

COUNCIL OF GOVERNORS

Meeting to be held on Tuesday, 30 November 2021 at 15:00-17:00
To be held on Webex videoconferencing platform
Livestreamed online for public viewing

AGENDA

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS	PAGE NO.
1. Preliminary Business					
1.1.	Introduction and apologies	Information	Chair	15:00	verbal
1.2.	Declarations of Interest	Information	Chair		verbal
1.3.	Minutes of previous meetings	Approval	Chair	15:05	3
	- Minutes of Council of Governors meeting held on 27 July 2021				
	- Minutes of Annual Members' Meeting held on 16 September 2021	Information			12
1.4.	Matters arising (Action Log)	Approval	Chair		22
1.5.	Chair's Report	Information	Chair	15:10	verbal
2. Performance Update and Strategic Outlook					
2.1.	Chief Executive's Report	Information	Chief Executive	15:25	verbal
2.2.	Integration Update	Information	Director of Strategy and Transformation	15:50	23
2.3.	COVID-19/ Service Restoration update	Information	Deputy Chief Executive and Chief Operating Officer	16:00	verbal
2.4.	Quarterly Patient Experience and Complaints reports – To Note	Information	Chief Nurse	16:10	Attached separately
3. Governor Updates					
3.1.	Nominations & Appointments Committee Report	Information	Chair	16:10	49
3.2.	Governor Activity Report	Information	Membership Manager/ Governors	16:20	52
3.3.	Membership Engagement Report	Information	Membership Manager	16:30	56
3.4.	Council of Governors Register of Interests	Information	Membership Manager	16:40	60

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS	PAGE NO.
3.5.	Governors Meeting Dates for 2022/23	Information	Membership Manager	16:45	65
3.6.	Governors Log of Communications	Information	Chair	16:50	67
4. Concluding Business					
4.1.	Foundation Trust Members' Questions	Information	Chair	16:55	verbal
4.2.	Any Other Urgent Business	Information	Chair	17:00	verbal
	Date and time of next meeting <ul style="list-style-type: none"> • Extraordinary Council of Governors: Thursday 9 December, from 13:00 – 14:00 • Council Of Governors: Friday, 28 January 2022, from 14:00 – 16:00 	Information	Chair		

Minutes of the Council of Governors Meeting of University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) held in public on Thursday 29 July 2021 at 14:30-16:30 by videoconference

In line with social distancing guidance at the time of this meeting due to the COVID-19 Coronavirus pandemic, this meeting was held as a videoconference.

Present

Name	Job Title/Position
Jayne Mee	Interim Chair of the Board and Chair of the Council of Governors
Shabnum Ali	Staff Governor, Medical and Dental
Hessam Amiri	Public Governor
Ashley Blom	Appointed Governor, University of Bristol
Charles Bolton	Staff Governor, Non-clinical Staff
Graham Briscoe	Public Governor
John Chablo	Public Governor
Sofia Cuevas-Asturias	Staff Governor, Medical and Dental
Carole Dacombe	Public Governor
Khushboo Dixit	Public Governor
Aishah Farooq	Appointed Governor, Youth Involvement Group
Sophie Fernandes	Appointed Governor, Joint Union Committee
Chrissie Gardner	Staff Governor, Non-clinical Staff
Jocelyn Hopkins	Staff Governor, Other Clinical Staff
Sue Milestone	Public Governor
Sally Moyle	Appointed Governor, University of the West of England
Hannah Nicoll	Appointed Governor, Youth Involvement Group
Debbi Norden	Staff Governor, Nursing and Midwifery
Mo Phillips	Public Governor, Lead Governor
Ray Phipps	Public Governor
Annabel Plaister	Public Governor
Mohammad Rashid	Public Governor
John Rose	Public Governor
Martin Rose	Public Governor
Others in attendance:	
Sue Balcombe	Non-executive Director
Julian Dennis	Non-executive Director
Bernard Galton	Non-executive Director
Jane Norman	Non-executive Director
Martin Sykes	Non-executive Director
Robert Woolley	Chief Executive
Deirdre Fowler	Chief Nurse and Midwife
Neil Kemsley	Director of Finance and Information
William Oldfield	Medical Director
Mark Smith	Deputy Chief Executive and Chief Operating Officer
Eric Sanders	Director of Corporate Governance
Natashia Judge	Head of Corporate Governance
Sarah Murch	Membership Manager
Rachel Hartles	Membership and Governance Officer (Minutes)

Jayne Mee, Interim Chair, opened the meeting at 14.45

Minute Ref:	Item	Actions
1.0 Preliminary Business		
COG1.1/07/21	<p>1.1 Chair's Introduction and Apologies</p> <p>The Chair, Jayne Mee, welcomed everyone to the meeting. Jayne apologised for the delay at the start of the meeting due to technical issues.</p> <p>She advised that this meeting would be recorded and added to You Tube for public viewing after the meeting had finished.</p> <p>Apologies had been received from Governors Hannah McNiven, Graham Papworth, Malcolm Watson, Tom Frewin, John Sibley and Garry Williams. Apologies had also been received from Paula Clarke, Director of Strategy and Transformation, Alex Nestor, Interim Director of People and Steve West and David Armstrong, Non-executive Directors.</p> <p>Jayne welcomed the seven newly-elected and newly-appointed Governors to their first Council of Governors since they took up office. Jayne also thanked Hannah Nicoll, who would be stepping down at the end of August from her Young Governor role and also noted that this would be William Oldfield's final Council of Governors Meeting due to him stepping down as Medical Director in September 2021.</p>	
COG1.2/07/21	<p>1.2 Declarations of Interest</p> <p>There were no new declarations of interest from Governors relevant to items on the agenda.</p>	
COG1.3/07/21	<p>1.3 Minutes from Previous Meeting</p> <p>Governors considered the minutes of the meetings of the Council of Governors held on 27 May 2021.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Approve the minutes of the Council of Governors meeting held on 27 May 2021 as a true and accurate record of the proceedings. 	
COG1.4/07/21	<p>1.4 Matters Arising/Action Log</p> <p>Governors noted updates on the actions from previous meetings as follows:</p> <p>COG2.2/05/21: <i>Paula Clarke to produce a table of all work streams ongoing in the Weston integration programme and the responsible groups for circulation to the Governors.</i> This action was on the agenda for today's meeting under item 2.2. Action completed.</p> <p>COG3.4/07/20: <i>More information to be provided to Governors about alcohol-related ED attendances.</i> A response had been provided to the Council of Governors. Action completed.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Approve the updates to the action log. 	

COG1.5/07/21	1.5 Chair's Report	
	<p>Jayne Mee, Interim Trust Chair, gave a brief update to Governors on her recent activity. Key points were as follows:</p> <ul style="list-style-type: none"> • All appraisals for Non-executive Directors had been completed during May and June 2021. • Non-executive Directors were continuing to be kept informed of the latest position of Weston General Hospital in relation to the Care Quality Commission inspection findings and Health Education England withdrawal of Doctors in Training. • The Board had been involved in discussing the development of the Integrated Care System (ICS). • Jayne Mee had introduced a Health Matters Event relating to Learning Disabilities Liaison Provision in our hospitals, which was well received by the staff and public. • Discussions had been held with the South Western Ambulance Service NHS Foundation Trust over ambulance handovers at the Emergency Department including ideas for how to make the handovers more efficient. • The Board had been working with North Bristol NHS Trust to identify opportunities for closer working. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Chair's Report for Information. 	
2.0 Performance Update and Strategic Outlook		
COG2.1/07/21	2.1 Chief Executive's Report	
	<p>Robert Woolley, Chief Executive, provided an update on the main issues facing the Trust. Key points included:</p> <ul style="list-style-type: none"> • The hospitals had been incredibly busy over the last few months, with Covid admissions rising again and record levels of emergency demand. The Trust was also experiencing bed capacity issues and staff shortages. This was creating enormous strain and was impacting on the elective programme and cancer admissions. The Trust was working with its partner organisations in the system to try to manage the situation and keep patients safe, but it was unlike any summer seen before. • There had been a change to the rules for some NHS staff on self-isolation which the Trust had been responding to and communicating to staff. • All restrictions relating to face masks and social distancing had been retained within the Trust's hospitals. • The Trust had been planning for the expected surge in winter admissions. It was expected that the winter of 2021 was likely to be the most challenging winter ever faced by the NHS. • The support offers for staff wellbeing were being tested to ensure they met the requirements of staff. Increasing the visibility of the Executive Team around the hospitals was a priority to support staff. • The next phase of work to create new staff values for the Trust was being undertaken. This was important as it would set expected standards of behaviour to ensure that the Trust was a fair and inclusive place to work. • The Trust was continuing to collaborate in the Integrated Care System. The Health and Care Bill was expected to be passed into 	

law by the autumn which would mean that ICSs would be implemented on a statutory basis by next year. This would have big implications for the Trust.

Governor questions included:

- Mo Phillips, Public Governor, asked about the increased pressure in the Emergency Department and whether there was any reason for this. Mark Smith, Deputy Chief Executive and Chief Operating Officer advised that there was going to be a formal survey of all attendees at the Emergency Departments in the Trust to understand where they were coming from and further investigations into how to ensure patients were accessing the help they needed from the correct places.
- Sophie Fernandes, Appointed Governor, queried why the work to create new Trust staff values was ongoing while the Trust was under such pressure. Robert responded that the Trust was still operating with two sets of Values statements more than a year post-merger, which was not sustainable, and that the Values work was important for ensuring the Trust had a strong foundation for building up the expected behaviours and culture within the Trust, including training and development for staff who did not act in accordance with the values.
- Chrissie Gardner, Staff Governor, advised of three issues she had been made aware of from the staff constituency she represented. These were:
 - A lack of communication around the integration of the Medway Patient Administration System;
 - The staff in the Division of Weston were still using their nhs.net email addresses and concern had been raised over the security of this system;
 - Division of Weston staff were still being issued separate identification badges to Bristol staff and concern was raised over when this might change in order to further integrate the Trust.

Robert Woolley advised he would investigate these issues and ensure communications were sent to all around the rollout of Medway; however he assured the Governors that using the nhs.net email addresses was secure.

ACTION: Plans for integrated identification badges to be investigated, and a communications update for staff on the Medway Patient Administration System to be arranged.

- Mohammad Rashid, Public Governor, queried why this winter was likely to be even worse than the last two years. Robert Woolley advised that the NHS nationally was already experiencing the most severe pressure that it had ever faced, but that with winter approaching, influenza and other respiratory illnesses were also likely to return. Due to the previous lockdowns, people's immune systems were likely to be lower and therefore more susceptible to picking up illnesses that could bring them into hospital. This was compounded by staff shortages, for example there were 50,000 nurse vacancies even before the effects of the pandemic were taken into account.
- Ray Phipps, Public Governor, asked for an update on the monitoring of staff culture by the Board sub-committees within the

Chief Executive

	<p>Trust. Robert Woolley advised the Board was committed to looking after staff and welcomed the work that all Committees were putting in to the culture programme of the Trust.</p> <ul style="list-style-type: none"> • Charlie Bolton, Staff Governor, asked whether the pay award offer that had been reported in the national news was likely to impact on the Trust's finances. Robert Woolley advised that he was unaware of any financial implications of the pay award offer for the Trust yet but would keep staff informed when they had more information. • Sue Milestone, Public Governor, commented on the uncertainty over the second half of the year's funding and asked whether anything could be done to help the Trust, such as lobbying the Government. Neil Kemsley, Director of Finance and Information, confirmed that the second half of the year's finances were still unknown; however this was the case across all NHS Trusts and was not a singular issue. The Trust had made plans and did not expect anything untoward to impact those plans in the second half of the year. He also confirmed the issue had been raised by NHS Providers with the Government. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Chief Executive's Report for Information. 	
<p>COG2.2/07/21</p>	<p>2.2 Integration Update</p>	
	<p>Robert Woolley, Chief Executive, provided the Governors with an update on the integration between the Bristol and Weston hospital sites following the merger in April 2020. It was highlighted that:</p> <ul style="list-style-type: none"> • There had been a thorough review of the integration programme and timings for integration completion had been revised to reflect these discussions. • Where possible, clinical elements of integration had been accelerated but the end point of the integration had been adjusted to October 2022 because of the delays caused by the pandemic. • The Trust was now reviewing staff engagement in the Weston Division to explore how the integration could be improved. • The Healthy Weston Programme was fully involved in setting out a new service model in Weston and this was expected to be rolled out in November 2021. <p>Governor questions included:</p> <ul style="list-style-type: none"> • Graham Briscoe, Public Governor, highlighted a report in the local media over the Emergency Department at Weston General Hospital not opening again overnight. Robert informed the Governors that the news had come from a report by the Trust to the North Somerset Health Overview and Scrutiny Panel confirming that the ED would not re-open overnight; however he highlighted that the plans would not diminish the current work within the Emergency Department. • Carole Dacombe, Public Governor, asked for assurances that the Board were confident in the clarity of communications to staff about the delays to integration and that support was in place to relieve anxiety of staff over the delays. Carole further asked whether there was a dissonance in the report in relation to the work of Trauma and Orthopaedics and that of the Fracture Liaison 	

	<p>Clinic. Robert Woolley advised that the Board were continuing to work on the alignment of the integration work and ensuring staff were kept fully informed. He agreed to ask Paula Clarke, Director of Strategy and Transformation, to investigate the specific issue of Trauma and Orthopaedics</p> <p>ACTION: Paula Clarke to investigate the alignment of the Trust's plans for Trauma and Orthopaedics and the Fracture Liaison Clinic and report back to the Governors.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Weston Integration Update report for Information. 	Director of Strategy and Transformation
COG2.3/07/21	2.3 COVID-19/ Service Restoration update	
	<p>Mark Smith, Deputy Chief Executive and Chief Operating Officer, presented the COVID-19 Service Restoration update. This update was discussed in conjunction with the Chief Executive's Report. The Governors noted the report.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the COVID-19/ Service Restoration update for Information. 	
COG2.4/07/21	2.4 Corporate Quality Objectives update	
	<p>Governors noted that the Governors' Quality Focus Group would continue to receive quarterly Corporate Quality Objectives updates for discussion.</p> <p>There were no questions from the Governors.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Corporate Quality Objectives update for Information. 	
COG2.5/07/21	2.5 Patient Experience Report and Patient Complaints Report	
	<p>The Trust's Quarterly Patient Experience Report and Patient Complaints reports were provided to Governors in order to inform on the Trust's activities in these areas.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Patient Experience and Complaints reports to note. 	
3.0 Governor Decisions and Updates		
COG3.1/07/21	3.1 Nominations and Appointments Committee Report	
	<p>Sarah Murch, Membership Manager, presented the Nominations and Appointments Committee report. There had been no meetings of the Nominations and Appointments Committee since the previous Council of Governors. However, several vacancies had arisen on the Committee, and governors had been asked to come forward to fill those vacancies. There were vacancies for one public governor and two staff governors.</p> <p>Martin Rose (Public Governor) and Charlie Bolton (Staff Governor) had come forward. Governors were therefore asked to approve their appointment to the Committee and note that there was still one staff governor vacancy to be filled. There were no dissenting voices.</p>	

	<p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Approve the appointment of Charlie Bolton and Martin Rose to the Nominations and Appointments Committee. 	
COG 3.2/07/21	<p>3.2 Governor Activity Report</p> <p>Sarah Murch, Membership Manager, presented the report on the Governors' recent activity which demonstrated that Governors had continued to carry out their duties. They had continued to hold Non-executive Directors to account and to raise issues on behalf of their members. Seven new governors had joined the Council of Governors in this period and there was an ongoing focus on their induction and integration into the group.</p> <p>Governors were also asked to approve a revision to the Governor Focus Group Terms of Reference in relation to a change of name for the Governors' Constitution Focus Group to the 'Membership and Constitution Group'.</p> <p>Carole Dacombe, Public Governor and Chair of the Quality Focus Group, thanked the senior members of staff who had taken the time to speak at the Group's most recent meeting despite the pressures on the Trust.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Governor Activity report for Information. • Approve the Terms of Reference for the Focus Groups reflecting the change of name to the 'Membership and Constitution Group'. 	
COG3.3/07/21	<p>3.3 Membership Engagement Report</p> <p>Sarah Murch, Membership Manager, presented the Membership Engagement Report to the Governors, which reported current membership numbers and a summary of recent membership engagement. Sarah shared that the Membership Team had arranged a 'takeover' of the Trust's social media platforms to increase awareness of the role of the Governors and benefits of Membership on the w/c 12 July 2021. The Team were also planning for a survey to be sent to Foundation Trust members during the next quarter of 2021.</p> <p>The Governors raised no questions.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Membership Engagement report for Information. 	
COG3.4/07/21	<p>3.4 Youth Involvement Group Report</p> <p>Aishah Farooq and Hannah Nicoll, Appointed Governors from the Youth Involvement Group, presented an update on their activity over the previous 12 months. Key points included:</p> <ul style="list-style-type: none"> • Hannah Nicoll had become a Governor in September 2020 in order to understand more about how NHS Trusts work and run. She had particularly enjoyed the seminars and, although it took a while to understand the context, she had enjoyed the meetings which had been easy to attend as they had been held online. During the last 12 months, Hannah had been part of the judging panel for the Women's and Children's staff awards, written a report for the membership newsletter, taken part in a radio 	

	<p>interview for the birthday celebrations at the Children’s Hospital and attended the Youth Involvement Group meetings that had been set up online.</p> <ul style="list-style-type: none"> • Aishah Farooq had completed her third year as a Youth Governor and was really pleased with how the youth voice was being integrated at the Trust despite COVID. During the last 12 months, Aishah had become an equality, diversity and inclusion advocate in the Trust’s Women’s and Children’s Division and had the opportunity to input into the Workforce Diversity and Inclusion Group. She had also contributed to the Apprenticeship and Widening Participation Group, which had helped with understanding processes and making suggestions towards the virtual work experience options that were being developed. <p>Mo Phillips, Lead Governor, thanked both the Youth Governors for their participation and enthusiasm over the last 12 months. She acknowledged the difficulty in balancing school, college and Governor work but explained how helpful it was for governors to hear the youth perspective.</p> <p>Jayne Mee also thanked both Youth Governors and wished Hannah well in University.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Youth Involvement Group report for Information. 	
COG3.5/07/21	<p>3.5 Governors’ Log of Communications</p>	
	<p>Governors noted the report of the most recent questions that Governors had asked directors via the Governors’ Log of Communications. It was noted that all questions had been answered and closed.</p> <p>Carole Dacombe referenced the closed questions relating to bullying and harassment and acknowledged that although the responses were very full and provided the Governors assurances that the issues were being dealt with, the Governors would still be committed to ensuring the delivery of these issues along with the Board.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Governors’ Log of Communications for Information. 	
<p>4.0 Concluding Business</p>		
COG4.1/07/21	<p>4.1 Foundation Trust Members’ Questions</p>	
	<p>One Foundation Trust Members’ Question has been submitted for the meeting as follows:</p> <p>“In the light of recent research by Cambridge University, is the Trust now using FFP3 specification face mask PPE for all staff working in patient contact areas and has the Trust considered issuing such PPE to patients?”</p> <p>Sarah Murch, Membership Manager advised that Deirdre Fowler, Chief Nurse and Midwife, had to leave the Council of Governors in order to attend an operational meeting; however she had provided a full response to this question by email which would be sent to the Foundation Trust member who originally asked the question. The response outlined that the processes in place were in line with national guidance.</p>	

COG4.2/07/21	<p>4.2 Any Other Business</p>	
	<p>John Rose, Public Governor, asked for additional detail on the meeting that some Executive Directors had left the Council of Governors meeting to attend. Robert Woolley advised that due to the extreme operational pressures currently affecting the Trust, some of the Executives were meeting with system partners to discuss clinical practice and to ensure that any risks around safety of patients and staff were being effectively managed.</p> <p>Mo Phillips, Lead Governor, thanked the Executive Directors and staff for taking the time to meet with the Governors given the extreme pressures.</p> <p>Annabel Plaister, Public Governor, queried the practice for patients that had been redirected from the Weston Emergency Department to the Clevedon Minor Injuries Unit, noting some had been asked to attend Southmead Hospital for follow up appointments. Robert Woolley agreed to investigate the issue and ensure there was no misdirection happening.</p> <p>ACTION: Robert Woolley to investigate the follow up for treatment for patients in Clevedon to ensure there was no misdirection happening.</p>	Robert Woolley
COG4.3/07/21	<p>4.3: Meeting close and date of next meeting</p> <p>The Chair declared the meeting closed at 16:30. The date and time of the next meetings would be:</p> <ul style="list-style-type: none"> • Annual Members Meeting: Thursday, 16 September 2021, from 17:30 – 19:30. • Council of Governors: Tuesday 30 November 2021, from 14:00 – 16:00. 	

Minutes of the Annual Members' Meeting of University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) held on Thursday 16 September 2021 at 17:30-19:30

This meeting was held as an online event via the Cisco Webex Meetings platform

Present

Members of the Trust Board of Directors

Jayne Mee – Interim Chair
Robert Woolley – Chief Executive
Sue Balcombe – Non-Executive Director
Paula Clarke – Director of Strategy and Transformation
Julian Dennis – Non-Executive Director
Deirdre Fowler – Chief Nurse and Midwife
Neil Kemsley – Director of Finance and Information
Alex Nestor – Interim Director of People
Martin Sykes – Non-Executive Director

Members of the Council of Governors

Mo Phillips – Public Governor (Lead Governor)
Hessam Amiri – Public Governor
Charlie Bolton – Staff Governor
Graham Briscoe – Public Governor
Sofia Cuevas-Asturias – Staff Governor
John Chablo – Public Governor
Carole Dacombe – Public Governor
Aishah Farooq – Appointed Governor (Youth Involvement Group)
Tom Frewin – Public Governor
Sue Milestone – Public Governor
Sally Moyle – Appointed Governor (UWE)
Ray Phipps – Public Governor
Annabel Plaister – Public Governor
Mohammad Rashid – Public Governor
John Rose – Public Governor
Martin Rose – Public Governor

Guest Speakers

Georgina Horner – Staff Nurse, Cardiac Intensive Care Unit
Rajeka Lazarus – Infection and Microbiology Consultant
Matt Thomas – Consultant in Intensive Care

In Attendance

Sarah Dodds – Deputy Chief Nurse
Natashia Judge – Head of Corporate Governance
Rachel Hartles – Membership Manager
Sarah Murch – Acting Membership Engagement Manager
Samuel Relton, Audit Manager, PricewaterhouseCoopers – *External Auditor*
Eric Sanders – Director of Corporate Governance
Approximately 20 members of the public, patients and staff members of University Hospitals Bristol and Weston NHS Foundation Trust were also in attendance.

Minutes

Trish Garland – Corporate Governance Administrator

1. Chair's Introduction and Apologies

Jayne Mee, Interim Chair, welcomed everyone to the Annual Members' Meeting (AMM) for University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) and explained that the meeting was being held online and recorded.

Apologies had been received from:

- David Armstrong, Non-Executive Director
- Bernard Galton, Non-Executive Director
- Jane Norman, Non-Executive Director
- Mark Smith, Deputy Chief Executive and Chief Operating Officer
- Steven West, Non-Executive Director
- Ashley Blom, Appointed Governor
- Sophie Fernandes, Appointed Governor
- Jocelyn Hopkins, Staff Governor
- Hannah Nicoll, Appointed Governor
- Debbi Norden, Staff Governor
- Graham Papworth, Public Governor
- John Sibley, Public Governor
- Malcolm Watson, Public Governor
- Gary Williams, Public Governor

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

The minutes of the last meeting were noted by the Board and Governors. The minutes were approved as an accurate record of the meeting.

3. Independent Auditors' Report

Samuel Relton, Audit Manager at PricewaterhouseCoopers, provided an update regarding the Independent Auditors' Report as below:

- The University Hospitals Bristol and Weston NHS Foundation Trust Annual Report and Accounts 2020/21 had been reviewed to ensure the Trust had made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.
- There had been no requirement to prepare a Quality Report this year due to the COVID-19 pandemic.
- The key findings from the financial statements and governance review concluded that there were no significant internal control weaknesses identified.
- The financial statements were prepared on a Going Concern basis and no material issues had been identified.
- The Finance Team at the Trust were thanked for their work in ensuring the process for the audit was as efficient as possible, enabling PricewaterhouseCoopers to meet all the original deadlines, particularly considering the audit had taken place during the pandemic and COVID-19 restrictions.

Jayne Mee, Interim Chair, thanked Samuel Relton for the audit work undertaken.

4. Presentation of Annual Report and Accounts for 2020/21

Jayne Mee, Interim Chair, stated that this would be the last Annual Members Meeting for Robert Woolley as Chief Executive of University Hospitals Bristol and Weston NHS Foundation Trust (UHBW). Robert had recently announced plans to retire after 30 years working in the NHS, 11 of which had been as Chief Executive of the Trust. The Chair explained that Robert had extended his plans for retirement due to the pandemic and expressed her thanks for this and the superb

leadership that Robert had provided throughout his tenure. Recruitment plans were underway to find Robert's successor and would be shared in due course.

Review of the Year 2020/21

Robert Woolley, Chief Executive, provided a summary of the highlights from the Annual Report and Accounts as below:

- The technical merger with Weston General Hospital had completed on 1 April 2020, just as the pandemic was taking hold. The well laid and detailed plans for progressing the merger, bringing staff and services together, while creating a united culture and dynamic future for the use of Weston General Hospital were paused while the organisation regrouped to deal with the impact of COVID.
- The increased demand for non-COVID services and the concern regarding waiting lists was mentioned.
- The fantastic work of the staff within the Trust was acknowledged and the extraordinary flexibility with the reconfiguration of wards, departments and teams, to accommodate Infection and Prevention Control guidance, and to keep patients safe was highlighted.
- The innovative ways to facilitate patient appointments, such as the 235,000 video and telephone consultations that had taken place were referred to, alongside guidance for GPs.
- A new CT scanner had been installed at Weston General Hospital and a new MRI scanner had been installed at South Bristol Community Hospital.
- The Trust had contributed to the wider system and regional response to COVID-19, participating in the set-up of the Nightingale Hospital. Although this was hosted by North Bristol Trust, Paula Clarke, the Trust's Director of Strategy and Transformation was seconded to assist and the Trust's digital team had supported on the IT set up. The Nightingale was eventually used to facilitate a larger number of eye hospital patient appointments and also paediatric allergy clinics.
- A new critical care retrieval service had been set up with the Trust as host.
- Greater collaborative working had taken place, with an MRI service at UK Biobank (a diagnostic research facility) created with North Bristol NHS Trust, enhancing capacity.
- The usual research facilities had been stood down nationwide due to the pandemic, with all teams focused on the research and testing for the COVID vaccine. The SIREN study regarding the development of antibodies for COVID was undertaken with 500 staff taking part.
- The combined Flu and COVID-19 vaccine research study had been sponsored by the Trust, working in collaboration on this with the Universities of Bristol and Oxford.
- The Recovery trial had 10,000 patients recruited nationally and there had been other trials to study the impact of long COVID.
- The support offered to staff throughout the pandemic was highlighted, with resources into the psychological health services team to assist with this.
- The Pause, Reflect and Recovery process had been initiated to encourage staff to take time to recover from the impact of the pandemic.
- Despite the pandemic, progress had been made in many areas of the Trust, e.g. new staff amenities had been created, and many of the clinical and corporate aspects of the Weston merger had been implemented.
- The Trust was noted to be working with system partners regarding the vision for Weston, to ensure the hospital was stable, sustainable and at the heart of the community.
- The Weston workforce/cultural integration had been delayed due to the pandemic. Work had been undertaken to instigate a new set of joint values for the Trust and a consultation with staff had taken place over the past four months.

- The impact of the pandemic and the restoration of non-COVID-19 activity was highlighted and it was emphasised that the Trust was endeavouring to reach pre-pandemic activity levels, but this was a challenge due to COVID-19 restrictions.

Annual Accounts 2020/21

Neil Kemsley, Director of Finance and Information, highlighted the Trust's financial statements from the Annual Report and Accounts 2020/21 as below:

- The financial impact of the merger with Weston General Hospital had added £130M to the Trust's turnover in the year.
- The financial regime that had been implemented for all Trusts nationally had cushioned the impact of the pandemic and this was briefly summarised: the first six months of the year a block contract was in place with a top-up arrangement, with a fixed sum in place for the remaining six months.
- Approximately £14M of PPE stock had been procured to ensure patients and staff were protected throughout the hospitals.
- An overview of the financial performance was provided: while the Trust had been expected to make a loss of around £30M due to the uncertainty regarding the non-contract income flows, the actual status at year end was breakeven and this was attributed to the income being reinstated again through the national route.
- The savings delivery showed an under-performance against the original plan, but delivery of £9M in the current context was stated to be a strong achievement with the Trust comparing well against other centres.
- The cash figure at the end of the financial year was £170M and the crucial impact this would have in supporting the strategic capital investment going forward was outlined.
- The overall summary of income received was noted, and it was stated that going into 2021/22, turnover would exceed a billion pounds. The main components were from provision of healthcare services, with £41M additional income received. The annual leave funding was highlighted, and it was explained that due to operational pressures, some staff had not taken their full annual leave entitlement, therefore a provision had been made for this to mitigate the impact on the Trust going forward.
- Staff costs were stated to be 63% of expenditure, benchmarking relatively low compared with most other NHS providers, where this would be approximately 70-75%.
- The supplies and services figure of £203M reflected the specialised nature of the services the Trust provided, e.g., a significant component of this amount was for the specialist drugs and devices required for cardiac and cancer services.
- The capital expenditure was £68M in year, a significant achievement in context of the pandemic.
- The capital investment over last decade amassed circa £440M, with plans to spend £78M in the year ahead in addition to the £68M spent last year.
- Capital investments were highlighted, such as the combined heat and power plans (noting this would progress the Trust's sustainability ambitions) and improvements for urgent care in the Trust.
- The Knightstone development at Weston had been progressed.
- The convergence of digital systems in the Trust was mentioned with £4.1M being spent towards this.
- The acquisition of St. James' Court was highlighted, enabling greater clinical capacity and longer-term strategic plans.
- The impact of COVID-19 and related expenditure was highlighted, with a greater number of staff required to work in a remote setting requiring greater digital investment.
- £14M had been allocated to PPE expenditure, and Members were informed that the Trust had rented space from TK Maxx in the Galleries, Bristol, to store PPE items.

Neil Kemsley thanked the auditors and the Finance Team for their seamless work in producing the accounts for the Annual Report.

Neil Kemsley said that there was confidence at Trust and system level regarding the ability to deliver surplus in the financial year, but there was uncertainty regarding what financial regime would be in place at the start of the new financial year. There would be challenges with restoring the organisation's focus and developing and implementing schemes on an ongoing basis. Members were asked to note that there may be other changes forthcoming in the national financial regime that may affect the Trust's ability to access cash reserves on a timely basis.

Presentation of Quality Achievements 2020/21

Deirdre Fowler, Chief Nurse and Midwife, presented the Quality Achievements as below:

- It was emphasised how the Corporate Quality Objectives ensured ongoing focus for key objectives that required continuous improvement.
- A focus on recovery and restoration with three new objectives was highlighted, and these consisted of the requirement to deliver a response to the National Patient Safety Strategy; to improve the experience of care for patients with a learning disability and to improve the experience of being patients being discharged from the Trust.
- Patient discharge had been greatly improved, with the outpatients' services successfully redesigned: there had been positive feedback from patients regarding this and a high commendation was given to staff who had achieved this in the midst of the pandemic.
- The physical access to the hospitals issue had been impacted by the pandemic and it was therefore hoped to progress this further in the next year.
- The support and development of lay representatives in Trust committees had been impacted by the pandemic, but it was hoped to progress this in the coming months.
- VTE assessment was an ongoing issue, and Members were assured that there was great focus on this, with monitoring underway within the relevant Committees.
- There was focus on the Patient Safety Strategy and the requirement to transition to the new Patient Safety Incident Response Framework by March 2022 was highlighted; it was stated that this would provide greater focus on learning and a pro-active approach rather than a reactive response when incidents occurred.
- Further patient safety training was planned to align with the patient safety curriculum.
- The importance of good patient experience on discharge from hospital was reiterated, alongside the positive impact on patient flow this enabled. The Trust was working alongside system partners and stakeholders including Healthwatch to maximise efficiency and capacity.
- The Trust remained in the top 20% in the National Patient Surveys, and this was a great credit to the staff.
- The Quality Strategy had been approved by the Trust Board in January 2021, and it was emphasised that this was a dynamic document that would be evaluated on an ongoing basis.

Jayne Mee, Interim Chair, thanked Robert Woolley and the Executive Director team for their work in navigating the Trust through the most challenging year in its history.

5. Governor/Membership Report

Mo Phillips, Lead Governor/Public Governor and Carole Dacombe, Public Governor, introduced a report of governor and membership activity during 2020/21 at University Hospitals Bristol and Weston NHS Foundation Trust as below:

- The Trust membership consisted of 6,459 public members, together with 14,000 staff members of the Trust.

- A process was being undertaken to try to rationalise the public membership by means of establishing whether longstanding members were still interested in retaining their membership.
- It was described how Governor meetings had been held online in 2020/21, and a monthly newsletter had been circulated to members.
- Health Matters events (public information events) were now being held online.
- The Governor Elections were originally due in spring 2020, but had been delayed due to the pandemic and finally took place in spring 2021. All seats had been contested and there were a high number of candidates.

Carole Dacombe, Public Governor, explained how Governors execute their duties and that this had continued despite the challenges of the pandemic.

- The Governors held regular discussions with the Executive Directors and Non-Executive Directors to ensure there was a clear understanding of information sent by the Trust.
- She outlined the work of the three Governor Groups: Quality, Membership and Constitution, and Strategy.
- The Governors sometimes put specific questions on the Governors Log of Communications to allow senior Trust staff to answer/clarify queries, and often these questions were raised on behalf of members of the public.
- The Trust engaged with the Governors regarding strategy and policy documents, as well as appointments into the executive team.

Mo Phillips highlighted the key issues the Governors wanted to understand in the forthcoming year:

- The impact of the pandemic and how the backlog of routine work would be resolved.
- The merger with Weston and how this had further developed.
- Staff issues such as safety and support after the impact of the pandemic.
- Improvements to staff retention.
- Diversity and Inclusion in the Trust.
- The importance of leadership and management training and development.

It was stated that the staff at the Trust had operated fantastically throughout the pandemic and merger process, considering the increased pressure on the services. The Council of Governors thanked staff at all levels within the Trust on behalf of governors and the public for all their work.

The Council of Governors thanked Robert Woolley and the Executive Team for their hard work in the past year.

Jayne Mee, Interim Chair, thanked the Governors for the good work that they undertook, and the scrutiny and challenge provided to the Board.

Guest Speaker Slot – Our COVID Response

Intensive Care

Matt Thomas, Consultant in Intensive Care, and Georgina Horner, Staff Nurse in the Cardiac Services Intensive Care Unit, attended the meeting to provide an insight on how staff responded to the COVID-19 pandemic.

- Matt Thomas described how in March 2020, staff were faced with the worry of dealing with an unknown virus alongside a lack of PPE.
- The positive support of the public, the 'Clap for Carers' initiative and donations of food had helped to boost staff morale.

- The staff on the unit had worked positively throughout the spring of 2020, despite facing an unknown fatal virus, at times having to treat colleagues, friends and members of their communities.
- The unit was better prepared for the second wave of the pandemic, but numbers were greater than expected.
- The unit survival rate was 82% against 70% nationally and the team were rightly proud of this.
- It was described how over the course of one weekend in February, the number of patients in the unit increased from 10 to 25 very rapidly.
- Members were informed that the CICU (Cardiac Intensive Care Unit) was the South West's most specialised cardiothoracic unit, covering a very wide region from West Wales to the Cornish peninsula. The impact of the pandemic resulted in highly specialised staff having to change roles to look after COVID-19 patients.
- Factors such as equipment availability and new responsibilities were noted to cause pressure on staff, in particular for staff members who had not worked in an ICU previously.
- The team worked well together (although some were traumatised by the experience) and it was mentioned how the lovely cards and messages sent in from the community, e.g., schools etc., really provided an uplift.
- The current unprecedented levels of emergency activity and staff resilience was outlined; it was still difficult for staff to take a break due to the increased pressures. It was emphasised how important it was to know that the staff had the support of the Trust and communities through these difficult times.
- Matt Thomas and Georgina Horner expressed great pride in their team.

Jayne Mee, Interim Chair, thanked Matt Thomas and Georgina Horner for attending the meeting and for sharing their experience of the pandemic.

COVID-19 coronavirus vaccination research and vaccine trials

Rajeka Lazarus, Infection and Microbiology Consultant, attended the meeting to speak about the COVID-19 vaccine research and trials.

- Rajeka described how proud she felt to say that the research team in Bristol had played an important role in development of the vaccines. Rajeka had been involved in the vaccine study since March 2020, undertaking over eight different vaccine studies. The role of volunteers was highlighted, with over 2000 people from Bristol and the surrounding areas offering to take part: without whose participation there would have been no trials and no vaccines. The volunteers had agreed to receive experimental vaccines, whilst enduring constant changes in the studies, changing epidemiology of the virus, fake news, and issues with vaccine passports. Rajeka thanked all the volunteers that had taken part to enable the development of the vaccines.
- Various studies had been undertaken, the first study being for the Oxford AstraZeneca vaccine. At the time there had been a sense of fear regarding undertaking research and bringing volunteers into the hospital to participate. The hard work in ensuring contracts were in place, and then finding space to undertake the studies was mentioned. The delivery had been a collaborative effort between the Trust and the University of Bristol.
- The great work undertaken by the research nurses in the Trust was mentioned, in particular, the Women's and Children's team.
- Medical input had been provided by microbiology registrars and doctors supported by other specialties.
- The sense of urgency to develop the vaccines kept the research team going, working long days and weekends.

- The Pharmacy Trials unit were integral to the development of the vaccine.
- Hundreds of blood samples had been taken to test the safety of the vaccine and Kirsty Phillips, a colleague in the research laboratories in the Bristol Royal Infirmary had processed these almost single-handedly.
- Dedicated vaccine teams had been developed at UHBW and North Bristol Trust.
- A year on from the pandemic there was now a 20-strong vaccine and testing team based on St Michael's Hill led by Kelly Turner, Research Nurse.
- The Department of Health were noted to have commissioned a study to see whether it was possible to administer COVID-19 and influenza vaccines simultaneously, and that the immune response would not be affected if given together, and whether there would be significant side effects. If possible, this would mean fewer appointment slots and would greatly benefit the NHS. The study was led by UHBW, working with the Bristol Trials Unit the University of Bristol, and the University of the West of England. There had been immense time pressures to provide delivery of this. Since then, the MHRA (Medicines and Healthcare products Regulatory Agency) and the WHO (World Health Organisation) have updated their guidance regarding the joint vaccine based on the Bristol study.

Jayne Mee, Interim Chair, thanked Rajeka Lazarus for attending the meeting and said it had been fantastic to hear about the teamwork and collaboration to develop the vaccines.

Jayne Mee, Interim Chair, thanked all staff in the Trust for the way they had worked through and dealt with the pandemic.

6. Question and Answer Session

Natashia Judge, Head of Corporate Governance, stated that a question had been submitted in advance of the meeting as below:

Philip Morris, Member of the UHBW Foundation Trust, had asked for clarification regarding the nature of the Trust's contract with Boots Pharmacy, what the current performance and satisfaction metrics were, and if there were any current issues.

Neil Kemsley, Director of Finance and Information, provided a response on behalf of the Trust's Director of Pharmacy: the contract with Boots was for outpatient and day case services only, and not for inpatients. There had previously been plans to alleviate pressures with dispensing for outpatients by staff undertaking this process directly. The contract was monitored through a monthly performance meeting, with 14 key performance indicators tracked. It was acknowledged that the question stemmed from a red-rated issue regarding patients waiting for prescriptions/medicines – this had deteriorated to 90% of patients waiting for over 30 minutes. This had been shared with Boots and an action plan was in place to mitigate this. This included the use of additional dispensing staff and better staffing at weekends. It was acknowledged that patients were not receiving the service they would like. The response would be set out in writing and appended to the minutes of the meeting.

Sheila Jones asked what plans the Trust had to tackle the backlog of patients.

Robert Woolley, Chief Executive said that addressing the backlog of patients was a key priority for the Trust. It was emphasised as part of the elective accelerator programme, the Trust, in conjunction with colleagues at North Bristol NHS Trust, had been set targets to restore elective activity, to reduce the waiting list and to ensure that the longest waiting patients were seen and treated. The current pressures experienced by the Trust, such as the demands in the Accident and Emergency Department due to the return to pre-pandemic levels of activity, and the difficulty the Trust had in opening all beds due to COVID-19 infection and prevention control restrictions

were highlighted. The Trust had been diligent in ensuring patients were appropriately distanced inevitably reducing the capacity across the Trust by 100 beds. This had resulted in the cancellation of a greater number of elective procedures, a national issue which NHS England and system partners were highly focused on plans to mitigate. Increased Accident and Emergency Department attendances were highlighted, with some patients feeling they could not get a GP appointment. The Trust were working with the CCG (Clinical Commissioning Group) to find the balance between treating emergency cases and avoiding ambulance queues, while also dealing with the waiting lists. While incredibly challenging, this was a priority for the Trust and the NHS nationally.

Jayne Mee, Interim Chair, thanked Robert Woolley for his honesty and transparency regarding the backlog of patients.

John Rose, Staff Governor, asked if it would be possible to describe the change in NHS Governance which now included a far more collaborative interaction with NBT and the new ICS. John added that he thought this was an important change for the better.

Robert Woolley, Chief Executive, explained that the Government's long-term plan for the NHS had always been to promote collaboration. The Health and Social Care Bill that was due to go through Parliament was referenced alongside how this would end the split between commissioning and contracting provision, with the creation of integrated care bodies from April 2022. There would be a requirement for greater collaboration between all sectors in health and care including local authorities, e.g., social services and public health, as well as NHS organisations. Regarding the Trust's relationship with NBT, the proposals emphasised that providers (such as the Trust) should aim to be in at least one collaborative, and this meant an explicit partnership, with clarity about the goals that the partnership was trying to achieve and support and the resources for delivering those goals. It was stated that a collaborative relationship, with mutual aid and support being provided, had already been developed with NBT but this had been impacted by the pandemic, with the more strategic objectives paused. Members were informed that a Partnership Board was in place with a Committee in common of the two Trusts. Both Trusts were working to define the strategic priorities and a Board to Board was planned for later in the year to sign these off. Once this was defined, the Governors and general public would be made aware. The ultimate focus would be to improve health care for the local population.

Mary Brown asked if non-COVID related research had restarted.

Robert Woolley, Chief Executive, informed Members that he had recently chaired the local Clinical Research Network meeting and that there had been a national attempt to try to restart research programmes that were in place pre-pandemic. Some of these programmes had been given priority status as recovery programmes. Monitoring was being undertaken regarding the pace of recovery, and this was variable. It was emphasised that approximately 30% of pre-pandemic research was in the recovery category, and it was estimated that about 50 - 60% of the programmes were recovering according to the trajectory provided by the National Institute for Research. It was noted that research programmes had been impacted by COVID-19, e.g., staff available to conduct the programmes and the participation of patients.

Jayne Mee, Interim Chair, thanked Robert Woolley for his response and stated that this demonstrated how progress was being made post-pandemic, albeit slowly and safely.

Ray Phipps, Public Governor, queried the new national financial regime being introduced by the government – was there any clarification on this and how it might affect the Trust?

Neil Kemsley, Director of Finance and Information, replied that the guidance would not be available for a few months. The Trust had recently received further information on the regime imposed on the second half of the financial year, and this showed little change from the regime in place for the first six months. The restrictions on the capital expenditure were implemented in April 2020, but the impact of this on strategic plans would not be felt until 2022/23. The new capital restriction was highlighted, alongside the extent to which allocations would go to system level with a need for a determination of priorities at that stage, before individual organisations could determine their own choices. It was thought that further details on this would be released at the turn of the calendar year.

Close of meeting

Jayne Mee, Interim Chair, thanked everyone for attending the meeting and reminded Members they were welcome to attend the regular Board of Directors and Council of Governors meetings. Thanks were given to the presenters at the meeting, and to all the staff and governors, members and charitable partners that support the Trust in the wider community.

DRAFT

Council of Governors meeting – 30 Nov 2021 - Action Log

Actions following the Council of Governors meeting held on 29 July 2021					
No.	Minute reference	Detail of action required	Responsible Officer	Completion date	Additional comments
1.	COG2.1/07/21	Chief Executive's Update: Plans for integrated Trust identification badges to be investigated, and a communications update for staff on the Medway Patient Administration System integration to be arranged.	Chief Executive	Nov 21	<p>Update from Robert Wooley: <i>UHBW identification badges are available to all staff on request. Integration Programme Board has been asked to assess the opportunity to move all staff proactively to a UHBW badge.</i></p> <p><i>Regular updates to staff about integration of Medway PAS have been published via corporate channels (including on the intranet and in Newsbeat) with more targeted communications and engagement with specific teams. Further communications are planned towards the implementation date in Spring 2022.</i></p>
2.	COG2.2/07/21	Integration Update: Paula Clarke to investigate the alignment of the Trust's strategy for Trauma and Orthopaedics with the work on the Fracture Liaison Clinic and report back to the Governors.	Director of Strategy and Transformation	Nov 21	<p>Update from Paula Clarke: <i>The plan for Orthopaedic services at Weston (WGH) continues to be for their management to transfer under the UHBW Division of Surgery, currently by end of March 2022. The Fracture Liaison Clinic at Weston by contrast is under Rheumatology. The integration plan is to realign Fracture Liaison under the Care of the Elderly services, in line with the rest of the Trust, no later than October 2022.</i></p>

					<p><i>There is a broader strategic context within which we are considering these services. The Trust is engaged in the One T&O (Trauma and Orthopaedics) programme with a vision to deliver a service that is a networked model of T&O care which has an international reputation for high quality patient outcomes and experiences, education and research. The aim is to achieve this by standardising practice across Bristol, North Somerset and South Gloucestershire (BNSSG) and operating as a virtual single service, securing the best value from the collective resources and expertise of all clinical teams and patients. The Healthy Weston programme is also considering future clinical models that enhance trauma and orthopaedic services at WGH, including geri-orthopaedics.</i></p>
3.	COG4.2/07/21	<p>AOB: Robert Woolley to investigate the follow up for treatment for patients in Clevedon Minor Injuries Unit to ensure there was no misdirection happening.</p>	<p>Chief Executive</p>	Nov 21	<p>Update from Robert Woolley: <i>The Managing Director for Weston General has followed up and identified no issues.</i></p>

Meeting of the Council of Governors on Tuesday, 30 November 2021

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

<p style="text-align: center;">1. Report Summary</p>
<p>The Council of Governors pack provides governors with the full report which sets out the progress being made with the clinical and corporate integration programme, following the merger in April 2020.</p> <p>Clinical and corporate teams across the Trust continue to work together to provide integrated services for patients.</p> <p>Full details are available in the Integration Programme Report (IPR).</p> <p>Appendix 1 (below) provides the summary view of the clinical services integration plan</p>
<p style="text-align: center;">2. Key points to note <i>(Including decisions taken)</i></p>
<p>The Council of Governors should note:</p> <p>2.1 Clinical services Integration highlights Palliative care, Gynaecology and Pharmacy transferred accountability 04/10/21 and are now Trustwide services. This brings the total of clinical services integrated to thirteen.</p> <p>81% or 27 services have now commenced the integration process, with Critical care services planned to transfer accountability next month.</p> <p>In month, 6 services have changed status to “off track” because of the development and approvals timetable for changes to the future management model for the Weston General Hospital site.</p> <p>2.2 Future WGH Management arrangements The proposed future Weston Management Model has been subject of recent divisional review and in part is not considered fit for purpose, given the current challenges and the developing site direction of travel.</p> <p>Instead, the Senior Leadership Team (SLT) have agreed that the next phase of integration should include a hybrid management model for the majority of medical and surgical services, with all Medical staff, Clinical Nurse Specialists, together with accountability for activity and performance transferring into medical and surgical divisions, but with management of key facilities (including Inpatient wards and General Outpatients) retained under a locally operated Business Unit at Weston. An enhanced model for on site Head of Nursing and deputy is also required in order to provide appropriate nursing management and leadership for the proposed managed facility.</p> <p>With regards to services within the Divisions of Specialised Services, Diagnostics and</p>

Therapies and Women's and Children's, it is agreed that there should be no change to the current integration plan, with all moving to Trustwide services, with the remaining services (Radiology; Cardiology and Haematology / Oncology) completing full integration as planned by March 2022.

A suitable mechanism for holding to account the Weston 'Business Unit' providing managed facilities will be important, including the agreement of metrics in an internal support services agreement. The necessary organisational structure, governance and accountability framework for the Business Unit will be developed with input from the Director of Corporate Governance. This will need to be supported by a financial evaluation of the combined management structures, tested against the current 22/23 financial envelope to ensure affordability through the business planning process. A Business case will be brought forward to SLT in February 22.

2.3 Healthy Weston Phase 2

The Healthy Weston Phase 2 programme through its Clinical Design and Delivery Group (CDDG), chaired by Mr Andrew Hollowood, Weston Site Medical Director, is progressing with the development of clinical model options for future Frailty, Acute care and Planned Care models. In order to complete this phase of work, it has been agreed that there should be a delay of three months in the timetable to allow further time for clinical discussion and consensus building, together with additional modelling and analysis from Carnall Farrar, and learning from other sites. The revised aim is to submit proposals to the Clinical Senate in February 22.

2.4 The planned Urology services transfer to NBT

The Joint Project Board on Friday 15th October confirmed the commitment of both organisations to a transfer of service accountability to NBT on 1st December 21, including the TUPE transfer of the 18 affected staff. As NBT have not yet completed the system build and associated data transfer work, UHBW will continue to manage booking and patient administration through Medway under an interim agreement until 1st February 22, when the full service transfer will be completed. Going forward, UHBW will continue to provide NBT with a range of support services for Urology at Weston (over £1m per year) under a formal cross charging arrangement.

3. Advice and Recommendations

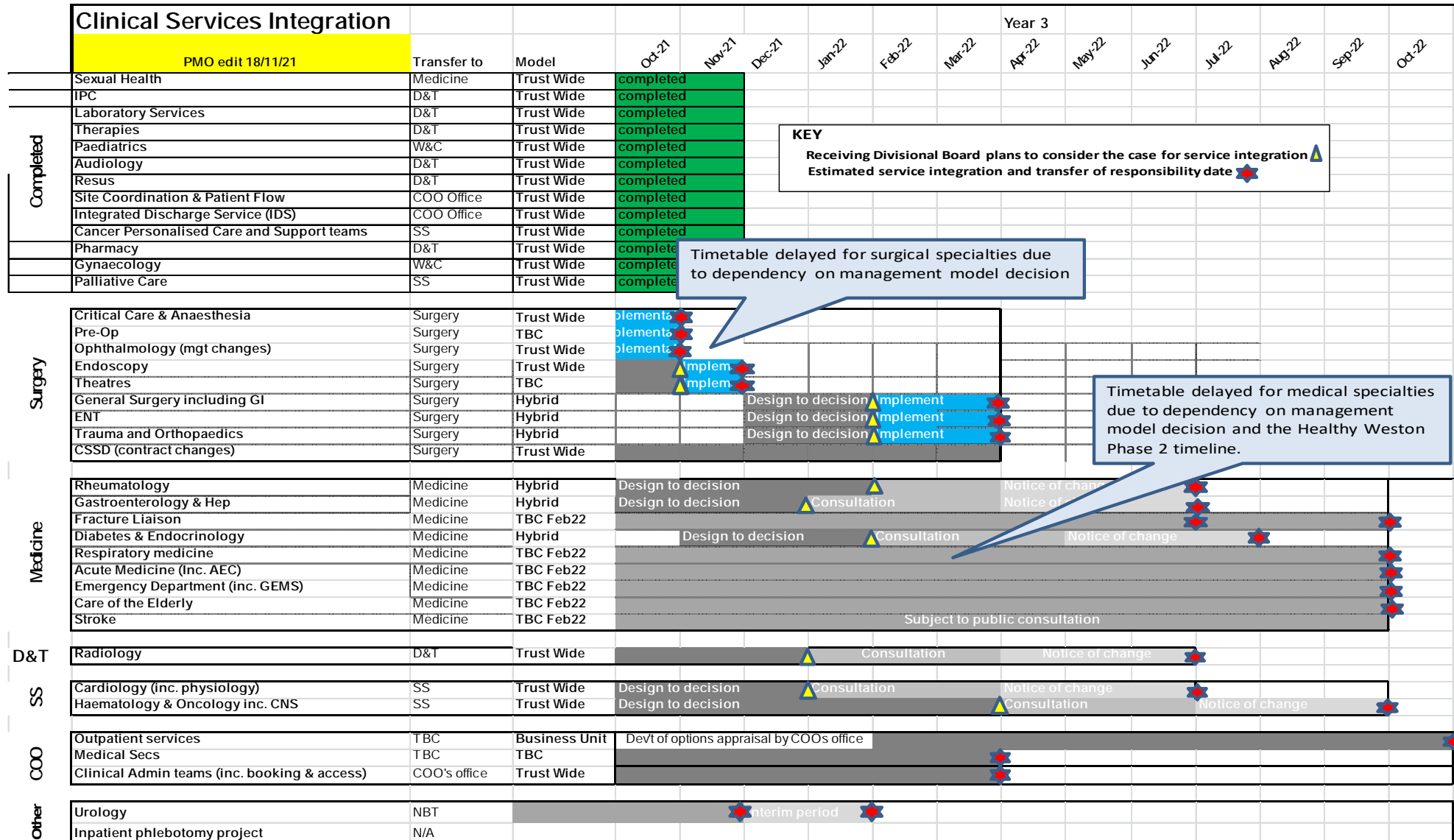
- This report is for **Information**.

4. History of the paper

Please include details of where paper has previously been received.

Integration Programme Board – November 21

Senior Leadership Team – November 21



KEY
 Receiving Divisional Board plans to consider the case for service integration ▲
 Estimated service integration and transfer of responsibility date ★

Timetable delayed for surgical specialties due to dependency on management model decision

Timetable delayed for medical specialties due to dependency on management model decision and the Healthy Weston Phase 2 timeline.



**University Hospitals
Bristol and Weston**
NHS Foundation Trust

Integration Programme Report

October 2021

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Reporting Month: October 2021

Progress in month

Clinical

- Palliative care, Gynaecology and Pharmacy transferred 04/10/21 and are now Trustwide services. This brings the total of clinical services integrated to 13 out of 27, and we are supporting a further 8.
- In month, 6 services have changed status to “off track”.

Corporate

- Communications staff consultation has completed, with implementation of full team integration scheduled for 1st February 22. This concludes all of the corporate service integrations.
- At the end of October, expenditure on transitional posts is c£870k, c£320k less than plan of c£1,190k.

Benefits realisation

- At the end of September £125k was identified against the financial mitigations in relation to nurse agency savings. Medical savings continue not to be realised, largely due to continued additional investment in staffing on the Weston site.
- Medical and nursing agency savings are forecast to achieve £875k or 32% of the £2,700k annual target.

Workforce and Organisational development

- Registered Nursing (Whole Time Equivalent-WTE- in post) is above the expected trajectory position at Quarter 2.
- Consultant (WTE in post) remains below the expected trajectory position at the end of Quarter 2 (Q2).
- A Weston Medical recruitment film was launched on social media and has resulted in an increase in applications.
- A number of Non-Consultant grade doctors under offer; with 7 planned start dates for November 2021.
- 3 consultants have agreed start dates with the Weston Division on 1st November 2021.
- 7 Clinical Fellow (ST1/2) joined the Weston Division in October 2021.
- Recruitment for registered nurses ongoing.

Key Actions over the next 4 weeks

- Financial review of Transaction Business case assumptions
- Complete the Communications team consultation
- Conclude transfer of accountabilities for Critical care & Anaesthesia and Pre-op in November
- Confirm remaining benefit owners
- Work with Internal Audit to scope and agree the 18 months post merger review parameters and work on a maturity index.

Issues being escalated

- Delay to the full transfer of accountability for critical care and anaesthesia, pre-op and ophthalmology.
- Capacity of the Division of Weston over the next 3/6 months to engage with the integration change process with competing priorities to deliver the business as usual, restoration and Healthy Weston programme agendas.

Successes, Priorities, Opportunities, Risks & Threats (SPORT)

Reporting Month: October 2021

Successes	Priorities
<ul style="list-style-type: none"> • Palliative care, Gynaecology and Pharmacy transferred 04/10/21, bringing the total number of clinical services to 13 successfully transferred. • Urology transfer transition – revised transfer date with NBT agreed as 1st December 21, with full completion by 1st Feb 2022. • Communications team consultation closed 1st October and are now undergoing a review period. • The Corporate services 6 month benefits realisation review has been completed, with 50% of benefits realised. This includes : <ul style="list-style-type: none"> • Weston apprenticeship programme now integrated Trustwide, with Increased numbers of apprenticeships coming on line and 1st cohort of trainee nursing associate’s with Weston college commencing in Sep 2021. • Voluntary Services team across hospital sites using a new database 'Assemble' to support consistency in recruitment, training and management. Volunteer restart continues to gather momentum with 'Meet and Greet' volunteers in place at Weston and ward-based roles (meal-time support / befrienders) in development 	<ul style="list-style-type: none"> • Agree the site management model post integration to enable transfer of accountabilities. • Complete the transfer of Critical Care and Anaesthesia to the Division of Surgery. • Review and reset benefits tracker work completed. Ensure traction with benefit owners. • Continued progress with the Weston Terms and Conditions and pay control group.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> • Opportunity to deploy the Clinical Practice Group (CPG) tool kit with some services which have already integrated. • Feedback from services and Human Resources Business Partners (HRBPs) that have already integrated and analysing lessons learnt. 	<ul style="list-style-type: none"> • Continuing operational pressures and workforce availability is adversely affecting ability to move the integration plan forward in some specialities. • Surgical & medical service transfers of accountability relies on ongoing triumvirate discussions. • Loss of momentum to integration is a risk • Risk that the expected financial mitigations in the Transaction Business Case are under delivering, with the plan currently under review.

Dashboard

Reporting Month: October 2021

Critical Success Factor	Objective	Status	Movement since last report
Business Function	Corporate Services Integration completed	A	—
Delivery Streams	Clinical Services Y2 Integration schedule completed	A	—
	WGH management arrangements post October 22 agreed	A	—
	Healthy Weston programme (phase 1) delivered against revised schedule	A	—
Workforce & OD	Clinical admin job matching exercise completed	A	—
	Job planning policy and Premium Payment controls harmonised and applied to Clinical Services	R	—
	Recruitment and Retention plan delivered for Medical and Nursing	A	—
	HR Systems Integration completed	A	—

Critical Success Factor	Objective	Status	Movement since last report
Cultural Integration	Cultural Integration Programme Completed	A	—
Policies & Processes	Key clinical, HR, finance and corporate policies are aligned across the combined UHBW Trust	A	—
Estates & Facilities	Backlog maintenance programme (Y2) delivered	G	—
IT & Technologies	Year 2 clinical digital systems convergence programme complete	A	—
Risk Management	Mitigate and manage the risks of integration	G	—
Benefits realisation & Strategic Intent	Business Case financial synergies achieved (Y2)	R	—
	Monitoring of Y2 Programme Benefits realisation in place	A	—
	Integration delivery programme (year 3) approved	G	↑

↑	Upwards movement	R	Not Achieved
—	No movement	A	Delayed/partially achieved
↓	Downwards movement	G	Achieved/On Track

Business Functions



October 2021

A Delayed/Partially Achieved

Progress Against Corporate Services Integration Plan

Service Integration Status	% of Services	Number of Services
Completed	95%	20
In progress - off track	0%	0
In progress - on track	5%	1
Staff Consultation Not started	0%	0
Total	100%	21

Key Points:

- All Corporate services have now integrated except for Communications. For a full list of services and their status see Appendix 1.
- Communications launched their consultation 2nd September and closed 1st October 2021. They are currently undergoing a review period, and planning to transfer 1st Feb 22.
- Recruitment to transitional funded posts remains behind plan in October. Two transitional posts have not been recruited to, with both posts under review for extended transitional funding past March 22 before recruiting to.
- At the end of October, there are 2 core posts that have not been recruited- no change from previous month.
- At the end of October, expenditure on transitional and core posts is c£870k, c£320k less than the plan of c£1,190k.

Recruitment Update

Corporate Recruitment Plan - Posts	Planned Recruitment	Recruited		In Post	
		No. Posts	% of Plan	No. Posts	% of Plan
Transitional Posts	13	11	85%	7	54%
Core (Recurrent) Post	43	39	91%	31	72%
Total	56	50	89%	38	68%

Corporate Recruitment Plan - £000's	Year to Date			Full Year		
	Plan	Actual	Variance	Plan	Forecast	Variance
Transitional Posts	302	140	162	518	182	336
Core (Recurrent) Post	884	729	154	1,589	1,362	227
Total	1,186	869	317	2,107	1,544	563

Reasons for Non-Recruitment

Reason Description	Transitional Posts	Recurrent Posts
	Number of Posts	Number of Posts
Awaiting Consultation Outcome	0	0
Awaiting Job Banding	0	0
In Recruitment Phase	0	1
Other	2	1
Total Posts Not Recruited	2	2

Recovery Actions:

- Project Management Office (PMO) to prioritise the completion of Communications integration.
- Work with Internal Audit to scope and agree the 18 months post merger review parameters and work on a maturity index
- PMO to confirm approved transitional posts beyond March 22 to heads of service.

Delivery Streams – Clinical Services

October 2021

A Delayed/Partially Achieved

Progress Against Clinical Services Integration Plan

Service Integration Status	% of Services	No. of Services
Completed	36%	12
In progress - off track	30%	10
In progress - on track	15%	5
Not started	18%	6
Total	100%	33

Key Points:

- Palliative care, Gynaecology and Pharmacy transferred 04/10/21 and are now Trustwide services. This brings the total of clinical services integrated to 13 out of 27, and we are supporting a further 8.
- In month, 6 services have changed status to “off track”.

Recovery Actions:

- Continue to work closely with the Weston Managing Director to support the Clinical Services Integration through tri to tri meetings with all clinical divisions.
- Ensure key clinical input into the Healthy Weston programme Clinical Design and Delivery Subgroups

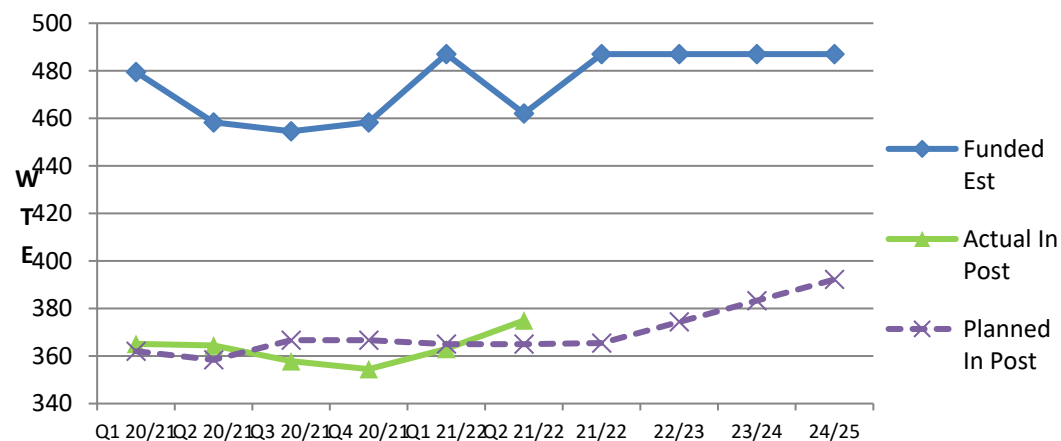
Phase	Service	Receiving Division	Status	Original Divisional Board Decision Date	Revised Divisional Board Decision Date	Notes
Phase 1	Sexual Health	Medicine	Completed	08 October 2020		Transferred 01/11/20
	Laboratory Services	D&T	Completed	30 September 2020		Transferred 01/11/20
	Therapies	D&T	Completed	30 September 2020		Transferred 01/11/20
	Gynaecology	W&C	Completed	06 November 2020	Approved 07/05/21	Transferred 04/10/21
	Pharmacy	D&T	Completed	28 October 2020	Approved 25/11/20	Transferred 04/10/21
Phase 2	Paediatrics	W&C	Completed	05 February 2021	Approved 05/03/21	Transferred 06/04/21
	Resus	D&T	Completed	27 January 2021	Approved 26/05/21	Transferred 01/07/21
	Audiology	D&T	Completed	27 January 2021	Approved 24/02/21	Transferred 06/04/21
	Palliative Care	SS	Completed	27 January 2021	Approved 24/02/21	Transferred 04/10/21
	Integrated Discharge Service (IDS)	COO office	Completed	04 February 2021	Approved 06/05/21	Transferred 01/07/21
	Patient Flow	COO office	Completed	04 February 2021	Approved 06/05/21	Transferred 01/07/21
	Endoscopy	Surgery	In progress - off track	02 February 2021	02 September 2021	New divisional board date TBC awaiting change request
	Critical Care and Anaesthesia	Surgery	In progress - off track	02 February 2021	Approved 01/07/21	Dual reporting transferred 01/08/2021, accountability to transfer TBC
	Pre-op	Surgery	In progress - off track	02 February 2021	Approved 01/07/21	Dual reporting transferred 01/08/2021, accountability to transfer TBC
	Gastroenterology & Hep	Medicine	In progress - on track	28 January 2021	25 November 2021	
Care of the Elderly	Medicine	In progress - off track	28 January 2021	23 December 2021	Timeline is to be reconfirmed	
Stroke	Medicine	Not started	TBC	TBC	Timeline subject to Public Consultation	
Emergency Department (inc. GEMS)	Medicine	In progress - off track	28 January 2021	23 December 2021	Timeline is to be reconfirmed	
Phase 3	Outpatient services	COO	Not started	17 June 2021	TBC	
	Booking and access	COO	In progress - on track	17 June 2021	SBAR approved Oct 21	Transfer due 1st Nov 2022
	Theatres	Surgery	In progress - off track	03 August 2021	02 September 2021	New divisional board date TBC awaiting change request
	Haematology and Oncology	SS	In progress - on track	23 June 2021	24th March 2022	
	Cancer Personalised Care & Support teams	SS	Completed	16 September 2021	N/A	Transferred 01/07/21
Phase 4	Rheumatology	Medicine	In progress - off track	23 September 2021	25 November 2021	Change request pending
	Acute Medicine (inc. AEC)	Medicine	In progress - off track	23 September 2021	23 December 2021	Timeline is to be reconfirmed
	Diabetes & Endocrinology	Medicine	Not started	23 September 2021	27 January 2022	
	Respiratory medicine	Medicine	In progress - off track	23 September 2021	23 December 2021	Timeline is to be reconfirmed
	Fractural Liaison	Medicine	In progress - off track	23 September 2021	25 November 2021	Timeline to follow CofE-change request pending
	General Surgery including GI	Surgery	Not started	5 October 2021	01 February 2022	
	Trauma and Orthopaedics	Surgery	Not started	5 October 2021	01 February 2022	
	ENT	Surgery	Not started	5 October 2021	01 February 2022	
	Radiology	D&T	In progress - on track	29 September 2021	23 December 2021	
	Cardiology (inc. physiology)	SS	In progress - on track	22 September 2021	22 December 2021	

Workforce

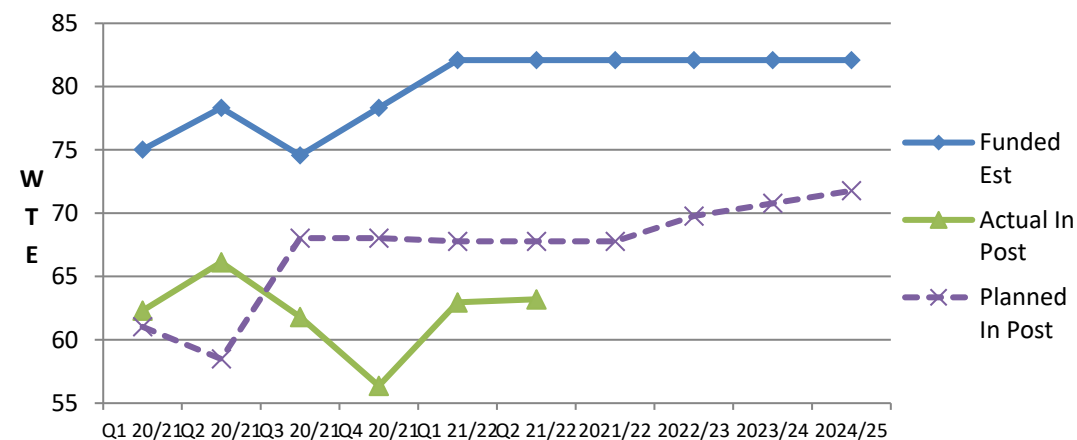
October 2021

R Not Achieved **A** Delayed/Partially Complete
A Delayed/Partially Complete **A** Delayed/Partially Complete

Weston Division RN Vacancy Trajectory



Weston Division Consultant Vacancy Trajectory



Key Points:

- The Q2 figures have been updated and reflect the effect of new arrivals and turnover.
- Registered Nursing (Whole Time Equivalent-WTE- in post) is above the expected trajectory position at Quarter 2.
- Consultant (WTE in post) remains below the expected trajectory position at the end of Quarter 2 (Q2).
- A Weston Medical recruitment film was launched on social media and has resulted in an increase in applications.
- A number of Non-Consultant grade doctors under offer; with 7 planned start dates for November 2021.
- 3 consultants have agreed start dates with the Weston Division on 1st November 2021.
- 7 Clinical Fellow (ST1/2) joined the Weston Division in October 2021.
- Recruitment for registered nurses ongoing.
- The Trust is advertising for Trainee Nurse Associates with drop-in recruitment sessions for Bristol and Weston throughout November.
- A Bank campaign has been developed with a focus on earning extra money in the lead up to the festive period.

Recovery Actions:

- A further recruitment manager coaching session has been delivered in Weston.
- A replacement international recruitment pastoral care manager will start in November, to pick up Allied Health Professional's and medical staff joining the Weston Division.
- A replacement Senior Recruitment Manager has been recruited with a key focus on the Weston Division has started 2 days per week.

Cultural Integration Programme



October 2021

A Delayed/Partially Complete

Theme	Action	Update	RAG
Appraisal	Close the compliance gap for appraisal	Appraisal trajectories have not been realised due to exceptional operational pressures. A revised plan went to SLT in August and a revised trajectory of end of December was agreed. All divisions are currently conducting a deep dive analysis to target low compliance areas in order to realise an improvement in appraisal in line with the revised deadline.	Yellow
	Launch 'one model' for Appraisal	A governance group has been established to ensure there is a roadmap to enable one model as of April 2022. A detailed plan was produced in August 2021 in conjunction with HR systems, with weekly scrum meetings in place.	Green
Diversity and Inclusion	Delivery against the D&I plan.	Delivery against Diversity and Inclusion plan is on target.	Green
Recognition	Conduct a full review of recognising success and its	Review completed. A paper was due to go to SLT in October, however this is behind plan so will now go to SLT in December 21.	Yellow
Values and Leadership Behaviours	Commence stakeholder work with Blue Goose	Values to be ratified at Board on 29th October 21. A robust communications and engagement plan is in place to launch and immerse our teams from the middle of November 21, in a plan that will last 6 months.	Yellow
	Leadership Development	A full review of leadership and management development across the Trust has commenced, quarterly progress against this will go to the people committee in September.	Green
		Wider leadership development programme work to be done in conjunction with Education Team – specific Weston SMT plans have been developed in division. Plan on target, approved at people committee in September.	Green

Key Points:

- **Appraisal-** A new revised date for appraisal completion was agreed for end of December 2021. All divisions are currently conducting a deep dive analysis to target low compliance areas in order to realise an improvement in appraisal in line with the revised deadline.
- **Diversity and Inclusion-** Strategy plan on target. Each division has its own local plan which is reported into People Committee on a 6 monthly basis.
- **Recognition-** Review has been completed; options appraisal to be presented to Senior Leadership Team (SLT) December 21.
- **Values & Leadership Behaviours-** The new values and leadership behaviours will be ratified at Board on 29th October 21. A robust communications and engagement plan is in place to launch and immerse our teams from the middle of November 21, in a plan that will last 6 months.

Recovery Actions:

- Deep dive analysis into appraisal.

Policies and Processes



October 2021

A *Delayed/Partially Achieved*

Policies and Procedures – Trustwide, Financial, Human Resources (HR) and Clinical

Policy Type	Metric	Update
Trustwide	The total number of Weston polices at 1st April	282
Trustwide	The number that have been either deleted, incorporated into a common UHBW policy or have been converted into a Divisional guideline	168
Trustwide	Number remaining for review	114

Policy Type	Metric	Update
Finance	Capital Investment Policy review complete	Completed- June 2021
Finance	Standing Financial Instructions review complete	Completed - Sept 2020
Finance	Scheme of Delegation review complete (Appendix 2 of SFI)	Completed - Sept 2020

Policy Type	Metric	Update
HR	Total number of policies that can be aligned	11
HR	Total number of policies that have been aligned	11
HR	Total Number of new policies introduced	20

Policy Type	Metric	Update
Clinical	Clinical procedures and guidelines, documents relating to ED emergency admissions	Completed - pre-merger
Clinical	Total number of services integrated since April 2020 in a position to review clinical procedures and guidelines commenced	9
Clinical	Total number of services integrated since April 2020 policies review completed	0

Key Points:

- Position updated quarterly (last updated July 21 report). A review of how this data is collected is currently under review, therefore no update has been given Oct 21.
- Review of financial policies has been completed including the Capital Investment Policy which was completed following the refresh of the Trust Strategy.
- HR Policy review process in employee services now in place.
- The Corporate Team with Trust Secretariat are taking the following steps to address known risks and issues with the management of policies and guidelines in the Trust:
 - A report on Clinical guidelines will be presented on a bimonthly basis to the Clinical Quality Group, and a monthly report will be presented to the Senior Leadership Team.
 - The [Trust Procedural Document Management Policy](#) will be updated
 - The Document Management Service (DMS) settings for Weston and Bristol will be aligned so that obsolete documents are not visible to staff.
 - All document owners will be contacted.
 - Enhanced support will be given to the Weston division to ensure they understand the process to follow and to review the escalation route within the division.
- The Trust Secretariat will work with the Integration Team to ensure that guidelines are a key consideration of the clinical integration work.
- Electronic Document Management – proposal approved by Digital Convergence Programme Board and Finance – starting 2022 post merger.

October 2021

G Achieved

Weston Estates Backlog Tracker

Cost Centre Name	Comments	RAG Rating (please select)
Weston Backlog Fire Compartment	First Phase of works completed.	Green
Weston Backlog Roof/Gutter Rep	Front of hospital rainwater system and soffitt materials on plan to complete march 22	Green
Weston Backlog Pathology Roof	Project Completed September 21 overspend of 30K due to unforeseen works on roof slab.	Green
Weston Backlog Switches	Project Completed.	Green
Weston Toilet refurbishment	Project Completed August 21.	Green
Weston Backlog Roof Repair & Drains	Work progressing on rear of Estates and on plan to complete March 22.	Green
Weston Backlog Fire Alarm upgrade and	Order placed and materials received and invoiced on site at Weston 170K , install start November.	Green
Histo Conversion	Project Completed.	Green
Ambleside Boiler Replacement	Project Completed.	
Reconfig Ed At Wgh	Project Completed . Cancelled by Weston Division.	Green
Estates Backlog Pdc (Holding)		
Weston Estates Backlog Staffin		Select

Orders value YTD	£2,051,882.00	
Pending Future Orders:	£685,904.00	
Capital spend taken 20/21 UHBW not PDC	£237,786.00	
Capital Balance Remaining 21/22	£0.00	
Total capitalApplications To date:	£2,362,000.00	
Full Year Allocation 21/22	£2,500,000.00	

October 2021

A *Delayed/Partially Achieved*

Clinical and Corporate Information Management & Technology (IM&T) Systems Integration Plan

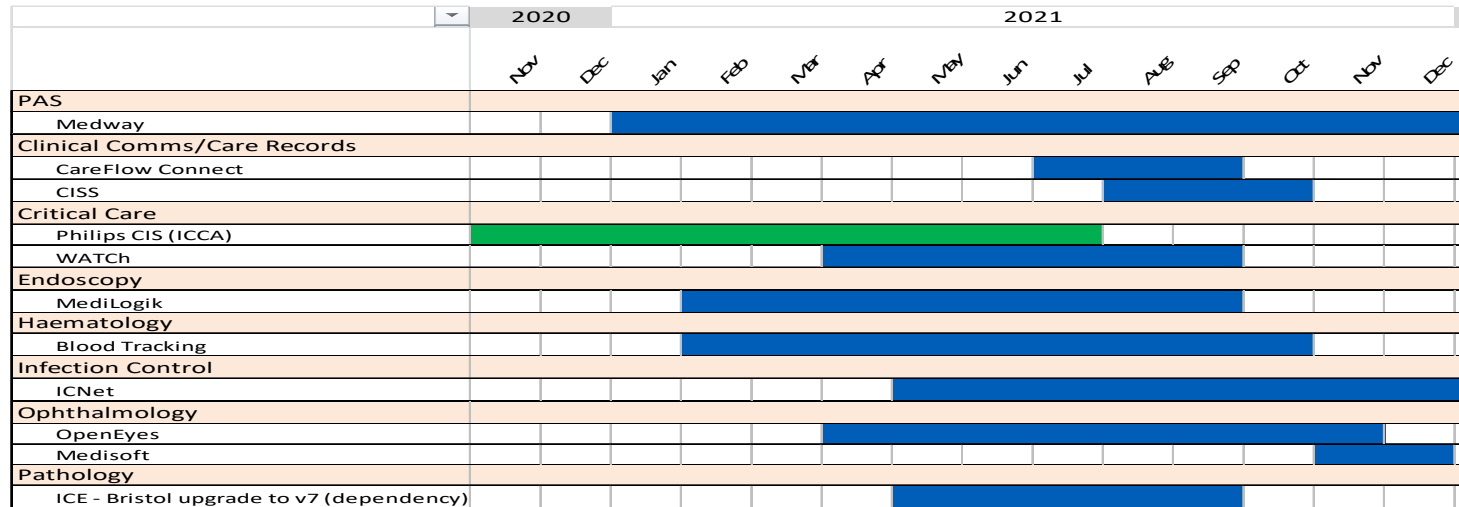


Figure 2: Clinical systems integration plan for 2021

Key Points: Medway

Phase 2 –In Design and Build stage. Updates to note;

- Second test cycle commenced. Workshop being organised with Weston division management on impacts.
- CareFlow Connect second phase planning commenced – rollout from November.
- CareFlow Workspace – planning has commenced – target delivery November 15th for Go Live coupled with CTE risk assessment and new drug chart rollout at Weston General Hospital.
- Pen test for Weston network commissioned – test and report due in November.

Key Points: Other

- Electronic Document Management – proposal approved by Digital Convergence Programme Board and Finance – starting 2022 post merger.
- Therapies – plan to implement Bristol forms into Weston – delivery from November 2021.
- Systemic Anti-Cancer Treatment (SACT) group formed for UHBW oncology solution – programme team part of this group – focus on requirement and contractual matters and way forward
- PACS/RIS plans – initial request to Diagnostics & Therapies Director to meet to plan out this requirement, commercials and then project. Link to Integration Programme Board and Integration programme alignment timescales

See Figure 2 for clinical systems integration plans for 2021. See Appendix 4 for draft whole clinical services integration schedule.

October 2021

G Achieved

Integration Programme Significant Risks – (scores of 15 or above)

ID	Opened	Domain	Owner	Title	Controls in place	Rating (current)	Risk level (current)	Outstanding Actions	Approval status
3430	16/10/2019	Business	Sanders, Eric	Risk that governance processes in the Division of Weston are unable to provide assurance	<p>Training has been provided to Divisional Management.</p> <p>Risk Management Workshops held with risk owners.</p> <p>Ongoing support from Corporate Risk Management Team.</p>	16	Very High Risk	<p>Provision of ongoing support to Divisional Management to identify improvements and to embed Trust processes and implement divisional action plan to address gaps in controls such as:</p> <ul style="list-style-type: none"> - Compliance with Duty of Candour Policy - Compliance with incident Management Policy - Compliance with Risk Management Policy - Compliance with Safety Alert Policy <p>Review recommendations in relation to risk management from ASW Governance Review and support division with their implementation.</p>	Action Required Risks
4806	10/11/2020	Financial	Kemsley, Neil	Risk that the financial benefits identified in the Transaction Business Case (TBC) will not be achieved.	<p>Financial mitigations are reported on a monthly basis to IPB via the Integration Programme Report.</p> <p>Weston Division has established a nursing controls group.</p> <p>A Benefits realisation workstream reviews progress and takes corrective action on a monthly basis.</p>	15	Very High Risk	<p>Financial review of the Transaction Business case once the 22/23 NHS financial regime is published, to take stock of the financial mitigation framework (Kate Herrick).</p>	Action Required Risks

Key Points:

- The table above shows that 2 risks have a current rating that is 15 or over ('very high'). This is the one less than the number of 'very high' risks as the end of last month.
- 1 new risk was added in October as follows:
 - Risk that integration progress may stall as a result of reconsidering the management model at Weston- rated 'high risk'
- Risk no. 3324 regarding UHBW being responsible for a marooned Urology service if it does not transfer to North Bristol has gone from being rated 'very high risk' (score 15) to 'high risk' (score 9) in month. This is due to a new transfer date being agreed.
- There are 22 live risks at the end of October 21. With the exception of the 2 'very high' rated risks above:
 - 18 have a risk rating considered 'high' (a risk score of between 8 and 12)
 - 2 have a risk rating considered 'moderate' (a risk score of between 4 and 6)

Strategic Intent

October 2021

R Not Achieved

A Delayed/Partially Complete **A** Delayed/Partially Complete

Year 2 Benefits – Progress Against Financial Mitigations

Financial Mitigations £000's	Plan 2021/22	FY Forecast	FY Variance	YTD Plan	YTD Actual	YTD Variance
Medical Agency Savings	1,000	375	(625)	583	0	(583)
Nursing Agency Savings	1,000	500	(500)	583	292	(291)
Medical Workforce Productivity	500	0	(500)	292	0	(292)
Total	2,700	875	(1,625)	1,458	292	(1,166)

Benefits Progress Summary

Provisional	6
Not Started	7
Behind Plan	9
On Track	10
Realised	0
Total	32

Figure 3: A summary of performance measure status

Recovery Actions:

- Benefits have been reassigned designated benefit owners who will agree appropriate performance measures and confirmed definitive ownership. Priority in month is to confirm the 6 provisional performance measures.
- Work is in progress to re-confirm the timescale for each benefit, including its start date and it's delivered by date, as part of the programme reset process.

Key Points:

- At the end of October £292k was identified against the financial mitigations in relation to nurse agency savings. Medical savings continue not to be realised, largely due to continued additional investment in staffing on the Weston site.
- Medical and nursing agency savings are forecast to achieve £875k or 32% of the £2,700k annual target.
- There are 17 benefits associated with integration, along side 32 individual performance measures that have been specifically selected to provide more detailed measurement of the benefit.
- The status of performance measures will be reported quarterly (benefits progress summary shown in Figure 3).
- In month, provisional patient experience and staff resilience focused benefit associated with integration has been drafted and are in the process of being agreed with benefit owners.
- See Appendix 6-7 for further details.

Current Forward View

Reporting Month: October 2021

Programme Overview 21/22 Objectives	Year 2 (2021/2022)												Yea
	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	
1. CLINICAL SERVICES													
1.1 Clinical Services yr 2 integration schedule completed													
1.2 WGH management arrangements post October 22 agreed													
1.3 Healthy Weston programme (phase 1) delivered against revised schedule													
2. WORKFORCE AND OD													
2.1 Recruitment and Retention plan (Y2) delivered for Medical and Nursing													
2.2 Cultural Integration Programme Completed													
2.3 HR Policy integration yr 2 schedule completed													
2.4 HR Systems Integration completed													
2.5 Temporary Staffing Bureau (TSB) function is centralised													
2.6 Job planning policy and Premium Payment controls harmonised and applied to Clinical Services													
2.7 Clinical Admin Banding and job matching exercise completed													
3. BENEFITS REALISATION & STRATEGIC CHANGE													
3.1 Monitoring of Programme Benefits realisation													
3.2 WGH future operating model (Healthy Weston 2) confirmed													
3.3 Integration delivery programme (year 3) approved													
3.4 Business Case financial synergies achieved													
4. ENABLERS													
4.1 Corporate services integration completed													
4.2 Integration delivery team in place													
4.3 Year 2 clinical digital systems convergence programme complete													
4.4 Estates maintenance backlog programme at Weston rolled out													

Key Points: 21/22 Programme objectives were agreed by the Integration Board in February and an updated forward view has been produced above.

Appendix 1 – Corporate Services Integration Plan

Reporting Month: October 2021

Corporate Services Function - Integration Status

Phase	Corporate Service	Status
Phase 0	Risk management	Completed
	Information Governance	Completed
	HR E rostering AFC	Completed
	HR OD	Completed
Phase 1	Legal Services	Completed
	Payroll	Completed
	Training and Education	Completed
Phase 2	Employee services	Completed
	Medical e-Rostering - No consultation required	
	Medical HR	Completed
Phase 3	Resourcing	Completed
	Clinical Audit and Effectiveness	Completed
	Financial Services	Completed
	Patient Experience and Involvement	Completed
	Patient Safety and Clinical Governance	Completed
	Patient Support and Complaints - not required	
	Safeguarding Adults and LD	Completed
	Transformation	Completed
	Voluntary Services	Completed
Facilities	Completed	
Phase 4	Communications and Engagement	In progress - on track
	Digital Services	Completed
	Research	Completed
	Estates	Completed

Notes:

- All corporate services, with the exception of Communications, have integrated.
- The launch date for Communications took place 2nd September, and consultation closed 1st October 21. The service are now undergoing a review period, and are currently due to integrated 1st Feb 2022.

Appendix 2 – Clinical Systems Integration Schedule

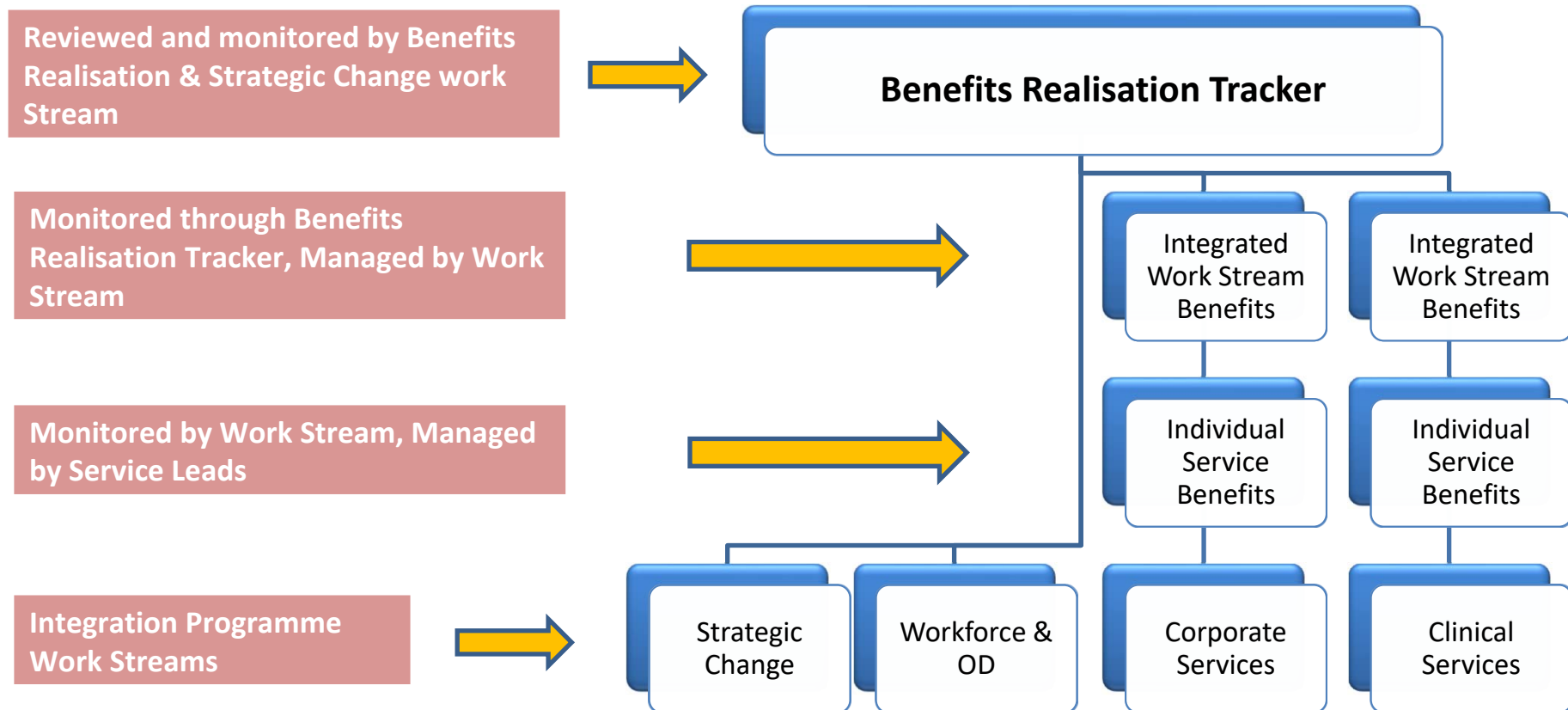
Reporting Month: October 2021

Comments (DCP = Digital Convergence Programme; DHPB = Digital Hospital Programme)	2020		2021						2022														
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Or	
PAS																							
Medway																							
CompuCare																							
Audiology																							
Audit Base																							
Practice Navigator																							
Cardiology																							
Centricity Cardio Workspace																							
Image Vault																							
Clinical Coding																							
Medicode																							
Clinical Comms/Care Records																							
CareFlow Connect																							
CareFlow Vitals																							
CISS																							
Clinical Alerts Service																							
Connecting Care																							
E-Referrals																							
EDT																							
Envoy Messenger																							
Evolve																							
KIOSK																							
Synertec																							
Clinical Information Resource																							
InView																							
PHD																							
Critical Care																							
Philips CIS (ICCA)																							
WATCH																							
Diabetes/Endocrinology																							
Paediatric Diabetes Database																							
Digital Dictation																							
Bighand																							
Fluency Direct																							
Endoscopy																							
Endosoft																							
MediLogik																							
Haematology																							
Blood Tracking																							
HCIS																							

Comments (DCP = Digital Convergence Programme; DHPB = Digital Hospital Programme)	2020		2021						2022														
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Or	
Infection Control																							
ICNet																							
Oncology																							
Chemocare Adult																							
Chemocare Paediatrics																							
MOSAID																							
IFREG																							
IMSure QA																							
Somerset Cancer Register																							
Somerset Database																							
Ophthalmology																							
OpenEyes																							
Medisoft																							
Pathology																							
ICE - Bristol upgrade to v7 (dependency)																							
Medway Order Comms																							
Winpath																							
Opulse																							
Pharmacy																							
ePMA																							
ICESpy																							
JAC																							
Pyxis																							
Pharmacy Database																							
Radiology/Imaging																							
CRIS																							
Insight PACS																							
ViewPoint																							
Respiratory																							
HD-PFT																							
HD-PFT - Koko Px																							
Safeguarding																							
Liquid Logic																							
Theatres																							
Bluespир																							
Opera																							
Vascular																							
VSU 2020																							
Other																							
My Clinical Portal Applications																							
Quality in Care Tool																							

Appendix 3 - Benefits Realisation Schematic






Report Month: October 2021



- The Integration Programme now has 3 work streams. A function of the Strategic Change work stream is to monitor benefits associated with the merger (Strategic Change & Benefits Realisation Work Stream).
- In April 21, the Clinical Services, Corporate Services, Strategic Change and Workforce & OD workstreams produced their top 5 benefits which are monitored through the Benefits Realisation Tracker.
- Due to the reset of the Integration Programme on June 21, these benefits have been redefined in August 21, and are to be confirmed with benefit owners in subsequent months.
- The benefits included consist of those stated in the Transaction Business Case and those subsequently identified.






Appendix 4.1- Benefits Summary

Report Month: October 2021

Workstream	Key type of benefit	Strategic intent statements (Transaction Business Case)	Description of benefit	Performance Measure	Status
Workforce & OD	 Recruitment and Retention	Providing a strengthened workforce with improved flexibility, recruitment and retention through maximising the opportunity of UHB's reputation and brand	Improved recruitment and retention of medical staff (Medical agency expenditure savings) - Reduction in medical staff vacancies, improved rostering and financial controls	Reduction in medical agency expenditure	Behind Plan
				Reduction in medical vacancies - Consultants, Career Grades & Clinical Fellows in Weston	Behind Plan
				Reduction in medical turnover rates at Weston	On Track
Workforce & OD	 Recruitment and Retention	Providing a strengthened workforce with improved flexibility, recruitment and retention through maximising the opportunity of UHB's reputation and brand	Improved recruitment and retention of nursing staff (Nursing agency expenditure savings) - Reduction in vacancies, improved rostering, lost time management and financial controls	Reduction in RN agency expenditure	Behind Plan
				Reduction in RN vacancies in Weston	Behind Plan
				Reduction in RN turnover rates in Weston	On Track
Workforce & OD	 Clinical Alignment & Reduction in Variation	Realising benefits of alignment of clinical services and opportunities to reduce variation, improve productivity and to reduce operational and quality risks currently associated with some services	Improved Medical Workforce Productivity - Improved job planning and reduction in premium payments	Reduction in premium payments to consultants	Behind Plan
				% Weston consultants with an up to date job plan	Not Started
Workforce & OD	 Organisational Development	To develop a new set of leadership behaviours and values across the new organisation, shaping a new culture	Establish shared vision and values for the single UHBW organisation	New UHBW Values embedded	On Track
Workforce & OD	 Critical Mass	TBC	Stabilised staff engagement in Weston- as a result of improved advocacy, motivation and involvement	Engagement score calculated as a result of responses given to the Staff Survey	Provisional





Appendix 4.2- Benefits Summary

Report Month: October 2021

Workstream	Key type of benefit	Strategic intent statements (Transaction Business Case)	Description of benefit	Performance Measure	Status
Corporate Integration	 Quality- Patient Experience	TBC	Improvement in Patient Experience at Weston	TBC	Provisional
Corporate Integration	 Recruitment and Retention	Providing a strengthened workforce with improved flexibility, recruitment and retention through maximising the opportunity of UHB's reputation and brand	Reduction in vacancies and sickness rate across Corporate functions	% of vacancies across corporate functions	Behind Plan
				% sickness rates within Corporate functions	On Track
Corporate Integration	 Corporate synergies	Realising efficiencies in shared corporate services	Improved value for money on Estates and Facilities contracts through rationalisation across the Trust	Reduction in no. standalone Weston Estates and Facilities contracts Reduction in overall Estates and Facilities contracts spend	Not Started
Clinical Integration	 Clinical Alignment and Reduction in Variation	Realising benefits of alignment of clinical services and opportunities to reduce variation, improve productivity and to reduce operational and quality risks currently associated with some services	Reduction in overall wait times for clinical services	Reduction in elective wait times	Provisional
Clinical Integration	 Pace and impact	The merger allows alignment of ways of working and benefit to changes to clinical models at pace, as part of a single organisation	Increased care closer to home for non specialist care, and increased specialist care undertaken at a specialist centre	Increase in % of patients with NS postcodes treated at Weston General Hospital for non-specialist care across all services	Not Started
				Increased in % of patients with NS postcodes treated on Bristol Royal Infirmary campus for specialist care across all services	Not Started





Appendix 4.3- Benefits Summary

Report Month: October 2021

Workstream	Key type of benefit	Strategic intent statements (Transaction Business Case)	Description of benefit	Performance Measure	Status
Clinical Integration	 Face and impact	The merger allows alignment of ways of working and benefit to changes to clinical models at pace, as part of a single organisation	Increased care closer to home for non specialist care, and increased specialist care undertaken at a specialist centre	Increased in % of patients with NS postcodes treated on Bristol Royal Infirmary campus for specialist care across all services	Not Started
Clinical Integration	 Resilience of Acute Services	Addressing in a controlled manner the current known risks to the resilience of acute clinical services across Bristol and North Somerset.	Enhanced work with system partners - identify sustainable solutions to ensure high quality outcomes for patients - e.g. Urology transfer to NBT.	Completion of Urology transfer to NBT	On Track
Clinical Integration	 Clinical Alignment and Reduction in variation	Realising benefits of alignment of clinical services and opportunities to reduce variation, improve productivity and to reduce operational and quality risks currently associated with some services	Create standardised clinical pathways - ensure that patients receive, consistent and high quality care across all sites reducing unwarranted variation, improving delivery and outcomes	Total Number of clinical pathways reviewed and single pathway agreed	Not Started
Strategic Change	 Improved Utilisation of the Estate	Greater scope to make best use of the combined available capacity and buildings in order to deliver our service goals	Improved Utilisation of the combined UHBW Estate	Reduction in 'very high' infrastructure risks at WGH	Behind Plan
				ERIC Metrics - Total Running Cost per Sqm	Not Started
				Engage in and contribute to estate optimisation plans for BNSSG	Not Started

Appendix 4.4- Benefits Summary

Report Month: October 2021

Workstream	Key type of benefit	Strategic intent statements (Transaction Business Case)	Description of benefit	Performance Measure	Status
Strategic Change	 Resilience of Acute Services	Addressing in a controlled manner the current known risks to the resilience of acute clinical services across Bristol and North Somerset	Increase in resilience of acute clinical services and a reduction in risk at Weston	Reduction in number of 'must do' and 'should do' CQC actions	Provisional
				Reduction in 'very high' risks on the Weston Division Risk Register	On Track
Strategic Change	 Improve Digital Capabilities	Improve digital capabilities – provision of services across remote sites will provide a positive stimulus for the development of digital solutions to enhance and improve the quality of service delivery	Enhance delivery of corporate and clinical services due to integration of multiple IT systems across UHBW sites	Introduction of single Medway PAS system	On Track
				% of planned clinical systems integrated	On Track
Strategic Change	 Staff Training & Development	Supporting staff to access a greater range of training and development, education, training and research opportunities across a wider organisation. Establishing the WGH as an 'anchor institution' in North Somerset with a reputation for providing high quality training and education	Increased recruitment to clinical trials at Weston due to an integrated R&I team	Number of participants completing trials in Weston	On Track
Strategic Change	 Staff Training & Development	Supporting staff to access a greater range of training and development, education, training and research opportunities across a wider organisation. Establishing the WGH as an 'anchor institution' in North Somerset with a reputation for providing high quality training and education	Increased range of staff development opportunities and increased access to training	Apprenticeship new starts as % of workforce	Behind Plan
				Essential Training compliance	Behind Plan
				Library- number of evidence searches	On Track

Meeting of the Council of Governors on 30 November 2021

Report Title	Item 3.1 - Nominations and Appointments Committee Report
Report Author	Sarah Murch, Membership Manager
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary

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

The Council of Governors is asked to note three items of Committee business in this report. There are two decisions that the Council of Governors is asked to approve:

- The continuation of David Armstrong's term of office as Non-Executive Director for a final year.
- The appointment of 2 new governors to the committee (a staff governor and an appointed governor) in line with the Terms of Reference.

There is also an item to note:

- The Nominations and Appointments Committee's recent meeting on 22 October 2021 and its involvement in the recruitment process for a new Trust Chair.

2. Key points to note

(Including decisions taken)

There are two decisions that the Council of Governors needs to take in relation to the work of the Nominations and Appointments Committee.

1. Approval of the continuation of David Armstrong's term of office

On 27 November 2021, David Armstrong will have served eight years as a Non-Executive Director at the Trust. The NHS Foundation Trust Code of Governance states that a term for a Non-Executive Director which is longer than six years should be subject to annual review and the NED should be subject to annual re-appointment, to allow for evaluation as to whether they remain sufficiently independent. David Armstrong is therefore subject to annual re-appointment by the Council of Governors.

A paper was circulated to the Nominations and Appointments Committee on 22 November 2021 asking them to consider David Armstrong's continuation in the role for the coming year. They received his appraisal outcome report as evidence of his continuing independence. The majority of Committee members agreed that they would recommend to the Council of Governors his continuation in the role. The Council of Governors is therefore asked to consider for approval the annual re-appointment of

David Armstrong, Non-Executive Director, into his ninth (and final) year of office (28 November 2021 - 27 November 2022).

2. Appointments to the Committee

According to the Nominations and Appointments Committee's Terms of Reference, there should be 12 governors on the committee: 8 public governors, 2 staff governors and 2 appointed governors. There are currently only 10 governors on the committee and 2 vacancies, one for a staff governor and one for an appointed governor. The Trust's six staff governors and six appointed governors were therefore contacted in November 2021 and were invited to consider joining the committee to fill these vacancies. One appointed governor (Paul Hopkins) and one staff governor (Jocelyn Hopkins) came forward. Governors are therefore asked to approve their appointment to the committee.

Governors are asked to note that while there are no vacancies for public governors to join the committee at present, at least one will arise by the end of May 2022, and public governors will be invited to join at this point.

3. Committee Involvement in Trust Chair Recruitment Process

The Council of Governors delegates some of its duties relating to the recruitment of the Chair and Non-Executive Directors to the Nominations and Appointments Committee. Following the resignation of Jeff Farrar from the substantive position of Trust Chair at short notice, the Committee therefore needed to urgently consider a process for appointing a new Chair.

Committee meeting: 22 October 2021: The Committee convened a meeting on 22 October 2021, which was chaired by the Senior Independent Director, and which dealt with one item of business only: to review and agree a process for recruiting a new Trust Chair. The committee discussed in detail the proposed process and timeline, job description and remuneration for the role. Most of the discussion focussed on the timescale: the Committee had received a proposal that the entire recruitment process should be conducted within 5 weeks, in order to have a permanent Trust Chair in place to conduct the selection process for a new Chief Executive. However, Committee members presented significant challenge as they felt that such a condensed timescale would not allow for a sufficiently robust process. As a result, the timeline was lengthened by two weeks, and it is now intended that a permanent Chair will be in place by 13 December 2021.

The Committee's decision was communicated to the wider Council of Governors and all governors were provided with information about the process and their role and were invited to get involved. A training session for all governors was arranged on 10 November to explain the role of a Chair of a Foundation Trust and the role of the Council of Governors in their appointment.

Four members of the Nominations and Appointments Committee were further involved in shortlisting and interviewing candidates, and members of the wider Council of Governors were also invited to meet the candidates informally on the day of the interviews. The Nominations and Appointments Committee will consider the interview panel's appointment recommendation at their next meeting on 3 December 2021, and the Committee's recommendation will then be presented to an Extraordinary meeting of the full Council of Governors on 9 November 2021.

3. Recommendations requiring Council of Governors approval

The Council of Governors is asked to:

- **Approve** the annual re-appointment of David Armstrong, Non-Executive Director, into his ninth and final year of office (28 November 2021 - 27 November 2022).
- **Approve** the appointment of Paul Hopkins and Jocelyn Hopkins to the Nominations and Appointments Committee
- **Note** the Committee's involvement in the Trust Chair recruitment process.

Meeting of the Council of Governors on Tuesday 30 November 2021

Report Title	Item 3.2 - Governor Activity Report
Report Author	Sarah Murch, Membership Manager
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary

This report provides a summary of governor activity since the last Council of Governors meeting, to provide assurance that governors are carrying out their statutory duties, particularly their duty to hold the Chair and Non-Executive Directors to account.

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

2. Key points to note

(Including decisions taken)

- All governor meetings in the period were carried out virtually as video-conferences in line with the social distancing restrictions due to the COVID-19 coronavirus pandemic.
- Since the last Council of Governors meeting on 29 July 2021, three Governors have left and been replaced. All 29 seats on the Council of Governors are now filled and there are no vacancies.
- Key issues arising in governor discussions in this period have been the Care Quality Commission inspection report, hospital pressures, Trust Chair recruitment, and staff culture and staff wellbeing.
- As well as their usual meetings, governors have attended live streaming of Public Board of Directors meetings, workshops relating to Accessible Information Standards, virtual Governor workshops held by NHS Providers and a Health Matters Event.
- Three Governors have also been invited to join the UHBW Patient Experience Group as lay members and their first meeting was on 18 November 2021.

GOVERNOR MEETINGS

Governor Groups: Most governor work is carried out through three Governor Groups, the Quality Focus Group, the Governors' Strategy Group, and the Membership and Constitution Group. Each group receives reports from each of the Non-Executive Chairs of the Board Committees to allow governors to keep abreast of the Board's current areas of focus and to enable them to carry out their statutory duty to hold Non-Executive Directors to account.

1. Quality Focus Group – Governor Chair: Carole Dacombe

Two meetings were held in this period on 9 September 2021 and 14 November 2021, attended by 10 and 12 governors respectively. The following updates were received:

- **Nursing staffing levels:** Sarah Dodds, Deputy Chief Nurse, gave the Governors an update on the challenges faced by the Trust relating to nursing staffing levels.
- **Bullying and Harassment and the Trust's approach to tackling it:** Mike Sheppard, Psychological Wellbeing Lead, gave governors a presentation about the bullying and harassment experienced at the Trust.
- **Chief Nurse and Midwife Update:** Deirdre Fowler, Chief Nurse and Midwife, provided the Governors with an update around her current areas of focus and provided an opportunity for the Governors to discuss ongoing issues surrounding out of hours discharges.
- **Organisational Development Update - Cultural Programme 2021/22:** Sam Chapman, Head of Organisational Development, gave an update to the Governors on the current work around workplace culture and new Trust values along with an update on the Organisational Development Team's upcoming priorities.
- **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 to update governors on their current areas of focus. Governors sought assurances on discharge delays, the CQC reports, the Integrated Care System (ICS), diversity and inclusion in the Trust, staff retention in both the Bristol and Weston sites, exit interviews, consultation feedback and overseas staff.
- The next meeting of the Quality Focus Group will be held on 13 January 2022.

2. Governors' Strategy Group – Governor Chair: Malcolm Watson

One meeting was held in this period, on 9 September 2021, attended by 7 governors. Agenda items included:

- **Trust Strategy and Corporate Strategic Objectives:** Paula Clarke, Director of Strategy and Transformation, provided Governors with an update on the Trust Strategy, including a review of the progress against the Trust's corporate strategic objectives.
- **Merger and Integration Implementation Programme Update:** Rob Gittins, Integration Programme Implementation Lead, Ian Barrington, Managing Director (Weston Division) and Andrew Hollowood, Deputy Medical Director (Weston), provided an update on the Merger and Integration Implementation programme.
- **Strategic Capital Investments Update:** Paula Clarke, Director of Strategy and Transformation, provided an update to the Governors on Strategic Capital Investments and the Trust's Estates strategy.
- **Partnership Updates:** Paula Clarke, Director of Strategy and Transformation, provided an update on the Trust's partnerships with other organisations in the local health and care system.

- **Digital Strategy Update:** Neil Kemsley, Director of Finance and Information, and Steve Gray, Chief Information Officer, provided an update on the Trust's Digital Strategy.
- **Finance and Digital Committee Chair's Report:** Martin Sykes, Non-executive Director and Chair of the Finance and Digital Committee, gave an update on the meeting held in July 2021.
- The next meeting of the Governors Strategy Group will be held on 17 December 2021.

3. Membership and Constitution Group – Governor Chair: Ray Phipps

There were no meetings of the Membership and Constitution Group since the last report. The next meeting will be on 13 January 2022.

Other governor activity in the period included:

Governor/NED Engagement Sessions: Governors hold regular informal engagement meetings with the Chair and Non-Executive Directors to allow them to seek assurance around any topics of interest to assist them in their duty to hold them to account. There were two sessions in this period, held on 3 September 2021 and 26 October 2021. Assurance was sought around COVID-19, hospital pressures, the staff vaccination programme, charity and fundraising distributions, climate change and recycling work in the Trust, how NICE Guidance is rolled out in the Trust, the progress of the ICS, staffing levels in the Hospital, Division of Weston updates, media reports surrounding cleft palate surgeries, dietetic provision at the Trust, and the lack of staff facilities.

Governor Development Seminar: The Trust has a duty to provide its governors with training for their role, and so holds regular seminar days for governors. There was one in this period, held virtually on 13 October 2021 and attended by 15 governors. Topics covered included:

- **Integrated Care Systems (ICS):** Governors were provided with an oversight of the ICS and progress nationally and locally at this time.
- **The Integrated Care System and UHBW:** Robert Woolley, Chief Executive, explained the Trust's involvement in the BNSSG ICS. Eric Sanders, Director of Corporate Governance, then discussed potential ICS governance structures in light of legislative changes.
- **Primary Care Networks:** Governors were provided with a presentation on Primary Care Networks and how they will operate in the new ICS.
- **Effective Questioning/Holding To Account:** This session examined the governor duty of holding the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors.

Public Board meetings: A number of governors watched livestreamed meetings of the Board of Directors on 29 July and 30 September 2021, to observe the Board conducting their business.

Advice and Recommendations

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

Meeting of the Council of Governors on Tuesday 30 November 2021

Report Title	Item 3.3 – Membership Engagement Report
Report Author	Sarah Murch, Membership Manager
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary

University Hospitals Bristol and Weston NHS Foundation Trust has a formal requirement to maintain a Foundation Trust membership made up of members of staff and members of the public. It also has a duty to monitor member engagement and to provide opportunities for governors to engage with its membership. This report gives a breakdown of current membership numbers and summarises engagement with membership in August - November 2021 against the aims set out in the Trust's Membership Strategy 2020-23.

2. Key points to note

Members have continued to receive reports from their governors, the Membership Team has organised virtual events for members, and members have raised a number of issues with governors in the period.

A significant decrease in membership numbers is expected over the next month as a result of efforts through the autumn to establish whether longstanding Foundation Trust members still wish to retain their membership.

3. Membership Numbers

Membership Numbers: The breakdown of members by constituency class is shown below. On 18/11/21 there were 6,183 public FT members compared with 6,295 public Foundation Trust members at 6/7/21.

Membership Constituency Classes	18/11/21	6/7/21
Public Constituency		
Bristol	3,247	3,307
North Somerset	1,200	1,224
South Gloucestershire	1,089	1,104
Rest of England and Wales	644	660
Total Public Membership	6,183	6,295
Staff Constituency		
Medical and Dental	2,252	2,081

Nursing and Midwifery	5,428	5,424
Other Clinical Healthcare Professionals	2,349	2,291
Non-Clinical Staff	4,105	4,142
Total Staff Membership	14,134	13,938
TOTAL PUBLIC AND STAFF MEMBERSHIP	20,317	20,233

4. Progress against Membership Strategy

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

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

1. AWARENESS

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

This period has focussed on a review of membership materials (membership application forms, information on the Trust website etc) and a review of membership engagement using governor feedback from the Membership and Constitution Group in July, feedback following the governor/membership social media takeover in July, and members' feedback from a survey sent to our public membership in September.

As a significant decrease in public membership numbers is expected in December, a review of the remaining membership will then be necessary to ensure that the remaining membership is still representative of the local population and this will inform awareness-raising going forward.

2. COMMUNICATION

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

- **Public Membership (email members):** A monthly e-newsletter is sent to all public members for whom we have an email address (currently 41% of the total membership). The newsletter is produced by the membership team and is usually introduced by a governor each month as a means to directly engage with their constituents. The August 2021 edition was introduced by Jayne Mee (Interim Chair), September by Mo Phillips (Public Governor – Bristol) and October by Hessam Amiri (Public Governor – Rest of England and Wales). November's newsletter, with an introduction by Ray Phipps (Public Governor – South Gloucestershire), was scheduled to be sent on 26 November 2021.

- **Public Membership (postal members):** Just under 60% of the Trust’s public Foundation Trust membership is not contactable by email. Currently we write to these members twice a year, with the last mailshot in August and the next planned for February. As part of August’s mailshot, it was proposed that we continue carrying out the Membership Strategy’s objective to update our public membership records by including a letter asking some of the members who joined more than ten years ago to re-affirm their membership. If they do not respond, we will assume that they no longer wish to be members and we will cancel their membership. So far, of the 1,604 members to whom we sent a letter asking to re-affirm membership, 23 members have responded and wish to continue their membership. In line with the Membership Strategy, it is intended to cancel the membership of those who have not responded in December 2021.
- **Public Membership survey:** Public members were invited to take part in a survey in September 2021 to give us their views on how they wished us to engage with them as members. 21 responses were received and information on the responses will be shared with governors at the Membership and Constitution Group in January 2022.
- **Staff Members:** Staff Governors produced a report which accompanied their photo in Newsbeat (staff newsletter) each week during August and September and a similar session is planned for January and February 2022.
- **Young Members:** Young members are engaged through the Youth Involvement Group at Bristol Royal Hospital for Children, which has been sending out regular newsletters and holding online meetings in the period.

3. ENGAGEMENT

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

Virtual Events: The Membership Team organises public events known as ‘Health Matters Events’ to inform and engage members, staff and the public in the work of the Trust. These events have been held online during the Covid-19 pandemic. One event was organised in the period, as follows:

- *Tuesday 9 November: Health Matters – Cancer Care.* This event contributed to work by the Trust’s Patient Experience and Voluntary Services Team and Cancer Care Team to understand the challenges in accessing the Trust’s cancer services during the pandemic and the experience of patients on our waiting lists. It was primarily a discussion event to seek people’s views but also provided information about the work of the Cancer Care Team during COVID-19.

Due to declining numbers attending Health Matters Events, the Membership Team is currently reviewing their value. Governors’ views on this will be invited at their Membership and Constitution Group meeting in January 2022.

Issues raised by members in this period: Foundation Trust members, both public and staff, can raise questions with the Trust Board through the governors that represent them. Members in this period have raised questions about partnership working during COVID-19, staff parking, TV and radio units for patients, access to the ‘Happy App’, restaurant access in Weston General Hospital, fall risks, affordable housing, recycling, climate change, and flooding mitigations.

4. Priorities for the next quarter

The next period will include focus on:

- Reports from each of our staff governors in Newsbeat and exploration of other ways for staff governors to engage with their constituents – Jan-Feb 2022
- Reviewing future membership events
- Postal mailshot in February 2022
- Planning for next round of governor elections in March – May 2022
- A refreshed communications plan to help governors engage with constituents effectively. Governor training on membership engagement is planned for the Governor Development Seminar Day on 20 January 2022.

Advice and Recommendations

- This report is for **Information**.

Meeting of the Council of Governors on Tuesday, 30 November 2021

Report Title	Council of Governors Register of Interests
Report Author	Sarah Murch, Membership Manager
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary
<p>The purpose of this report is to present the Council of Governors Register of Interests and to provide assurance that the Trust is compliant with regulatory requirements to maintain an up to date register of all interests for the Council of Governors.</p>
2. Key points to note <i>(Including decisions taken)</i>
<p>The Council of Governors is required to register any business interests they have that may affect their role as a member of the Council of Governors.</p> <p>In 2020, UHBW contracted Declaflo to manage their register online, making access to the register easier for all employees and volunteers who are required to register their interests.</p> <p>Of the 29 Governors within the Council of Governors, 25 have made their declarations through the system. This includes 17 who have no interests to declare. Two Governors have provided their interests via other means, due to accessibility issues.</p> <p>The register has been attached to this report as an appendix.</p>
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.
<p>The Trust has a regulatory requirement to maintain robust up to date records of any key interests including potential conflicts of interests of all senior decision makers in the Trust, and particularly the Council of Governors.</p>
4. Advice and Recommendations
<ul style="list-style-type: none"> • This report is for Information.
5. History of the paper Please include details of where paper has <u>previously</u> been received.
N/A

Governors' Register of Business Interests – October 2021

	First Name	Surname	Trust Position	Interest role	Is the interest remunerated?	Date of declaration	Declared via Declaflow?
1.	Hessam	Amiri	Governor – Public, Rest of England and Wales	None	n/a	20-Aug-21	Yes
2.	Ashley	Blom	Governor – Appointed, University of Bristol	Clinical Private Practice	Yes	19-Aug-21	Yes
3.	Charlie	Bolton	Governor - Staff, Non-Clinical	My brother and two nieces work for the NHS in Carlisle and Glasgow. I have no work related contact with them, but thought it best to declare this, just in case.	No	22-Jul-21	Yes
4.	Graham	Briscoe	Governor – Public, North Somerset	Plymouth Cast MAT Dartmoor MAT St Christopher's MAT Students` Union - Marjon University, Plymouth The Redcliffe Parish Charity Students` Union - Christchurch University, Canterbury Kenneth Allsop Memorial Trust - Steep Holm Island	No	19-Aug-21	Yes
5.	John	Chablo	Governor – Public, Bristol	None	n/a	19-Aug-21	Yes
6.	Sofia	Cuevas-Asturias	Governor – Staff, Medical and Dental	None	n/a	29/07/21	Yes

	First Name	Surname	Trust Position	Interest role	Is the interest remunerated?	Date of declaration	Declared via Declaflow?
7.	Carole	Dacombe	Governor – Public, Bristol	Volunteer Association Visitor for the Motor Neurone Disease Association (since April 2016)	No	04-Aug-21	Yes
8.	Khushboo	Dixit	Governor – Public, Bristol	None	N/a	21/6/21	Yes
9.	Aishah	Farooq	Governor – Appointed, Youth Involvement Group	NHS England Youth Forum	No	22-Jul-21	Yes
10	Sophie	Fernandes	Governor – Appointed, Joint Union Committee	None	No	30-Jul-21	Yes
11	Tom	Frewin	Governor – Public, Bristol	None	No	29/09/21	No
12	Chrissie	Gardner	Governor – Staff, Non-Clinical	None	No	15-Jun-21	Yes
13	Jocelyn	Hopkins	Governor – Staff, Other Clinical	None	n/a	08-Sep-21	Yes
14	Paul	Hopkins	Governor – Appointed, Joint Union Committee	None	n/a	18/10/21	Yes
15	Hannah	McNiven	Governor – Staff, Nursing and Midwifery	None	n/a	20/08/21	Yes
16	Sue	Milestone	Governor – Public, Bristol	Upper Horfield Community Trust Cooperative Retail Society Limited	No Yes	20/08/21	Yes
17	Sally	Moyle	Governor – Appointed, University of the West of England	None	n/a	18/08/21	Yes
18	Hannah	Nicoll	Governor – Appointed, Youth	None	n/a	27/07/21	Yes

	First Name	Surname	Trust Position	Interest role	Is the interest remunerated?	Date of declaration	Declared via Declaflow?
			Involvement Group				
19	Debbi	Norden	Governor, Staff, Nursing and Midwifery	None	n/a	18/08/21	Yes
20	Graham	Papworth	Governor – Public, Bristol	1. Director of Agylia Care Ltd – owned by Civica UK Ltd 2. Non Exec Director of GFA (Gloucestershire Football Association)	Yes	22/11/21	No
21	Barry	Parsons	Governor – Appointed, Bristol City Council				
22	Mo	Phillips	Governor – Public, Bristol	None	n/a	15/06/21	Yes
23	Ray	Phipps	Governor – Public, South Gloucestershire		No	18/08/21	Yes
24	Annabel	Plaister	Governor – Public, North Somerset	None	N/a	16/6/21	Yes
25	Mohammad	Rashid	Governor – Public, Bristol	International Voluntary Service-Great Britain part of Service Civil International - IVS-GB has no connection with NHS activities apart from its Volunteers are users of NHS services .	No	15/6/21	Yes
26	John	Rose	Governor – Public, North Somerset	NBT Patient Experience Group - Patient carer representative Health Watch BNSSG - Volunteer unpaid BNSSG MSK Users and Carers panel - unpaid	No	21/6/21	Yes

	First Name	Surname	Trust Position	Interest role	Is the interest remunerated?	Date of declaration	Declared via Declaflow?
				volunteer carer representative Sirona Peoples Council - unpaid volunteer member of a panel representing the views of BNSSG public			
27	Martin	Rose	Governor – Public, Bristol	None	n/a	17/08/21	Yes
28	John	Sibley	Governor – Public, South Gloucestershire	None	n/a	28/09/21	Yes
29	Malcolm	Watson	Governor – Public, South Gloucestershire	1.Member NHS SW Clinical Assembly 2.Member NBT Patient Experience Group 3.Member GP Practice PPG	No		
30	Garry	Williams	Governor – Public, Rest of England and Wales	1.Member South Central Ambulance NHS FT 2.Member of Great Ormond Street NHS FT 3.Member of Berks Healthcare NHS FT 4.Member of Frimley NHS FT. 5.Retired Officer, Army & TA 6.Life member, Homefarm Trust Charity 7.Annual member, National Autistic Society 8.Member of the Royal British Legion	No	20/11/20	
31	Audrey	Wellman	Governor – Appointed, Youth Involvement Group				

Meeting of the Council of Governors on Tuesday, 30 November 2021

Report Title	Governors Meeting Dates for 2022/23
Report Author	Sarah Murch, Membership Manager
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary

The purpose of this report is to present the Council of Governors with the meeting dates for all governor meetings for the financial year 2022 – 2023.

2. Key points to note

Governor meeting dates for April 2022 to March 2023 were drawn up in summer 2021 to align with the schedule of meetings of the Board of Directors. They are now presented to governors to formally note.

The meeting dates from January-March 2022 are also included for completeness.

The dates chosen reflect the same planned number of governor meetings as the current financial year:

- Council of Governors meetings: 4 per year
- Governors' Informal Meetings/Governor-NED Engagement Sessions - Bi-Monthly
- Nominations and Appointments Committee: 2 per year
- Quality Focus Group: Bi-Monthly
- Membership and Constitution Group: 2 per year
- Governors' Strategy Group: 4 per year
- Governor Development Seminars: 4 per year
- Staff Governor Meetings: 4 per year

All meetings are open to all governors with the exception of the Nominations and Appointments Committee meetings (which are open to the 12 members of this committee only) and the Staff Governor meetings (which are open to the 6 staff governors and the Joint Union Committee appointed governor only).

3. Advice and Recommendations

- This report is for **Information**.

Month of Meeting	Council of Governors	Governors' Informal Meeting /Governor-NED Engagement Session	Nominations and Appointments Committee	Quality Focus Group	Membership and Constitution Group	Governors Strategy Group	Governor Development Seminar	Staff Governor Meetings	Public Trust Board of Directors Meeting
	All governors - attendance mandatory	Open to all governors	Committee members only	Open to all governors	Open to all governors	Open to all governors	All governors - attendance strongly recommended	Staff Governors only	Not a governor meeting but governors are invited as observers.
Time	14.00 – 16.00*	Govs- 11.00-13.30* NEDs- 12.30-13.30*	10.00- 11.00	10.00-12.00	13.30- 15.30	13.30-15.30	10.00-16.00	Various	11.00- 13.30
Jan-22	Fri 28 Jan			Thu 13 Jan	Thu 13 Jan		Thu 20 Jan		Fri 28 Jan
Feb-22		Tue 22 Feb Govs- 12.00-14.30 NEDs- 13.30-14.30							
Mar-22				Fri 11 Mar		Fri 11 Mar			Wed 30 Mar
Apr-22		Wednesday 27 April					Wednesday 13 April	Tuesday 12 April 10.30-11.30	
May-22	Friday 27 May		Thursday 12 May 12.30-13.30	Thursday 12 May		Thursday 12 May			Friday 27 May
Jun-22		Tuesday 28 June					Tuesday 14 June		
Jul-22	Friday 29 July			Wednesday 13 July	Wednesday 13 July			Thursday 21 July 11.00-12.00	Friday 29 July
Aug-22		Friday 26 August							
Sep-22	Thursday 15 September 17.00-19.00			Thursday 8 September		Thursday 8 September			Thursday 29 September
Oct-22		Thursday 27 October					Friday 14 October	Tuesday 18 October 14.00-15.00	
Nov-22	Tuesday 29 November		Thursday 17 November 13.00-14.00	Thursday 17 November					Tuesday 29 November
Dec-22		Thursday 22 December				Thursday 22 December			
Jan-23	Tuesday 31 January			Wednesday 18 January	Wednesday 18 January		Thursday 12 January	Thursday 19 January 11.00-12.00	Tuesday 31 January
Feb-23		Thursday 23 February							
Mar-23				Tuesday 21 March		Tuesday 21 March			Friday 31 March
Frequency	4x per year	Bi-Monthly	2x per year	Bi-Monthly	2x per year	4x per year	4x per year	4x per year	Bi-Monthly

* Unless otherwise indicated

N.B. Meetings in 2022/23 will be held online or face-to-face with the consent of governors and at the discretion of the meeting chair.

Meeting of the Council of Governors on Tuesday 30 November 2021

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

1. Report Summary	
<p>The Governors' Log of Communications was established as a means of channelling communications between the governors and the officers of the Trust. 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.</p>	
2. Key points to note <i>(Including decisions taken)</i>	
<p>Since the last public Council of Governors meeting on 29 July 2021, 7 new questions have been added to the Governors' Log by governors. The new questions relate to staff consultations (no. 260), the Trust's zero landfill target (no. 259) dietetics provision (no. 258), flooding (no. 257), climate change adaptation (no. 256), recycling (no. 255) and partnership working during the Covid-19 pandemic (no. 254).</p> <p>In addition, a question has been re-opened from November 2020 with a follow-up question (no. 244 – relating to the Trust's provision of support for patients with learning disabilities).</p>	
3. Advice and Recommendations	
<ul style="list-style-type: none"> This report is for Information. 	
4. History of the paper Please include details of where paper has previously been received.	
<i>Board of Directors meeting in public</i>	<i>30 November 2021 and 30 September 2021</i>

ID **Governor Name**

260 Paul Hopkins

Theme: Staff Retention following Consultation**Source:** Governor Direct**Query** 10/11/2021

What strategy or plan does UHBW have in place to evaluate and review the impact upon staff wellbeing and staff retention following a consultation process? And how is this information captured?

Division: Trust-wide**Executive Lead:** Director of People**Response requested:** 19/11/2021**Response** Response Pending.**Status:** Assigned to Executive Lead

ID **Governor Name**

259 Paul Hopkins

Theme: Zero landfill target

Source: Governor Direct

Query **01/11/2021**

Follow-up to Log Question 255 (Recycling):

How does UHBW aim to achieve its target of zero landfill in the next 4 years? And, if this is not achievable, what steps will the trust propose to attempt to reach this target in a realistic time frame? And what time frame will that be?

Division: Trust-wide

Executive Lead: Director of Strategy and Transformation

Response requested: 02/11/2021

Response **15/11/2021**

Thank you for your very valid question,

Since declaring a climate emergency back in 2019 and the launch of the Sustainability Development Strategy across the organisation, the Trust has invested in the creation of a sustainability team. One of the workstreams the team has been focused on is delivering the Trust sustainable waste management targets. The Trust intends to achieve the target of zero waste to landfill by 2025, by following a clear set of strategic and operational objectives.

This objectives include the review of all current waste management contracts. All of the Trust current waste management contracts will cease in 2022. This gives us the opportunity to ensure our sustainability targets are built into the new contracts by clearly specifying and tendering the Trust requirements.

This approach, supported by the Ecoquip+ innovation procurement project, includes analysing the current and future waste market place, and evaluating innovative sustainable waste management treatment and reduction solutions. We are also building sustainability into our procurement processes to minimise the amount of waste generated in the first place; for instance by changing from single use to reusable items. By working with partners across the region and beyond, we are committed to develop a circular economy across the organisation and beyond. We are working to ensure all of our future contracts, contractors and working partners are aligned to the Trust's sustainability targets.

To further support achieving our sustainable waste management objectives, the Trust is developing a staff sustainable waste management engagement strategy and to deliver training across the organisation.

We are confident that, by following the steps above we will achieve our zero waste to landfill objective by the targeted date. We are now looking at how we can get to zero waste to contribute to our 2030 carbon target.

Status: Re-opened

ID **Governor Name**
258 Sofia Cuevas-Asturias

Theme: National standard for full-time dieticians

Source: Governor Direct

Query **01/11/2021**

How far does the Trust meet the national standard for employment of full-time dieticians? Is there a plan to address any shortcomings in this regard, and if so, what is it?

Division: Diagnostics & Therapies

Executive Lead: Chief Nurse

Response requested: 02/11/2021

Response

Response pending.

Status: Assigned to Executive Lead

ID **Governor Name**

257 Charles Bolton

Theme: Flooding

Source: Governor Direct

Query 14/09/2021

Noting the steep slope the hospitals are on (or at least some of them), and noting the fact that other hospitals flooded, is the trust confident that of its measures to prevent flooding?

Division: Trust-wide

Executive Lead: Chief Operating Officer

Response requested:

Response 28/09/2021

The location of the BRI Precinct on a hill does have some challenges with run-off water during extreme weather conditions and flooding incidents in the past have been localised. We have not experienced significant flooding damage to my knowledge for quite some time.

We do recognise that climate change is causing extreme weather event to become more regular – this includes very heavy downpours over a shorter duration of time. We have referenced this fact in the Trusts Sustainability Development Strategy (2020-2025) in the climate change adaptation section and we continue to work to deliver this strategy through the sustainability agenda.

We have seen a few incidents recently where by our roofs and gutters have struggled to take away the volume of water during heavy rain. We are undertaking a review of our Planned Preventative Maintenance programme on these assets and will look to implement the correct regime and frequencies to adapt to the changes in environmental conditions.

Status: Awaiting Governor Response

ID **Governor Name**
256 Charles Bolton

Theme: Climate Change

Source: Governor Direct

Query **14/09/2021**

‘Where is the trust at as regards to Climate Change adaptation?’

Is there a strategy? If so, what status does it has and how is it being progressed? Are there any blocks to its progress?

The classic example of climate change is the year (2003 I think) where a heatwave killed thousands of people in France. The point being that come 2050, this will be an average summer. If you think back to the summer here, there was a week or so when it was so hot that people struggled to sleep. In that week, some of the clinic rooms where I work were unpleasantly hot.

I believe the response in France was to increase the tree cover (which has a cooling effect). Is the trust contributing to a city –wide strategy ?

Division: Trust-wide

Executive Lead: Chief Operating Officer

Response requested:

Response **28/09/2021**

The Trust doesn’t have its own climate change adaptation strategy. But, as part of the Healthier Together BNSSG Sustainability and Health Group we have prepared an STP-wide Adaptation Plan. A risk assessment process has been developed for organisations to undertake a site specific review of their climate change resilience.

The next step for the Trust is to ensure the completion of this risk assessment and to get the assessments agreed with the departments impacted. Once we and others have done this we will identify the key shared risks and opportunities to tackle together.

We are providing input to projects to ensure climate change adaptation is integrated into the design of capital projects to ensure our buildings are prepared for the future.

We are also contributing to a city wide heat resilience project that is mapping the areas where people are most vulnerable to heat risk. This will lead to developing ways of increasing resilience.

Status: *Awaiting Governor Response*

ID Governor Name

255 Sofia Cuevas-Asturias

Theme: Recycling**Source:** Governor Direct**Query 08/09/2021**

1. What are we doing as a trust to increase our recycling of goods?
2. Will we have any initiatives for inhalers to be recycled as per new guidance (https://psnc.org.uk/our-news/pqs-quality-criterion-starting-from-1st-september-2021/?fbclid=IwAR1j5nBHlr6KmlyK9-M8mePPH9UI0AJ1_ICwrrriXuWA-mtzas74kFQVECE)

Division: Trust-wide**Executive Lead:** Chief Operating Officer**Response requested:****Response 19/10/2021**

What are we doing as a trust to increase our recycling of goods?

As one of the largest organisations in Bristol, we have a significant environmental impact. As a healthcare setting the Trust generates substantial amounts of clinical and non-clinical waste. The Trust have in 2019 launched the Sustainable Development Strategy, where we have commented to ambitious sustainable targets including, achieving carbon neutrality by 2030 and zero waste to landfill by 2025.

To support achieving those sustainable targets and maximizing recyclability across the organisation and beyond, we have implemented various recycling schemes and currently patients, staff and visitors are able to recycle via:

Dry Mix Recycling (DMR) schemes, this recycling stream support the recycling of:

- a. Paper including- newspapers, non- confidential papers and magazines
- b. Metal Cans- Empty drinks tin cans, tin cans from catering settings
- c. Cardboard- Corrugated cardboard, cereal boxes and card
- d. Plastic- Plastic bottles, plastic films, empty bottles of milk, empty drink bottles, plastic salad trays, margarine tubs, and microwavable meal trays
- e. While not DMR, all of the Trust confidential paper is also recycled, this accounts to a very large proportion of our recycling.

We run Waste Electric Electronic Equipment (WEEE) recycling schemes, where we all staff is able to recycle batteries, IT equipment and heavier equipment including fridges and TV's.

Prior the pandemic we have successfully rolled out the recycling of patients PVC masks and we have managed deviate plastic from being incinerated. Unfortunately due to covid-19 and the transmission risks this scheme was stopped and we are currently working on reinstating the scheme.

Working with a Bristol waste management partners, we have recently launched the coffee cup recycling scheme which have been received with great enthusiasm by our staff. We have rolled out the recycling of crisp packets and plastic bread bags in Weston and we are currently rolling the scheme out within our Bristol hospitals. We are also working on a reusable scheme within the organisation where, staff will be able to utilise furniture items otherwise disposed of previously

ID **Governor Name**

avoiding purchase wherever possible.

We have successfully introduced with the support of clinical staff in Weston the recycling of clinical metal instruments. In Weston we have also introduced within clinical settings reusable sharps bins, this enabled us to remove the need for incinerating single use plastic sharps bins, it is our ambition is to roll the scheme out across the Trust.

We are currently working on a project to identify further recycling options and environmentally friendly innovations to treat non recycling waste. This including the recycling of masks which become a problem globally.

While we control our stocks, at times we have out of date items that otherwise would be disposed of via the waste streams, to combat this problem we have join forces with the University West of England and working in partnership currently there is avoidance of disposing out of date items which can be utilised by medical students in the learning environment.

Will we have any initiatives for inhalers to be recycled as per new guidance

The Trust has attempted to introduce inhaler recycling schemes in the past, but have met a number of barriers. The wider system, however, has looked at the recycling available for inhalers and has a number of plans:

1. BNSSG ICS Pharmacy Strategic plans will engage with environmental impact issues.
2. The Medicine's Optimisation Strategy is being launched across the system and will discuss recognising environmental challenges relating to medicines and minimise impact where possible with all teams.
3. As part of formulary applications and guideline updates (where applicable) the carbon footprint of inhalers is considered and included as part of the decision making process.
4. Primary Care Networks are reviewing environmental sustainability in inhaler prescribing..
5. The BNSSG CCG has published guidance on Reducing Environmental Impact of Inhalers [final-environmental-impact-of-inhalers-oct-20.pdf \(bnssgccg.nhs.uk\)](#) This is broader than recycling but has several suggestions how carbon footprint could be reduced while benefiting patient care.
6. There has also been changes to the NHS community pharmacy contract in 2021/22 which includes return of unwanted and unused inhalers. Pharmacy teams will be speaking to patients, their carers or representatives, for whom they have dispensed an inhaler about the environmental benefits of them returning all unwanted and used inhaler devices for safe and environmentally friendly disposal.

Status: *Closed*

ID **Governor Name**

254 Chrissie Gardner

Theme: Partnership Working re COVID

Source: Governor Direct

Query **05/08/2021**

How is the Trust is working with the wider Bristol community (Council, Police, University etc) in relation to COVID?

Division: Trust-wide

Executive Lead: Chief Operating Officer

Response requested: 05/08/2021

Response **19/08/2021**

The Chair and Non-Executive Director for EPRR attends the “One City” Leaders weekly meeting attended by PHE Regional Director, Bristol City Council, Police, Social Care, Universities, Colleges, and Faith Groups who share updates of the situation in their respective areas.

The CEO and the Deputy CEO & COO attend the Health System Gold/Silver meetings which also has attendance from the 3 local authorities (Bristol, North Somerset and South Gloucestershire) who in turn are representing social care and educational establishments. The Trust Medical Director is linked into the system “clinical cabinet” which also connects to health gold for clinical oversight. This group also includes GPs. NHSE/I and the CCG are present at this group and provide a strategic link into the multi agency arena such as police, environment agency, transport groups, voluntary sector.

The DCEO&COO and Accountable Executive Officer for EPRR attends the BNSSG system Silver Group. This is led by the CCG which again has representation from the 3 local authorities acting on behalf of social care, university schools and colleges. This group provides the tactical remit to co-ordinate and deliver the strategic “Health Gold” actions.

The Resilience manager attends the following:

- The Bristol Covid-19 Multi-Agency Coordinating Group - Chaired by the Director of Public Health for Bristol. [A sample of the Agenda for this group has been shared with the governor who raised this question.] This group has a dynamic meeting rhythm which is currently 3 weekly but has been weekly at peak last year.
- The Bristol resilience group- a Bristol City council led shared situational awareness and collaborative planning group specific for Bristol. Covid19 is a standing agenda item along with planning for impacts from night time economy reopening. This group includes Police, fire, ambulance, educational sub groups, the harbour master and transport representation.
- The Avon and Somerset local health resilience partnership –business management group consisting of local authority and health partners which acts as a forum for shared situational awareness, This group was repurposed as part of the usual EPRR response to an incident to form a tactical co-ordination group at the beginning and throughout the peak of the pandemic. Updates, risks and issues feed from this group into the wider Multiagency platform of the Local Resilience forum and the multi-agency Strategic (SCG) and Tactical (TCG) co-coordinating group, where the trust would normally be represented by NHSE/I; however for Covid the Trust has been represented directly by the CEO, COO and the resilience manager.

The Deputy COO (Urgent care) and the Assistant Director of Operations attend the system daily Bronze “operational meetings “ which manages the day to day issues affecting health and social care partners and links back to the multi-agency environment to include Bristol city partners through the local authority

ID **Governor Name**

representatives in this group.

For noting, the Trust's Director for Infection prevention and control is linked into the national infection prevention and control team meetings for horizon scanning and updates which are brought back to the Trust via the Bronze IPC group feeding into the Trust's COVID19 incident response group currently meeting daily with the information flowchart [shared with the governor who raised the question] demonstrating the process for connecting joint working from internal to external partners.

In addition to the above the Trust has been represented directly by the CEO, DCEO&COO and the resilience manager in the multi-agency Strategic (SCG) and Tactical (TCG) co-coordinating group of the Local Resilience Forum.

The Trust would ordinarily be represented by proxy through regional NHSE/I partners or the CCG. However, in the response to Covid this was agreed as a local approach for all health partners and gave the Trust not only a direct line of communication to local multiagency partners but sight to risks, issues and solutions and joint working in the wider arena. The UK Government's Resilience and Emergencies Division (RED) is also represented at this group providing a direct line of communication to the Cabinet Office as a 2 way process: not just from Department of Health and Social Care (DHSC) but connecting the Trust with the Ministry for Housing, Communities and Local Government (MHCLG) directly.

Status: *Closed*

ID **Governor Name**

244 Sue Milestone

Theme: Learning Disability Nurses**Source:** Governor Direct**Query** **02/11/2020**

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

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

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

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

Division: Trust-wide**Executive Lead:** Chief Nurse**Response requested:** 02/11/2020**Response** **24/11/2020**

The Trust has employed Specialist Learning Disability nurses within adult services for a number of years. The LD nursing team have a broad remit, which includes providing specialist advice and support to staff caring for adults with a Learning Disability across the Trust.

The LD nurses provide training and support to clinical staff to enable them to assess and implement a range of Reasonable Adjustment assessments, communicating with patients, families/carers and partner agencies. The use of hospital passports is integral to this and is promoted through training and widely used across the Trust.

A range of other specialist support is also available to patients with other or additional complex needs, including physical disabilities or temporary delirium, and packages of care will be tailored to each patient's individual needs. The Trusts prioritises promoting equal access to all patients, including those with a Learning Disability - work which is monitored closely through the Trust Learning Disability Steering Group.

The Trust is committed to continuing to develop and improve the Learning Disability service and works closely with both partner agencies and local health providers. The Trust has participated in the NHSI LD national service benchmarking exercise since its inception and feedback from this is used to develop the service. Most recently partner collaboration has led to a Community Learning Disability Nurse being based with the hospital team, a model of working which is

ID **Governor Name**

proving to be effective in supporting the continuity of care for patients and their families. Suggestions and feedback from LD patients and their families are invaluable in continuing to develop the LD service within the Trust and the LD nurses are very happy to be contacted with any feedback re the services provided.

Status: *Re-opened*

Follow-up question submitted 10/11/2021: Thank you for this response. I have a further question arising from the following statement: 'A range of other specialist support is also available to patients with other or additional complex needs, including physical disabilities or temporary delirium, and packages of care will be tailored to each patient's individual needs.' I would be interested to learn more about how this support is implemented in cases of patients who do not identify as having Learning Disabilities but whose condition - for example delirium - brings on transitory aphasia so they are unable to communicate lucidly. Could you explain how such patients would be identified as being in need of this support?