

## COUNCIL OF GOVERNORS

**Meeting to be held on Thursday 30 July 2020 at 14:00-16:00 via Cisco Webex  
Videoconference. Livestreamed online for public viewing**

### AGENDA

NO.	AGENDA ITEM	PURPOSE	SPONSOR	PAGE NO.	TIMING
<b>1.0 Preliminary Business</b>					
1.1	Introduction and apologies	Information	<i>Chair</i>	Verbal	14:00
1.2	Declarations of Interest	Information	<i>Chair</i>	Verbal	
1.3	Minutes of meeting held on 28 May 2020	Approval	<i>Chair</i>	p. 3	
1.4	Matters arising (Action Log)	Approval	<i>Chair</i>	p. 13	
1.5	Chair's Report	Information	<i>Chair</i>	Verbal	14:05
<b>2.0 Performance Update and Strategic Outlook</b>					
2.1	Chief Executive's report	Information	<i>Chief Executive</i>	Verbal	14:15
2.2	Covid-19 Update	Information	<i>Deputy Chief Executive/ Chief Operating Officer</i>	<del>To follow</del> Inserted at end of pack	14:30
2.3	Forward Planning - Annual Operating Plan Update - Trust Strategy Update	Information	<i>Director of Strategy and Transformation</i>	p. 14 p. 19	15:00
2.4	Weston Integration Update	Information	<i>Director of Strategy and Transformation</i>	p. 24	15:20
2.5	Quarterly Patient Experience and Complaints Reports	Information	<i>Chief Nurse</i>	Attached separately	15:30
<b>3.0 Items for Information</b>					
3.1	Governor Activity Report including Holding to Account Report	Information	<i>Membership Manager/ Governors</i>	p. 28	15:35
3.2	Update against Membership Strategy	Information	<i>Membership Manager</i>	p. 31	
3.3	Youth Involvement Group Governors' Report	Information	<i>YIG Governors</i>	Verbal	

3.4	Governors' Log of Communications	Information	<i>Chair</i>	p. 34	
<b>4.0 Concluding Business</b>					
4.1	Foundation Trust Members' Questions	Information	<i>Chair</i>	Verbal	15.50
4.2	Any Other Business	Information	<i>Chair</i>	Verbal	
4.3	<b>Date and time of next meeting:</b> <b>Annual Members' Meeting/Trust AGM</b> <b>– Tues 15 Sept 2020 at 5pm-7pm</b> <b>Council of Governors' meeting – Fri</b> <b>27 November 2020, 2pm-4pm</b>	Information	<i>Chair</i>	Verbal	

**Minutes of the Council of Governors Meeting held in public on Thursday 28 May 2020 at  
14:00-16:00 by videoconference**

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

**Present**

Jeff Farrar – Chair of University Hospitals Bristol and Weston NHS Foundation Trust (**UHBW**)  
Hessam Amiri – Public Governor  
Graham Briscoe – Public Governor  
John Chablo – Public Governor  
Carole Dacombe – Public Governor  
Tom Frewin – Public Governor  
Chrissie Gardner – Staff Governor  
Astrid Linthorst – Appointed Governor  
Hannah McNiven – Staff Governor  
Sue Milestone – Public Governor  
Sally Moyle – Appointed Governor  
Graham Papworth - Public Governor  
Mo Phillips – Public Governor (Lead Governor)  
Ray Phipps – Public Governor  
John Rose – Public Governor  
Martin Rose – Public Governor  
Jane Sansom – Staff Governor  
John Sibley – Public Governor

**In Attendance**

Robert Woolley – Chief Executive  
Mark Smith – Chief Operating Officer and Deputy Chief Executive  
Matt Joint – Director of People  
William Oldfield – Medical Director  
Neil Kemsley – Director of Finance and Information  
Carolyn Mills – Chief Nurse  
David Armstrong – Non-Executive Director  
Julian Dennis – Non-Executive Director  
Bernard Galton – Non-Executive Director  
Jayne Mee – Non-Executive Director  
Martin Sykes – Non-Executive Director  
Kam Govind – Non-Executive Director Placement (NEXT Director Scheme)  
Eric Sanders – Director of Corporate Governance  
Approximately 9 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 14:05

Minute Ref:	Item	Actions
<b>1.0 Preliminary Business</b>		
COG1.1/05/20	<b>1.1 Chair's Introduction and Apologies</b>	
	<p>The Chair, Jeff Farrar, welcomed everyone to the meeting. He reminded those present and in attendance via videoconference that the meeting was being streamed live on YouTube. He reminded members of the public who were watching the livestream that the meeting should not be recorded.</p> <p>Apologies had been received from governors, Aishah Farooq, Sophie Jenkins, Carole Johnson, Barry Lane, Debbi Norden, Penny Parsons, Marimo Rossiter, Malcolm Watson, Mary Whittington and Garry Williams.</p> <p>Apologies had also been received from several members of the Board: Paula Clarke (Director of Strategy and Transformation), Guy Orpen (Non-Executive Director), Steve West (Non-Executive Director), Sue Balcombe (Non-Executive Director) and Madhu Bhabuta (Non-Executive Director Designate).</p> <p>It was noted that Mark Smith, Deputy Chief Executive and Chief Operating Officer, and Carolyn Mills, Chief Nurse, would need to leave the meeting at 15:00.</p> <p>Jeff Farrar noted that this was Astrid Linthorst's final meeting as her term of office as Appointed Governor for the University of Bristol would end on 31 May 2020 and he thanked her for her contribution over the past three years.</p> <p>Jeff Farrar further introduced to the governors Kam Govind, who had joined the Board on a six-month placement in a Non-Executive Director capacity as part of a development scheme for future Non-Executive Directors run by NHS England/Improvement.</p>	
COG1.2/05/20	<b>1.2 Declarations of Interest</b>	
	There were no new declarations of interest from governors.	
COG1.3/05/20	<b>1.3 Minutes from Previous Meeting</b>	
	<p>Governors considered the minutes of the meeting of the Council of Governors held on 30 January 2020.</p> <p><b>Members RESOLVED to:</b></p> <ul style="list-style-type: none"> <li>• <b>Approve</b> the minutes of the Council of Governors meeting held on 30 January 2020 as a true and accurate record of the proceedings.</li> </ul>	
COG1.4/05/20	<b>1.4 Matters Arising/Action Log</b>	
	Governors received the Action Log and noted that there were two actions still outstanding due to the cancellation of recent governor meetings.	
COG1.5/05/20	<b>1.5 Chair's Report</b>	
	Jeff Farrar, Trust Chair, gave a brief update to governors on his recent activity particularly during the Covid-19 coronavirus pandemic. He was now carrying out most of his work as Chair remotely: for example, attending virtual regional and national meetings, ensuring the Board was able to function effectively and meeting appropriately, and conducting Non-Executive Director appraisals. He had found that the move to videoconferencing meetings had increased Board committee attendance,	

	<p>and it was hoped that the move to streaming public meetings online would increase transparency.</p> <p>During this time he had endeavoured to keep governors as informed as possible, for example through weekly email updates. Mo Phillips, Lead Governor, confirmed that this line of communication was working as well as could be expected under the circumstances and that governors continued to perform their duties within the necessary restrictions. Along with a number of governors, she had viewed the online livestream of the Board of Directors meeting held in public prior to this meeting and commented that she had found it both useful and informative.</p> <p><b>Members RESOLVED to:</b></p> <ul style="list-style-type: none"> <li>• <b>Receive</b> the Chair's Report to note.</li> </ul>	
<b>2.0 Performance Update and Strategic Outlook</b>		
<b>COG2.1/05/20</b>	<b>2.1 Chief Executive's Report</b>	
	<p>Robert Woolley, Chief Executive, provided an update on the main issues facing the Trust. The period had been dominated by the Trust's response to the Covid-19 coronavirus pandemic from March 2020 onwards, the completion of the merger between University Hospitals Bristol NHS Foundation Trust and Weston Area Health NHS Trust on 1 April 2020, and the temporary closure of Weston General Hospital in the current week.</p> <ul style="list-style-type: none"> <li>• <b>Annual Plan update:</b> Governors heard that all business planning had stopped as the Trust had moved into pandemic management. The financial framework and the performance management framework for the NHS had effectively been stood down. As the Trust emerged from the initial crisis management phase of the pandemic response, consideration was now being given to planning going forward. It had been decided to retain the incident command and control structure set up during the initial phase, as it was likely that the Trust would need to manage Covid-19 on a continual basis for some time while also restarting other non-Covid operational services. In June, the Trust would need to review its divisional operating plans and the delivery of its Trust-wide strategy in this context. Governors would receive an update on this at their next Council of Governors meeting on 30 July 2020.</li> <li>• <b>Weston General Hospital Covid-19 Outbreak:</b> Robert Woolley informed governors that the Trust had taken a difficult and urgent decision to temporarily close Weston General Hospital to new patients (including A&amp;E patients) from Monday 25 May 2020. This was because the Trust had noticed high rates of Covid-19 infection among patients and among a small sample of staff. The temporary closure was a clinically-informed and clinically-led decision which had been necessary in order to keep patients and staff safe and it had been supported by the Trust's regional partners and national bodies. The Trust had worked with its partners in the region to step up alternative services, such as a minor injuries receiving station at Weston for walk-in patients, and ambulances were diverted to Bristol and Taunton.</li> </ul> <p>All staff and all inpatients were now being tested. The hospital would re-open as soon as it was safe to do so following a deep clean and a reconfiguration of streaming and zoning to enforce segregation between Covid and non-Covid patients.</p>	

	<p>He added that the hospital's staff had responded positively and with resilience and the Trust was prioritising communication and support for them. There had been considerable media interest. The Trust was now working with regulators to define the terms of reference for a critical incident investigation to understand exactly what happened and whether the Trust could have done anything to prevent it. The Trust would be open to the learning that would come out of that. The government's Test and Trace scheme, which was now being rolled out in 11 locations in England to track the spread of the virus, had been extended to Weston as a result of this outbreak.</p> <ul style="list-style-type: none"> <li>• <b>Care Homes:</b> Robert Woolley acknowledged questions from governors about how the Trust was discharging patients to care homes given significant concerns about increased incidence of Covid-19 in care homes nationally. He clarified that, other than in exceptional circumstances shared with the care home in question, patients who were being discharged into a care home setting should have tested negative for Covid-19 in hospital and be discharged with 7 days' supply of personal protective equipment.</li> <li>• <b>Michael Lyall:</b> Governors were informed of the recent death of Michael Lyall. Mr Lyall was a Foundation Trust member and regular attendee at Board and Council of Governors meetings, as well as being the former mayor of Weston-super-Mare, and Robert Woolley extended condolences to his family on behalf of the Trust.</li> <li>• <b>Children's Hospital:</b> Following a national analysis of patient surveys for children's services, Bristol Royal Hospital for Children had been placed as the top hospital for patient experience among all specialist children's hospitals in England.</li> </ul> <p>Robert Woolley invited questions from governors. The discussion focussed on the temporary closure of Weston General Hospital and included the following questions:</p> <ul style="list-style-type: none"> <li>• John Rose, Public Governor for North Somerset, enquired whether lessons learned from the outbreak had caused any changes to practices in the Trust's Bristol hospitals. Robert Woolley responded that a number of questions were as yet unanswered in relation to the source of the infections and how far there had been re-infection inside the hospital. However, there was a continued focus in the Bristol hospitals on segregating patients effectively to minimise the risk of cross-infection, making sure that personal protective equipment was available in the right places, and ensuring that staff were fully trained to use it and were following infection control best practice.</li> <li>• Jane Sansom, Staff Governor, reported views from Weston staff who were feeling undervalued as result of the outbreak, and gave an example of a staff member who had heard of the hospital's closure on the news before being informed by the Trust. Robert Woolley acknowledged that there had been communication difficulties, particularly as the decision had needed to be taken swiftly and in the middle of a bank holiday weekend. It had been a difficult decision and the impact on staff had been of serious concern, but the Trust had been very clear on the need to protect patients and staff by taking decisive action. Staff were now being supported as well as possible.</li> <li>• Jane Sansom further noted that there was a particularly high proportion of black, Asian and minority ethnic (BAME) staff at Weston General Hospital.</li> </ul>	
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	<p>Given the reportedly higher risks to BAME staff from Covid-19, she asked how the wider Trust could provide support with this aspect. Robert Woolley responded that the Trust was putting in place a risk assessment mechanism to support all staff, including BAME staff. BAME members of staff in particular had been asked to come forward to talk about any concerns they might have. Jeff Farrar added that Non-Executive Directors were also seeking assurance in relation to BAME staff.</p> <p>It was noted that Robert Woolley had recorded a video message for staff at Weston and it was agreed that it be shared with governors.</p> <p><b>Action: Circulate Chief Executive's video for staff re Weston closure to governors.</b></p> <p><b>Members RESOLVED to:</b></p> <ul style="list-style-type: none"> <li>• <b>Receive</b> the Chief Executive's report to note.</li> </ul>	<p><b>Acting Membership Manager</b></p>
COG2.2/05/20	<b>2.2 Covid-19 Update</b>	
	<p>Mark Smith, Deputy Chief Executive and Chief Operating Officer, introduced this report, which had been produced for the Board of Directors and was shared with governors for information.</p> <p>The report provided an update on the Trust's response to the Covid-19 coronavirus pandemic. It particularly described the approach to bed reconfiguration and recovery planning, and mitigations of the risks to staff, particularly in relation to their health and wellbeing and the availability of PPE.</p> <p>Mark Smith highlighted that Covid-19 infections were decreasing in the Trust's Bristol hospitals, demonstrating that there was not currently an issue of onward infection and transmission in Bristol. He drew governors' attention to the considerable alteration of the bedbase and the difficulties in implementing this because it needed to be dynamic as it was not yet known how far Covid-19 levels would fluctuate. The Trust was now developing a recovery plan to safely deliver its full range of services, and this would take into account local and national modelling for rates of infection.</p> <p>In terms of managing the Weston outbreak, he provided assurance that the Trust was working inside a system-wide response with representation from its partners in Bristol, North Somerset and South Gloucestershire as well as Public Health England. One of the key considerations had been how to balance the risk to other health organisations in terms of their capacity to provide alternative services.</p> <p>He noted that there had been questions from governors and others about why the Trust was not using the Bristol Nightingale Hospital for Covid-19 patients. The Nightingale Hospital was one of a number of Covid-19 hospital units created nationally as part of the government's initial measures against the virus. However, it had only been designed for ventilation and respiratory support. It was unable to provide the same level of care as an intensive care unit which had a full spectrum of facilities to manage critically ill patients with multi-organ failure. As the nature of the virus became better known, it had emerged that most Covid-19 patients in intensive care were experiencing multi-organ failure and this went beyond the capability of the Nightingale.</p> <p>Further questions from governors included the following:</p> <ul style="list-style-type: none"> <li>• Graham Briscoe, Public Governor for North Somerset, called for greater public engagement with Weston residents to further explain to them why their hospital had been closed and the reasons why the Nightingale</li> </ul>	

	<p>Hospital could not be used for Covid-19 patients instead. He further noted the government's plans to re-open schools for some pupils in June and highlighted the potential risk to infection rates in North Somerset. Robert Woolley acknowledged the need for more communication with the public to help people in North Somerset to understand the value of their hospital. He agreed to progress this with the Trust's Communications Team.</p> <ul style="list-style-type: none"> <li>Ray Phipps, Public Governor for Bristol, enquired whether it was known what proportion of the population might be asymptomatic and how that would play into any precautions the Trust might need to take. Mark Smith responded that there were still significant unknowns about the virus but as testing progressed it would be possible to find out more.</li> </ul> <p><b>Members RESOLVED to:</b></p> <ul style="list-style-type: none"> <li><b>Receive</b> the Covid-19 update report to note.</li> </ul>	
COG2.2/05/20	<b>2.2 Weston Merger Update</b>	
	<p>Robert Woolley, Chief Executive, introduced this report which was produced for the Board of Directors and was being shared with the Council of Governors for information. It provided an update on the progress of the Weston Integration Programme since February 2020. This included the successful merger of Weston Area Health NHS Trust and University Hospitals Bristol NHS Foundation Trust on 1 April 2020, and the safe transfer of staff and services to the new merged organisation: University Hospitals Bristol and Weston NHS Foundation Trust.</p> <p>The paper described the status of the Post Transaction Implementation Plan for the merger including how the Trust intended to integrate staff and services at Weston post 1 April 2020. While the service transfers had been delivered, implementation in other areas had been delayed due to the Covid-19 pandemic, including corporate services integration which the Trust now intended to re-start.</p> <p>Jeff Farrar noted that the pandemic had caused difficulties in effectively demonstrating the change in leadership at Weston, but the Executive Team had worked hard to ensure that they were still visible across both sites notwithstanding the need to socially distance and/or work from home in line with guidance.</p> <ul style="list-style-type: none"> <li>In relation to a question raised by Chrissie Gardner about social distancing guidance for non-clinical staff across the whole Trust, Robert Woolley confirmed that specific guidance for non-clinical staff was being produced. The use of non-clinical and clinical space across the Trust was also being reviewed.</li> <li>In response to a further question from Chrissie Gardner about how the Trust could signpost staff to assistance if they were at risk of domestic abuse at home during lockdown, he agreed to consider how this might be achieved.</li> </ul> <p><b>Action: Trust to consider how to best support staff at increased risk of domestic abuse.</b></p> <p><b>Members RESOLVED to:</b></p> <ul style="list-style-type: none"> <li><b>Receive</b> the merger integration report to note.</li> </ul>	Director of People
COG2.3/05/20	<b>2.3 Q2 Patient Experience Report and Patient Complaints Report</b>	
	The Trust's quarterly Patient Experience Report and Patient Complaints	

	<p>reports were provided to governors to give them high level assurance on the Trust's activities in these areas.</p> <p><b>Members RESOLVED to:</b></p> <ul style="list-style-type: none"> <li>• <b>Receive</b> the Patient Experience and Complaints reports to note.</li> </ul>	
<b>3.0 Non-Executive Director appointments/appraisal/review</b>		
COG3.1/05/20	<b>3.1 Nominations and Appointments Committee Report</b>	
	<p>Jeff Farrar, Trust Chair, introduced a report from the Governors' Nominations and Appointments Committee which had met via videoconference on 11 May 2020. The Committee had discussed Non-Executive appraisals, remuneration and re-appointments. The Committee had recommended the re-appointment of four Non-Executive Directors: Guy Orpen, Steve West, Julian Dennis and Martin Sykes, and the Council of Governors now needed to take a decision on approval of these.</p> <p><i>Julian Dennis and Martin Sykes left the meeting.</i></p> <p>The Chair commented on the strengths of each of the four Non-Executive Directors and asked for governor views. Governors agreed to approve the re-appointments as follows:</p> <ul style="list-style-type: none"> <li>- Guy Orpen - Re-appointment to 3rd and final year of 3rd term of office (2 May 2020-1 May 2021)</li> <li>- Julian Dennis - Re-appointment to 3rd term of office (1 June 2020-31 May 2023 subject to annual re-appointment in line with the NHS FT Code of Governance for terms over six years) and confirmation of continuation as Senior Independent Director.</li> <li>- Martin Sykes - Re-appointment to 2nd term of office (1 September 2020-31 August 2023) and confirmation of continuation as Vice-Chair.</li> <li>- Steve West - Re-appointment to 2nd term of office (1 July 2020-30 June 2023)</li> </ul> <p><i>Julian Dennis and Martin Sykes rejoined the meeting. Jeff Farrar left the meeting.</i></p> <p>Julian Dennis, Senior Independent Director, took the chair and asked governors to consider a change to the Chair's remuneration. The Nominations and Appointments Committee had discussed this on 11 May 2020 and had recommended an increase in Chair remuneration from 1 April 2020 to reflect the increased size of the Trust post-merger and to bring the Trust into line with national guidance. The Council of Governors agreed to approve the increase.</p> <p><i>Jeff Farrar rejoined the meeting and regained the chair.</i></p> <p>Governors were further asked to approve the Terms of Reference and Committee membership for the Nominations and Appointments Committee. The only proposed change was to the new name of the Trust post-merger. This was agreed.</p> <p><b>Members RESOLVED to:</b></p> <ul style="list-style-type: none"> <li>• <b>Approve</b> the re-appointment of Non-Executive Directors Guy Orpen, Steve West, Julian Dennis and Martin Sykes as detailed above.</li> <li>• <b>Approve</b> an increase in Chair remuneration</li> </ul>	

	<ul style="list-style-type: none"> <li>• <b>Approve</b> the Nominations and Appointments Terms of Reference and Committee membership.</li> </ul>	
<b>4.0 Appointment of Lead Governor</b>		
COG4.1/05/20	<b>4.1 Appointment of Lead Governor</b>	
	<p>Jeff Farrar, Trust Chair, reminded governors that they were required to elect a Lead Governor annually. Mo Phillips, current Lead Governor, had been nominated by several governors to continue in the role and had indicated that she would be willing to do so with the agreement of the Council of Governors. No other nominations had been received, so governors were asked to consider Mo Phillips' continuation in the role. There were no dissenting voices.</p> <p><b>Members RESOLVED to:</b></p> <ul style="list-style-type: none"> <li>• <b>Appoint</b> Mo Phillips as Lead Governor from 1 June 2020 to 31 May 2021.</li> </ul>	
<b>5.0 Items for Information</b>		
COG5.1/05/20	<b>5.1 Governor Activity Report</b>	
	<p><b>Governor Activity Report (including Governor Focus Group reports and Holding to Account report)</b></p> <p>Governors were asked to note this report, which provided a summary of recent activity to demonstrate how governors had discharged their duties. They were asked to appoint governor chairs/deputy chairs for the three Governor Focus Groups for the coming year. All supported the continuation in post of the current incumbents as follows :</p> <ul style="list-style-type: none"> <li>- Quality Focus Group –Carole Dacombe (Chair), John Rose (Deputy)</li> <li>- Governors' Strategy Group – Graham Papworth (Chair), Malcolm Watson/Sophie Jenkins (Deputies)</li> <li>- Constitution Focus Group – Ray Phipps (Chair),</li> </ul> <p><b>Members RESOLVED to:</b></p> <ul style="list-style-type: none"> <li>• <b>Receive</b> the report to note.</li> <li>• <b>Appoint</b> Governor Focus Group Chairs/Deputy Chairs from 1 June 2020-31 May 2021 as above.</li> </ul>	
COG5.2/05/20	<b>5.2 Membership Strategy update</b>	
	<p>This report provided an update against the Trust's Membership Strategy including how the Trust had engaged with its membership since January 2020. It also included a report on the postponement of the Governor Elections, which had been due to open for nominations on 1 April 2020 but had been postponed for 12 months due to the impact of Covid-19 on the Trust and its activity.</p> <p>Sarah Murch, Acting Membership Manager, highlighted that activity had been scaled back due to Covid. In particular, the Trust had intended to promote Foundation Trust membership and the governor role to Weston staff and patients post-merger, but this had been deferred to a more appropriate time. Priorities going forward would need to continue to be flexible.</p> <p><b>Members RESOLVED to:</b></p> <ul style="list-style-type: none"> <li>• <b>Receive</b> the reports to note.</li> </ul>	

COG5.7/05/20	<b>5.7 Governors' Log of Communications</b>	
	<p>Governors noted the report of the most recent questions that governors had asked directors via the Governors' Log of Communications.</p> <p><b>Members RESOLVED to:</b></p> <ul style="list-style-type: none"> <li>• <b>Receive</b> the Governors' Log of Communications to note.</li> </ul>	
<b>6.0 Concluding Business</b>		
COG6.1/05/20	<b>6.1 Foundation Trust Members' Questions</b>	
	<p>Jeff Farrar, Trust Chair, noted that one Foundation Trust member had raised a number of questions which had been submitted in writing in advance of the meeting, Responses would be sent to him by email and the questions and responses would be shared with governors.</p> <p><b>Action: Member questions/responses to be copied to all governors.</b></p>	Acting Membership Manager
COG6.2/05/20	<b>6.2 Any Other Business</b>	
	<ul style="list-style-type: none"> <li>• Carole Dacombe referred to the Freedom to Speak Up report received by the Board of Directors meeting that morning. She had been encouraged by the increased numbers of issues being raised reflecting a stronger degree of confidence in the process. She had understood that Non-Executive Directors were seeking further data around the gender and ethnicity of those raising questions, and she sought assurance that this would not detract from the confidence that staff needed to have in the anonymity of the process. Jayne Mee, new Non-Executive Director Lead for Freedom to Speak Up, confirmed the vital importance of anonymity, and responded that the suggestion had been made to establish whether there were any themes affecting certain groups.</li> <li>• Jeff Farrar asked whether governors required anything further in terms of communication beyond videoconference meetings and weekly updates from the Chair. Views were expressed that videoconference meetings were preferable to meetings held by email. This was noted, particularly for the Governor Focus Group meetings scheduled for July.</li> </ul> <p><b>Action: July Governor Focus Groups to meet via videoconference.</b></p> <ul style="list-style-type: none"> <li>• Mo Phillips, Public Governor for Bristol, and Lead Governor, noted that A&amp;E attendances had decreased considerably since the start of the pandemic and enquired whether the reasons for this were understood. Robert Woolley responded that work was being undertaken at a regional level to try to understand the reasons for this and also into how positive alternatives to A&amp;E could be embedded before the coming winter. He undertook to keep governors updated as the conversation developed.</li> <li>• John Sibley, Public Governor for South Gloucestershire enquired about the effect of the prevalence of Covid-19 in care homes on the timeliness of discharge of elderly patients from hospital. Robert Woolley responded that care homes were increasingly concerned to make sure that hospitals had done everything they could to make sure they were not discharging symptomatic patients into other settings. The Trust was currently working well with the regional system and was following national guidance. There had been no significant issues around this locally yet, but if the rate of infection in care homes increased then this could be a risk going forward and the Trust would keep a close watch on it.</li> <li>• In response to a question from Jane Sansom, Staff Governor, about the Trust's plans to test all staff at Bristol, Robert Woolley explained the Trust</li> </ul>	Acting Membership Manager

	<p>did not have local testing capability for routine testing of all staff on campus yet, but it was expected to come.</p> <ul style="list-style-type: none"> <li>Hannah McNiven, Staff Governor, voiced appreciation for the improvement in Covid-19 communications to staff. Staff appreciated the Trust's regular email updates, up-to-date advice on testing and personal protective equipment, signposting to improved wellbeing services, and the Chief Executive's weekly staff videos. This was noted.</li> </ul> <p>There was no other business.</p>	
COG6.3/05/20	<p><b>Meeting close and date of next meeting</b></p> <p>The Chair declared the meeting closed at 15:40.</p> <p>Date and time of next Council of Governors meeting: <b>Thursday 30 July 2020, 2pm-4pm</b></p>	

Signed by: .....(Chair) on..... (Date)

## Council of Governors meeting – 30 July 2020 - Action Log

Outstanding actions following the Council of Governors meeting held on 28 May 2020					
No.	Minute reference	Detail of action required	Responsible Officer	Completion date	Additional comments
1.	COG2.1/05/20	Circulate Chief Executive's video for staff re Weston closure to governors.	Acting Membership Manager	May 2020	<b>Completed</b> - Emailed to governors 28/5/2020.
2.	COG2.2/05/20	Trust to consider how to best support staff at increased risk of domestic abuse.	Director of People	July 2020	<b>Completed. Response (July 2020):</b> There is a dedicated page on HRWeb which signposts to local and national resources. The trust has a 'Domestic Violence and Abuse' Policy, which is linked at the bottom of the HRWeb page. Other than that, the Employee Assistance Programme that became available to all Bristol staff in March (Weston colleagues already have their own EAP in place) promotes support around domestic violence as part of their telephone information and advice service; accessible on 0800 174319 to all staff.
3.	COG6.1/05/20	FT Member questions/responses sent to May Council of Governors meeting to be copied to all governors	Acting Membership Manager/ Executive Leads	July 2020	Still outstanding as of 23/7/2020
4.	COG6.2/05/20	July Governor Focus Groups to meet via videoconference.	Acting Membership Manager	July 2020	<b>Completed</b> - Governor Focus Groups on 7 July 2020 were held via videoconference
5.	COG2.3/01/20	Governors' comments on the Quarter 2 Patient Experience and Complaints Report to be raised with the Chief Nurse	Chief Nurse	July 2020	<b>Completed</b> – This was raised at Quality Focus Group on 7 July 2020.
6.	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	Briefing on Integrated Performance Report scheduled for Governor Development Seminar on 6/10/20.

## Meeting of the Council of Governors on Thursday 30 July 2020

<b>Report Title</b>	<b>Item 2.3a - Operating Plan Refresh for 2020-21</b>
<b>Report Author</b>	<b>Rob Presland, Head of Commissioning and Contracting</b>
<b>Executive Lead</b>	<b>Paula Clarke, Director of Strategy and Transformation</b>

### 1. Report Summary

The purpose of this report is to outline the progress made in refreshing the Operating Plan for 2020-21 and to update the Council of Governors on the Trust's operating plan position as part of the preparatory phase for moving into Phase 3 recovery of NHS services and planning for the Winter of 2020.

### 2. Key points to note

*(Including decisions taken)*

The announcement of the national COVID Level 4 incident response in March 2020 from NHS England and NHS Improvement mandated that all UHBW operating planning and contracting should be paused with immediate effect.

Pre-COVID, the Trust Operating Plan was nearing completion and the financial plan had been approved at the Finance Committee in March 2020. However, all other operating plan content remained outstanding.

The Phase 2 announcement to switch on critical services in early May and development of national guidance on the next phase of service recovery has required UHBW to restart operational planning and assess the impact of COVID on pre-existing plans. This preparatory work was agreed by the Strategic Leadership Team (SLT) to be "light touch" but with a sufficient level of detail to describe the Trust's position to the wider BNSSG system.

These objectives of the Operating Plan refresh and a summary of the progress made as at the end of July 2020 are shown below:

<b>Objective</b>	<b>Progress as at end of July 2020</b>
To use the "new world" drivers for change, and the prioritised Trust strategic objectives and approved corporate objectives to produce revised annual objectives for the divisions – focusing on the critical tasks for the remaining of the year.	First drafts completed and further review of Divisional plans required prior to business SLT approval in August.
To re-establish the new level of capacity available to the Trust, outline indicative activity levels for urgent care and the	Completed for Months 5-7 as an interim capacity based activity plan and approved by SLT. Further work required

elective programme, and use this to inform a realistic requirement of system led demand management interventions to support future performance and access for patients	to develop a future schedule of regular iterations and submissions to inform system solutions.
To outline the financial planning parameters that will be used for the remainder of 2020-21, including the principles for holding budget managers to account for delivery of the financial plan.	Partially completed, pending release of national guidance covering the period from August. Divisions to progress previously agreed investments meeting key criteria.
To outline the workforce planning parameters that will be used for the remainder of 2020-21, including the principles for holding Divisions to account for delivery of the workforce plan.	Partially completed. Divisions workforce plans reviewed and pending future review at People Committee.
To outline the revised priorities from the enabling strategies that will be used for the remainder of 2020-21, including the principles for holding delivery plans to account. This includes Quality, Digital, Estates, People, Research and Communication.	Partially completed. Due for completion in September 2020.

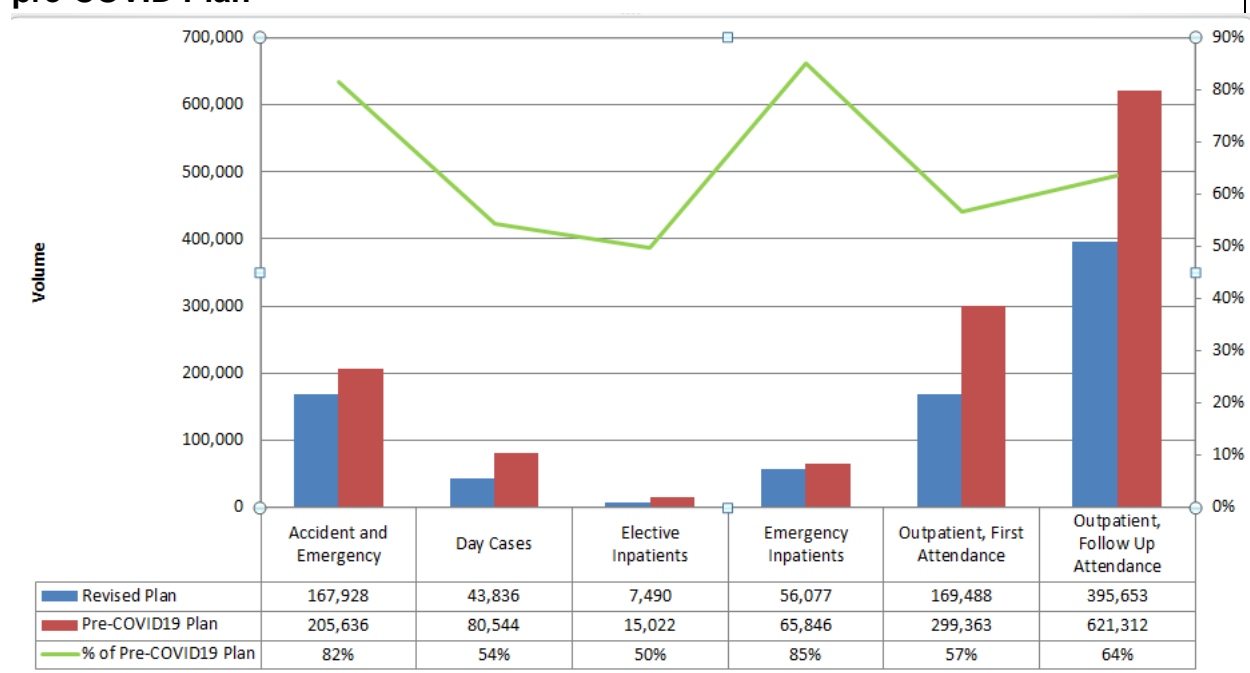
The refresh exercise has been challenging due to the number of variables and possible scenarios impacting on the content of plans, but the overarching assumption applied has been to plan based on the most likely scenario at a speciality level, given the current operational constraints that individual services are experiencing. The Operating Plan also needs to go further in future drafting to describe the solutions to some of the issues identified, but these are complex and will rely upon discussion and agreement with regulators and UHBW partners in the wider BNSSG healthcare system.

Whilst the Operating Plan refresh is therefore by no means a completed product, it serves a purpose by describing Divisional plans for the remainder of the year, outlines capacity based activity assessments and describes some of the operational problems that require further discussion to resolve.

The Operating Plan Refresh – Information Pack (refreshed July 2020), illustrates the following:

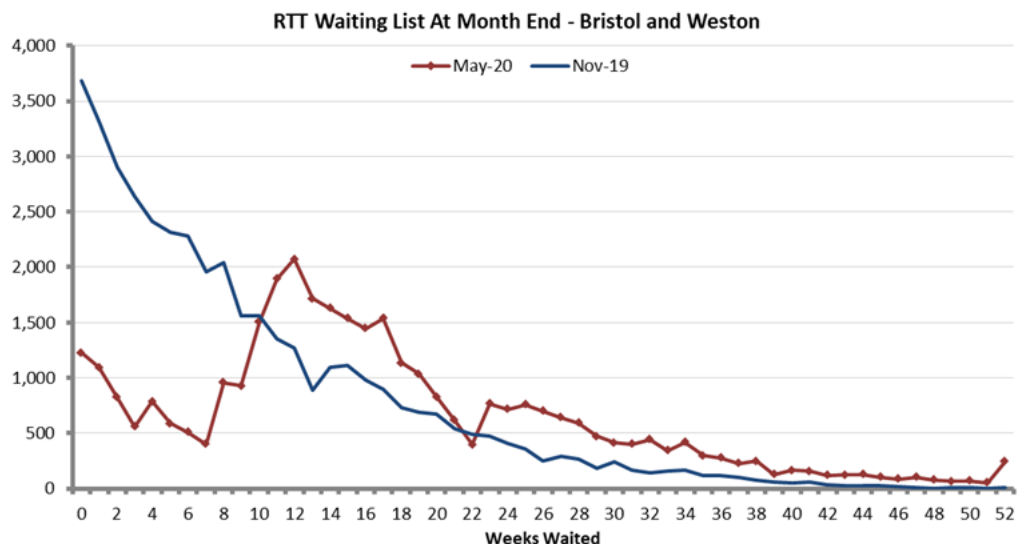
- The seven BNSSG system goals that UHBW is committed to delivering as a system partner, and which therefore shape some of our recovery plans;
- The outputs of the re-prioritised Trust strategic priorities based on the new drivers for change;
- The progress made in refreshing the enabling strategies;
- The confirmed corporate objectives for 2020-21;
- An update on the proposed Transformation priorities for 2020-21;
- An update on the financial plan including confirmation of plans to monitor Divisions on expenditure run rates and performance against budget, agreement to investment plans to fund cost pressures and service developments, and a summary of progress made in developing capital investment plans to support the COVID response;
- Changes by exception to the workforce plan including investment in Radiology and support for Medicine reconfiguration in A413 and A400;
- The interim capacity based assessment of activity for Months 5-7, and the strategic planning assumptions applied to inform an activity plan for the remainder of the financial year. An overview of the outputs showing the expected deterioration in activity due to COVID operating constraints is shown in Figure 1 below:

**Figure 1: Refreshed Indicative Activity Plan adjusted for COVID compared to pre-COVID Plan**



- The productivity challenges in theatres, outpatients and diagnostics, contributing towards deflated levels of elective, day case and diagnostic activity when compared to 2019;
- The likely gap in bed numbers to deliver the interim activity plan in Months 5-7 at 92% occupancy, following zoning and application of social distancing, with the unmitigated position at approximately 77 beds in the BRI and 94 in Weston;
- The change in profile of the RTT waiting list backlog, with an increasing number of 52 week wait breaches and a possible deterioration in performance based on the interim indicative activity plan, as shown in Figure 2 and 3 below

**Figure 2 Impact of COVID on waiting list shape and increase in long waits**



**Figure 3 18 week Referral to Treatment Performance Trajectory in light of adjusted COVID plan**

	Elective DC	Elective IP	New OP	F-Up OP		18+ Weeks	Total Pathways	Performance
Apr-20	36%	32%	54%	62%	Apr-20	9,489	30,734	69.1%
May-20	45%	41%	64%	79%	May-20	11,983	29,626	59.6%
Jun-20	52%	45%	73%	81%	Jun-20	14,867	31,635	53.0%
Jul-20	52%	66%	67%	68%	Jul-20	17,457	32,127	45.7%
Aug-20	61%	52%	60%	69%	Aug-20	18,379	32,619	43.7%
Sep-20	63%	53%	60%	69%	Sep-20	19,113	33,111	42.3%
Oct-20	64%	53%	60%	69%	Oct-20	19,763	33,603	41.2%

- Some of the Winter planning mitigations in development to reduce the bed deficit;
- An update on the Quality plan priorities for the remainder of the year and the timescales for delivery; and
- An update on members and elections including a delay in elections until spring 2021.

It is fully anticipated that a more detailed national submission of system and organisational operating plans will be required towards the end of August / beginning of September. Further work will therefore need to be undertaken to inform this exercise, but for the time being the refreshed operating plan will be used as the foundation for developing further plans for recovery both internally and externally with the wider BNSSG system.

These plans will be discussed further by Divisions and SLT in August 2020 and updated again once national guidance is published as anticipated. The Council of Governors will be kept informed as this develops.

### 3. Risks

**If this risk is on a formal risk register, please provide the risk ID/number.**

This report and supporting documentation are related to controls to mitigate the risks below:

39914 Engagement with the BNSSG Long Term Plan

2640 Risk that services are not commissioned at levels of forecasted demand

### 4. Advice and Recommendations

- This report is for **Information**
- The Council of Governors is asked to note the current status of the 2020-21 operating plan refresh and intention to finalise further detail in advance of an organisational and system submission to regulators expected in late August / early September.

### 5. History of the paper

**Please include details of where paper has previously been received.**

The "Operating Plan Refresh – Information Pack (refreshed July 2020) was reviewed by the UHBW Strategic Leadership Team on 22<sup>nd</sup> July 2020

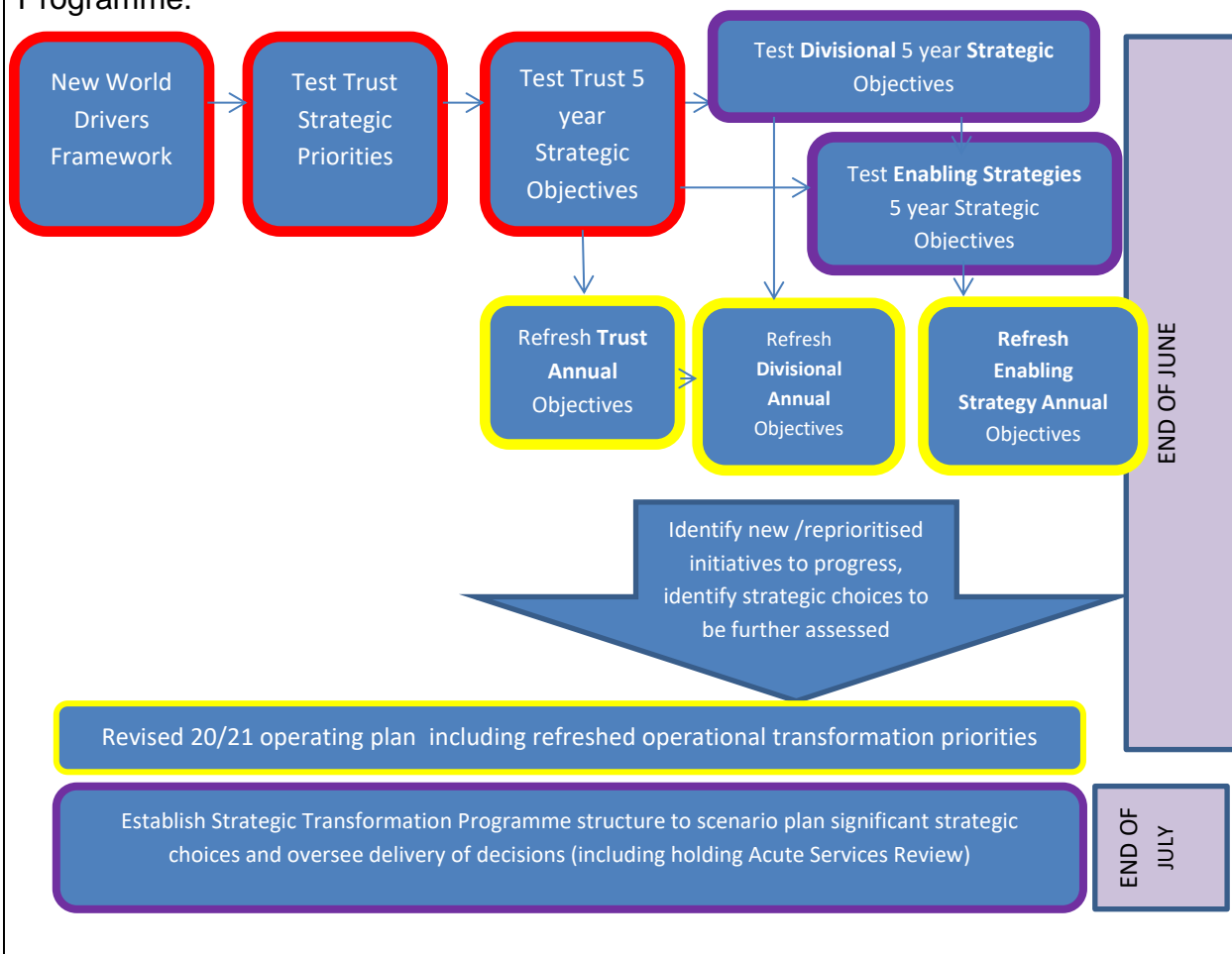
**Meeting of the Council of Governors on Thursday 30 July 2020**

<b>Report Title</b>	<b>Item 2.3b - Strategy Refresh 2020</b>
<b>Report Author</b>	<b>Sarah Nadin – Associate Director of Strategy and Business Planning</b>
<b>Executive Lead</b>	<b>Paula Clarke – Executive Director of Strategy and Transformation</b>

### 1. Report Summary

It was agreed in May 2020, that the Trust's recently published strategy, *Embracing Change, Proud to Care; Our 2025 Vision* needed to be tested and refreshed where necessary to reflect any emerging priorities in the context of the COVID 19 pandemic and the resulting changes to our operating environment.

The diagram below outlines the process undertaken, which was also designed to ensure our enabling and divisional strategies are aligned and that the required priority actions are landed into our 2020/21 Operating Plans and Operational Transformation Programme.



In undertaking this desk top exercise a set of New World Drivers have been developed with the Board and SLT, which characterise the factors associated with our new operating and planning environment. These New World Drivers provide a framework against which our current strategic vision, priorities and objectives can be tested.

Our current Trust strategy outlines a series of detailed strategic objectives to be delivered over the five year period to 2025. These New Work Drivers also provided a framework against which to test and re-frame the relative priority of each of these longer term objectives, classifying each within one of the four following categories;

- Still right at same pace
- Still right and accelerate
- Re/deprioritise
- Missing and now needed or requires radical rethink/big strategic choice

Appendix 1 outlines our New world drivers and demonstrates the alignment to our current strategic priorities as an organisation.

Our Strategic Objectives outlined in our Trust Strategy were also tested against this new context and a series of objectives have been identified as needing to be accelerated in our new operating context, with immediate actions being placed into annual corporate and divisional plans.

It was also noted that there were a number of additional objectives that should be added or current objectives that need to be changed. These are in the process of being drafted and will be reviewed and approved by the Senior Leadership Team and Trust Board as part of the next steps of this process.

The current governance structure within the organisation for the oversight and delivery of our strategic priorities is also in the process of being reviewed and any proposals for the future model will also be discussed and approved through our Senior Leadership Team and Trust Board in the next steps of the process.

## **2. Key points to note** *(Including decisions taken)*

In June 2020, Senior Leadership Team approved the following recommendations, with following support for Board Seminar in early July 2020;

- Our 2025 strategic priorities were co-created through internal and external

consultation in 2019 and remain relevant.

- The adaptations we need to make as an organisation to respond to the COVID 19 pandemic and wider operating model do not change our overall strategic direction as an organisation.
- Recommended our 2025 strategic vision and strategic priorities (*Embracing Change; Proud to Care*) are not changed in response to our new world drivers.
- Our current governance structure for the delivery of our strategic priorities would be reviewed in the same context.

### Next Steps

Action	Timeline
Proposed structures for adaptive decision making and final draft of new and revised strategic objectives to Strategic SLT	5 <sup>th</sup> August.
New structures and strategic objectives approved as addendum to Trust Strategy at SLT and Trust Board	SLT 19 <sup>th</sup> August and Trust Board seminar/meetings in September
Corporate, divisional and enabling annual objectives amended to reflect new strategic objectives where in year action required in Q3/4	September

### 3. Risks

**If this risk is on a formal risk register, please provide the risk ID/number.**

*There are no risks noted with this item*

### 4. Advice and Recommendations

- This report is for **Information**.

### 5. History of the paper

**Please include details of where paper has previously been received.**

*This paper has not been received in this form in any other forums, however, related content has been to Senior Leadership Team and Board Seminar*

## APPENDIX 1 – The New World Drivers and Our Trust Strategic Priorities

Our Current Strategic Priorities (as per 2025 strategy)	Our New World Drivers (June 2020)
<p><b>1. Our Patients</b> We will excel in consistent delivery of high quality, patient centred care, delivered with compassion</p>	<ul style="list-style-type: none"> <li>• <b>Backlog in non-Covid services which needs to be managed and recovered</b>, with the <b>risk of widening health inequalities</b> and a significant number of people not accessing health care when they ought to be.</li> <li>• <b>New internal operating model</b> alongside <b>IPC safety measures</b>, driving the need for <b>different solutions to create capacity</b> and <b>supporting staff wellbeing</b>, <b>new ways of working</b> and safety considerations.</li> </ul>
<p><b>2. Our People</b> We will invest in our staff and their wellbeing, supporting them to care with pride and skill, educating and developing the workforce for the future</p>	<ul style="list-style-type: none"> <li>• <b>People Focused:</b> creating <b>innovative, flexible and resilient workforce models and promoting wellbeing</b> through <b>system approaches</b> (Ts&amp;Cs /passporting/training/culture etc).</li> <li>• Maximise our role as an <b>anchor institution in supporting economic recovery through local employment and volunteering</b> and managing the implications of a <b>changing global workforce supply</b></li> </ul>
<p><b>3. Our Portfolio</b> We will consolidate and grow our specialist clinical services and improve how we manage demand for our general acute services, focusing on core areas of excellence and pursuing appropriate, effective out of hospital solutions.</p>	<ul style="list-style-type: none"> <li>• Recognition of <b>general &amp; acute and critical care bed shortfalls</b> in SW Region – likely to secure national investment</li> </ul>
<p><b>4. Our Partners</b> We will lead, collaborate and co-create sustainable</p>	<ul style="list-style-type: none"> <li>• <b>Accelerated collaboration/mutual aid and pan-system clinical leadership</b> – Further enabled by <b>Weston integration &amp; Bristol acute services review</b> with</li> </ul>

integrated models of care with our partners to improve the health of the communities we serve.	<p>NBT</p> <ul style="list-style-type: none"> <li>Increasing importance of <b>system perspective</b> and <b>opportunity to drive common cross sector goals</b> across our STP and beyond, including <b>accelerated implementation of consistent community service model</b> (Sirona) and <b>discharge from hospitals</b></li> </ul>
<p><b>5. Our Potential</b></p> <p>We will be at the leading edge of research and transformation that is translated rapidly into exceptional clinical care and embrace innovation</p>	<ul style="list-style-type: none"> <li><b>Virtual-by-default</b> and <b>digital approach</b> in clinical and non clinical communications , training and service delivery with changed public expectations</li> <li>New <b>opportunities for research and innovation</b> with <b>AHSC designation, partnership with Universities</b> and <b>internal innovations.</b></li> </ul>
<p><b>6. Our Performance</b></p> <p>We will deliver financial sustainability for the Trust and contribute to the financial recovery of our health system to safeguard the quality of our services for the future.</p>	<ul style="list-style-type: none"> <li>Changes to our <b>commissioning and planning environment</b>;</li> <li>Probable <b>changes to FT autonomy</b>, financial regime and IS sub-contracts. National approach to <b>acute consolidation</b> (group models) &amp; <b>SW region Partnership Boards</b> in North and Peninsula</li> </ul>

## Meeting of the Council of Governors on Thursday 30 July 2020

<b>Report Title</b>	<b>Item 2.4 - Weston Integration Progress Update</b>
<b>Report Author</b>	<b>Robert Gittins, Programme Director</b>
<b>Executive Lead</b>	<b>Paula Clarke, Director of Strategy and Transformation</b>

<b>1. Report Summary</b>	
<p>This report provides an update to the Council of Governors on the progress of the Weston Integration Programme during the first quarter of 20/21</p> <p>The report was produced for the meeting of the Trust Board of Directors on 30 July 2020 and is shared with governors for information.</p>	
<b>2. Key points to note</b> <i>(Including decisions taken)</i>	
<p>Members should note:</p> <ul style="list-style-type: none"> <li>The progress that has been made despite the necessary focus on Covid-19</li> </ul>	
<b>3. Risks</b> <b>If this risk is on a formal risk register, please provide the risk ID/number.</b>	
<p>Corporate risk, 4539 that 'Trust activities and performance are adversely affected post Weston integration'.</p>	
<b>4. Advice and Recommendations</b>	
<ul style="list-style-type: none"> <li>This report is for <b>Information</b>.</li> </ul>	
<b>5. History of the paper</b> <b>Please include details of where paper has <u>previously</u> been received.</b>	
<b>Trust Board (Public)</b>	<b>30<sup>th</sup> July 2020</b>

<b>Report Title</b>	<b>Weston Integration Progress Report</b>
<b>Report Author</b>	<b>Rob Gittins, Programme Director</b>
<b>Executive Lead</b>	<b>Paula Clarke, Director of Strategy and Transformation</b>

## 1. Introduction

It has been just over three months since University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) was established on 1 April. As the merger happened within the first few weeks of a global pandemic, understandably staff across the newly merged trust have rightly been focussed on, and working exceptionally hard in responding to this pandemic.

Despite this, good progress has been in combining our organisations including:

- Weston Divisional Management Board and Governance has been established with the Divisional leadership team.
- Combined Trust performance reporting is in place.
- Consultations have commenced with staff in corporate services to begin to formally bring teams together.
- Detailed planning to bring together the first wave of clinical services is underway and is being led by the clinical teams.
- UHBW IT systems are accessible from both sites.
- The 'One team, one vision - #TeamUHBW' organisational development programme is working on building the shared values and vision for the new enlarged organisation.

One visible sign of our coming together has been the changes in external signage on both sites in Bristol and Weston to reflect our new name. This is another step in developing the identity as the new enlarged Trust.

A lot of emphasis has been placed within the integration programme on post-merger activities and helping to maintain operational stability in Weston, whilst establishing new ways of working corporately and within the new division. Overall, the Integration programme is making good progress.

## 2. Recruitment and retention planning

The Recruitment and Retention Merger Taskforce Steering Group, has been set up to address the Weston Divisional recruitment and retention challenges across UHBW, providing single strategical oversight of for the nursing, allied health professionals and medical staff groups, across the newly merged organisation.

### 3. Progress against Benefits Realisation

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

- A better experience for our patients – ensuring people from North Somerset and surrounding areas will be able to be seen and treated in their local hospital, and improving access to specialist services in both Bristol and Weston through better use of an expanded workforce, estates and facilities.
- A 13,000+ strong workforce increases our diversity, capacity and resilience. Allowing for greater development opportunities for our staff across a much wider portfolio of services, strengthening the knowledge base, peer support and skills and experience of all our employees.
- The opportunity to share expertise and best practice – particularly in the delivery of exemplar models of frailty, ambulatory and out-of-hospital care. Using the opportunity to develop and learn from each other to create truly joined up care which enables people to stay in their own home, or return home as soon as they no longer need our care.
- Accelerating the roll out of digital technology to enhance and improve the quality and delivery of services across the new organisation, further cementing our Digital Exemplar status.
- Releasing untapped potential in our services – particularly medical and surgical ambulatory care, nurturing innovation, and research and empowering our teams to design services and pathways at the forefront of care.

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. These include:

- the joined up Covid19 response and sharing of expertise across Bristol and Weston, providing greater resilience in dealing with the pandemic.
- Effective working from home where appropriate has also been supported as a result of the merger, enabling staff to access to a broader range of on-line training and information.
- Ambulatory Emergency Care (AEC) services at the Weston General Hospital (WGH) have been also extended as part of the Covid-19 response, with the assistance of the broader project resources of the enlarged organisation.
- The successful introduction of on-line outpatient consultations have been a feature of the Trust's covid19 response across Bristol and Weston.
- The single improved Trust website has been well received and gives patients and visitors clearer information about accessing services in the enlarged organisation.

Work has also begun on realising the financial mitigations set out in Year 1 of the 5-year plan that supported the Transaction Business Case agreed by the University Hospital's Bristol board in November 2019. Good progress has been made in relation to savings in management overheads associated with the reduction from two trust boards to one and on

reducing agency nursing spend. However other aspects of the plan have inevitably been delayed as a consequence of the focus on tackling the Covid-19 pandemic. Now that we are starting to emerge from this and restoration activity is underway, it is anticipated that progress will be made during the second half of the financial year from September onwards.

Progress is also being made on managing risks and realising benefits, in line with the programme set out within the Post-Transaction Integration Plan (PTIP). Specifically this includes:

- Measurement of progress towards delivery of identified financial benefits is in place and is being monitored through the overall trust cost improvement programme;
- Mechanisms for delivery of the longer term 'qualitative' benefits are being developed in conjunction with the trust Transformation team and a benefits evaluation framework is being developed; and
- A continuing focus on identifying, managing and mitigating the risks associated with the integration. Where appropriate, risks are captured within the corporate risk register and reported to and reviewed by the Integration Programme Board on a regular basis.

#### **4. Update on related system mergers**

UHBW has a five year digital convergence programme, updating and bringing together the key IM&T systems across Bristol and Weston, which is a major undertaking. There are a number of key systems that are scheduled for merger during Year 1 post-merger. The position on the next systems to merge is as follows:

- Merging Financial Ledgers – This remains on track for completion by end of July 2020.
- Merging Electronic Staff Record (ESR) systems – This also remains on track for end July 2020.
- Moving onto a single patient administration system (Medway) – This remains on track for the first phase transfer at the end of September 2020.

#### **5. One team, one vision - #TeamUHBW**

Our organisational development teams across Bristol and Weston have developed a plan which will take the best of both Bristol and Weston to create the right environment for our staff and our patients now and into the future. This includes understanding what staff like about where they work, how they want to be treated and ensuring they have opportunities to have their say. This will help us to build shared values and a shared vision for the new enlarged organisation where everyone feels part of the bigger team. Aligning our vision and values across our Bristol and Weston sites will mean we are working towards a shared purpose underpinned by values we can get behind. This will ensure that UHBW will be a diverse and inclusive place to work that attracts, develops and retains exceptional people. This programme of work will commence in September 2020.

## Meeting of the Council of Governors on Thursday 30 July 2020

<b>Report Title</b>	<b>Item 03.1 - Governor Activity Report</b>
<b>Report Author</b>	<b>Sarah Murch, Acting Membership Manager</b>
<b>Executive Lead</b>	<b>Eric Sanders, Director of Corporate Governance</b>

### 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 Governor Groups (the Governors' Strategy Group, the Quality Focus Group and the Constitution Focus Group).

It also includes 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)

Governor meetings in the period June-July 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 – Chair: Carole Dacombe

A meeting was held on 7 July 2020 by video-conference attended by 11 governors. Carolyn Mills, Chief Nurse, was in attendance to answer governor questions. Reports received included:

- **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 were particularly interested in how Board committees were adapting to the current challenges and the changes to their working practices and their priorities due to Covid.
- **Board Integrated Performance Report** - Governors discussed the Trust's

performance against national targets and the challenges in meeting these due to Covid and heard about potential measures to address these.

- **Staff Survey Results** – Governors received a report on the Trust’s results for the national Staff Survey in 2019 including the areas in which the Trust was performing particularly well and the areas that were presenting more of a challenge. The discussion mainly focussed on appraisal rates and the Trust’s training provision, particularly management and leadership training,
- **Report on the Trust’s management of Covid-19** -Governors noted ongoing arrangements in the Trust’s hospitals to manage the pandemic, including the work to remodel the wards to separate Covid patients and to put in effective distancing measures.
- **Governors’ Log of Communications report** – Questions and responses were noted.

It was agreed to change the date of the next Quality Focus Group meeting in September 2020.

#### **b) Governors’ Strategy Group – Chair Graham Papworth**

There were no meetings in this period.

#### **c) Constitution Focus Group – Chair, Ray Phipps**

A short meeting was held by video-conference on 7 July 2020 with 7 governors attending. Topics included:

- **Audit Committee Chair’s Report** – David Armstrong, Non-Executive Director and Chair of the Audit Committee, attended this meeting to brief governors on the key areas of focus for his committee at present, including their consideration of the Annual Report and Accounts. Governors discussed with him the changes to the External Auditor’s procedures for auditing the Trust’s accounts this year due to the pandemic and sought assurance that the Audit Committee had considered carefully any risks in this.
- **Membership Engagement** - Governors discussed membership engagement in this period and the plans to proceed with the objectives outlined in the Trust’s Membership Engagement Strategy 2020-23.

### **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:

- **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 was one meeting in this period held on 25 June 2020 by videoconference attended by 15 governors, the Chair, and 9 Non-Executive Directors. Governors sought assurance on the following areas:
  - new ways of working for the Board during the pandemic,
  - lessons learned from the outbreak of Covid at Weston General Hospital
  - the Trust's strategy for dealing with the number of operations and diagnoses cancelled during the crisis phase of the pandemic
  - partnership working with other organisations to assist with Emergency Department pressures
  - parking provision for staff and patients
  - supply chain resilience in relation to personal protective equipment
  - fire evacuation training for theatre staff
- **Public Board meetings:** A meeting of the Board of Directors was held on 28 May 2020. It was held as a video-conference with governors invited to watch the meeting online via a weblink. A number of governors watched the meeting in order to observe the ways in which Non-Executive Directors hold Executive Directors to account at their meetings.
- **Email Updates from the Chair:** Since the start of April 2020, governors have been kept up to date on the Covid-19 situation at the Trust through regular email updates from the Chair.
- **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).
- **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. There were no meetings of this committee in the period June-July 2020.

### 3. Advice and Recommendations

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

## Meeting of the Council of Governors on Thursday 30 July 2020

<b>Report Title</b>	<b>Item 3.2 – Update against Membership Strategy</b>
<b>Report Author</b>	<b>Sarah Murch, Acting Membership Manager</b>
<b>Executive Lead</b>	<b>Eric Sanders, Director of Corporate Governance</b>

### 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 June-July 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 email newsletters to our members for whom we have email addresses which include reports from governors about their activities. Beyond this, June/July has been quiet in terms of membership recruitment and face-to-face events due to the impact of Covid and social distancing measures. However, it has been a period of planning for more virtual forms of membership engagement over the coming months.

### 3. Membership Numbers

The breakdown of members by constituency class is shown below. As at 6 July 2020 there were 7,581 public members and 13,753 staff members, compared with 7,611 public Foundation Trust members and 13,421 staff members on 18 May 2020.

Membership Constituency Classes		06/07/20	18/5/20
<b>Public Members</b>			
Bristol		4,059	4,079
North Somerset		1,462	1,467
South Gloucestershire		1,366	1,368
Rest of England and Wales		694	697
<b>Total Public Membership</b>		<b>7,581</b>	<b>7,611</b>
<b>Staff Members</b>			
Medical and Dental		1,981	1,979

Nursing and Midwifery	5,430	5,168
Other Clinical Healthcare Professionals	2,227	2,209
Non-Clinical Staff	4,115	4,065
<b>Total Staff Membership</b>	<b>13,753</b>	<b>13,421</b>
<b>TOTAL PUBLIC AND STAFF MEMBERSHIP</b>	<b>21,334</b>	<b>21,032</b>

#### 4. Progress against Membership Strategy

This part of the report outlines progress against the aims of the Trust's Membership Engagement Strategy (2020-2023) under the three areas of awareness-raising, communication, and engagement.

##### **1. AWARENESS: *To maintain visibility of membership and ensure it is reflective and representative of the local population.***

Awareness-raising of membership paused during the first phases of Covid-19 with plans for more activity in Q3-4.

##### **2. COMMUNICATION: *To provide information about the Trust to members that is informed by the work of the governors.***

**Emails to Public Membership:** A monthly e-newsletter is sent to all public members for whom we have an email address (36% of the total public membership). It is produced by the membership team, but introduced by governors as a means to share updates on their work with public members:

- **June e-newsletter** - included a governors' report by Carole Dacombe, Trust Covid news and messages (including Weston General Hospital closure), call for volunteers for Covid vaccine trial, notification of cancellation of June/July Health Matters Events, invitation to Online Carers' Café on 10 June, and news about the installation of a wellbeing garden in BHI courtyard.
- **July newsletter** included a governors' report by Hessam Amiri, information on visiting our hospitals at this time, an invitation to watch the Board and Council of Governors meetings on 30 July online, promotion of Children's Hospital video supporting families of children with life-limiting conditions, link to video of UHBW Arts and Culture event, news about Weston General Hospital's new garden of tranquillity and the Bristol Royal Infirmary Welcome Centre entrance refurbishment. It also included opportunities for members to give their views about their experiences of accessing mental health support during the pandemic, and their views about their experiences of support for people living with cancer in South Bristol.

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

- **Health Matters Events programme:** The events scheduled for April-July were postponed due

to Covid. The event which was scheduled to take place in June may be held virtually in October. This was to be an event hosted by the Carers' Support Centre to share stories from carers and talk about the support provided for carers in our hospitals. The intention is that the event would now include a focus on support for carers during the Covid period.

## 5. 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:

- **Trust AGM/Annual Members' Meeting:** Planning and publicity for the AGM/Annual Members' Meeting in September which will take place as an online event.
- **Public Members – engagement by post and data cleanse:** During August, we will communicate with the c. 5,000 public members for whom the Trust holds only a postal address. Currently we write to these members twice a year, with the previous mailshot taking place in March. We will include a letter from the Chair informing them about the Weston merger completion and inviting them to the virtual Annual Members' Meeting in September.

In addition, it is anticipated that this mailshot will be used to progress the Membership Strategy's objective to establish whether some of our most long-standing members are still interested in membership, with the inclusion of an additional letter asking people to positively reconfirm whether they wish to remain as members of the Trust. If no response is received, it will be assumed that they are no longer interested and their membership will be allowed to lapse.

- **Email Newsletters:** Engagement with the public members for whom we hold email addresses will continue via monthly e-newsletters introduced by a different governor every month.
- **Staff Engagement:** Staff governors will engage with members of staff (including those at Weston General Hospital) through staff newsletters.
- **Events:** Potential virtual Health Matters Event in October.
- **Social Media:** Increase social media profile of membership, particularly to encourage more public members from the Weston area.

## 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 – July 2020*

## Meeting of the Council of Governors on Thursday 30 July 2020

<b>Report Title</b>	<b>Item 3.3 Governors' Log of Communications</b>
<b>Report Author</b>	<b>Sarah Murch, Acting Membership Manager</b>
<b>Executive Lead</b>	<b>Jeff Farrar, Chair</b>

<b>1. Report Summary</b>	
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.	
<b>2. Key points to note</b> (Including decisions taken)	
Since the last public Council of Governors meeting, three 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 two which are awaiting a response from the relevant Executive Directors.	
<b>3. Risks</b> If this risk is on a formal risk register, please provide the risk ID/number.	
N/A	
<b>4. Advice and Recommendations</b> (Support and Board/Committee decisions requested):	
<ul style="list-style-type: none"> <li>This report is for <b>Information</b>.</li> </ul>	
<b>5. History of the paper</b> Please include details of where paper has <u>previously</u> been received.	
Trust Board of Directors	30 July 2020

**ID**      **Governor Name**  
239      Chrissie Gardner

**Theme:** PET scanner

**Source:** Governor Direct

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**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

Response pending.

**Status:** Assigned to Executive Lead

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**ID**      **Governor Name**

**238**      **Graham Briscoe**      **Theme:** Staff support at Weston General Hospital

**Source:** Governor Direct

**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

Response pending.

**Status:** Assigned to Executive Lead

**ID**      **Governor Name**  
**237**    **Sue Milestone**

**Theme:** Weston General Hospital closure

**Source:** Governor Direct

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**Query**      **05/06/2020**

During the temporary closure of Weston Hospital, what is the position with the two private wards?

Are they being fully utilised or are they closed?

If they are being utilised what category of patients were being treated? Covid cases or elective surgery patients? Private or NHS patients?

**Division:** Medicine

**Executive Lead:** Chief Operating Officer

**Response requested:** 05/06/2020

**Response**    **15/06/2020**

Weston has one Ward where private patient activity normally takes place – Waterside . It does not exclusively accommodate private patients but a mixture of NHS and private. Elective operating stopped on 15th April as directed by the government.

During the Covid pandemic this unit has been used for NHS activity including using the single rooms to isolate patients whilst their COVID status was unknown.

At the time of closure, there were all NHS patients in Waterside, all non-Covid illnesses. Since the closure, Waterside patients have all been discharged and the ward was closed whilst empty awaiting reopening once services began.

It is unlikely that Private patients will be accommodated in Waterside at least until Elective surgical services have been restored.

**Status:** Closed

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**ID**      **Governor Name**

**236**      **John Rose**

**Theme:** Covid-19 testing of patients

**Source:** Governor Direct

**Query**      **20/05/2020**

Are all patients being tested for Covid-19 before discharge and are the results showing "no infection" before actual discharge, particularly when being discharged to care homes or nursing homes?

**Division:** Medicine

**Executive Lead:** Chief Nurse

**Response requested:** 20/05/2020

**Response**      **28/05/2020**

The safety of residents and staff is a priority & there is national and BNSSG Patient Testing Discharge Guidance into Out of Hospital Care Provision. UHBW has been following this guidance. In summary

- The NHS has responsibility for testing patients being discharged from hospital to a care home, in advance of discharge.
- To ensure testing does not delay a timely discharge, testing for patients due to be discharged to a care home are planned up to 48 hours before the scheduled discharge time.
- The information from the test results, with any supporting care information, is communicated to the relevant care home
- Some care providers will be able to accommodate individuals with a confirmed COVID-19 positive status, through effective isolation strategies or cohorting policies.
- If appropriate isolation or cohorted care is not available with a local care provider, the Local Authority will provide alternative appropriate accommodation and care for the remainder of the required isolation period, utilising NHS community and primary care assistance as needed.

**Status:** Closed

**ID**      **Governor Name**  
**235**    **Sue Milestone**

**Theme:** Assessment criteria for critical care

**Source:** Governor Direct

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**Query**      **11/05/2020**

Disability campaigners have been asking the government for national guidance about how doctors should decide who will be prioritised for critical care if the Covid-19 pandemic gets to a point where demand for life-saving ventilators or beds exceeds supply. Can the Trust comment on the need for national guidance in this regard? Has the Trust needed to review its assessment criteria for advance care planning including DNR orders in relation to Covid-19, and what assurance can you provide that any changes will not adversely impact people with disabilities?

**Division:** Medicine

**Executive Lead:** Medical Director

**Response requested:** 11/05/2020

**Response**      **12/05/2020**

National Guidance for Critical Care Admission for patients with Covid-19 exists and has been shared with the governor raising the question for information. Thankfully, our local system has never been under extreme pressure, rendering much of the guidance hypothetical. The process around the decision to “Do Not Resuscitate” a patient similarly remains unchanged. The Trust is clear that decisions about what treatments to offer should be made based on the likelihood of them befitting the patient and not on any other criteria e.g. age, frailty, disability or pre-existing co-morbidity. Any contentious or borderline decision will involve at least two senior clinicians.

**Status:** Closed

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**ID**      **Governor Name**

**234**      **Mary Whittington**

**Theme:** Trust's responsibilities re carers

**Source:** From Constituency/ Members

**Query**      **22/04/2020**

In light of current pressures on critical care services and new hospital visiting restrictions, could the Trust give assurance that carers are and will continue to be consulted when decisions are made about the treatment of the person they care for in line with the Care Act 2014, and that this includes their involvement in the ReSPECT process?

**Division:** Trust-wide

**Executive Lead:** Chief Nurse

**Response requested:** 22/04/2020

**Response**      **28/04/2020**

The process of decision-making regarding treatment decisions including completing the ReSPECT paperwork is unchanged throughout the current pandemic and in line with all relevant national guidance.

**Status:** Closed

**233**      **Carole Johnson**

**Theme:** Withdrawal of treatment

**Source:** From Constituency/ Members

**Query**      **09/04/2020**

What is the Trust's policy with regard to withdrawal of treatment and other essential support services for patients, and has this changed with the outbreak of Covid-19?

**Division:** Medicine

**Executive Lead:** Medical Director

**Response requested:** 09/04/2020

**Response**      **12/05/2020**

There is a Trust Policy for Withdrawal of Treatment. The procedure has not been altered for patients dying from / with Covid-19 so all patients are treated equitably.

The Standard Operating Procedure document for Withdrawal of Treatment that is currently in use has been shared with the governor raising the question for information.

**Status:** Closed

**ID**      **Governor Name**

**232**      **Sue Milestone**

**Theme:** Coronavirus - protection for staff

**Source:** Governor Direct

**Query**      **11/03/2020**

What measures is the Trust taking to protect non-medical staff (including governors and volunteers), from the Covid-19 virus?

**Division:** Trust-wide

**Executive Lead:** Chief Operating Officer

**Response requested:** 25/03/2020

**Response**      **23/06/2020**

The Trust has taken a number of measures since March to protect staff and volunteers from the Covid-19 coronavirus. A brief summary is as follows:

- All patient-facing staff are required to wear Personal Protective Equipment (PPE) and have been informed of the level of PPE appropriate to their role.
- For non-patient-facing staff, the Trust has been supporting staff to work from home wherever possible. Divisions were asked to review which activities could be switched to home-working and to implement social distancing for others. All staff whilst in non-clinical areas are required to wear masks unless the area they are working in has been assessed as "covid secure" (ie social distancing can be maintained)
- All line managers are completing individual risk assessments with their teams to identify staff who are vulnerable or for whom adjustments to their working conditions could be made.
- Most of the Trust's Volunteers were stood down at the start of the pandemic. There are a small number still active who have been issued with appropriate PPE.
- Governor meetings were suspended from w/c 16 March 2020, replaced with virtual meetings and email correspondence
- For other visitors to the Trust, restrictions have been in place as per national guidelines, for example, visitor restrictions.

**Status:** Closed

## Meeting of the Council of Governors on Thursday 30 July 2020

<b>Report Title</b>	Organisational Response to Novel Coronavirus (Covid-19) Pandemic
<b>Report Author</b>	Lucy Parsons and Philip Kiely – Deputy Chief Operating Officers
<b>Executive Lead</b>	Mark Smith, Deputy Chief Executive and Chief Operating Officer

### 1. Report Summary

This report was written for the meeting of the Board of Directors on Thursday 30 July 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)

The paper includes an operational update regarding the ongoing Trust response to Covid-19, as well as work being undertaken across the BNSSG system to help manage demand. There is also a section on Trust recovery planning and restoration work

### 3. Advice and Recommendations

- This report is for **Information**.

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

- *Trust Board of Directors meeting held in public – 30 July 2020*
- *Senior Leadership Team - 22 July 2020*
- *Quality and Outcomes Committee - 27 July 2020*

## Organisational Response to Novel Coronavirus (COVID-19) Outbreak – July 2020 Update

### 1) Purpose

To update the Trust Board on the Trust's ongoing arrangements to manage the implications of the novel coronavirus (COVID-19) outbreak and the recovery actions being taken to re-establish normal business.

### 2) Local Context

The number of covid-19 confirmed cases across the UHBW sites remains low, as shown in the graphs below. At the time of writing (14 July 2020) there are two positive cases in BRI and four at Weston, with no new cases over the last week:

Bristol (adults + children) Positive Occupied Beds



Weston Positive Occupied Beds



This is in line with University of Bristol modelling for BNSSG CCG, which shows an ongoing, gradual decline in covid-19 positive cases across the system.

### 3) Evolving Trust Response - Review of Trust Silver Meetings and Covid-19 Management Structure

Recognising that whilst the Trust is experiencing an ongoing reduction and downward trend of Covid-19 patients in all its sites, there does remain the likelihood that some form of response will be required for the foreseeable future.

Trust Silver has been meeting since 4th March 2020. During the peak of the pandemic this was seven days a week before being gradually being reduced to a frequency of Monday, Wednesday and Friday. Silver has attendance or representation from all Executive Directors as well as members of Divisional triumvirates and other key sub groups and departments. Some of the subgroups have been ad hoc or task and finish orientated, whereas others are still operational.

Acknowledging the change in focus on covid-19 from response to restoration and the different approach required from the Trust to meet the needs of recovery, Silver meetings have been reduced to twice weekly, with the ability to increase frequency again should the covid-19 situation change, for example in line with a second wave or spike. The terms of reference are currently being reviewed, to include an assessment of the subgroup structure required for the ongoing response and to support recovery.

### 4) Responding to Capacity Requirements

#### I. Medicine Ward Moves and Relocation of BRI ED

In March 2020 during the initial response phase to the Covid-19 pandemic, pathway and bed base reconfigurations were quickly implemented to enable rapid assessment processes and streaming of patients to meet infection control guidelines set out by Public Health England (PHE). As the Trust continues to work on recovery and restoration of services, a further review and reconfiguration has been conducted within the Division of Medicine in order to continue to meet IPC and universal testing requirements. Alongside bedbase and ED reconfigurations, medical and nursing teams have been realigned to the new structure.

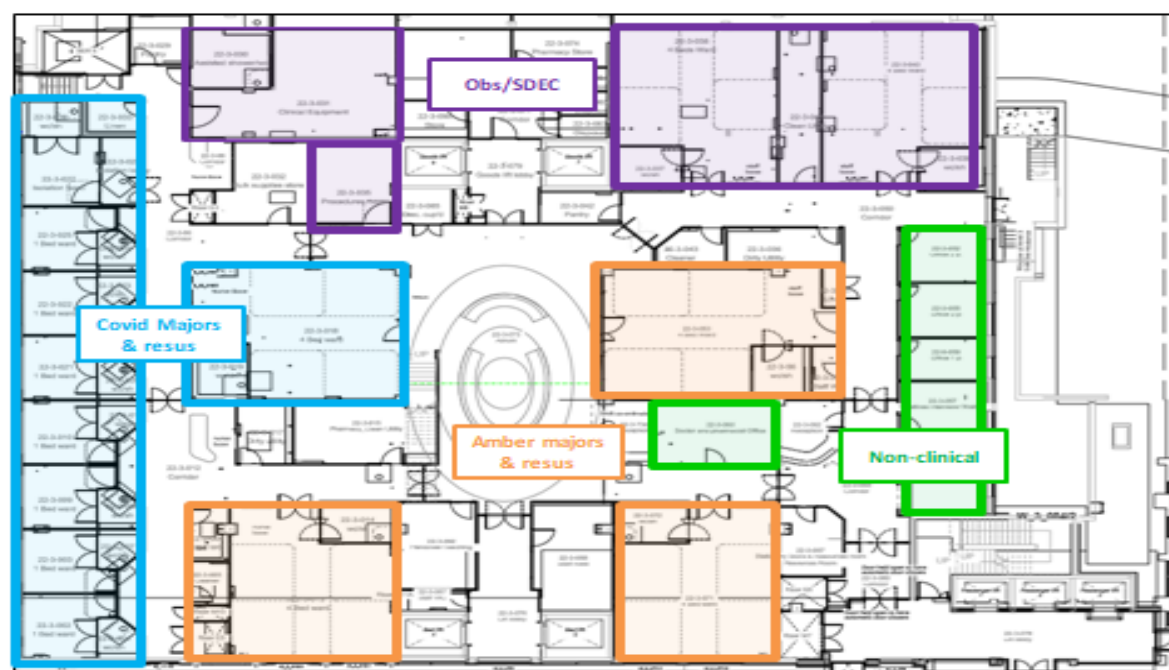
In order to support streaming of patients from ED and the organisation of the department into symptomatic and asymptomatic capacity, the BRI ED majors, resus and observation unit functions have been relocated into A300 (formerly the Acute Medical Unit). The ED team now oversee a larger majors area (an increase from 11 to 16 cubicles) and have capacity which can be flexed up in times of anticipated higher

demand, for example a fit to sit area which has been used to support the reopening of the night-time economy and the associated increase in attendances. The relocation has also enabled the Incident Triage and Assessment centre (ITA) to move indoors from its temporary location in the ambulance bay. It is necessary to base resus, majors and SDEC/observation functions in one area due to the medical oversight and workforce requirement to support these areas, in particular, overnight.

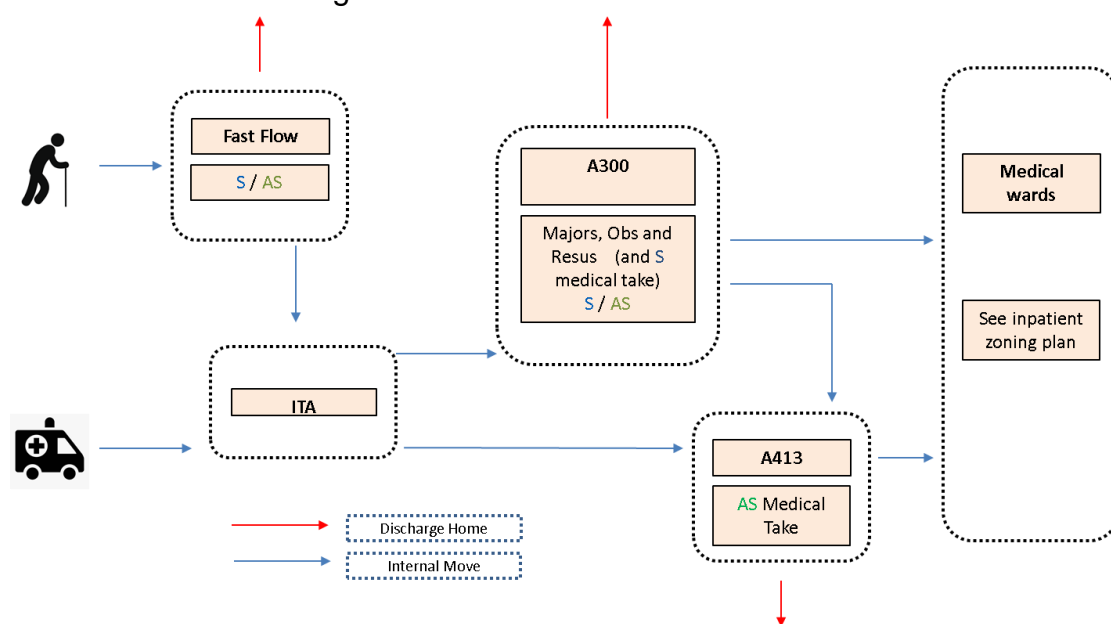
The following benefits have been created through the move:

- Increased majors' space which will support winter pressures and challenges with 4 hour performance and ambulance offloading.
- The ability to flex space up and down to meet required demand.
- Establishment of designated blue and amber clinical areas, therefore optimising intra department infection control.
- Creation of PPE donning and doffing facilities.
- Establishment of a same day emergency care (SDEC) area which acute medicine will support.

A summary of the new configuration on A300 is shown below:



The flow into and through BRI ED is shown below:



Moving ED into A300 (formerly 32 inpatients beds) has of course impacted on the BRI adult bedbase. As far as possible mitigations have been developed, a summary of which is below:

- Creation of 10 SDEC spaces, 4 additional A413 medical assessment spaces and 5 additional Majors cubicles.
- Continue to recruit to frailty and acute teams to enhance the SDEC offer at the front door.
- System work to improve medically fit for discharge numbers and associated beddays (approximately 40 UHBW Bristol adults beds and up to 20 beds at Weston have been saved through measures taken so far.).
- A flow programme is being launched by the Head of Nursing in Medicine to ensure a Division-wide, multi-disciplinary approach.
- Pathways which have successfully been diverted out of ED, A300 and A413 during Covid-19 remain in their current configuration and do not return into the medicine footprint.

## II. BRHC risk based approach

Since activity levels have started to increase towards pre covid-19 levels, and the Trust is bringing in more elective care patients, the Children's Hospital has been running at high levels of occupancy. This has been compounded by the significant number of beds removed within the hospital to accommodate IPC and social distancing recommendations. A balance of risk assessment has been conducted within children's inpatient services in order to inform escalation capacity decision making when the site is running at high levels of occupancy. The flow process depicted below was approved at Trust Silver in June and is now being used to assist decision making to stop social distancing in order to ensure children are being cared for in appropriate clinical areas.

To date this process has been used almost daily, on between one and four wards at a time. BRHC colleagues estimate that without using the process, the hospital would have been in Black escalation 3-4 times week commencing 29 June 2020, and permanently in Red escalation for the week commencing 6 July 2020.

<b>Social distancing across all areas</b>	<ul style="list-style-type: none"> <li>• Adequate beds for today's elective admissions</li> <li>• Beds for projected non-elective admissions across all admitting areas</li> <li>• CED activity no concerns</li> <li>• Capacity across all inpatient areas</li> <li>• Adequate staffing for all areas</li> </ul>
<b>Social distancing stopped in 1 Clinical Area</b>	<ul style="list-style-type: none"> <li>• Bed deficit in one ward but beds and flow across all other admitting areas</li> <li>• CED activity no concerns</li> <li>• Full elective programme across all but 1 speciality</li> <li>• Staffing unable to support social distancing in all ward areas</li> <li>• No cubicles in 1 area</li> </ul>
<b>Social distancing stopped in 2 or more Clinical Areas</b>	<ul style="list-style-type: none"> <li>• Bed deficit in 2 or more specialities</li> <li>• CED in RED escalation - concerns for maintaining social distancing</li> <li>• Elective programme in 2 or more specialities curtailed</li> <li>• Fewer than 3 admitting beds</li> <li>• Staffing unable to support social distancing in all ward areas</li> <li>• No cubicles in more than 1 area</li> </ul>
<b>Social distancing stopped in ALL Clinical Areas</b>	<ul style="list-style-type: none"> <li>• Predicted bed state more than -8</li> <li>• All ward areas under pressure with poor flow</li> <li>• CED in BLACK escalation - concerns for maintaining social distancing</li> <li>• Elective programme curtailed to life or limb surgery</li> <li>• 0 admitting beds</li> <li>• Staffing unable to support social distancing in any ward areas</li> </ul>

### III. Escalation Plan Review

A review of Trust escalation plans is currently underway and will include reassessments of each extra capacity area in light of social distancing requirements and restoration of elective work. Options for pre-emptive and surge boarding will also be re-evaluated. This review will go through the Silver meeting for discussion and sign off in August.

### IV. Reducing nosocomial infections – working safely on site

As part of the Trust's response to minimising the spread of covid-19 infection, guidance has been produced for staff which emphasises home working as the preferred option where this is possible. All Divisions have organised themselves to work from home where staff are able to, including as a blended model with some time spent on site. Next steps are for all non-clinical areas to be risk assessed as to whether or not they are covid secure. Mitigations are included in the guidance, including the wearing of face masks if social distancing cannot be maintained in a particular area.

### V. Space Review

Linked to the actions above, is the need for space requirements to be reviewed in order to provide decant space for socially distanced clinical work to recommence, and to support a longer term strategy for Trust staff to continue working from home productively. This work will commence shortly and will report back through Silver.

### 5) System Response and Preparation for Winter

The BNSSG system response to covid-19 continues, with a new focus on Phase 3 Planning. A summary of some of the key programmes currently underway and the progress being made is included below.

#### • Ambulance Handovers

Reduced capacity in BNSSG EDs resulting from social distancing requirements, along with the increase in attendances over recent months, has created pressure in the ambulance offloading and handover process. A system group is running to keep this under review, and includes actions to increase alternatives to an ED disposition for SWAST crews – for example through direct referral in to the GEMS frailty services at Weston, and a pathway by pathway approach to review other possibilities. System partners have supported by re-introducing the REACT service into BRI ED and by block booking the ARC (Alcohol Recovery Centre) to be deployed in central Bristol across Friday and Saturday nights throughout July. An internal group is meeting to review and improve handovers at the BRI ED which has been particularly pressured.

Progress to date has been positive in the BRI ED, with a significant reduction in handovers > 1 hour (from 35 during weekend of 27 and 28 June to 1 across weekend of 4 and 5 July in BRI ED).

#### • ED Redirection Project

This project was launched in July in order to facilitate the redirection of appropriate patients from the BNSSG EDs into bookable alternatives. Options include:

- Access to Primary Care appointments
- Bookable appointments in the Urgent Care Centre (UCC) and Minor Injuries Units (MIUs)
- Extended hours (requested until 11pm) in the MIUs and UCC to include appointment slots
- The system has started a discussion regarding the longer term urgent care offer for central Bristol and whether the temporarily closed Broadmead walk-in centre resource can be repurposed
- Internal pathways and redirection to, for example, same day emergency care and hot clinics
- Internal redirection to BEH and BDH

Capacity exists in several of the above options, and so are seen as “quick wins” which we will expedite at pace.

The main aims of the project are:

- to ensure ease of access to a suitable alternative to ED for patients
- reduce crowding / improve ability for social distancing in BNSSG EDs and waiting areas
- reduce evening surges in BNSSG EDs and contribute to an improved night shift experience for BRI and BRHC staff and patients
- contribute to change in patient behaviours towards patients accessing the right service first time in future.

- UEC Clinical Workshop**

A BNSSG system, clinically led workshop was held on 10 July 2020 to review the current state of urgent and emergency care transformation work across BNSSG, and to focus on the “what next”. BNSSG CCG is currently writing up the results which will be shared promptly prior to starting work on new projects. A summary will be included in August’s Covid-19 management update.

A similar workshop to review UEC workstreams for children and young people will be organised by the CCG for late July / early August.

- Mental Health Business Case and Mental Health ED**

A comprehensive business case which reviews and responds to the emerging mental health crisis resulting directly and indirectly from covid-19 has been developed by BNSSG CCG, Bristol City Council and wider system partners, and is currently at system Gold level for consideration and exploration of funding options. The case includes a series of proposals that reflect the need for early intervention and prevention, aiming to protect BNSSG acute services and ensure the right capacity is in place to respond to anticipated surges.

National estimates indicate that the UK may see a 30% increase in mental health need as a result of Covid-19. This is from both the illness itself and the measures being taken to protect people from the virus (such as ongoing suspension of face to face support for some patients). Local modelling has assessed the potential size of different demand groups to inform mitigation planning.

The surge impact is already being felt across the BNSSG system, and particularly within our EDs, and is set to increase. From children and young people unable to access school and the support it offers, whose education and careers are now more uncertain; to workforce members who may have experienced trauma; to older people who may be shielding and experiencing higher levels of isolation, as well as those experiencing complex bereavement. Those who have severe and enduring mental illnesses and learning disabilities have experienced disruptions in their care, which may exacerbate the considerable inequalities they face.

In considering the required response to this increase and the wider societal impacts the baseline position prior to the onset of Covid-19 has also been reviewed. BNSSG has for a number of years been in a challenging situation with levels of mental health crisis in the system being higher than services are able to support. BNSSG has been one of the systems with the highest usage of out of area placements in the country. Evidence shows that out of area placements result in poorer outcomes for patients, as well as being extremely high cost (circa £800 per day for a private Psychiatric Intensive Care Unit bed). People with lived experience consistently report their struggle to find the right service and in particular the level of crisis support when needed being fragmented and hard, or at times even impossible, to access.

The BNSSG business case seeks to address deficiencies from across the mental health pathway, including in prevention and primary care services. There is a focus on community / home based care and treatment across the longer term. UHBW and NBT have challenged this approach on the basis that these services will take some time to build up and bed in, and there may not be enough in the business case to address the very immediate problems people in crisis attending our E.Ds are experiencing.

## 6) Trust Recovery and Restoration

- Independent Sector Contract**

The Trust continues to make use of the capacity offered by the independent sector contract, with activity increasing week-on-week. The Trust is undertaking surgical and cath lab procedures, diagnostic imaging, endoscopy and outpatients across all three independent sector hospital sites. There are further plans to extend ophthalmology surgery (oculoplastics) at the Nuffield, and Weston orthopaedic surgery at the Spire.

It is anticipated that the current independent sector contract will run until the end of October 2020. NHS England are running a procurement exercise in parallel, which will inform the contractual arrangements from October to the end of the financial year.

Specialty	Site	18-May-20	25-May-20	01-Jun-20	08-Jun-20	15-Jun-20	22-Jun-20	29-Jun-20	06-Jul-20	TOTAL
Cardiology/GUCH	Spire	11	9	10	6	6	3		9	54
CT	Spire	32	19	15	16	37	14	8	8	149
Dermatology	Spire				3	6	14	15	15	53
Echo	Spire	10	32	52	47	57	59	47	62	366
Endoscopy	Prime				12	11	12	10	15	60
Endoscopy	Emerson's						6	7	7	20
Endoscopy	Nuffield				4	17	17	21	26	85
ENT	Spire				12	10	13	8	10	53
GI Surgery	Spire			10	8	7	7	11	6	49

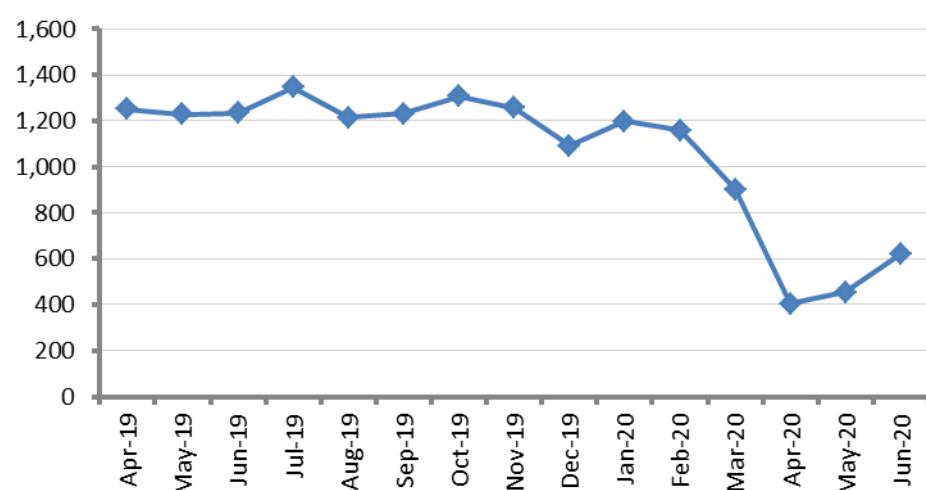
Max Fac Surgery	Spire			3	3	2	3	3	3	17
MRI	Spire				17	9	11	12	10	59
MRI	Spire	22	10	14	24	31	11	30	22	164
MRI Cardiac	Spire		3	6	4	5	4	4	5	31
Ophthalmology	Nuffield					4	4	3	3	14
Radiology	Spire			1	3	1	1		2	8
T&O	Spire				3	1	2	3	2	11
T&O	Nuffield								8	8
Ultrasound	Emerson's								30	30
		75	73	111	162	204	181	182	243	1231

### • Restoration of Elective Activity

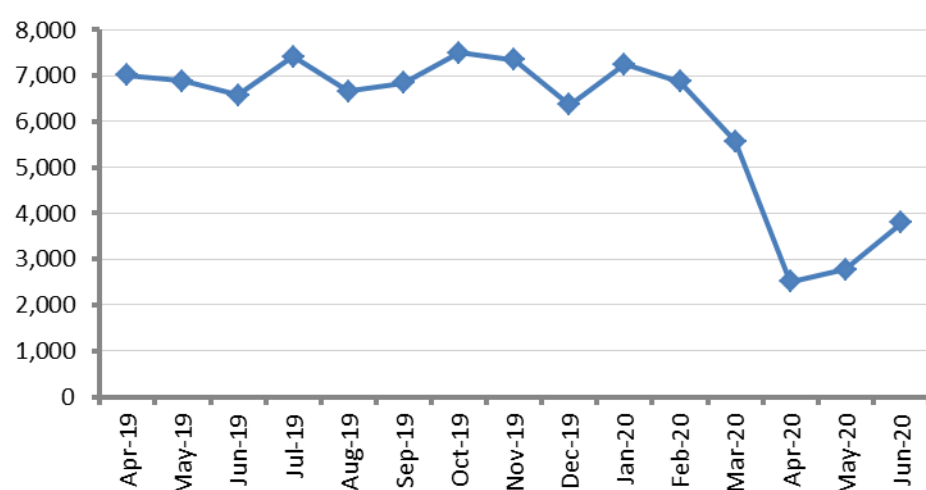
The process of prioritising the restoration of elective activity continues with weekly theatres and outpatients / diagnostic services prioritisation groups. The table below provides activity as a % of the activity delivered in the same period in 2019 compared to 2020. The levels of elective activity are recovering across all work types.

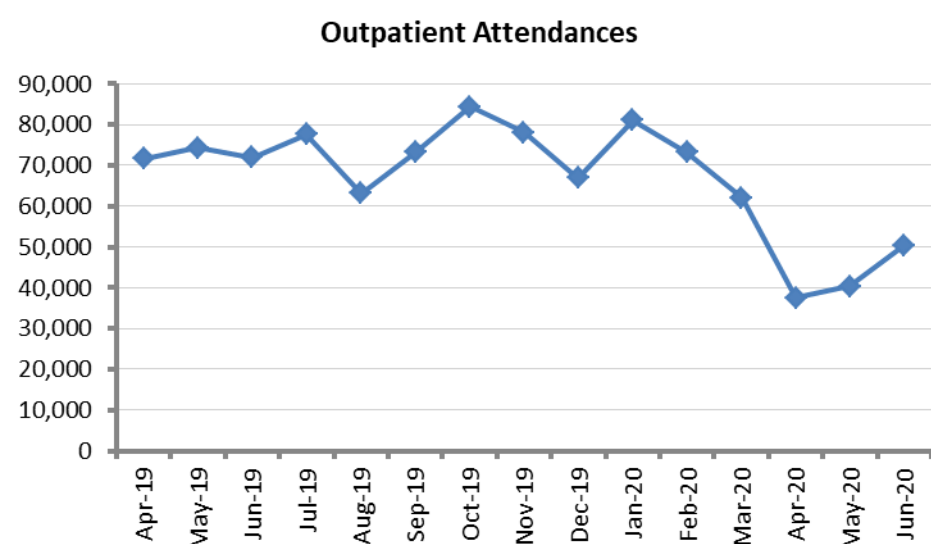
	Elective DC	Elective IP	New OP	F-Up OP
April	36%	32%	54%	62%
May	45%	41%	64%	79%
June	52%	45%	73%	81%

**Elective Inpatients**



**Elective Day Cases**



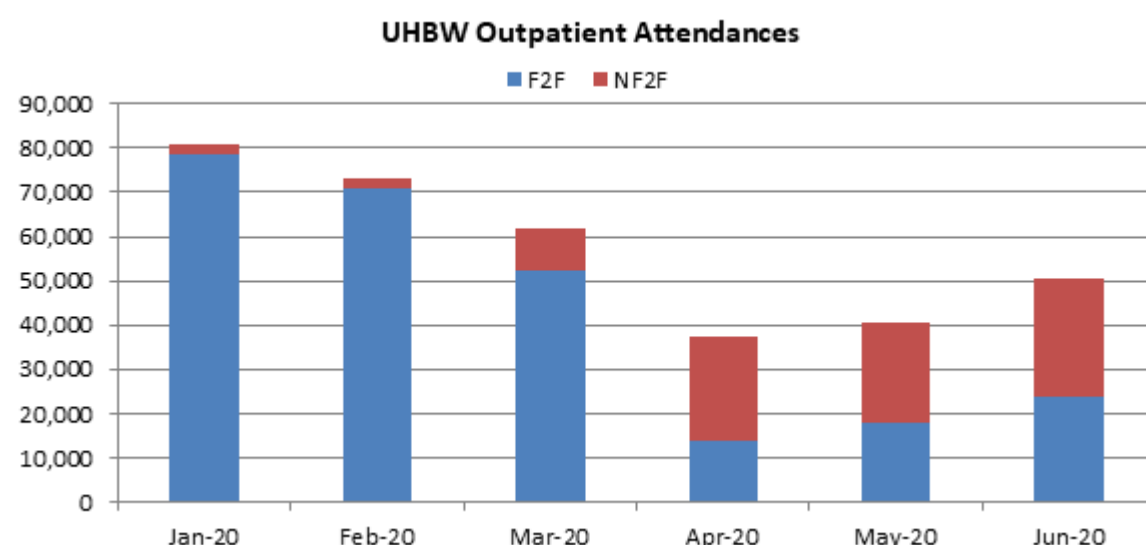


There still remain significant constraints on activity levels. Of the 51 theatres, endoscopy rooms and cath labs, at present 10 are closed due to social distancing / infection prevention requirements and the availability of staffing. This has been offset to some extent by the capacity offered in the independent sector outlined above.

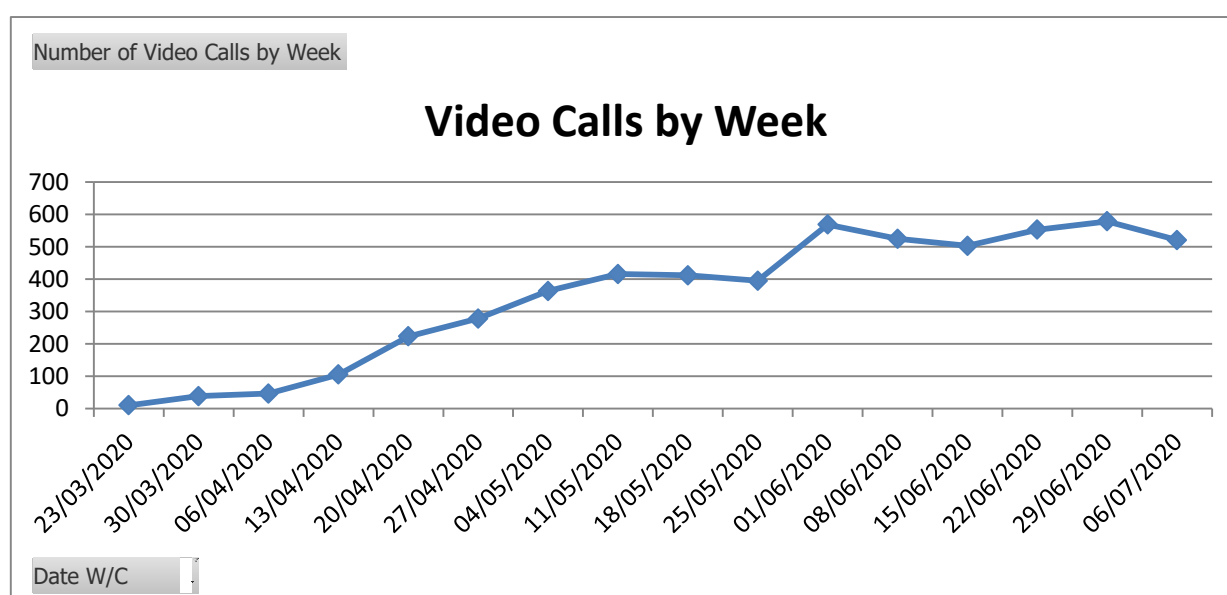
Similarly, outpatient departments have reduced the number of patients seen in each clinic to manage social distancing within outpatient clinic environments. An assessment tool has been issued to divisions to complete an assessment of how many patients they can safely manage through waiting room areas etc.

- **Outpatient Model of Care**

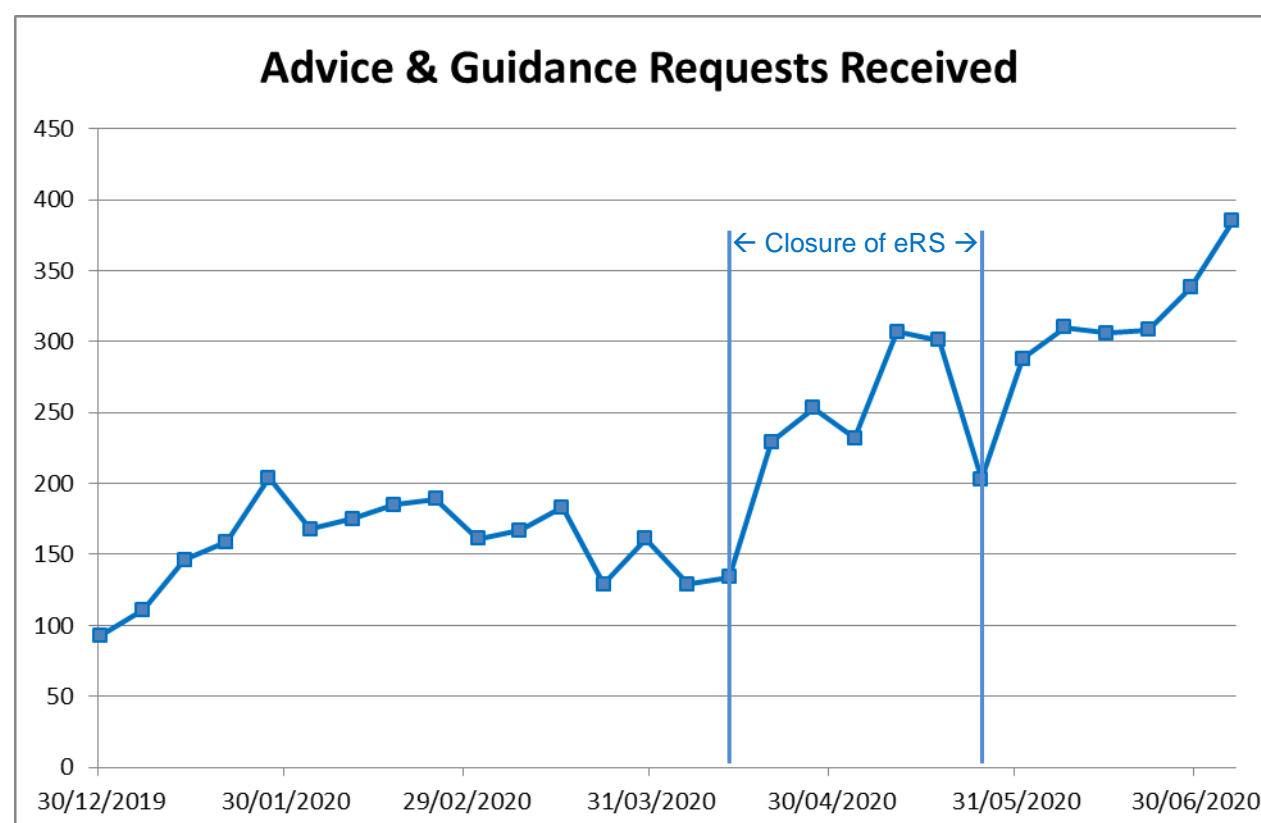
At a system level, it was agreed to maximise alternatives to face-to-face attendance at outpatient clinics, to maintain continuity of patient care and assessment, and reduce footfall through the outpatient departments. Non-face-to-face appointments have been offered to patients either by telephone or video clinic. The graph below provides details of the relative proportion of outpatient activity that is being delivered non-face-to-face (telephone and video clinics).



The use of video clinics (a subset of the NF2F data above) was launched in March 2020. There are now 92 services that have been set up to use this platform. Although the Trust has made relatively good progress in the BNSSG locality, the volume of activity is levelling off at around 500 video consultations per week. A review is being undertaken with specialties that have been set up, but that aren't presently making use of the opportunities offered by the platform.



At a system level, a decision was made to close eRS for routine referrals as part of the initial response to the Covid outbreak. At this time, it was agreed to expand the availability of advice and guidance services to support general practice. Prior to the Covid outbreak, there were 10 services offered by the Trust, and this number has now increased to 54 services.



Weekly advice and guidance requests for Bristol have risen from 84 to 344 per week, and in Weston requests have risen from 9 to 46 per week. Over 90% of requests are responded to within 7 days (the standard that was set); requests are responded to on average within 2 days.

## 7) Conclusion

The recovery work of the Trust is dependent on close work with system partners in reducing unplanned attendances, admissions and associated beddays. In June's Organisational Response to Novel Coronavirus (COVID-19) Outbreak Update, some of the system progress in reducing medically fit for discharge delays and beddays was described. Work continues to embed these improvements, whilst the focus has started to shift, in terms of transformation work, towards attendance and admission avoidance. Success in these areas will be critical in supporting the restoration of elective programmes, and also any second wave of covid-19 potentially associated with schools returning on 1 September 2020.

## 8) Recommendations

The Board are asked to note the contents of this report.

Lucy Parsons and Philip Kiely  
Deputy Chief Operating Officers, Urgent and Planned Care  
14 July 2020