is helping the process of 'cross-fertilisation' of good practice throughout the trust and it's anticipated that this will continue for the long-term.

The Trust continues to build a number of strategic partnerships with education providers in the region, including the University of Bristol, University of the West of England (UWE), City of Bristol College and Weston College. Through increased development of local partnerships, the Trust is seeking to position itself as an 'anchor institution' in North Somerset with a reputation for providing great training and education to the benefit of existing staff and prospective employees. The aim is to ultimately support improvements at Weston with recruitment and retention as well enabling the support and development of new healthcare roles.

There are a number of areas of mutual interest that the Trust has worked with Weston College on. These include the development of joint provision of apprenticeships and traineeship programmes, working together on an outreach event for local communities offering information on health careers available at UHBW, and supporting the college in its NMC approval event with UWE to offer Trainee Nursing Associate apprenticeships.

Sharing learning to improve access and quality of services

Although the onset of the pandemic has limited the extent to which progress has been possible, there are still tangible examples of where the merger has helped facilitate robust responses to service challenges. The Integration Team provided support for the rapid deployment of an Ambulatory Emergency Care (AEC) model within WGH, designed to free up bed capacity during the first wave of the pandemic.

Making best use of available capacity

The trust is continuing its development of a revised single estates strategy for the expanded trust 'footprint' the objective will be to provide an estate that will enable the configuration of services that will allow greatest access to patients and the maximum capacity for the trust to develop key services in the most appropriate locations. The onset of the pandemic has delayed this process to some degree but it is anticipated that the revised estates strategy will be completed by March 2021.

Corporate synergies and digital capability

Progress with corporate integration is detailed earlier in this report. Once this process is complete, the focus of the integration programme will be on driving out further efficiencies over and above those realised from the rationalisation of trust boards from two to one. Introduction of standard working practices and elimination of process duplication across the trust's corporate services are areas of particular focus. Integration of IM&T systems in corporate services will help in this.

Successful implementation of the Medway PAS system in Weston means that the whole trust operates using this same system, which is an important first step in establishing a baseline to further develop digital innovation going forward.

Improving financial sustainability

A number of financial mitigation savings were set out as part of the financial plan post-merger. Although it has been possible to make progress with some of these, for example the costs associated with operating a single trust board, others have inevitably been delayed due to the demands of managing the pandemic. Financial savings anticipated in the Transaction Business Case are monitored via the Integration Programme Board and the Finance Committee.

Members are asked to:

- Note developments with Weston integration programme

Meeting of the Council of Governors on Thursday 28 May 2020

Report Title	Nominations and Appointments Committee Report
Report Author	Sarah Murch, Acting Membership Manager
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary

This report provides a summary of the recent business of the Governors' Nominations and Appointments Committee. This is a formal Committee of the Council of Governors to enable governors to carry out their duties in relation to the appointment, re-appointment, removal, remuneration and other terms of service of the Chair and Non-executive Directors.

The committee made several recommendations at its last meeting which the full Council of Governors now needs to consider for approval. These were:

- Re-appointment of Jeff Farrar, Trust Chair, into his second three-year term of office (1 December 2020-30 November 2023).
- Re-appointment of David Armstrong, Non-Executive Director, into the second year of his third and final three-year term of office (28 November 2019 - 27 November 2022).
- An increase in basic Non-Executive Director remuneration from £13,000pa to £14,000pa. ***Before considering this decision, the Council of Governors is asked to take account of the national guidance and benchmarking information provided separately via email.***

The Council of Governors is also asked to approve the following new appointments to the Nominations and Appointments Committee: Graham Briscoe, Public Governor and one staff governor TBC.

2. Key points to note (Including decisions taken)

There has been **one** meeting of the Nominations and Appointments Committee since the January Council of Governors meeting.

Meeting on 3 November 2020 (held via Cisco Webex videoconferencing):
Attended by 7 Committee members and chaired by Jeff Farrar, Trust Chair, Julian Dennis, Senior Independent Director, and Martin Sykes, Vice-Chair.

- **Chair Appraisal and Re-appointment:** Jeff Farrar, Trust Chair left the meeting for this item and the Senior Independent Director (SID) took the Chair. Governors received a report on the Chair's appraisal which had been carried out by the SID in line with national guidance. As Jeff Farrar's first 3-year term

of office as Trust Chair was due to end on 30 November 2020 and a decision on re-appointment was required, feedback on his performance had been sought from a range of stakeholders (Executive Directors, Non-Executive Directors, Governors, staff representatives, and other key figures in the health and care system). The Committee noted that feedback had been overwhelmingly positive. They wholeheartedly recommended re-appointment for a second term of office.

- **Non-Executive Director Remuneration:** The Committee considered benchmarking data comparing remuneration at UHBW with that at similar-sized Trusts. The Committee were reminded that NHSE/I had issued guidance this year on Non-Executive remuneration. The aim of the guidance was to align remuneration at Foundation Trusts and non-Foundation Trusts and it recommended a single rate of £13,000 per annum regardless of Trust size with local discretion to award supplementary payments of £2,000pa in recognition of designated extra responsibilities (e.g. chairing a committee). At UHBW, Non-Executive Director remuneration was £13,000pa for an expectation of 3-5 days per month, with an uplift of £4,000pa for those with extra responsibilities.

However, the Committee also noted that according to the benchmarking data provided, the average rate for similar Trusts (large, acute Foundation Trusts) was over £14,000pa. The committee discussed whether to increase the UHBW rate by £1,000pa in line with peer Trusts or to continue to remunerate NEDs at the nationally-recommended rate. The majority of committee members voted to recommend to the Council of Governors an increase in NED remuneration to £14,000pa. The Committee also wished to retain the £4,000pa uplift for additional responsibilities (which at UHBW is received by the four Committee Chairs).

- **Non-Executive Director Appraisals and Re-appointments:** The Committee discussed the appraisal outcome report for David Armstrong, Non-Executive Director. As David was in his third term as a Non-Executive Director, his continuation in the role required annual approval by the Council of Governors in line with the NHS Foundation Trust Code of Governance. The Committee supported David Armstrong in the continuance of his role and recommended approval of his re-appointment.
- **Non-Executive Director Appointments:** The Committee received an update report on the proposed process for the recruitment of a new Non-Executive Director to replace Guy Orpen, who was due to stand down from his Non-Executive Director role on 31 December 2020.
- **Six-Month Non-Executive Director Activity Reports:** The Committee discussed written reports that they had received from the Chair and the Non-Executive Directors about their activity in the past six months.

- **Associate Non-Executive Director placement:** Governors noted that Kam Govind's placement with the Trust as Associate Non-Executive Director had been extended for a further six months until the end of March 2021.
- **Committee vacancies:** Governors noted that there were two vacancies for governors to join the Nominations and Appointments Committee. Appointments to the committee would be subject to approval by Council of Governors.

3. Recommendations requiring Council of Governors approval

The Council of Governors is asked to **approve** the following:

- Re-appointment of Jeff Farrar, Trust Chair, into his second three-year term of office (1 December 2020-30 November 2023).
- Re-appointment of David Armstrong into the second year of his third and final three-year term of office (28 November 2019 - 27 November 2022).
- An increase in basic Non-Executive Director remuneration from £13,000pa to £14,000pa.
- Approval of new appointments to the Nominations and Appointments Committee: Graham Briscoe, Public Governor and one staff governor TBC.

Date of Next Nominations and Appointments Committee Meeting: 2/3/2021

Meeting of the Council of Governors on Friday 27 November 2020

Report Title	Item 03.2 - Governor Activity Report
Report Author	Sarah Murch, Acting Membership Manager
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary

This report provides a summary of governor activity since the last Council of Governors meeting, to provide assurance that governors are carrying out their statutory duties.

It includes an activity summary for the three groups through which the governors carry out most of their work (the Governors' Strategy Group, the Quality Focus Group and the Constitution Focus Group) and other governor activity in the period.

It also includes a 'Holding to Account' Report. This is a brief summary of ways in which the governors have carried out their statutory duty to hold the Chair and Non-Executive Directors to account in the period.

2. Key points to note (Including decisions taken)

All governor meetings in the period August-November 2020 were carried out as video-conferences in line with the social distancing restrictions due to the COVID-19 coronavirus pandemic.

Governor Focus Groups.

The three Governor Focus Groups focus on governors' specific responsibilities in the areas of quality, strategy, and constitutional issues/membership engagement.

a) Quality Focus Group – Governor Chair: Carole Dacombe

Two meetings were held in this period.

Quality Focus Group Meeting held on 3 September 2020 via videoconference - 10 governors attended

- **Quality and Outcomes Committee Chair's Report and People Committee Chair's Report:** Non-Executive Directors Julian Dennis and Bernard Galton were in attendance in their respective roles of Chair of the Quality and Outcomes Committee and Chair of the People Committee in order to update governors on their current areas of focus. Governors discussed with them

several reports that they had received including the Board Integrated Performance Report, a report on the Trust's management of Covid-19 and an Organisational Development update. The discussion focussed on the Trust's efforts to manage the effects of the pandemic alongside the restoration of normal services, overdue outpatient follow-ups, appraisal compliance rates, apprentice provision, and diversity and inclusion training.

- **Freedom to Speak Up:** Eric Sanders, Freedom to Speak Up Guardian, and Kate Hanlon, Deputy Freedom to Speak Up Guardian, attended the meeting to update governors on this initiative to support staff to raise concerns. Governors received a Quarter 1 report and noted that the majority of concerns raised over the quarter (April-June) had related to attitudes and behaviours. There was a discussion about how this could be addressed through management training and other means.
- **Quality Objectives 2020/21:** Governors received a report and noted that the Trust had not set new quality objectives for 2020/21 due to the pandemic, but would instead focus on continued improvement on four of the objectives that had not been fully achieved last year.
- **Governors' Log of Communications report:** Questions and responses were noted.
- **Fire Evacuation Training in theatres:** The group agreed to write a letter to the Trust Chair, Jeff Farrar, communicating their concern about delays to fire evacuation training in theatres.

Quality Focus Group Meeting held on 3 November 2020 via videoconference - 11 governors attended.

- **Quality and Outcomes Committee Chair's Report and People Committee Chair's Report:** Non-Executive Directors Julian Dennis and Bernard Galton were in attendance in their respective roles of Chair of the Quality and Outcomes Committee and Chair of the People Committee in order to update governors on their current areas of focus. The discussion focussed on Covid challenges, junior doctor vacancies, staff communication and feedback mechanisms, resuscitation training, the implementation of the Trust's patient administration system on the Weston site, and the annual clinical audit report.
- **Reports Received:** Governors received the Board Integrated Performance Report, a report on the Trust's management of Covid-19, an Organisational Development update, and an update on the corporate quality objectives.
- **Governors' Log of Communications report:** Questions and responses were noted and discussed.
- **Fire Evacuation Training in theatres:** The group was pleased to have received a response from the Chair to their letter which confirmed the percentage of theatre staff that had now attended fire evacuation training. They noted that while progress had been made, there was a number of staff who were still awaiting training.

b) Governors' Strategy Group – Governor Chair: Graham Papworth

There was one meeting in this period, which took place on 10 September 2020 and was attended by 12 governors.

Topics included:

- **Finance Committee Chair reports:** Martin Sykes, Non-Executive Director and Chair of the Finance Committee, introduced reports summarising the main business of the Finance committee from its meetings in May, June and July. Governors discussed the block payments system which had been introduced by the government as the means by which Trusts received national funding in the first six months of 2020/21 and the national planning guidance for Phase 3 of the pandemic.
- **Acute Services Review:** Sarah Nadin, Associate Director for Strategy and Business Planning, gave governors a presentation on the Acute Services Review: the Trust's programme for closer working with North Bristol NHS Trust. Governors enquired about the involvement of the Weston site and the review's implications for Trauma and Orthopaedics.
- **Weston Merger Implementation Progress:** Rob Gittins, Weston Merger Implementation lead, introduced a report on the implementation of the merger of University Hospitals Bristol and Weston Area Health NHS Trust since its completion on 1 April 2020. Governors noted that progress was going as well as could be expected given the pandemic. The discussion mainly focussed on the need to balance closer working and cultural change with retaining the team and site identity for Weston staff.
- **Operating Plan Refresh for 2020/21:** Governors heard that the pandemic and the resulting national guidance had changed the Trust's approach to business planning significantly this year.
- **Corporate Objectives Update:** Governors received an update on progress on the Trust's corporate objectives: the summary of actions the Trust was taking to deliver its strategic priorities as an organisation. There was particular interest in the effect on the pandemic on the objectives around the People agenda.
- **Strategic Capital Programme:** Governors received an update on the Trust's strategic capital development plans, though it was noted that the plans were all in the process of review due to the pandemic.

c) Constitution Focus Group – Governor Chair: Ray Phipps

A meeting of this group was due to take place on Thursday 26 November 2020. A verbal report will be provided at the meeting.

Governor activity beyond the Focus Groups:

Other governor activity in the period included:

- **Governor Development Seminar Afternoon:** Held virtually on 6 October and attended by 13 governors. This included a session on the integrated performance report, performance challenges and the recovery of normal services from Philip Kiely, Deputy Chief Operating Officer (Planned Care), a session on the Trust's People Strategy post-merger from Matt Joint, Director of People and Sam Chapman, Head of Organisational Development, and an update on the Trust's Digital Strategy from Steve Gray, Chief Information Officer.
- **National Governor Focus Conference:** Three UHBW governors attended the online national conference for NHS governors hosted by NHS Providers in November 2020.
- **Staff awards judging panels:** Aishah Farooq took part in the Trust's Recognising Success staff awards judging panel.
- Mo Phillips and Graham Briscoe attended a Trust Senior Leadership Team meeting in November 2020 to discuss the work of the Trust's divisions in relation to improving their focus on diversity and inclusion.
- Carole Dacombe attended the UHBW Junior Doctors' Forum in September 2020.
- Sue Milestone spoke at the Health Matters Event on Carer Support in October 2020.
- Aishah Farooq, Youth Involvement Group governor, has also been involved in the national NHS Advisory Group and the NHS Youth Forum in this period.

Changes to the Council of Governors: In this period, Hannah Nicoll joined the Council of Governor as a new Youth Involvement Group governor in September 2020, replacing Marimo Rossiter. Barry Lane, Non-Clinical Staff Governor, left the Council of Governors in October 2020 on his retirement from the Trust. His position will be held vacant until the governor elections in spring 2021, as will that of Kathy Baxter, who stood down as public governor in July 2020.

Holding to Account Report

In line with the Trust's Constitution, one of the general duties of the Council of Governors is to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors. A summary of the ways in which Governors have held non-executive directors to account in the period is provided below:

1. **Governor/NED Engagement Sessions:** Governors hold regular informal engagement meetings with the Chair and Non-Executive Directors to allow them

to request assurance or information around any topics of interest.

There were three sessions in this period, held by videoconference:

- 27 August 2020 – attended by 12 governors and 6 Non-Executive Directors
- 25 September 2020 – attended by 12 governors, the Chair and 6 Non-Executive Directors
- 27 October 2020 – attended by 18 governors, the Chair and 8 Non-Executive Directors.

Governors used these meetings to seek assurance and raise questions on a number of issues, including:

- The current situation at the Trust in relation to pandemic management
- Processes followed at the Trust to restore normal services and reduce waiting lists
- The Trust's preparedness for a potential second wave and the coming of winter
- Delays to essential training during the pandemic – staff training backlog.
- Reconfiguration of the hospital wards due to Covid management and the impact on the staff who worked in them.
- In-hospital transmission of COVID-19 coronavirus and lessons learned from the outbreak during the first wave
- Weston Emergency Department staff shortages
- The Care Quality Commission's findings from its July inspection of the Weston Emergency Department
- How NEDs obtained assurance that high-level decisions reached all staff
- Staff wellbeing and staff testing
- The national funding arrangements that the Trust was working under since the start of the pandemic
- Update on the Bristol Nightingale Hospital
- New ways of working for the Board due to the pandemic

2. Public Board meetings: Meetings of the Board of Directors were held on 30 July 2020 and 29 September 2020. These meetings would usually be held in public, but due to COVID-19 restrictions they were held via video-conferencing and streamed live for public viewing. Governors were invited to watch the livestream and were provided with a link to the meeting papers and a weblink for viewing the meeting. A number of governors watched these meetings in order to observe the ways in which Non-Executive Directors hold Executive Directors to account at their meetings.

3. Email Updates from the Chair: In this period, governors have been kept up to date on the Covid-19 situation at the Trust and any other key messages through fortnightly email updates from the Chair, Jeff Farrar.

4. Board Committee Chairs/Governor Focus Groups: The three Governor Focus Groups receive written reports from each of the four Non-Executive Chairs of the

Board Committees to allow governors to keep abreast of the Board's current areas of focus (see Focus Group reports above).

- 5. Governors' Nominations and Appointments Committee:** This committee focuses on governor duties in relation to the appointment, remuneration and other terms of service of the Chair and Non-Executive Directors. See item 3.1 for the report from this committee.

Advice and Recommendations

- The Council of Governors is asked to note this update for information.

Governors' Meeting Dates 2021-22

Month of Meeting	Council of Governors	Governors/ NED Engagement Session	Nominations and Appointments Committee	Quality Focus Group	Constitution Focus Group	Governors Strategy Group	Governor Development Seminar	Trust PUBLIC Board
Time	14.00 – 16.00*	Govs- 11.00-13.30* NEDs- 12.30-13.30*	10.00- 11.00	12.00- 14.00	14.30- 16.30	14.30-16.30	10.00- 16.00	11.00- 13.30
Apr-21		Mon 26 Apr					Wed 14 Apr	
May-21	Thu 27 May		Tue 11 May	Tue 11 May		Tue 11 May		Thu 27 May (CR)
Jun-21		Thu 24 Jun					Tue 15 Jun	
Jul-21	Thu 29 Jul			Thu 15 Jul	Thu 15 Jul			Thu 29 Jul (CR)
Aug-21		Thu 26 Aug Govs- 12.00-14.30 NEDs- 13.30-14.30						
Sep-21	Thu 16 Sep AMM 17.30 - 19.30			Thu 9 Sep		Thu 9 Sep		Thu 30 Sep (CR)
Oct-21		Tue 26 Oct					Wed 13 Oct	
Nov-21	Tue 30 Nov		Wed 10 Nov	Wed 10 Nov				Tue 30 Nov (CR)
Dec-21		Fri 17 Dec				Fri 17 Dec		
Jan-22	Fri 28 Jan			Thu 13 Jan	Thu 13 Jan		Thu 20 Jan	Fri 28 Jan (CR)
Feb-22		Tue 22 Feb Govs- 12.00-14.30 NEDs- 13.30-14.30						
Mar-22				Fri 11 Mar		Fri 11 Mar		Wed 30 Mar (CR)
Frequency	4x per year	6x per year	Twice a Year	Bi-monthly	Twice a Year	4x per year	4x per year	Bi-Monthly
Venue	Conference Room for COG. Education Centre for AMM	Conference Room (CR)	Conference Room (CR)	Conference Room (CR)	Conference Room (CR)	Conference Room (CR)	Conference Room (CR)	Conference Room

Chair Jeff Farrar

Jeff Farrar

Mo Phillips

Carole Dacombe

Ray Phipps

Graham Papworth

Sarah Murch

Jeff Farrar

* Unless otherwise indicated

Governors' Register of Business Interests – November 2020

First Name	Surname	Trust Position	Interest role	Is the interest remunerated?	Date of declaration
Hessam	Amiri	Governor – Public, Rest of England and Wales	None	n/a	16/11/20
Ashley	Blom	Governor – Appointed, University of Bristol	Employee of University of Bristol Employee of NBT Numerous grants from bodies such as NIHR & UKRI Commercial research grants to UoB from Azellon and Ceramtec Contract holder as UoB employee for statistical analysis of National Joint Registry	Yes	9/11/20
Graham	Briscoe	Governor – Public, North Somerset	Amica Care Taunton – Trustee (appointed 2018) AECC University College - Governor (appointed September 2019) UK Council for Psychotherapy - Lay Member Professional Conduct Committee (appointed February 2016)	No	28/10/20
John	Chablo	Governor – Public, Bristol	None	n/a	28/10/20
Carole	Dacombe	Governor – Public, Bristol	Volunteer Association Visitor for the Motor Neurone Disease Association (since April 2016) Son is a Trauma and Orthopaedic Surgery Consultant at Great Western Hospitals NHS Foundation Trust	No	3/11/20
Aishah	Farooq	Governor – Appointed, Youth Involvement Group	Lay Member on National Institute for Clinical Excellence Guidelines Committee Appointed on the NHS Youth Forum (project around the NHS Long term plan)	No	28/10/20

First Name	Surname	Trust Position	Interest role	Is the interest remunerated?	Date of declaration
			Appointed on the NHS Citizens advisory group		
Tom	Frewin	Governor – Public, Bristol	Trustee of the Bristol Commonwealth Society	No	11/11/20
Chrissie	Gardner	Governor – Staff, Non-Clinical	Unite Trade Union – Lead Rep for Support Staff	No	28/10/20
Sophie	Jenkins	Governor – Appointed, Joint Union Committee	Joint Union Officer, UNISON steward and Equalities Officer (since 2008)	No	10/11/20
Hannah	McNiven	Governor – Staff, Nursing and Midwifery	None	n/a	9/11/20
Sue	Milestone	Governor – Public, Bristol	1.Member of Council - Co-operative Group 2.Trustee - Upper Horfield Community Trust 3.Committee Member - Bristol City Council Public Rights of Way and Greens Committee	No	11/11/20
Sally	Moyle	Governor – Appointed, University of the West of England	Employed by University of the West of England as Deputy Dean, Faculty of Health and Applied Sciences.	Yes	10/11/20
Hannah	Nicoll	Governor – Appointed, Youth Involvement Group	None	n/a	17/9/20
Debbi	Norden	Governor, Staff, Nursing and Midwifery	None	n/a	28/10/20
Graham	Papworth	Governor – Public, Bristol	1. Director of Agylia Care Ltd – a 100% sub of Agylia Group 2. Non Exec Director of GFA (Gloucestershire Football Association)	Yes	11/11/20
Penny	Parsons	Governor – Public, North Somerset	Vice-chair of Tyntesfield Medical Group Patient Participation Group	No	
Mo	Phillips	Governor – Public, Bristol	None	n/a	28/10/20

First Name	Surname	Trust Position	Interest role	Is the interest remunerated?	Date of declaration
Ray	Phipps	Governor – Public, South Gloucestershire	Daughter is employed as Quality Assurance Manager with Bath ASU (Pharmaceutical Company based in Corsham)	No	28/10/20
John	Rose	Governor – Public, North Somerset	Volunteer with Healthwatch Member of the PEG at NBT Member of BNSSG MSK patient and carer panel Lay member on BNSSG MSK board Member of Sirona Peoples Council Member of BNSSG Healthier Together Citizens panel	No	9/11/20
Martin	Rose	Governor – Public, Bristol	None	n/a	28/10/20
Jane	Sansom	Governor – Staff, Medical and Dental	1. Employed by the University of Bristol for 4 hours/week as Deputy Programme Director for the current medical student programme. 2. Minor shareholder in motivational sports technology company ‘Rugged Interactive’ which has supplied equipment to some NHS organisations (not UH Bristol).	Yes	11/11/20
John	Sibley	Governor – Public, South Gloucestershire	None	n/a	11/11/20
Malcolm	Watson	Governor – Public, South Gloucestershire	1.Member NHS SW Clinical Assembly 2.Member NBT Patient Experience Group 3.Member GP Practice PPG	No	10/11/20
Mary	Whittington	Governor – Public, Bristol	1. Trustee, Carers Support Centre, Bristol and South Glos (since May 2017) 2. Trustee, BRACE (since June 2017)	No	28/10/20

First Name	Surname	Trust Position	Interest role	Is the interest remunerated?	Date of declaration
			3. Member of North Bristol NHS Trust		
Garry	Williams	Governor – Public, Rest of England and Wales	1.Member South Central Ambulance NHS FT 2.Member of Great Ormond Street NHS FT 3.Member of Berks Healthcare NHS FT 4.Member of Frimley NHS FT. 5.Retired Officer, Army & TA 6.Life member, Homefarm Trust Charity 7.Annual member, National Autistic Society 8.Member of the Royal British Legion	No	20/11/20

Meeting of the Council of Governors on Friday 27 November 2020

Report Title	Item 3.3 – Update against Membership Strategy
Report Author	Sarah Murch, Acting Membership Manager
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary

University Hospitals Bristol and Weston NHS Foundation Trust has a formal requirement to maintain a Foundation Trust membership made up of members of staff and members of the public. It also has a duty to monitor member engagement and to provide opportunities for governors to engage with its membership. This report gives a breakdown of current membership numbers and summarises engagement with membership in August-November 2020 against the priorities set out in the Trust's Membership Strategy 2020-23.

2. Key points to note

- The Trust has continued to send monthly email newsletters to public members for whom we have email addresses which include reports from governors to their constituents. One mailshot was sent in this period to public members for whom we do not hold email addresses.
- Public membership numbers declined in this period but the proportion of members with email addresses increased from 36% to 42%. This was expected and was a result of the start of the implementation of the Membership Strategy objective of asking long-standing members to proactively re-confirm that they wish to remain members.
- Members were invited to two virtual events for the first time in this period – the Annual Members' Meeting in September and a Health Matters Event on Supporting Carers in October.
- The Membership Team has begun to enact a plan to improve the consistency of social media and staff communications about governors and membership.
- More members than expected contacted the membership team and the governors in this period to ask questions, raise issues and give feedback on our services.

3. Membership Numbers

The breakdown of members by constituency class is shown below. As at 12 November 2020, there were 6,484 public members and 13,761 staff members, compared with 7,581 public members and 13,753 staff members on 6 July 2020.

Membership Constituency Classes	12/11/20	06/07/20
Public Members		
Bristol	3,434	4,059
North Somerset	1,240	1,462
South Gloucestershire	1,136	1,366
Rest of England and Wales	674	694
Total Public Membership	6,484	7,581
Staff Members		
Medical and Dental	2,103	1,981
Nursing and Midwifery	5,310	5,430
Other Clinical Healthcare Professionals	2,230	2,227
Non-Clinical Staff	4,118	4,115
Total Staff Membership	13,761	13,753
TOTAL PUBLIC AND STAFF MEMBERSHIP	20,245	21,334

4. Progress against Membership Strategy

This part of the report outlines progress August-November 2020 against the Trust's Membership Engagement Strategy (2020-2023) under the following headings:

1. Awareness – maintaining and increasing visibility of membership
2. Communication – email/post correspondence to members and other forms of communication.
3. Engagement – events and involvement opportunities for our members and issues they have raised.

1. AWARENESS

Membership Strategy Aim: To maintain visibility of membership and ensure it is reflective and representative of the local population.

Awareness-raising of membership and recruitment of new members has been low key this year due to the pandemic. However, plans are in now place for virtual promotion of membership and a social media campaign to raise awareness of membership is due to begin next month.

2. COMMUNICATION

Membership Strategy Aim: To provide information about the Trust to members that is informed by the work of the governors.

- **Public Membership (email members):** A monthly e-newsletter is sent to all public members for whom we have an email address. At the start of the period, we held email addresses for 36% of the total public membership; by November 2020 the proportion had increased to 42%. The newsletter is produced by the membership team and is introduced by governors as a means to engage with their constituents. Since the last report in July 2020, the newsletters have included the following items of news about our Trust, its hospitals and our partners in the regional health system:

- *August edition-* introduction by **Jeff Farrar, Trust Chair** to invite members to the Annual Members' Meeting. Other news included mobile services for children, UHBW's new Boredom Buster newspaper, video tour of St Michael's Hospital, and the lunar photography exhibition in the Bristol Royal Infirmary and South Bristol Community Hospital.
- *September edition-* governor introduction by **Mo Phillips** including a report of the Annual Members' Meeting, invitation to October's virtual Health Matters Event, CQC A&E findings at Weston, a video message from Bristol Cancer Support Workers Team, the Bristol Against Cancer campaign launch, COVID-19 information in different languages, Care Forum podcast launch.
- *October edition-* governor introduction by Mary Whittington including a report from the Health Matters Event, the donation of a Damien Hirst artwork in our hospital, MBEs for staff, Children's Hospital survey, invitation to get involved in the regional LGBTQ+ Steering Group, Bristol City Council invites residents to take part in a survey about COVID-19, Flu Vaccine campaign.
- *November edition-* governor introduction by **Ray Phipps** including invitation to watch Council of Governors and Board meeting livestreams, new visiting restrictions in our hospitals, messaging service for patients to keep in touch with their families, message from health and care leaders locally about the current Covid pressures, project to tackle HIV inequalities in the African and Caribbean communities of Bristol, Above and Beyond's Christmas campaign.
- **Public Membership (postal members)** - During August, we wrote to c.5,000 public members for whom the Trust holds only a postal address (our 'postal members'). Usually these members receive the Trust's Voices magazine twice a year, with the previous mailshot taking place in March. As Voices magazine had not been produced since the pandemic, postal members instead received a letter from the Chair in August informing them about the Weston merger completion and the postponement of the governor elections, and inviting them to come to the virtual AGM/Annual Members' Meeting or get in touch with their governors.

This mailshot was also used to progress the Membership Strategy's objective to establish whether the postal members who joined more than ten years ago were still interested in membership. A tranche of 1,000 members for whom we only have a postal address and who joined in 2007 were asked to positively reconfirm whether they wished to remain as members of the Trust, and if possible, to provide an email address. Those who did not contact the Membership Team to request continuation of their membership were removed from the Trust's membership records in November 2020.

- **Staff Members** – In November-December 2020 there will be a weekly 'Meet your Staff Governor' story in the Newsbeat staff newsletter to help raise awareness of the governor role among staff.

3. ENGAGEMENT: To harness the experience, skills and knowledge of members who wish to be move active in the Trust

Membership Strategy Aim: To harness the experience, skills and knowledge of members who wish to be move active in the Trust, and to provide governors with development in their role.

Virtual Events: Due to the pandemic, the Trust was unable to hold events in public in this period, but Trust members were invited to two virtual events.

- The Trust Annual Members' Meeting/Annual General Meeting took place virtually on 15 September. There were around 50 attendees (Board members, governors, members and members of the public).
- A virtual Health Matters Event on Carers' Support took place on 20 October. This was organised jointly with the Carers' Support Centre and focussed on carers' support needs and how these had been affected by the pandemic.

Issues raised by members: There were more issues raised by members in this period than usual, partly because the Trust had invited questions in advance of the Annual Members' Meeting but with some arriving via email and other means. They reflected a broad range of concerns and interests, including the effect of the pandemic on the Trust's other services (including elective and planned care), the merger and its impact on Weston General Hospital, feedback about contacting our hospitals, Weston Emergency Department, clarity around Weston sexual health services post-merger, feedback on our complaints processes, feedback about hospital stays on wards at Weston General Hospital and at the Bristol Royal Infirmary, the Trust's discharge procedures and social worker provision, support for homeless patients, hospital bus pick-up points, staff testing for COVID-19, communications between staff and families, the planned refurbishment of the Bristol Eye Hospital, and questions about the Trust's strategy.

4. Priorities for the next quarter

The extent of the continuing impact of Covid-19 on our Trust will inform the next quarter's activity. Priorities will need to be flexible; however it is anticipated that these will include:

- **Governor Elections 2021:** Encouraging members to stand and vote in the governor elections will be a key focus of the next six months (December 2020-May 2021).
- **Events Planning:** We are aiming to set up virtual Health Matters events in the first half of 2021.
- **Communications:** A plan for regular membership/governor contributions on social media and staff communications has been put together and is being implemented from November 2020.

Advice and Recommendations

- This report is for **Information**.

History of the paper: Please include details of where paper has previously been received.

Governors' Constitution Focus Group – 26 November 2020

Meeting of the Council of Governors on Friday 27 November 2020

Report Title	Process for the Appointment of External Auditor
Report Author	Sarah Murch, Acting Membership Manager
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary

The purpose of this report is to present the outline process for consideration in relation to the appointment of External Auditors.

2. Key points to note

The contract for the Trust's current external auditors, PricewaterhouseCoopers (PwC), is due to expire on 30 June 2021. The Council of Governors has a statutory duty to appoint or remove the external auditor of the Trust. Consistent with the process that was undertaken in 2017, it is proposed that an Auditor Selection Panel is established as a short-life task-and-finish group to oversee this project, and that the Council of Governors consider the appropriate membership. The proposed terms of reference for the Panel are attached at **Appendix A**.

The process allows the Governor Focus Group Chairs to join the group or they can nominate another governor to take part in their place. The Focus Group Chairs have now been approached, and have either accepted or nominated another governor accordingly.

For this appointment the Trust is participating in a joint tender with other health bodies (North Bristol NHS Trust, Bath and North East Somerset, Swindon and Wiltshire CCG, and Gloucestershire CCG). This will impact the timelines for our process as each organisation has slightly different start date requirements.

This paper was discussed at a meeting of the Governors' Constitution Focus Group on 26 November 2020 with the Deputy Director of Finance, the Director of Corporate Governance and the Chair of the Audit Committee. The recommendations from the group are as detailed below.

3. Advice and Recommendations

Governors are asked to approve the following recommendations from the Constitution Focus Group:

- Approve the process for the appointment of the External Auditors;
- Approve the Terms of Reference for the Auditor Selection Panel task-and-finish group and the inclusion of three governor members in the group: **Carole Dacombe, John Rose and Graham Briscoe**.

APPOINTMENT OF EXTERNAL AUDITORS

1. SITUATION

The purpose of this report is to present the outline process for consideration in relation to the appointment of External Auditors.

The contract for the Trust's current external auditors, PricewaterhouseCoopers (PwC), commenced on 1 July 2017, initially for a period of three years with the option to extend for 2 x 12 months.

At their meeting on 30 January 2020, the Council of Governors approved entering into the first of the secondary 1-year terms (1 July 2020-30 June 2021). The second of these 1-year terms will not be used, and PwC's contract will therefore expire on 30 June 2021.

2. AUDITOR SELECTION PANEL

According to the National Health Service Act 2006, every NHS Foundation Trust must have an external auditor that is appointed by the Council of Governors.

The external auditor has statutory duties to ensure that:

- The accounts of the NHS Foundation Trust are prepared in accordance with all relevant directions set by NHS England/Improvement and any other statutory provisions;
- Proper practices are observed in compiling the accounts and the quality report;
- The NHS Foundation Trust is using its resources economically, efficiently and effectively.

Further details on the auditor's role and the criteria that an auditor must meet are set out in the National Audit Office's Code of Audit Practice.

The Code of Governance for NHS Foundation Trusts advises that the Council of Governors should take a lead in agreeing with the Audit Committee the criteria for appointing, reappointment and removal of the auditors, and that the Audit Committee should make recommendations to the Council of Governors.

Consistent with the process that was undertaken in 2012 and 2017, it is recommended that an Auditor Selection Panel is established as a short-life task-and-finish group. Membership of the Panel is proposed as follows:

- a. Chair of the Audit Committee (Group Chair)
- b. Chair of Finance Committee
- c. Chair of Quality and Outcomes Committee
- d. Governor Chair of Constitution Focus Group or nominated governor
- e. Governor Chair of Governors' Strategy Group or nominated governor
- f. Governor Chair of Quality Focus Group or nominated governor

The following should attend in an advisory capacity:

- a. Deputy Director of Finance or nominated deputy

- b. Director of Corporate Governance, University Hospitals Bristol and Weston NHS Foundation Trust or nominated deputy
- c. Head of Non Clinical Purchasing, Bristol & Weston NHS Purchasing Consortium or nominated deputy
- d. *TBC – Director of Internal Audit or nominated deputy*

For this appointment, the Trust is participating in a joint tender with other health bodies (North Bristol NHS Trust, Bath and North East Somerset, Swindon, and Wiltshire CCG and Gloucestershire CCG). This will necessitate a change to our process, particularly the timeline as each organisation has slightly different requirements for the start date of their External Auditor contract. In order to accommodate this, the tendering process needs to begin on 30 November.

The criteria and scoring system are in line with those included in the UH Bristol tender process in 2017. As per the Terms of Reference the Audit and Selection Panel's role is to assess the tenders submitted by applicants and therefore would shortlist in accordance with the agreed criteria.

As this is a joint tender, the number of Trust representatives at the supplier presentations will be reduced from previous appointments. It is proposed that there be a maximum of five representatives from the Task and Finish group which will include Chair of the Audit Committee, Deputy Director of Finance or nominated deputy, Director of Corporate Governance, or nominated deputy, a nominated governor and one other, as deemed required by the Task and Finish group.

Following the presentations the panel will meet to make a recommendation to appoint. Their recommendation will then be considered by the Audit Committee and approved by the Council of Governors.

Regular update reports from the group will be received by the Governors' Constitution Focus Group.

3. PROPOSED PROCUREMENT TIMETABLE

The following timetable sets out the process that would need to be followed:

Audit Committee/Council of Governors to agree process and terms of reference for the Task and Finish Group	27 November 2020
Tendering process commences	30 November 2020
Panel meeting – review and ensure full understanding of evaluation criteria and scoring system - Agree the presentation representatives	December 2020
Tender closing date	6 January 2021

Panel meeting - shortlisting	January 2021 (likely w/c 8 January 2021)
Presentations (involving representatives of the Panel)	January 2021-TBC
Panel meeting - agreement of preferred supplier	February 2021
Sign off by Audit Committee and Council of Governors	TBC

4. RECOMMENDATIONS

Governors are asked to:

- Approve the process for the appointment of the External Auditors;
- Approve the Terms of Reference for the Auditor Selection Panel and the inclusion of three governor members in the group: **Carole Dacombe, John Rose and Graham Briscoe.**

External Auditor Selection Task and Finish Group

Document Data			
Document Type	Terms of Reference		
Document Reference			
Document Status	Draft		
Document Owner	Membership Manager		
Executive Lead	Director of Corporate Governance		
Approval Authority	Governors' Constitution Focus Group		
Review Cycle	12 Months		
Date Version Effective From:		Date Version Effective To:	

Document Abstract	
<p>This document outlines the process for the Task and Finish group to procure External Auditors to be used by University Hospitals Bristol and Weston NHS Foundation Trust.</p>	

External Auditor Selection Task and Finish Group

Document Change Control				
Date of Version	Version Number	Lead for Revisions	Type of Revision	Description of Revision
20/10/2008	1.0	AR	Major	Terms of Reference - External Auditors Appointment Project Group
15/05/2009	2.0	AR	Major	Terms of Reference widened to allow for any Governor to join the Group
30/11/2011	2.1	TSec	Minor	Redraft for External Auditor Selection panel
13/09/2016	2.2	TSec	Minor	Redraft for 2017 appointment of External Auditors
31/10/2016	2.3	TSec	Minor	Terms of Reference widened to allow any Governor to join the Group (as agreed at Council of Governors meeting 31/10/2016)
18/11/2020	2.4	Director of CG	Minor	Redraft for 2021 appointment of External Auditors.

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1. Purpose

The purpose of this Panel is to assess tenders from applicants for the role of External Auditor to the Trust.

2. Role

The **role of the Panel** is to assess the tenders submitted by applicants.

The **function of the Panel** is to enable the Audit Committee to make a recommendation to the Council of Governors to appoint one of the candidates as the Trust's External Auditor.

3. Authority

The External Auditor Selection Task and Finish Group is authorised to discharge the duties set out in these Terms of Reference within the authority delegated to the individual members, both in the Scheme of Delegation, and from time to time by the Senior Leadership Team as recorded in the minutes of meetings.

The functions and actions of the External Auditor Selection Task and Finish Group do not replace the individual responsibilities of its members as set out in job descriptions and other forms of delegations.

Individual remain responsible for their duties and accountable for their actions.

4. Reporting

The Panel is accountable to the Council of Governors for discharging the duties set out in these Terms of Reference.

5. Membership

5.1 Constituency

The External Auditor Selection Task and Finish Group consists of the following members:

- a) Non-Executive Director and Chair of the Audit Committee, (Chair of the Panel)
- b) Non-Executive Director, Chair of the Finance Committee
- c) Non-Executive Director, Chair of Quality and Outcomes Committee
- d) Chair of the Governors' Quality Focus Group or nominated governor
- e) Chair of the Governors' Strategy Group or nominated governor
- f) Chair of the Governors' Constitution Focus Group or nominated governor

5.2 Attendance

The Chair of the External Auditor Selection Task and Finish Group may require the attendance of specialist advisors or other attendees to attend meetings either in full, or for specific agenda items. Such attendees may include:

- a) Director of Finance and Information, University Hospitals Bristol and Weston NHS Foundation Trust or nominated deputy
- b) Head of Non Clinical Purchasing, Bristol & Weston NHS Purchasing Consortium or nominated deputy
- c) Director of Corporate Governance, University Hospitals Bristol and Weston NHS Foundation Trust
- d) *TBC – Director of Internal Audit or nominated deputy*

6. Quorum

The quorum necessary for the transaction of business shall be two [2] members of the Audit Committee, one of whom shall be the Chair of the Committee, and two [2] Governors.

A duly convened meeting of the External Auditor Selection Task and Finish Group at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the External Auditor Selection Task and Finish Group.

7. Duties

The External Auditor Selection Task and Finish Group shall undertake the following duties:

- a) Adopt these Terms of Reference,
- b) Comply with the provisions of the NHS Foundation Trust Code of Governance, the Foundation Trust Constitution and the procurement regulations set out in Standing Financial Instructions (as advised by the Director of Corporate Governance and the Head of Non Clinical Purchasing),
- c) Receive and assess the tenders and presentations by applicants,
- d) Score applicants in accordance with the agreed criteria,
- e) Produce a report to the Audit Committee setting out the Panel's recommendations.

8. Secretariat Services

The Membership and Governance Administrator shall administrate the work of the Panel. This shall include distribution of working materials, recording action notes of the proceedings of the Panel, and recording names of those present and those in attendance.

8.1 *Notice and Conduct of Meetings*

- (a) Meetings of the External Auditor Selection Task and Finish Group shall be called by the secretary at the request of the Chair.
- (b) Unless otherwise agreed, notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the External Auditor Selection Task and Finish Group, any other person required to attend, no later than five working days before the date of the meeting.
- (c) Supporting papers shall be made available to members and to other attendees as appropriate, no later than three working days before the date of the meeting.

8.2 *Minutes of Meetings*

- (a) Draft action notes/minutes of meetings shall be provided to the Chair no later than one week after the meeting, and distributed to members and attendees (as appropriate) not later than one week thereafter.

Meeting of the Council of Governors on Friday 27 November 2020

Report Title	Item 3.5 - Governors' Log of Communications
Report Author	Sarah Murch, Acting Membership Manager
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary	
The purpose of this report is to provide the Council of Governors with an update on all questions on the Governors' Log of Communications and subsequent responses added or modified since the previous meeting. The Governors' Log of Communications was established as a means of channelling communications between the governors and the officers of the Trust.	
2. Key points to note (Including decisions taken)	
Since the last public Council of Governors meeting on 30 July 2020, five questions have been added to the Governors' Log of Communications, and responses were received for others. All questions are now closed apart from the most recent one which is awaiting a response from the relevant Executive Director.	
3. Advice and Recommendations	
<ul style="list-style-type: none"> This report is for Information. 	
4. History of the paper Please include details of where paper has <u>previously</u> been received.	
Governors' Quality Focus Group	3 November 2020

ID **Governor Name****244** Sue Milestone**Theme:** Learning Disability Nurses**Source:** Governor Direct**Query** **02/11/2020**

I understand that other Trusts employ Learning Disability Nurses to ensure adults with learning disabilities have equal access to health care, and to help them feel safe and supported with inpatient and emergency admissions, day surgery, outpatient appointments and planned admissions.

They assess the patient's needs to make them feel safe, make reasonable adjustments where needed, help with interpreting situations and make sure patients are listened to.

They also communicate with family/carers, care providers, community teams and health/social care professionals. Patients have hospital passports to facilitate staff understanding of their needs. They provide tours of the building pre-admission and address fears around hospital/treatment.

Does UHBW offer this kind of service, and if not, would the Trust consider setting up a similar service for learning disabled patients, while looking at the feasibility of extending it to cover all patients with multiple, complex needs including those with physical disabilities and temporary delirium?

Division: Trust-wide**Executive Lead:** Chief Nurse**Response requested:** 02/11/2020**Response**

Response pending.

Status: Assigned to Executive Lead

ID **Governor Name**

243 **Graham Briscoe**

Theme: Weston Hospital - A&E Dept

Source: From Constituency/ Members

Query **13/10/2020**

I have received confirmation that Weston Hospital's A & E Lead Consultant is resigning at the end of the year, and that UHBW is finding it difficult to recruit a replacement. I have also been advised that it appears to the AE hospital staff that the merger has not resolved the serious AE senior staff shortages at Weston hospital.

From my perspective down here in WsM - I can fully understand the concerns and worries that this knowledge can raise with the WsM AE Department staff. They have already had to work through the overnight closure, and to them - could see this issue easily escalate into a determination to close the AE Department at WsM Hospital, which is not a route I personally would wish to see.

For me - this long term WsM AE Department staffing issue should be escalated into a Hospital Board Risk - equivalent to a Show Stopper / Business Critical / or in corporate speak a Principal Risk - if it is not already.

Can I also suggest that a senior member of the UHBW Directors - CEO / Dept CEO / Senior Nurse - or even for the Chair or a NED, to visit the AE Department to talk to the staff there in order to remove their fears. They are aware of this issue, but are in the dark about what UHBW and the Board intend to do to resolve the issue, and to let them continue to what they do best - look after our emergency patients and give the best care and service they can.

It is not really their fault working at their operational support level in this particular Hospital AE Department that they have all this uncertainty of their future around them - whilst also giving their professional best and operating under this extreme COVID situation.

Thank you.

Graham Briscoe - Public Governor - North Somerset
(Weston super Mare)

Division: Medicine

Executive Lead: Chief Operating Officer

Response requested: 13/10/2020

Response **12/11/2020**

UHBW continues to explore a number of opportunities to secure a safe and sustainable ED service at Weston General Hospital. Currently, the department is open between 8-10, 7 days per week and we can confirm, there are no plans to change this level of service. Recruitment pressures in ED have been a long standing challenge at Weston and the impact of Covid 19 has undoubtedly, hindered full merger opportunities and benefits. The risks are fully recognised on Divisional and Corporate risk registers and are repeatedly reviewed. However, Bristol and Weston are working collaboratively to mitigate these risks in a unified approach to ensure there is continuity and longevity of service.

ID **Governor Name**

Whilst it is correct the Weston ED Consultant has submitted her resignation, we are hopeful that the plans we are currently working through will provide assurance to all staff that there is a significant future for Weston ED, not only for UHBW but also the wider system. As part of the plans, a robust medical and nursing recruitment process is in place for both departments, in order to facilitate and support cross site working. Interviews are ongoing and all efforts to attract a wide pool of interest and retention are being made.

The staff at Weston are fully supported by the newly formed Divisional Senior Management team and Executive colleagues and in light of the recent CQC review and subsequent positive feedback noting significant ED improvement, teams remain committed to ensuring work continues at pace, to further improve and sustain services within Weston ED.

Status: *Awaiting Governor Response*

ID **Governor Name**

242 **Carole Dacombe**

Theme: Social worker assessments for patients

Source: Governor Direct

Query **28/09/2020**

The governors have been made aware of some difficulties in achieving social worker assessments to facilitate appropriate care packages for patients at the trust who are medically ready for discharge - these difficulties being specifically related to current Covid-19 restrictions on movement of staff between the community and hospital setting. Is this situation causing delays to discharge and/or restrictions in choice for patients who need a care home placement?

Division: Trust-wide

Executive Lead: Chief Nurse

Response requested: 30/09/2020

Response **23/10/2020**

New government guidance for hospital discharges was issued in March 2020 in response to Covid-19 and the need to rapidly create capacity in the acute trusts.

The guidance included new protocols for social care and Care Act assessments. As a result the social care team based in the BRI permanently relocated into the Discharge to Assess Team in the community and Care Act assessments are no longer carried out in hospital.

All patients requiring social support for discharge are now referred into the Community Integrated Care Bureau (CICB) managed by Sirona care & health. The team in the CICB includes social workers and Sirona Case Managers and they make a decision on which discharge pathway is appropriate for the patient based on the information in the detailed referral form.

Patients requiring a social care assessment will receive this in the community. This may be in their own home, a rehabilitation setting or a temporary nursing home placement depending on their needs.

The number of patients on the delays list reduced from 150 to 50 in the initial phase of the new guidance, largely due to the increased amount capacity in the community put in place under Covid funding arrangements, but also because occupancy in the BRI reduced significantly for several weeks. The list is currently at 90 as there are delays in moving patients on from temporary placements into long term care.

Patient are not given a choice of nursing home for the temporary placement but do have this option if they subsequently need long term placement. The temporary placement is funded by the NHS covid arrangement for up to six weeks until all assessments are complete. The evidence shows that approximately 20% of patients on this pathway are able to return home with support rather than go into long term care. This additional period of time allows patients to fully recover from their acute episode before making long term decisions about their care.

Status: Closed

ID **Governor Name**
241 **Carole Dacombe**

Theme: Process for discharging patients facing homelessness

Source: From Constituency/ Members

Query **28/09/2020**

Following recent concerns raised by Trust members, the governors would like to seek clarification about the process followed by the Trust in discharging patients who are facing homelessness. We understand that the relevant local authority should have a Homeless Prevention team but that there may be some confusion about who should make contact with this team. Is it the responsibility of the Trust to do so or is there an expectation that the patient will do this for themselves?

The recent concerns referred to were in relation to Weston Hospital and North Somerset Council: however, we recognise that the Trust has many patients living in areas served by other local authorities and would like to know if there is clarity about the processes followed in each area.

Division: Trust-wide

Executive Lead: Chief Nurse

Response requested: 30/09/2020

Response **23/10/2020**

The BRI has a dedicated Homeless Support Team who work with all homeless patients including those presenting in the Emergency Department but not requiring admission.

In Weston homeless patients are referred to their local housing authority via a formal referral form completed by the ward. Patient consent is sought but if this is refused the form be sent but will only include basic demographic details. The Weston General Hospital Safeguarding Team are informed of all referrals.

Status: *Closed*

ID **Governor Name**

240 **Jane Sansom**

Theme: Appointment letters for patients

Source: Governor Direct

Query **11/09/2020**

Appointment letters for patients receiving phone/virtual consultations are currently confusing. A recent example is a patient letter in which the patient is informed that the appointment is a telephone clinic, but they are then asked to bring the letter to their appointment. This seems fundamental – if we cannot get the administration of patient appointments right, this will distress patients and could cause reputational damage, particularly combined with the difficulties that patients describe in phoning the relevant Trust service to ask advice.

Given that we have been and continue to be in this situation for some time, please can the Trust provide reassurance that this is being addressed with utmost urgency?

Division: Trust-wide

Executive Lead: Chief Operating Officer

Response requested: 22/09/2020

Response **08/10/2020**

The trust has rapidly rolled out non-face to face consultations during the Covid-19 response period introducing two new appointment types: video and telephone. This has required a Trust-wide review of existing appointment letters and distribution of new letters to reflect the new appointment types. Trust-wide Medway clinics and appointment books have also been rebuilt to reflect the new appointment types. Specialities have been provided centrally with a letter pack to support the new consultation types (video and telephone). Specialities have also been asked to review the letter pack and ensure that they are reflective of their needs. Requests for additional letters and communications have been supported when requested.

Specialities have also been provided with guidance and practical support to rebuild clinics so that letters pull through the correct location and letter type for the appointment. The wrong letter type can still be manually selected for the appointment. This process is open to an element of human error. To mitigate this we have provided specialities with training and support for the administrative teams.

The Trust's text message reminder system Envoy is linked to the appointment book in Medway. As a result of the changes made to the appointment book and the creation of new clinics to reflect the appointment type, we have had to rebuild the Envoy system to send the right type of reminders for patients. To resolve this we have created a generic reminder which advises the patient of an upcoming appointment.

Status: Closed

Query **23/07/2020**

As part of a cancer diagnosis some patients should have a PET scan to ascertain the stage of their cancer; a timely scan can be vital for patients who are being treated with curative intent.

In a recent audit of lung cancer services at our Trust it was noted that only 4% of patients from the small number sampled had received a PET scan within the correct timescale according to NICE Guidance. My understanding is that current practice at UHBW is to send our patients to another Trust where a PET scanner run by a private company is made available.

I would like to know whether our Trust receives sufficient information to provide us with assurance on the quality of this service. How are we ensuring that timely scans are being carried out? Are there any plans for acquiring our own scanner, given the initial cost and costs of running such a piece of equipment?

Division: Diagnostics & Therapies

Executive Lead: Chief Operating Officer

Response requested: 23/07/2020

Response **11/08/2020**

PET scanning is commissioned by NHS England from the company Alliance Medical. The Trust is obliged to follow this pathway and does not have the option to send patients elsewhere or set up its own service. The contract for this service is held by specialist commissioning rather than the Trust, so the Trust is not party to performance metrics relating to it. Any issues we have with the service are escalated to the commissioner who leads on the contract with a request to resolve.

As with any test for a cancer patient, the Trust will chase up tests or reports that are delayed beyond the ideal timescales. In recent months Alliance Medical has been affected by equipment breakdowns which have caused some delays. It is often possible to 'make up time' on other steps of the pathway which reduces the impact of any PET scan delays on the overall pathway. The lung cancer pathway has multiple steps, the rest of which are within the Trust's gift to influence and therefore the Trust's best opportunity to mitigate any delays in the PET scan is to save time elsewhere. With all cancer pathways we try to build in flexibility to allow for unexpected problems like delays outside of the Trust's control or medical deferrals.

Currently the restrictions due to Covid-19 are affecting all services but prior to this the Trust performed well against the national optimal pathway for lung cancer. In the first three quarters of 2019/20 86% patients who were first seen at UH Bristol (as was) following a GP referral for suspected lung cancer were treated within 62 days, this exceeds the national standard of 85%. All patients whose waiting time does exceed the cancer waiting times targets are reviewed for potential harm and no patient on a cancer pathway at the Trust has ever been recorded as having suffered harm due to a delayed PET scan.

In summary, provision of PET scanning at UHBW would not be possible unless NHS England specialised commissioners were to commission this service from the Trust. However I hope the response provides assurance that the Trust has rigorous measures in place to ensure lung cancer patients receive timely treatment.

ID Governor Name

Status: Closed

Query **10/07/2020**

It has come to my notice quite recently that there are staff employed by organisations, other than UHBW, working inside Weston Hospital.

I recognise that all UHBW employees in Weston Hospital are given the opportunity to be aware of, and support, the various UHBW Board led initiatives to transform the culture at our hospitals - eg Freedom to Speak up Guardian / HR Harassment and Bullying advice service / BAME initiatives / COVID-19 and PPE support, all being covered through our CEO's videos and the various staff e-newsletters that all UHBW staff receive each week.

However those members of staff employed by other organisations working in, or at, Weston Hospital do not receive our UHBW staff circulations. This means that there are currently "pockets" of staff, who the Weston public and patients would assume are UHBW staff, are thus are not in the UHBW Board's "line of sight" for the transformational change the Board is seeking to achieve at Weston Hospital.

I would like to know what formal links and protocols for the provision of consistent staff support and internal communication have been set up between our UHBW HR Department and the HR Departments of the other organisations who have staff working inside Weston Hospital.

Of course - all of my above comments may well apply to all of our other Bristol Hospitals should staff of other external organisations be working in UHBW in Bristol.

Division: Trust Services

Executive Lead: Director of People

Response requested: 10/07/2020

Response **27/08/2020**

UHBW has ensured that the vast majority of the staff working on site at either Bristol or Weston are employed directly by the Trust; this aligns with our aim to reduce spend on agency staff and to convert agency staff to bank, for example.

A small number of staff work in services that are now delivered by external organisations but the staff remain based on our sites. Specific to Weston, this would include for example the Breast service which transferred to NBT on the 1st April and our CAMHS and Community Paediatrics teams, which transferred to AWP and Sirona respectively. The staff transferred by means of TUPE to their new parent employers as part of these service transfers, but remain based at Weston. These staff are still included on the Weston site-wide communications and receive information essential to their workbase. They will have access to initiatives and offers of support from their new parent employer also.

We have identified small groups of staff at Weston who have not received the same communications and support available to permanent staff on the site. We have developed a plan to address the gaps in communication and we are speaking with our partner HR teams in NBT, AWP and Sirona to ensure that staff who

ID **Governor Name**

have TUPE'd out are still on the right distribution groups for Weston and to make sure that UHBW shares key messages with other parent Trusts in the future.

Some on-site services, for example our Costa and Brunel Coffee outlets are franchised and therefore staffed by people employed directly by our parent companies; in these instances it would not be appropriate for them to receive UHBW communications; however, where we rely on external suppliers we do our utmost to ensure that the employing body's workforce policies and practices meet the standards that we have in place for our permanent and bank staff – this is usually specified as part of the procurement processes.

Status: *Closed*
