

COUNCIL OF GOVERNORS

**Meeting to be held on Tuesday, 18 April 2023 at 15:30 – 17:15 at Lecture Theatre 2&3,
Education and Research Centre, Upper Maudlin Street, Bristol, BS2 8HW**

AGENDA

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS	PAGE NO.
Preliminary Business					
1.	Welcome and Apologies	Information	Chair	15.30	verbal
2.	Declarations of Interest	Information	Chair		verbal
3.	Foundation Trust Members' Questions	Information	Chair		verbal
4.	Minutes of Previous Meeting – 22 February 2023	Approval	Chair		2
5.	Matters Arising and Action Log	Approval	Chair	15.40	10
6.	Chair's Report <ul style="list-style-type: none"> “Non-Executive Director Spotlight” – Quality and Outcomes (Sue Balcombe) 	Information	Chair; Non-Executive Directors	15.45	11 verbal
Strategic Outlook					
7.	Chief Executive's Report	Information	Chief Executive	16.05	verbal
8.	Operational Update	Information	Chief Operating Officer	16.20	verbal
9.	Annual Plan	Information	Chief Financial Officer	16.30	14
10.	Governor's Questions	Discussion	Chair	16.40	verbal
Governor Decisions and Updates					
11.	Nominations & Appointments Committee Report	Information	Director of Corporate Governance	17.00	30
12.	Governor and Membership Forward Look and Election Update	Information	Director of Corporate Governance	17.05	31
13.	Council of Governors Register of Interests	Information	Director of Corporate Governance	17.10	33
14.	Governors Log of Communications	Information	Chair	17.15	34
Concluding Business					
15.	Any Other Urgent Business <ul style="list-style-type: none"> Quarterly Patient Experience and Complaints Reports (<i>circulated for information</i>) 	Information	Chair	17.20	verbal
	Date and time of next meeting <ul style="list-style-type: none"> Thursday, 15 June 2023 	Information	Chair		

**Minutes of the Council of Governors Meeting on Wednesday 22nd February 2023, held in
 Conference Suite, Future Inns, Bond Street, Bristol.**

Present

Name	Job Title/Position
Jayne Mee	Chair of the Board and Chair of the Council of Governors
Ben Argo	Public Governor
Graham Briscoe	Public Governor
John Chablo	Public Governor
Carole Dacombe	Public Governor
Robert Edwards	Public Governor
Aishah Farooq	Appointed Governor, Youth Involvement Group
Tom Frewin	Public Governor
Fi Hance	Appointed Governor, Bristol City Council
Mark Patteson	Public Governor
Mo Philips	Public Governor
Mohammad Rashid	Public Governor
John Rose	Public Governor
John Sibley	Public Governor
Audrey Wellman	Appointed Governor, Youth Involvement Group

Others in attendance:

Arabel Bailey	Associate Non-executive Director
Paula Clarke	Executive Managing Director Weston
Jane Farrell	Interim Chief Operating Officer
Deirdre Fowler	Chief Nurse and Midwife
Marc Griffiths	Non-executive Director
Rachel Hartles	Membership and Governance Officer (Minutes)
Emily Judd	Corporate Governance Manager
Neil Kemsley	Chief Finance Officer
Jane Norman	Non-executive Director
Mark Pender	Head of Corporate Governance
Eric Sanders	Director of Corporate Governance
Roy Shubhabrata	Non-executive Director
Martin Sykes	Non-executive Director
Stuart Walker	Chief Medical Officer
Daisy Westbrook	Corporate Governance Officer
Eugene Yafele	Chief Executive

Jayne Mee, Trust Chair, opened the meeting at 13.30.

Minute Ref:	Item	Actions
1. Preliminary Business		
COG1.1/02/23	1.1 Chair's Introduction and Apologies	
	<p>The Chair, Jayne Mee, welcomed everyone to the meeting and introduced Fi Hance, Appointed Governor for Bristol City Council, to her first Council of Governors meeting.</p> <p>Apologies had been received from Paul Hopkins, Jocelyn Hopkins, Karen Low, Karen Marshall, Annabel Plaister, Libby Thompson and Martin Rose.</p> <p>Apologies from regular attendees had also been received from Gill Vickers, Non-executive Director and Bernard Galton, Non-executive Director.</p>	
COG1.2/02/23	1.2 Declarations of Interest	
	There were no new declarations of interest from Governors relevant to items on the agenda.	
COG1.3/02/23	1.3 Minutes from Previous Meeting	
	<p>Governors considered the minutes of the meetings of the Council of Governors held on 13 December 2022. There were no comments from Governors.</p> <p>Members RESOLVED to approve the minutes of the Council of Governors meeting held on 13 December 2022 as a true and accurate record of the proceedings.</p>	
COG1.4/03/23	1.4 Matters Arising and Action Log	
	<p>Governors noted updates on the actions from previous meetings. All actions had been updated as follows:</p> <p><i>COG4.1/12/22: Corporate Governance Team to ensure the full response to the question raised was provided to the public member.</i> Action Completed.</p> <p><i>COG3.3/05/22: Provide the Council of Governors with a skills matrix of the Board of Directors.</i> Action Completed.</p> <p>Members RESOLVED to approve the updates to the action log.</p>	
COG1.5/03/23	1.5 Chair's Report	
	<p>Jayne Mee, Trust Chair, invited Jane Norman, Non-executive Director, and Arabel Bailey, Associate Non-executive Director, to provide an update to the Governors on their recent activity relating to Audit and Transformation.</p> <p><u>Audit Update</u></p> <p>Jane Norman provided the Governors with her reflection of becoming the Audit Committee Chair in November 2022. She explained that the Audit Committee received reports on risk registers and risk appetite,</p>	

	<p>information governance, external and internal audits, financial reports and counter-fraud. Jane perceived her role as ensuring an alignment of governance within the Trust and ensuring any audit findings were addressed adequately. Jane reported that she had become an Integrated Care Board (ICB) Audit Committee member where discussions took place around the wider system, as well as within the Trust on Audit and Governance issues. Jane invited questions from the Governors.</p> <p>Mohammad Rashid, Public Governor, asked Jane whether the Audit Committee followed any Terms of Reference or guidance set out by NHS England. Jane noted the Audit Committee Terms of Reference and also highlighted that the Committee used the 'Healthcare Financial Management Association (HFMA) NHS Audit Committee Handbook' to ensure the Trust was following the correct processes. Rashid further queried how often the External Auditor for the Trust was re-appointed. Neil Kemsley, Chief Financial Officer, advised that auditors were re-appointed every three years, and confirmed that approval of the auditors was one of the Governor statutory duties.</p> <p>John Rose, Public Governor, highlighted the risk report that had been brought to the Council of Governors around the Weston General Hospital Integration and asked for confirmation that the risks had been discussed within the Audit Committee. Jane confirmed that they had been discussed by Audit Committee members, as well as the other Committees for their relevant domain.</p> <p>Carole Dacombe, Public Governor, sought assurance that all actions that were not completed on the action plans were followed through and Jane provided assurance that the Committees tracked and monitored action plans.</p> <p><u>Transformation Update</u></p> <p>Arabel Bailey reflected on her time since starting in post and the projects that she had been involved with over the last eight months. She said that it had been a steep learning curve for her, but she had enjoyed the challenge so far. Arabel had spent time to understand the overall digital picture at the hospitals, as well as understanding what changes were on the horizon. She said from feedback, it was clear that front line staff had been trying to adapt to digital changes within a very challenging period whilst maintaining services. Arabel described her experience from a recent visit to the Children's Emergency Department in Bristol and the discussions she had around the department becoming entirely paper-free, as well as how this could be rolled out to the wider Trust. Arabel finished by telling the Governors her biggest challenge which was accepting the time taken to implement new processes and systems in the Trust was less than ideal and the work that was ongoing to decrease this issue.</p> <p>Mohammad Rashid, Public Governor, asked whether Arabel had seen any resistance within the Trust to implement new systems. Arabel advised that the only resistance had related to the number of systems available for the various tasks required. She said there wasn't one simple answer to this issue, but that she had been inspired by the digital changes in the Children's Emergency Department and hoped these could filter through to other areas.</p>	
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	<p>Carole Dacombe, Public Governor, asked whether enough was being done to find enthusiastic innovators in the Trust to increase the transformation of the organisation. Arabel suggested that more could be done, although realised there was a balance to be maintained around developing ideas for digital whilst continuing with the high demands seen within the hospitals.</p> <p>John Chablo, Public Governor, asked for an update on the long-awaited Electronic Prescribing software and other potential systems that could be implemented. Arabel recognised that it had been a challenge to implement systems quickly in the Trust of its size, but she had been learning about the current picture in order to find solutions to the challenges and she hoped to be able to share more on this with Governors as the picture became clearer.</p> <p>Ben Argo, Public Governor, wondered whether there was enough access for patients to access their own records and aid decision-making in care. Arabel felt there was currently sufficient access available, however noted a need to temper expectations in relation to the pace of developments within this area. Ben further asked whether there were any plans to ensure a more joined-up approach to access between UHBW and North Bristol NHS Trust (NBT). Arabel acknowledged this area needed further exploration, but that there were meetings in the pipeline to discuss ideas.</p> <p>Mark Patteson, Public Governor, asked about the finances for the various programmes and how they have affected the implementation of the various systems. Neil Kemsley, Chief Financial Officer, advised that the various systems had financial backing to a certain extent. The roll out of the electronic prescribing system had been funded approximately five years previously, however it was paused due to some safety concerns. This had recently been resolved and the roll out was due to be launched in Weston General Hospital (WGH) in March/April 2023 and Bristol sites in Autumn 2023. Other systems were also being funded and would roll out once the technical aspects and any concerns were resolved. Neil also highlighted a need to understand the competing requirements and priorities for the Trust to ensure the funding was provided to the right programmes at the right time.</p> <p><u>Chair's Report</u></p> <p>Jayne Mee Chair's Report was taken as read and there were no questions from the Governors.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Chair's Report for information. 	
2. Strategic Outlook		
COG2.1/02/23	2.1 Chief Executive's Report	
	<p>Eugene Yafele, Chief Executive, provided an update on the main issues facing the Trust. Eugene discussed three main areas of focus for him at the moment; industrial action, system working and engagement with staff. He highlighted how each of these areas had been a challenge and the positive work that had been seen in each area and then invited comments and questions from the Governors.</p>	

	<p>The Governors held a discussion over the issues of industrial action and how the Trust was responding to the challenges.</p> <p>Mo Phillips, Public Governor, asked about the Integrated Care System (ICS) and how they were working with the Trust. Eugene Yafele explained that as a board member, he was able to ensure the Trust's challenges and the solutions available were emphasised to the ICS.</p> <p>Mohammad Rashid, Public Governor, queried what help was available in relation to the number of cancelled appointments within the Trust and the support available to staff to find accommodation near the Trust. Eugene Yafele advised that the ICS was working on solutions to issues around cancelled appointments and accommodation issues throughout the system.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Chief Executive's Report for information. 	
COG2.2/02/23	2.2 Operational update	
	<p>Jane Farrell, Interim Chief Operating Officer, provided the Governors with an Operational Update. She highlighted how modest improvement had been made in relation to handover delays and ambulance waits. Jane was happy to report that a significant decrease in 78 week waits had been achieved with an overall ambition to eradicate all 78 week waits and 104 week waiting lists by the end of March 2023 as per NHS England's requirement. Jane noted the hard work from staff who had been under sustained pressure since November 2022 and commended the dedication seen to date.</p> <p>Mohammad Rashid queried the lack of movement in diagnostic targets and asked for some assurances that these were being focussed on. Jane Farrell advised that the diagnostic waits were a challenge, but that the Trust was exploring all options, including mutual aid to help decrease waiting times in the entire region.</p> <p>A discussion was held in relation to the patients with no criteria to reside and which pathways were seeing the biggest number of patients in the hospital.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Operational Update for information. 	
COG2.3/02/23	2.3 Becoming University Hospitals Bristol and Weston - Our integration journey	
	<p>Paula Clarke, Executive Managing Director Weston General Hospital (WGH), provided an update on the integration journey. Paula advised that a more detailed report was seen at the Audit Committee and earlier in the day at the Public Board. She highlighted the milestones of the programme and commended the work of all staff to reach the end of the integration journey.</p> <p>Graham Briscoe, Public Governor, provided positive feedback from staff he had spoken to on the change at Weston General Hospital and commended the work completed.</p>	

	<p>John Rose, Public Governor, queried the maintenance backlog and asked for assurance that the work and milestones that had been highlighted at the start of the merger had been achieved. He further highlighted a lack of information on the Healthy Weston 2 programme and requested some further details. Paula Clarke provided assurance that the maintenance work was still being completed but it would continue under business as usual. She agreed to arrange for further information to be cascaded to Governors around the Healthy Weston 2 Programme.</p> <p>ACTION: Information on Healthy Weston 2 to be cascaded to Governors.</p> <p>Carole Dacombe, Public Governor, commended the team on the work that had been done to reach the point of final integration.</p> <p>Further to a concern raised over learning Disability nurses in Weston General Hospital, Deirdre Fowler, Chief Nurse and Midwife, confirmed that solutions were being discussed with Sirona Care and Health.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Becoming University Hospitals Bristol and Weston – Our Integration Journey Report for information. 	Executive Managing Director WGH
COG2.4/02/23	Governor's questions	
	<p>Jayne Mee, Trust Chair, advised Governors that further to feedback received, this item had been added as a standing agenda item to provide a space to ask questions which related to the Public Board meeting held earlier in the day.</p> <p>John Rose, Public Governor, highlighted the conversation in the Public Board surrounding international nurses. He queried the number of international nurses that were already embedded within the Trust and the number of nurses expected to start within the Trust in the coming month. Emma Wood, Chief People Officer, confirmed that there was expected to be 800 international nurses over the coming months.</p> <p>Carole Dacombe, Public Governor, thanked the Quality and Outcomes Committee for the update provided on transitional care, which had been highlighted by the Governors.</p> <p>Aishah Farooq, Appointed Governor from the Youth Involvement Group, queried what career progression options were available to the international nurses arriving in the Trust. Deirdre Fowler, Chief Nurse and Midwife highlighted a number of nurses had progressed on to ward managers already, and that the Trust ran a programme aimed at Bands 1-5, who identify as being from a BAME (Black, Asian & Minority Ethnic) background known as 'Bridges' and had been taken up by a large number of staff.</p>	
3. Decision Items		
COG3.1/02/23	3.1 Membership Engagement report	
	Emily Judd, Corporate Governance Manager, highlighted the key points from the Membership Engagement Report. She advised that the final data cleanse as set out in the Membership Strategy for 2020 – 2023 had	

	<p>now been completed and a review of the membership representation had been provided to the recent Membership and Constitution group.</p> <p>John Rose, Public Governor, highlighted the development of the cross-working relationship with the Experience of Care and Inclusion team, to which Emily agreed that although the partnership had only recently started, this was a good opportunity to share resources and knowledge and would be worked into the new strategy for 2023-2027</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Membership Engagement Report for information. 	
COG3.2/02/23	3.2 Governor and Membership Forward Look and Election Update	
	<p>Emily Judd, Corporate Governance Manager, advised that there had been an updated report provided to the meeting. She advised of the activity Governors had undertaken since December 2022 and highlighted the next Health Matters Event, which had been postponed until 16 March 2023. Emily concluded by updating the Governors around the election campaign that was due to launch in March 2023.</p> <p>There were no comments from the Governors.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Governor and Membership Forward look and Election Update for information. 	
COG3.3/02/23	3.3 Governor's Log of Communications	
	<p>Emily Judd, Corporate Governance Manager, noted the updates in the Governor's Log of Communications.</p> <p>Carole Dacombe, Public Governor, advised that during the previous Quality Focus Group, the Governors had agreed to raise a new Governors Log question relating to out-of-hours discharge and it was also agreed to close the outstanding action on the Governors Log.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Governors Log of Communications for information. 	
4. Concluding Business		
COG4.1/02/23	4.1 Foundation Trust Members' Questions	
	<p>Three questions had been raised by Foundation Trust (FT) members:</p> <p>The following question had been asked by Mike Frost, FT Member:</p> <ol style="list-style-type: none"> 1. Has the Trust ever engaged an external Social Psychologist to look at the Trust's processes and systems and suggest any improvement tweaks? <p>Emma Wood, Chief People Officer, advised that this had not been considered; however work had been done with external companies on culture and embedding values.</p> <p>The following questions have been asked by Paul Wheeler, FT Member:</p> <ol style="list-style-type: none"> 1. How many nursing care beds in care homes has the ICB commissioned in total as part of "Discharge to Assess" system? 	

	<p>2. Are these commissioned nursing care beds and the residential care hotel beds currently operational?</p> <p>Jane Farrell, Interim Chief Operating Officer, advised that there were a range of beds commissioned to support Discharge to Assess (D2A) pathways and that all beds were operational.</p> <p>Jayne Mee, Trust Chair, thanked the FT Members and advised that a full response would be provided by email.</p>	
COG4.2/02/23	4.2 Any Other Business	
	<p>Jayne Mee, Trust Chair, asked for any other urgent business items.</p> <p>Mo Phillips, Public Governor, shared positive feedback from a recent patient experience in the Eye Hospital and commended the processes in place at the Trust.</p> <p>Mark Pender, Head of Corporate Governance, reminded Governors to complete their Declarations of Interest and to contact the team if there were any issues.</p>	
COG4.3/02/23	4.3: Meeting close and date of next meeting	
	<p>The Chair declared the meeting closed at 15:20. The date and time of the next meeting would be Tuesday 18 April 2023.</p>	

Council of Governors meeting – 18 April 2023

Action Log

Actions following Council of Governors meeting held on 22 February 2023					
No.	Minute reference	Detail of action required	Responsible Officer	Completion date	Additional comments
1.	COG2.3/02/23	Information on Healthy Weston 2 to be cascaded to Governors.	Executive Managing Director WGH	April 2023	Completed Information was disseminated to the Council of Governors.

Meeting of the Council of Governors on Tuesday 18th April 2023

Report Title	Chair's Report
Report Author	Jayne Mee, Trust Chair

For Information

It has been another busy and very important 6 weeks; managing the continued challenges of winter and strike action from Junior Doctor colleagues. I would like to pay tribute to and thank our wonderful staff who have done everything over this difficult time to keep our patients safe.

Board Meetings

I have chaired the usual round of Board and Governor Meetings and attended Board Committees.

Trust Departmental Visits

The NEDs joined me on a very interesting visit to the Sustainability team. The passion of the people showing us around was inspiring and the team demonstrated huge innovation to us. They demonstrated a deep knowledge, experience and enthusiasm and were totally committed to doing whatever they could to help move UHBW towards its environmental targets.

Integrated Care System (ICS)/Partnership Working/NHS Providers/NHS England

Martin Sykes attended the Integrated Care Partnership Board on my behalf whilst I was on annual leave. Much of the meeting discussed how to move the ICP strategy further forward so that it linked with the ICB Joint Forward Plan. This is currently underway, and I have my next meeting with Colin Bradbury the ICB Director of Strategy on 13th April 2023.

I have continued to co-chair the Acute Provider Collaborative Board with Michele Romaine, Chair at North Bristol NHS Trust (NBT). The Joint Clinical Strategy options are now ready for further development which we look forward to seeing over the coming months. We have appointed Neil Darvill current Chief Digital Information Officer at NBT into the joint role of CDIO covering both Trusts after a competitive process. Neil is expected to start in role at the beginning of June.

Recognition Awards

I recently met with the Recognition Awards panel to shortlist for this year's awards.

We received a record 1024 nominations, which is just tremendous. All nominees will receive a 'congratulations card' to let them know they were nominated and why. There will be 300 colleagues joining us on 21st April at Ashton Gate for the awards

ceremony. Over 100 of those colleagues will be celebrating long service career milestones of 30/40 and 50 years. This is an unusually high number as we have extended the invitation back to 2020 and our merger with Weston. The remainder of the guests will be the shortlisted candidates and colleagues of theirs from the various Clinical and Corporate divisions.

I very much look forward to celebrating with all our colleagues in person for the first time since before the pandemic.

Staff Networks

I continue to meet regularly with the Staff Network Chairs and Vice Chairs along with Charlotte Nicol our Equality, Diversity, and Inclusion Manager. I am delighted to be opening the Network Conference planned for 16th May. This will be the first time we have run such an event to celebrate the diversity of our workforce. We shall be joined by speakers who have interesting stories to share about their lived experiences.

Staff side meetings

As always, my regular meetings with the staff side representatives keep me grounded and enables triangulation with other data both verbal and written that I pick up across the Trust.

Reciprocal Mentoring

I feel very privileged to have been selected as a Reciprocal Mentor as part of our Bridges Talent Management Programme. It's an opportunity for the Bridges participants to gain some exposure into the life of a senior leader and a chance for me to step into the shoes of the student. This will enhance my understanding of their challenges and barriers to career development. I very much look forward to working with my mentee.

NED Recruitment

The closing date for this round of NED/Associate NED Recruitment is at the end of the first week in April. Plans are in place for long listing and shortlisting in early May, and stakeholder panels and panel interviews towards the end of May. Governors, Execs and NEDs have been invited to be part of the process.

Other regular internal meetings

I have met with

- Eugene Yafele every week
- Mo Phillips, Lead Governor
- Emma Mooney, Director of Communications
- Eric Sanders, Director of Corporate Governance

Key Decisions and Actions

Looking forward, much of my focus remains consistent over the coming weeks:

- Supporting the team through the challenges of elective restoration and demand
- Keeping Workforce, Estates and Digital high on our agenda.
- Chairing the recruitment of NEDs and Associate NEDs
- Preparation for and conducting NED Appraisals
- Continuing to build a unitary high performing Board.
- ICS/Provider Collaborative development and in particular, the Joint Clinical Strategy
- Continue to be out and about supporting our people.

Meeting of the Council of Governors on Tuesday 18 April 2023

Report Title	2023-24 Annual Plan Summary
Report Author	Evelyn Elliott, Head of Commissioning and Planning
Executive Lead	Neil Kemsley, Chief Financial Officer

1. Report Summary

This paper summarises the outputs of the Trust annual planning process, and provides an overview of the Trust workforce, finance, activity, and performance plans, following submission to the regulator, NHSE as part of the system submission on the 30 March 2023. The paper also outlines the key risks associated with delivery of the Trust plans.

2. Key points to note (Including decisions taken)

In response to the requirements of NHS England, the Trust plan includes stretching financial, activity and performance targets. The key risks to the Trust's delivery of these plans include:

- Dependency on system schemes to deliver out of hospital benefits e.g., discharge to assess, virtual wards;
- Delivery of the key financial requirements including the cost savings targets (Trust and system transformation schemes).
- Significant workforce challenges, including recruitment and retention of staff.
- Capability to maintain core elective capacity, underpinned by bed capacity, and urgent care flow.

The Trust has aligned its approach to both planning and the system submission with North Bristol NHS Trust (NBT). The Trust plan also includes the assumed benefits and impacts from various system transformation schemes that have been developed over the last few years to support Home First, urgent and emergency care, and elective work. Ongoing work is being undertaken in partnership with the community part of the system, to support the understanding of the interdependencies between the various improvement programmes.

The Annual Plan was discussed in some detail at the recent Governor's Strategy Group to satisfy the statutory duty for Governors to be involved in Preparing the Forward Plan.

3. Risks

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

The risks associated with this report include:

- Dependency on system schemes to deliver out of hospital benefits e.g.,

<p>discharge to assess, virtual wards;</p> <ul style="list-style-type: none"> • Delivery of the key financial requirements including the cost savings targets (Trust and system transformation schemes). • Significant workforce challenges, including recruitment and retention of staff. • Capability to maintain core elective capacity, underpinned by bed capacity, and urgent care flow. 	
<p>4. Advice and Recommendations (Support and Board/Committee decisions requested):</p>	
<ul style="list-style-type: none"> • This report is for Information. <p>The COG is asked to note:</p> <ol style="list-style-type: none"> 1. The plan that was submitted to the regulator, NHSE as part of the system submission on the 30 March 2023 2. The risk associated with the delivery of the plans. 	
<p>5. History of the paper Please include details of where paper has previously been received.</p>	
Executive Director Meeting	22 March 2023
Governor's Strategy Group	23 March 2023
Public Board	18 April 2023

2023-24 Annual Plan Summary

1. Introduction

The purpose of the paper is to:

- Conclude the annual plan for 2023-24, both internally and externally as a system;
- Provide an overview of the Trust workforce, finance, activity, and performance plans that were submitted to the regulator, NHSE on 30 March 2023;
- Identify the key risks associated with delivery of the plans and ensure we have processes to monitor and mitigate;

2. Approach taken to developing the operating plan in 2023/24

2.1 Planning approach and principles

In response to the new environment the Trust is operating in, the Trust has made considerable changes to internal business planning processes. 2023/24 is a transition year both as the Trust moves towards the Patient First Operating Model, and also with the introduction of Integrated Care Boards (ICBs) as statutory bodies.

The Trust has taken a risk-based approach to planning and had moved away from a culture of investment and recruitment to address risk, towards ownership and mitigation of risk through alternative controls.

It was agreed that planning would be focused around three key inputs:

- Risks underpinning the plan;
- Key workforce issues;
- Resolution of current 'known issues'.

A key part of our approach has been working collaboratively with system colleagues and ensuring alignment in approach with North Bristol NHS Trust.

The scope of the plan summarised in this document is directly in response to the national planning guidance¹, that requires an integrated workforce, finance and performance plan. It also represents a summary of the provider submission to the system plan. Due to the system approach, the Trust does not have a separate detailed annual planning narrative document. The detailed quality and workforce objectives are contained within the workforce and people strategies and associated delivery plans. Integrated Board reporting across all domains will continue to be provided through the Integrated performance and quality reports (IPQR).

As referenced above this represents a transitional year in strategic and operational planning into Patient First, detailed delivery objectives at a divisional and Trust level will be developed through the first half of 2023/24 connecting directly to our strategy.

¹ <https://www.england.nhs.uk/wp-content/uploads/2022/12/PRN00021-23-24-priorities-and-operational-planning-guidance-v1.1.pdf>

2.2 Key risks to delivery of the plan

In response to the requirements of the regulator, NHSE, the Trust plan includes stretching financial, activity and performance targets. The key risks to the Trust's delivery of these plans include:

- Dependency on system schemes to deliver out of hospital benefits e.g. discharge to assess, virtual wards;
- Delivery of the key financial requirements including the cost savings targets (Trust and system transformation schemes).
- Significant workforce challenges, including recruitment and retention of staff.
- Capability to maintain core elective capacity, underpinned by bed capacity, and urgent care flow.

Further details on the risks to delivery of the plans are articulated in section 8 below.

3. Financial Plan

3.1 BNSSG Integrated Care System (ICS) plan

The Trust's financial plan should be seen in the context of the financial position of the BNSSG system. The key points of the BNSSG plan are:

- A planned net income and expenditure position of break-even;
- An underlying or recurrent system deficit of £98m as at 31 March 2024 compared with £112m as at 31 March 2023;
- Inclusion of non-recurrent elective recovery funding (ERF) of £59m (£42m ICB and £17m Specialised Commissioning) which assumes delivery of 103% of 2019/20 activity levels in value terms;
- Full delivery of the 2023/24 system savings plan of £71m or c3% of which £59m sits in NHS provider organisations; and

The key financial risks at system level are:

- Full delivery of the total system savings at £71m including £14.5m of system-initiated savings.
- Retention of ERF should system elective activity recovery fail to achieve 103% of 2019/20 activity levels in value terms;
- Further cost pressures of c£21m relating to Urgent & Emergency Care (UEC) costs, local authority cross-charges and the non-delivery of identified savings.

3.2 Summary of Trust position

The Trust's 2023/24 Financial Plan is a break-even net income and expenditure position. This includes a Trust savings requirement of £27.1m including system-initiated transformation savings of £7.8m.

3.2.1 Income plan

The Trust's 2023/24 planned income is £1,112.5m. The income plan aligns with the BNSSG system funding allocation. However, the Trust's income from the NHS England Specialised Commissioner is currently c£5m higher than that recognised by Specialised Commissioners. This is mainly due to timing and not contractual or funding disagreement.

Key items to note from the income plan are:

- The application of the net inflation uplift of 1.8% (2.9% gross inflation uplift less the national core efficiency requirement of 1.1%);

- Funding for the Adult ITU Phase 2 expansion at £5.8m is excluded, as funding has not yet been agreed with commissioners.

3.2.2 Expenditure plan

The key drivers of the expenditure plan are:

- The inclusion of £18.2m investments linked to elective activity recovery i.e. virtual wards, demand and capacity schemes and accelerator schemes. Schemes relating to waiting list initiatives/insourcing or outsourcing/use of the independent sector of £8.8m are approved for quarter 1 only and subject to review;
- The continuation of the Trust's escalation capacity of c50beds into 2023/24 at a cost of c£4.0m;
- The application of the net inflation uplift of 1.8% (2.9% gross inflation uplift less the national core efficiency requirement of 1.1%) leaves unfunded inflation above the national inflation uplift of £8.2m. This is due to higher than funded energy inflation and supplier contracts which apply RPI at 14%. This has, in effect, now been funded with additional ICB non-recurrent deficit support funding;
- The recurrent impact of the Healthcare Support Worker Agenda for Change re-banding at £2.5m;
- Full delivery of the Trust's recurring savings requirement of c2% or £19.2m. This includes
 - £ 8.0m National requirement of c1.0%;
 - £ 8.1m Recovery of the 2022/23 recurrent savings delivery shortfall; and
 - £ 3.1m Merger benefits and outpatient transformation/demand management
£19.2m
- Full delivery of the system-initiated transformation schemes. The planned recurrent reduction in the Trust's operating cost base from 1st April 2023 is £7.8m or c1.0% via the following schemes:
 - £ 6.4m Discharge to Assess programme
 - £ 5.5m Frailty and Ageing Well programme
 - £ 1.4m Same Day Emergency Care (SDEC)
 - £ 0.6m Mental Health
 - £(6.1)m Re-investment in improved bed occupancy
£ 7.8m
- Covid related expenditure of £5.5m in 2023/24 match to total planned Covid funding of £5.5m;
- The full retention and utilisation of the Trust's non-recurrent ERF of £24.6m (ICB £13.4m plus Specialised Commissioners £11.2m) as follows:
 - £ 9.4m Continuation of Trust Accelerator schemes;
 - £ 7.5m Continuation of Trust Demand and Capacity schemes;
 - £ 4.2m Continuation of Trust escalation capacity; and
 - £ 3.5m Stroke stranded costs pending system review.
£24.6m
- Nil net income and expenditure impact relating to the stroke transfer to North Bristol NHS Trust in line with the system approved Decision Making Business Case (DMBC) and pending a system-wide review of workforce plans to inform operational service go-live;
- The inclusion of recurrent funding income and costs as per the Healthy Weston 2 Phase 1 Pre-Consultation Business Case (PCBC) at £1.9m;
- The part-year adverse financial impact of the University of Bristol's decision to transfer of dental undergraduate teaching from the Bristol Dental Hospital with effect from 1 September 2023 at £5.0m;
- The exclusion of the revenue expenditure consequences in relation to the Adult ITU Phase 2 expansion pending funding agreement with the Specialised Commissioners and BNSSG ICB.
- The plan does not address the increase in staffing level associated with the Safer Staffing Review with proposed mitigations being addressed through divisional discussions.

3.2.3 Next steps

The Trust's Executive Committee is working through a process for concluding the Annual Planning Process (APP) in relation to the 2023/24 cost pressures and potential investments including:

- Issues that are already factored into the financial plan including: the nursing recruitment and retention plan; the continued absence of the F1 doctors in training at Weston; and, the part-year effect of the loss of undergraduate dental teaching income;
- There are then a number of investments that are subject to external funding (and currently excluded from the Financial Plan) pending a Trust assessment of the deliverability of the workforce recruitment plans. This includes, for example, the Adult ITU expansion with a requirement for an additional 87wte in addition to existing ITU vacancies.

There are a range of issues that are either significant in terms of the risk to be managed, or strategically important to the Trust. These include (but are not limited to): implementing a new acute medical model; safe staffing issues; Patient First infrastructure and digital convergence with NBT. Further progress will be required before it will be possible to determine the scope for funding any of these issues and then, the consideration of which should and can be progressed in 2023/24.

3.3 Trust Savings Plan

The savings targets for divisions and corporate services for 2023/24 has been set based on 1.1% of 2022/23 recurrent budget (excluding pass through costs) at £8.0m and any recurrent unidentified savings carried forward from 2022/23 of £8.1m. The target for each division is summarised below. The Trust and therefore all divisions and corporate services are expected to deliver this target in year. The Trust is also expected to deliver savings of £3.1m in relation to outpatient transformation / demand management and merger benefits and the delivery of system-initiated transformation savings of £7.8m.

There is confidence that the Trust will deliver the Trust-initiated savings target of £19.2m in year, either by recurring or non-recurring means, however, there is further work to be completed to ensure that the intention of delivering the target on a recurrent basis is achieved. The intention is to identify 75% of the savings on a recurring basis by the end of quarter one and 100% on a recurring basis by end of quarter two.

Table 1: UHBW 2023/24 total saving target.

Division	2023/24 Total £M
Diagnostics & Therapies	2.383
Medicine	2.112
Specialised Services	1.658
Surgery	2.932
Weston	0.510
Women's & Children's	3.787
Estates & Facilities	1.028
Finance	0.245
HR	0.366
Trust Headquarters	0.569
Digital Services	0.574
Corporate	(0.012)
OP Transformation & Demand Management	1.875
UHBW Merger Benefits	1.200
Sub-Total	19.228
System transformation savings requirement	
Discharge to assess (Acute)	6.425
Frailty / Ageing well including virtual wards	5.500
Same Day Emergency Care	1.350
Mental Health	0.625
Other	(0.028)
Re- Investment in Improved Occupancy	(6.050)
Sub-Total	7.822
Grand Total	27.050

3.3 System Capital programme for 2023/24

The 2023/24 BNSSG system capital CDEL (capital departmental expenditure limit) as advised by NHSE is £75.3m. Funding from the national programme sources are excluded, for example, for the Trust, £3m CDEL in relation to the NICU project.

The Trust has worked with the system to agree the split of the CDEL across the system partner organisations in establishing the capital plan. The split of the system capital envelope has been agreed based on providers receiving 80% of their depreciation for non-strategic projects and an allocation for strategic schemes following a system strategic capital prioritisation exercise.

The system 2023/24 capital plan is a consolidation of the ICS partner organisations. The capital plan is compliant with the CDEL of £75.3m as follows:

- £ 3.2m Avon & Wiltshire Mental Health Partnership NHS Trust
- £29.4m North Bristol NHS Trust
- £39.2m UHBW NHS Foundation Trust
- £ 1.5m Sirona Health & Care
- £ 2.0m ICB primary care

3.4 2023/24 Capital Plan

The Trust's CDEL for 2023/24 is £39.2m. The capital plan is compliant with the NHSE advised CDEL but excludes central NHSE program funding in relation to endoscopy, frontline digitisation and diagnostic imaging of potentially £5.4m pending confirmation from NHSE. The Trust's capital plan will be funded by the Trust's own internally generated resources (depreciation, retained cash balances net of loan principal repayments).

The Trust continues to work through the implications of maintaining capital expenditure within the CDEL in 2023/24 and 2024/25 and the potential operational risk associated with this. A broad outline from the draft capital plan is described below. The overriding principle of agreeing what can actually be delivered in 2023/24 whilst concluding the 2022/23 financial year mean these allocations are likely to change:

- £ 14.7m Strategic schemes;
- £ 8.5m Operational schemes;
- £ 3.5m Medical equipment;
- £ 6.5m Information Technology;
- £ 6.0m Estates replacement, fire improvement;
- £ 39.2m Total planned capital expenditure

Further details at scheme level will be included in the final 2023/24 Trust capital plan.

3.5 Commissioning and contracting

3.5.1 Contracting principles

A South West approach has been agreed regarding approach to contracting and approach to operating an aligned payment and incentive (API) contract. The API contract will be based on a set financial baseline based on elective activity for 2019/20 with agreed financial uplifts. Any actual activity above or below this baseline is paid on a variable basis at payment by results (PbR) 2023/24 tariffs, it is expected that this will be funded via system elective services recovery fund (ESRF) allocations.

3.5.2 Commissioning

Commissioning discussions in the current financial environment have been challenging, however the Trust has continued to develop, and commissioners have agreed to fund the following new services:

- Severe Intestinal failure – Investment to develop a South West model;
- Selective Internal Radiotherapy;
- Neonatal retrieve service (to support implementation of a single South West service).

The key outstanding issue with commissioners is the funding of the Adult ITU phase 2 expansion business case. The Trust will be writing to the Commissioners once it is satisfied the additional workforce requirement of c90wte can be delivered alongside a timeline for the phased opening of the additional 11 ITU beds.

4. Workforce plan

4.1 System approach

The BNSSG workforce planners' network has provided oversight in the construction of each organisation's workforce plan ensuring that they are developed consistently and in line with NHSE/I guidance. The Trust's plan was submitted alongside a narrative submission in advance of the final NHSE/I deadline to provide a system wide response.

4.2 Summary of Trust plan

Funded establishment (demand) is planned to increase by 1.2% (137 FTE) in 2023/24. This increase is due to approved 'accelerator programme' developments, agreed investments and cost pressures.

The planned increase in workforce numbers (supply) is 2.5% (291 FTE) by March 2024. This takes account of vacancies that might be filled, as well as temporary staffing requirements and overtime.

Table 2: UHBW 2023/24 funded establishment plan

	Funded Establishment		
	Year End (31-Mar-23)	Year End (31-Mar-24)	Change
	FTE	FTE	FTE
Total Workforce (WTE)	11,861	11,998	137

Table 3: UHBW 2023/24 staff in post plan

	Staff-in- Post		
	Year End (31-Mar-23)	Year End (31-Mar-24)	Change
	FTE	FTE	FTE
Total Workforce (WTE)	11,803	12,094	291
Total Substantive	10,871	11,162	291
Total Bank	681	699	18
Total Agency	251	233	-18

4.3 International recruitment (IR)

Our target for international recruitment for 2023/24 is c230nurses between April and November 2023. This is based on a Trust wide strategic workforce plan that identifies our long-term needs, the resource will then seek to fill the existing vacancies and the requirements arising from workforce schemes on a priority allocation basis.

The Trust has reduced cost per hire considerably by recruiting directly rather than via a third-party supplier. The supernumerary period has also been reduced to enable more rapid transition into band 5 roles. Recruitment to allied health professions (AHP) posts will also continue via IR and for specific medical posts.

Investment has been made in pastoral support roles, training and in accommodation for new IR joiners.

Next steps

- Further interrogation of workforce expansion areas undertaken to identify where posts are already filled and where resourcing activities need to be focused.
- Link in with Resourcing team to align with ongoing recruitment activities and specific campaigns.
- Monitoring of the plan to be managed via the monthly Provider Workforce Returns (PWR) returns to NHSE/I and shared with ICB.

5. Activity Plan

5.1 Summary of system and Trust approach

The Trust has worked collaboratively with system partners to agree consistent planning assumptions for the 2023/24 annual plan. This has been coordinated through the ICS System Planning Groups.

The Trust approach was initiated with a demand-based modelling exercise to inform activity requirements. This model was based on achieving the national ambition of no patients waiting more than 65 weeks by 31st March 2024. Modelling also focussed on ensuring that both cancer and diagnostic waiting times could achieve the national and local ambitions.

Demand modelling was shared with divisions who subsequently developed a series of delivery plans describing schemes that will be introduced or continued that will support the levels of activity required to meet the ambitions referenced above. Divisional delivery plans have primarily been focused on productivity benefits and are being reviewed and stress-tested by corporate colleagues, ensuring that the plans are well defined, feasible and affordable.

The initial set of delivery plans has been reviewed and a small number of grouped specialties are being refreshed to ensure that the proposed levels of activity are of a sufficient volume to meet the thresholds set.

The final activity plan was shared with system colleagues on 23rd March 2023 for review and onward submission to NHSE on 30th March 2023.

5.1 Independent sector utilisation

The Trust's review of current independent sector utilisation continues to contribute towards a system wide evaluation of contracted and subcontracted services.

Whilst a number of existing contracts will be extended into 2023/24, the delivery planning process is exploring opportunities to repatriate activity from the independent sector to be delivered by the Trust.

5.2 Approach to productivity

The delivery planning process encourages divisions to consider how productivity improvements could address any modelled gap between capacity and demand.

The Trust undertook demand and capacity analysis using Gooroo Planner. The future requirement to achieve a sustainable waiting list size was compared with both the current 2022/23 baseline, but also the activity delivered in the same period in 2019/20. This has enabled the corporate team to explore with divisions how productivity levels could be restored to 2019/20 levels through check and challenge sessions.

5.2.1 Theatre improvement

The Trust participated in the NHSE funded Four Eyes Insight theatre improvement programme between November 2021 to June 2022. Acknowledging some of the complexities in configuration and management of theatres at UHBW, a further extension of this programme ran between August and November 2022. The Four Eyes Insight theatre improvement programme focussed on ENT, T&O, Ophthalmology and Paediatrics.

The Trust has maintained a weekly theatre improvement delivery group focussing on the key metrics of capped utilisation, average case per list (ACPL) and late starts.

5.2.2 Outpatient programme

The Trust has a well-established outpatient redesign programme. This programme is particularly focussed on the extension of long-term follow-up patient initiated follow ups (PIFU) pathways and the roll out of DrDoctor. The former is anticipated to reduce the levels of demand for follow-up, and the latter will provide a range of benefits including a reduction in DNA rates. This programme is supported by a number of clinical leadership roles.

The scope and allocation of resources to support these areas is currently subject to review including a consideration as to how they relate to the Patient First programme.

5.3 Summary of Trust plan

The Trust activity plan steps up significantly from the previous rolling 12 months, including an increase against elective inpatient activity levels delivered in 2019/20. The ambition to prevent any patients waiting 65 weeks or longer necessitates this increase and is supported by the operational division's productivity-driven delivery plans. The principal risks to delivery are due to limited beds, high volumes of patients with no criteria to reside (with associated length of stay increases) and workforce challenges.

An overview of the Indicative Activity Plan (with Trust adjustments to the 19/20 baseline) is shown below.

Table 4: UHBW 2023/24 indicative activity plan

Point of Delivery	2019/20 Outturn	Adjusted 2019/20 Outturn	2022/23 Forecast Outturn	Elimination of 65 week waits	2023/24 Plan	2023/24 Plan - 2019/20 Adjusted Recurring	2023/24 Plan / 2019/20 Adjusted Recurring
Accident & Emergency	196,014	196,014	195,342	-	195,342	672	-0.3%
Bone Marrow Transplants	160	160	139	-	139	21	-13.3%
Critical Care Beddays	54,117	54,117	48,426	-	48,426	5,691	-10.5%
Day Cases	78,154	76,764	70,583	11,250	81,833	5,069	6.6%
Elective Inpatients	14,279	12,997	11,442	2,600	14,042	1,045	8.0%
Emergency Inpatients	63,231	65,257	58,367	2,338	60,705	4,552	-7.0%
Excess Beddays	30,100	30,084	50,925	-	50,925	20,841	69.3%
Non-Elective Inpatients	20,851	20,832	20,692	554	21,245	413	2.0%
Other	3,233,227	3,212,114	3,097,049	-	3,097,049	115,065	-3.6%
Outpatients	913,228	940,634	883,518	87,284	970,802	30,168	3.2%

Plans will continue to be stress tested and monitored with divisions to support the delivery of the activity levels and the related performance standards. Associated risks are included below in section 8.

6 Performance

6.1 Impact of national guidance and system approach

The Trust is still working towards delivering the NHS constitutional standards, although national guidance for 2023/24 has introduced a number of additional targets to support the pace of recovery during the year (such as eliminating patients waiting longer than 65 weeks on an incomplete referral to treatment pathway).

6.2 Summary of performance targets and objectives

The table below shows the national constitutional standards and Trust objectives for 2023/24:

Table 5: 2023/24 national constitutional standards

National standard	Target	2019/20	2020/21	2021/22	2022/23
A&E maximum wait of four hours	95%	80.4%	80.1%	66.8%	60.3%
A&E Time to initial assessment (minutes) percentage within 15 minutes	95%	97.2%	81.1%	83.5%	79.0%
A&E Time to Treatment (minutes) percentage within 60 minutes	50%	50.2%	68.0%	48.3%	44.6%
A&E Unplanned re-attendance within seven days	<5%	3.6%	4.5%	2.9%	3.1%
A&E Left without being seen	<5%	1.6%	1.0%	3.0%	3.3%
Cancer – Two-week wait (urgent GP referral)	93%	93.4%	81.9%	82.4%	50.0%
Cancer – 31-day Diagnosis To Treatment (first treatment)	96%	95.8%	95.1%	93.4%	93.1%
Cancer – 31-day Diagnosis To Treatment (subsequent surgery)	94%	92.5%	84.1%	85.1%	84.7%
Cancer – 31-day Diagnosis To Treatment (subsequent drug therapy)	98%	98.6%	99.4%	99.3%	98.9%
Cancer – 62-day Referral To Treatment (urgent GP referral)	85%	85.5%	78.7%	76.0%	59.6%
Cancer – 62-day Referral To Treatment (screenings)	90%	71.1%	57.1%	50.3%	50.7%
Cancer – 62-day Referral To Treatment (upgrades)	85%	86.6%	86.8%	85.1%	81.8%
18-week Referral to Treatment Time (RTT) incomplete pathways	92%	83.2%	61.7%	59.2%	54.3%
Six-week diagnostic wait	99%	95.2%	65.2%	61.0%	72.1%

Key priorities for the year also include:

- By March 2024, elimination of any waits greater than 65 weeks for patients on an RTT pathway;
- By March 2024, no more than 160 patients on a cancer pathway waiting longer than 62 days.
- By March 2024, no more than 15% of patients waiting longer than 6 weeks for a diagnostic test;

The Trust's plan confirms the ambition to eliminate any waits of greater than 65 weeks for patients on an RTT pathway and to reduce the number of patients on a cancer pathway longer than 62 days to no more than 160 patients by end of March 2024.

The plan does acknowledge the challenge associated with achieving the target of no more than 15% of patients waiting longer than 6 weeks for a diagnostic test (forecast position included in the plan is 17.9%

waiting 6 weeks or more). Achievement of the 15% target is largely predicated on the formal introduction of Community Diagnostic Centres, the impact of which would have a material impact on the plan and result in an updated forecast of 15%.

7 System transformation schemes

The system has focused funding on transformational schemes as an enabler to deliver the performance requirements and to meet the requirements of the NHS Long Term Plan.

One of the key challenges has been the system prioritisation of the schemes against limited financial sources, and the work to understand the expected impact/benefits, and deliverability, in addition to the interdependencies of the various schemes led by different providers and system groups.

7.1 Children's planning

The children's operational delivery group agreed clear system priorities and prioritised bids to allocate funding. The Trust has received confirmation of funding for the following schemes:

- Children's ED minors stream (Carousel);
- General paediatrics enhanced advice and guidance model to include development of paediatric locality hubs across BNSSG.

In addition, bids for national NHSE bids for children have been successful for:

- 'System clinical, management and leadership' and the NHSE children and young people programme. The key elements for the Trust are:
 - Clinical leadership improving care for children with asthma in BNSSG;
 - Leadership for transformation projects, details of how this will be spent are to be confirmed with system colleagues;
 - Continuation of children with excessive weight pilot.
- Paediatric end of life (subject to further match funding from BNSSG which has been agreed).

7.2 Adult system transformation schemes

Various system transformation schemes have been developed over the last few years to support Home First, urgent and emergency care, and elective work. These include:

- Discharge to assess
- Virtual wards
- Same day emergency care models (SDEC)
- Reconfiguration of Stroke services
- Healthy Weston
- Community diagnostic centres

The Trust has worked with both system colleagues and NBT to agree the impact of schemes and ensure these are consistently reflected in the plans. Ongoing work is being undertaken in partnership with the community part of the system, will support the understanding of the interdependencies between the various improvement programmes.

8 Summary of key risks and challenges to delivery of the Trust plans

We have summarised some of the key risks and challenges for the Trust in 2022/23 below:

8.1 Financial

The key financial risks for the Trust in 2023/24 are as follows:

- Risks relating to the Trust's current and future investment decisions.
Any outstanding investment decisions will need to be made in the context of the requirement to produce a three to five year long term financial plan and an associated financial recovery plan that reduces the Trust's recurrent deficit over an acceptable period of time. The likelihood of not securing further funding over and above that included in the Financial Plan can be assessed as very high.
- Risk of significant workforce gaps
This risk presents a very high risk to the Financial Plan because of the failure to retain and recruit the required workforce associated with the requirement to significantly step-up elective recovery whilst managing increasing emergency demand.
- Risk of not delivering the savings requirement on a recurrent basis
This includes the conversion of non-recurring savings to recurring schemes. Given the scale of the identified recurring savings at c31%. Therefore, this risk can be assessed as very high.
- Risk that planned activity is not delivered resulting in a failure to retain ERF
The delivery of a stepped increase in planned activity levels by c16% for day case activity and c23% for elective inpatient activity in volume terms compared with 2022/23 levels in order to achieve 103% of 2019/20 activity levels in value terms, is essential in ensuring the Trust can retain the ERF of £24.6m and fund the costs of enabling elective recovery described in section 4.2. Given the very high risk in relation to workforce and the demands of emergency activity and flow and the Trust's dependency upon system-wide initiatives, this risk is assessed as very high.
- Risk of managing inflationary cost pressures
This includes inflation and other local/national pressures and excess inflation beyond funded inflation at 2.9% is assessed at £8.2m. Whilst this excess inflation has now been covered non-recurrently via additional ICB deficit support funding, the global economic position and uncertainty surrounding the supply of workforce, clinical products and energy means that this risk of inflation exceeding this assessment is high.
- Strategic Financial Risks
The current scale of reduction in the Trust's CDEL in 2023/24 and 2024/25 of c30% and c50% respectively compared with 2022/23 plus the scale of the Trust's recurrent deficit, means that significant risks to the Trust's strategic ambitions are now present. Further work is required to develop the mitigating strategies whilst acknowledging strategic capital prioritisation should be informed the BNSSG ICS Joint Clinical Strategy which is due for publication in the Spring.

8.2 Operational

The suppressed volume of emergency inpatients remains a risk to the delivery of the operating plan and is dependent upon demand management interventions curtailing additional non elective growth that could restrict the level of planned elective activity under the recovery programme.

Divisional delivery plans will need further refinement and divisions will require ongoing support to monitor progress towards the levels of activity agreed.

Other risks include:

- Insufficient beds for elective inpatients;
- Referral / non-admitted backlogs;
- 65ww patients who are low clinical priority but high complexity;
- Delivery of system schemes relating to Home First and Urgent Elective Care;
- Future Industrial Action;
- Workforce challenges.

8.3 Workforce

The key workforce risks for the Trust in 2023/24 include:

- Recruitment: Hard to fill gaps. There are ongoing challenges with specific shortage roles and particular areas. These are being addressed through a combination of approaches seeking to mitigate those risk areas including:
 - International recruitment and joint system campaigns and consideration of joint-appointed roles (eg Radiographer and Sonographer roles);
 - Consideration of new and advanced roles (eg ACPs, PA's instead of middle grade Doctors in ED);
 - Regular large scale high-profile local recruitment events to fill health care support worker, and admin and clerical roles
 - Increasing 'grow our own' approach in shortage occupations (eg, TNA's and RNDA's with nursing workforce) – although this will take 2-3 years before starting to impact.
- Recruitment: Internationally Educated Nurse (IEN) recruitment
 - There are clearly risks around the scale of ambition in the recruitment of 230 IENs this year, both in achieving the numbers planned and in managing their onboarding to the organisation.
 - The 230 nurse recruitment this year is part of a long term 5-year plan that seeks to shift reliance over time from International recruitment to 'grown your own approach'. As such, this is the last year we expect to recruit at that level.
 - We are now directly accessing new IEN locations i.e. India and Caribbean, which provide a good level of resource; and the supporting resource and infrastructure (pastoral care, education, career development) is in place to manage this effectively.
- Retention:
 - As our turnover is at the lower end of the system's range and comparable to national benchmarks at around 15.0%, we have set a realistic target of 15.0% to maintain our position. We have an improving Registered and Unregistered Nursing position but very challenging situation with Admin and Clerical at around 16% and AHPs at 18.4% turnover.
 - Retention remains a risk that may threaten our overall net vacancy position despite robust recruitment plans.
 - There is a specific focus on retention at both Trust-wide and divisional level, with it being set as a corporate priority under the Patient First programme. There is a retention working group and strategy in place as part of our UHBW People Strategy.
- Bank and Agency Usage:
 - Agency usage has reduced significantly since a peak in July 2022 but remains a workforce risk. Our KPIs are targeting a reduction in agency use of 0.5% and increase in bank use of 0.5%.

- There are multiple actions underway through a UHBW Task and Finish group led by our Deputy Chief Nurse, on the themes of data analysis to understand hotspots, improving agency controls, and improving bank worker experience. We are also collaborating as a system to consider incentives to improve bank uptake and driving out agency usage.

9 Annual plan next steps and recommendations

The next steps for the annual planning process include:

- Continued working with system partners, to agree the impact and interdependencies of the various improvement programmes;
- Agreeing divisional delivery plans
- Conclusion the outstanding commissioning issue, Adult ITU phase 2
- Continued work to understand the strategic and operational implications of the significant CDEL reductions facing the Trust over the next two financial years.
- Identification of the Trust saving programme on a recurring basis.

Meeting of the Council of Governors on 18 April 2023

Report Title	Nominations and Appointments Committee Report
Report Author	Mark Pender, Head of Corporate Governance
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.

2. Key points to note

An Extraordinary meeting of the Nominations and Appointments Committee was held on Wednesday 1st February 2023. The meeting was attended by seven Committee members and was Chaired by Jayne Mee, Trust Chair. The meeting discussed two items:

1. Non-Executive Director (NED) and Associate Non-Executive Director (ANED) Recruitment

Following the known end of offices for Julian Dennis and Arabel Bailey as well as the departure of Stephen Peacock in September 2022, it was agreed to hold a round of recruitment for one NED and two ANEDs. The group was provided an outlined timetable and discussed the process. Members of the Committee resolved to note the proposed role descriptions and proposal for Non-Executive Director and Associate Non-Executive Director recruitment; endorse the approach and the timeline for recruitment; agree to move the NOMCO meeting on 4 May and approve use of Odgers Berndtson as the External Recruitment Agency for the recruitment process.

2. Board Skills and Knowledge Mix

The Committee received the Board Skills mix matrix created by the Trust and discussed what specific skills and knowledge should be sought through future NED recruitment activity.

Next Meeting: 26 May 2023.

3. Advice and Recommendations

- This report is for **Information**.

Meeting of the Council of Governors on Tuesday 18th April 2023

Report Title	Governor Activity Report and Membership Forward Look
Report Author	Emily Judd, Corporate Governance 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)

Since the last Council of Governors meeting on 22 February 2023, no Governors have left or joined the Council of Governors. An update on this year's Governor Elections is below.

GOVERNOR MEETINGS

Governor Group Reports: 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 stay informed of the Board's main areas of focus and to enable them to carry out their statutory duty to hold Non-Executive Directors to account.

1. Quality Focus Group

There has been one meeting of the Quality Focus Group since the last report. Chris Swonnell, Associate Director for Safety and Compliance provided an update on the Quality Accounts for 2023 and Lucy Bayley, Volunteering Manager, provided an overview of the recently approved Volunteering Strategy. Other agenda items included updates from the Quality and Outcomes Committee Chair's Report and the People Committee Chair's Report.

2. Governors' Strategy Group

There has been one meeting of the Governor Strategy Group since the last report. Agenda items included updates on the Annual Plan and Partnership updates relating to the Integrated Care System Strategy. An update was also received from the Chair of the Finance and Digital Committee.

3. Membership and Constitution Group

There has been no meeting of the Membership and Constitution Group since the last report.

Other governor meetings and activity in the period included:

Governor Development Seminars: The Trust has a duty to provide its governors with training for their role, and so holds regular seminar days for governors. The last seminar for the Governors was held on Thursday 13th April and included an update from the Bristol and Weston Hospital Charity, an overview of the quality objective of 'Delivering the NHS Patient Safety Strategy', an introduction from the Patient Equality Diversity and Inclusion Manager, and a site tour taking in the work done on the Trust to increase sustainability.

Health Matters Events: Our last event was held on Thursday 16th March 2023 and talked about the interesting world of vaccine research. We had approximately 25 attendees to the online session. The team are currently reaching out to teams to book further sessions in.

Public Board Meetings: A number of governors watched in person the meetings of the Board of Directors on 22nd February 2023, to observe the Board conducting their business.

MEMBERSHIP TEAM FORWARD LOOK

Over the next quarter, The Governors will have a variety of meetings (Governors' Strategy Group, Quality Focus Group), a Governor Development Seminar, a Non-executive Director Engagement session and Non-executive Director Recruitment.

Governor Elections 2023: The nominations period ended at the end of March 2023 with 16 candidates standing for 11 seats. One seat was elected unopposed, and one seat was not filled. The ballots for the contested elections will start on 24 April and run until 19 May with the final results declared on 22 May 2023. New terms of office will commence on 1 June 2023.

Membership Strategy: The team is looking to refresh the Membership Strategy for the next three years and is consulting with membership networks to explore improved cross-working with other teams within the Trust to gain new ideas and to promote membership. Another area of focus will be on membership engagement for communities within the region. It will also take into account the public at large within the Integrated Care System.

Governor Drop-in Sessions: The team is looking to organise drop-in sessions for our different constituencies to develop the connection between the community and our governors.

Advice and Recommendations

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

Meeting of the Council of Governors on Tuesday, 18 April 2023

Report Title	Council of Governors Register of Interests
Report Author	Emily Judd, Corporate Governance Manager
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary
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.
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 23 Governors within the Council of Governors, 21 have made their declarations through the system. This includes 10 who have no interests to declare.</p> <p>The live register of interests is available on our website: UHBW NHS - Reports and publications.</p>
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.
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.
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

Meeting of the Council of Governors on Tuesday 18 April 2023

Report Title	Governor's Log of Communications six month look back
Report Author	Rachel Hartles, Membership and Governance Officer
Report Lead	Emily Judd, Corporate Governance Manager

1. Report Summary

The Governors' Log of Communications was established as a means of channelling communications between the governors and the Trust's Executive Directors in a way that it is open to public scrutiny. It is a resource for logging queries from governors (direct queries or queries on behalf of their constituents) and the corresponding responses. It provides a practical mechanism for supporting good, two-way communication flow between governors and Executives.

2. Key points to note (Including decisions taken)

Since the last meeting on 22 February 2023:

- Three questions have been answered by Executive Directors relating to Car Parking, Recruitment and Out of Hours Discharge. One of these questions (Out of Hours Discharge) is now with the Governors to confirm any further questioning or whether they can be closed.
- A system glitch is preventing some updates being made to the log, and a new system to improve reporting is being set-up.

ID **Governor Name**
277 **Aishah Farooq**

Theme: Recruitment

Source: Governor Direct

Query **22/02/2023**

Strike action is undoubtedly having an impact on the here and now, but this is also affecting young people's perception of healthcare careers, so I wonder what we're doing to re-energise young people to work at UHBW in the near/longer-term future?

Division: Trust-wide

Executive Lead: Director of People

Response requested: 30/03/2023

Response **17/03/2023**

UHBW through the Apprenticeship and Widening Engagement and Simulation teams continue to support outreach activity and events across the region. We also play an integral and critical role within the BNSSG, championing T-levels, chairing ambassador network meetings and are attending many external events centrally coordinated through the BNSSG Career Hub. We have supported activities and events through both national apprenticeship week and national careers week to continue to engage our future talent pipelines.

We are currently developing a bank of internal staff across all divisions and sectors who will support at these external events to spread the message. Last week we attended, in conjunction with the UHBW MEMO team, an external event whereby we highlighted "Engineering" as a sector for young people to progress into. We are in the process of recruiting an apprentice into this post.

We are about to launch our under 16 work experience package, aligned to our catchment schools and to date have had over 250 applicants to our UHBW structured programme. Our traineeship programmes are leading the way across the system but we need to have a clear pathway for these people to transition into opportunities within wider Trust roles.

Positive work with the Bank team have also seen us start accepting T-Level students onto the bank shifts in order to support accelerated development where appropriate. We have undertaken college engagement days to talk about careers and the transition from T levels into apprenticeships as well as offered insights and masterclasses. We are working closely with Princes Trust to develop understanding within schools and colleges that soft skills are just as important as technical abilities.

Status: Closed

ID **Governor Name**
276 **Carole Dacombe, John Sibley an** **Theme:** Out of Hours Discharge

Source: Governor Direct

Query **22/02/2023**

The governors would like to seek assurance about the manner in which out-of-hours discharges are monitored at the trust. Accordingly, we wish to ask:

- a) What is the current definition of an out-of-hours discharge at UHBW FT?
- b) How are the numbers and timings of such discharges currently monitored at the trust and processes involved audited?
- c) Is a specific record kept of whether or not an out-of-hours discharge is based on patient choice?

Division: Trust-wide

Executive Lead: Chief Operating Officer

Response requested: 30/03/2023

Response **29/03/2023**

a) What is the current definition of an out-of-hours discharge at UHBW FT? There isn't a formal definition, but as a guide we use 8pm seven days a week.

b) How are the numbers and timings of such discharges currently monitored at the trust and processes involved audited? In July the Trust launched the Every Minute Matters programme which is a return to the foundations of care across our wards. This includes a specific focus on the well organised discharge, including timeliness of discharge. There are various ways in the Every Minute Matters approach that time of discharge is monitored, including at the Every Minute Matters working group and the oversight groups run within Divisions. One of the key objectives of Every Minute Matters is to bring discharge forward to earlier in the day where possible. As part of the approach we are also hoping to open the discharge lounge in the BRI 24/7, in order to support people who wish to be discharged later in the day to have the most pleasant experience of discharge possible. This would include offering the discharge lounge as a quiet space for people being discharged from the emergency department to wait for transport.

c) Is a specific record kept of whether or not an out-of-hours discharge is based on patient choice? This would be recorded in the patient's notes.

Status: Awaiting Governor Response

ID **Governor Name**
275 **Paul Hopkins**

Theme: Car Parking Charges

Source: From Constituency/ Members

Query **19/01/2023**

Car parking charges have again increased at Trenchard street to £18.00 a day. Whilst the trust has a limited number off parking spaces and has made some provision for staff to park at Cabot circus and a shuttle service to Temple meads station, there appears no strategy for staff that have to park at Trenchard street through no fault of their own. Q- What strategy could UHBW consider to negotiate reduced parking rates at Trenchard street? Could UHBW consider bolstering and improving a more regular and reliable shuttle service to Cabot circus so that staff who have very strict time pressures or carer commitments can be able to get to their car in a quicker time scale?

Division: Trust-wide

Executive Lead: Director of Finance

Response requested: 16/02/2023

Response **27/03/2023**

Car parking charges have again increased at Trenchard street to £18.00 a day. Whilst the trust has a limited number off parking spaces and has made some provision for staff to park at Cabot circus and a shuttle service to Temple meads station, there appears no strategy for staff that have to park at Trenchard street through no fault of their own. Q- What strategy could UHBW consider to negotiate reduced parking rates at Trenchard street?

From BCC : Trenchard serves all the residents, businesses and visitors to the city centre and university as well as the UHBW Hospitals and the Council does not offer discounted parking to any single group. The Council does, however, offer long stay parking permits and pre-paid parking permits, which both offer a small discount when compared to the on the day price.

Could UHBW consider bolstering and improving a more regular and reliable shuttle service to Cabot circus so that staff who have very strict time pressures or carer commitments can be able to get to their car in a quicker time scale?

In August 2022 A new improved Shuttle timetable was introduced that operates later into the evening and starts earlier in the morning. It Operates Monday to Friday every 20 minutes from Bristol temple meads between the hours of 06:20 and 10:00am and every 30 minutes for the rest of the day. The vehicles also have Telematics fitted to them so staff can check live status of the bus service using an App (Radius Velocity) that was launched last week. It is hoped that in April the early morning timetable will change to a service that operates every 30 minutes from Bristol Temple Meads and every 15 minutes from Cabot Circus. As well as this the Trust have introduced an On - demand shuttle service that operates 7 days a week 21:00-07:00 that staff can prebook to collect them from the hospital they work at which will Transport them to their car parked at Cabot Circus. The service goes into the car park and drops the member of staff at their car. Of note there is also now a free shuttle bus service for patients, visitors and staff between Weston General and BRI. This service runs Monday – Friday and covers Weston General, Weston train station and BRI.

Status: Awaiting Governor Response
