**COUNCIL OF GOVERNORS**
**Meeting to be held on Tuesday, 09 August 2022 at 15:15-17:00**
**Conference Hall, City Hall, College Green, Bristol, BS1 5TR.**

**AGENDA**

| NO. | AGENDA ITEM | PURPOSE | SPONSOR | TIMINGS | PAGE NO. |
|---|---|---|---|---|---|
| **1. Preliminary Business** | | | | | |
| 1.1. | Introduction and apologies | Information | Chair | 15:15 | verbal |
| 1.2. | Declarations of Interest | Information | Chair | | verbal |
| 1.3. | Minutes of Council of Governors meeting held on 27 May 2022 | Approval | Chair | | p. 3 |
| 1.4. | Matters arising (Action Log) | Infromation | Chair | | p. 13 |
| 1.5. | Chair's Report | Information | Chair | 15:20 | verbal |
| **2. Performance Update and Strategic Outlook** | | | | | |
| 2.1. | Chief Executive's Report | Information | Chief Executive | 15:30 | verbal |
| 2.2. | Operational update | Information | Deputy Chief Executive and Chief Operating Officer | 15:45 | verbal |
| 2.3. | Integration Report | Information | Director of Strategy and Transformation | 16:00 | To follow |
| 2.4. | Corporate Quality Objectives Update | Information | Chief Nurse and Midwife | 16:10 | p. 14 |
| 2.5. | Quarterly Patient Experience and Complaints Reports (attached separately) | Information | Chief Nurse and Midwife | 16:15 | attached separately |
| **3. Items for Decision** | | | | | |
| 3.1. | Nominations and Appointments Committee membership | Approval | Director of Corporate Governance | 16:20 | p. 28 |
| 3.2. | Trust Constitution - changes | Approval | Director of Corporate Governance | 16:25 | p. 30 |
| **4. Governor Updates** | | | | | |

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| NO. | AGENDA ITEM | PURPOSE | SPONSOR | TIMINGS | PAGE NO. |
|---|---|---|---|---|---|
| 4.1. | Reports of Governor/Membership activity<br><br>- Governors Activity Report<br>- Membership Activity Report<br>- Youth Involvement Group Governors' update | Information | Membership Manager/ Governors | 16:35 | p. 40<br>p. 43<br>verbal |
| 4.2 | Governors' Log of Communications | Information | Chair | 16:50 | p. 46 |
| **5. Concluding Business** | | | | | |
| 5.1. | Foundation Trust Members' Questions | Information | Chair | 16:50 | verbal |
| 5.2. | Any Other Urgent Business | Information | Chair | 16:55 | verbal |
| | Date and time of next meetings:<br><br>**Annual Members' Meeting - Thursday 15 September 2022, 17.00-19.00.**<br><br>**Council of Governors Meeting, Tuesday 13 December 2022, 14:00-16:00.** | Information | Chair | | |

![NHS University Hospitals Bristol and Weston NHS Foundation Trust]

**Minutes of the Council of Governors Meeting of University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) held in public on Friday, 27 May 2022 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 | Chair of the Board and Chair of the Council of Governors |
| Charlie Bolton | Staff Governor |
| John Chablo | Public Governor |
| Carole Dacombe | Public Governor |
| Khushboo Dixit | Public Governor |
| Aishah Farooq | Appointed Governor, Youth Involvement Group |
| Tom Frewin | Public Governor |
| Chrissie Gardner | Staff Governor |
| Sarah George | Appointed Governor, University of Bristol |
| Sue Milestone | Public Governor |
| Sally Moyle | Appointed Governor, University of the West of England |
| Mo Phillips | Public Governor |
| Annabel Plaister | Public Governor |
| Mohammad Rashid | Public Governor |
| John Rose | Public Governor |
| Martin Rose | Public Governor |
| John Sibley | Public Governor |
| Malcolm Watson | Public Governor |
| | |
| **Others in attendance:** | |
| David Armstrong | Non-executive Director |
| Sue Balcombe | Non-executive Director |
| Julian Dennis | Non-executive Director |
| Natashia Judge | Head of Corporate Governance |
| Neil Kemsley | Director of Finance and Information |
| Sarah Murch | Membership Manager |
| Jane Norman | Non-executive Director |
| Eric Sanders | Director of Corporate Governance |
| Mark Smith | Deputy Chief Executive and Chief Operating Officer |
| Martin Sykes | Non-executive Director |
| Eugine Yafele | Chief Executive |
| | |
| Rachel Hartles | Membership and Governance Officer (Minutes) |

**Jayne Mee, Trust Chair, opened the meeting at 14.30**

| Minute Ref: | Item | Actions |
|-------------|------|---------|
| **1. Preliminary Business** | | |
| COG1.1/05/22 | **1.1 Chair's Introduction and Apologies** | |
| | The Chair, Jayne Mee, welcomed everyone to the meeting. | |

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| | Further to the recent Governor Elections held in the Trust, Jayne congratulated new Governors on their commencement of their terms of office from 1 June 2022 and wished outgoing Governors well in their futures.<br><br>Apologies had been received from Governors Graham Briscoe, Sofia Cuevas-Asturias, Debbi Norden, Graham Papworth, Ray Phipps and Audrey Wellman. Apologies had also been received from Paula Clarke, Director of Strategy and Transformation, Deirdre Fowler, Chief Nurse and Midwife, Emma Wood, Director of People and Bernard Galton, Non-executive Director.<br><br>Jayne welcomed Eugine Yafele and Stuart Walker to their first Council of Governors meeting in the Trust. | |
| **COG1.2/05/22** | **1.2 Declarations of Interest** | |
| | There were no new declarations of interest from Governors relevant to items on the agenda. | |
| **COG1.3/05/22** | **1.3 Minutes from Previous Meeting** | |
| | Governors considered the minutes of the meetings of the Council of Governors held on 28 January 2022 and the Extraordinary Council of Governors held on 21 January 2022. There were no comments from Governors.<br><br>**Members RESOLVED to:**<br>• **Approve** the minutes of the Council of Governors meeting held on 28 January 2022 and the Extraordinary Council of Governors held on 21 January 2022 as a true and accurate record of the proceedings. | |
| **COG1.4/05/22** | **1.4 Matters Arising/Action Log** | |
| | Governors noted updates on the actions from previous meetings. All actions had been completed, as follows:<br><br>**COG 3.2/01/22** *Paula Clarke to confirm the number of beds in the Division of Weston ICU to the Governors.*<br>**Action Closed.**<br><br>**COG 4.1/01/22** *Mark Smith to provide a written response to the question from a Foundation Trust member about medically-fit-for-discharge patients.*<br>**Action Closed.**<br><br>**COG 4.1/01/22** *Mark Smith to provide supplementary information on the Low Emission Zone that was due to take effect in Bristol City Centre in Summer 2022.*<br>An update was provided by Mark Smith and enclosed in the action log.<br>**Action Closed.**<br><br>**COG 4.2/01/22** *Sarah Murch to investigate and provide a response to John Sibley in relation to a Governors log question that had been raised.*<br>**Action Closed.** | |

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| | **COG 4.2/01/22** *Membership team to circulate the Patient's Association report.*<br>**Action Closed.**<br><br>Members resolved to:<br>• **Approve** the updates to the action log. | |
| **COG1.5/05/22** | **1.5 Chair's Report** | |
| | Jayne Mee, Trust Chair, gave a brief update to Governors on her recent activity. Key points were as follows:<br><br>• Jayne had chaired many meetings and visited a variety of clinical areas in the Trust.<br>• The new Women's Staff Network had been launched, at which Jayne was a guest speaker.<br>• Jayne was also a guest speaker at the Menopause Conference held in the Trust.<br>• She had been involved in the preparations for Eugine Yafele joining the Trust as new Chief Executive on 3 May 2022.<br>• Jayne had been involved in the recruitment of three Non-executive Directors and two Associate Non-executive Directors.<br>• Due to the large number of changes in the Board, a new Board Development programme was being launched to bring the Board together.<br>• All appraisals for the Non-executive Directors that were due during the quarter had been completed.<br>• Various programmes such as the Acute Provider Collaborative Board and Patient First programme were ongoing.<br><br>There were no questions from Governors.<br><br>**Members RESOLVED to:**<br>• **Receive** the Chair's Report for Information. | |
| **2. Performance Update and Strategic Outlook** | | |
| **COG2.1/05/22** | **2.1 Chief Executive's Report** | |
| | Eugine Yafele, Chief Executive, provided an update on the main issues facing the Trust. Key points included:<br><br>• Eugine highlighted that he had received a very warm welcome from staff at all levels since joining on 3 May.<br>• It was clear to him that the operations of the Trust had been incredibly stretched in recent months, although the commitment and passion of staff was palpable.<br>• Eugine had met with the Care Quality Commission to understand the challenges from their perspective. He advised that there was an inspection imminently due at Weston General Hospital.<br>• The Integrated Care Board was due to become a legal entity in July 2022, and Eugine would be part of the Board.<br>• Preparations in relation to a potential Monkeypox outbreak were beginning.<br><br>Governor questions included: | |

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| | • John Rose, Public Governor, welcomed the new Integrated Care Board to hopefully help with the issues surrounding patients with no right to reside and ambulance handovers.<br>• The origins of Monkeypox were discussed, as were vaccines and booster requirements for public.<br><br>**Members RESOLVED to:**<br>• **Receive** the Chief Executive's Report for Information. | |
| **COG2.2/05/22** | **2.2 Operational update** | |
| | Mark Smith, Deputy Chief Executive and Chief Operating Officer, updated the Governors on the Operational Update. Highlights included:<br><br>• There was a nationally renewed focus on delivering elective recovery in the wider NHS.<br>• Flow within the hospital was incredibly challenging, with 221 patients currently with no criteria to reside (patients who no longer meet the clinical criteria to receive inpatient care in hospital, but are waiting to be discharged), up from 147 the previous month.<br>• A huge amount of work was going on within the system in order to decrease these numbers.<br>• The performance in ambulance handovers had improved slightly, although the Emergency Department was still running with a high volume.<br>• The Trust was on track to meet its target for 104-week wait patients.<br>• The Trust was also on track to meet the target on cancer waits.<br><br>Governor questions included:<br>• A discussion was held around transport to alternative NHS Trusts to help alleviate waits where possible. Governors heard about a 'mutual aid' programme, which had three levels of service to provide care to patients at alternative NHS Trusts around the country in order to reduce the waiting lists.<br>• A query was raised over the ambulance calls and whether any information could be provided to Governors on the percentage of patients coming into hospital that may not necessarily have needed to attend. Mark Smith confirmed this information could be provided; however he also advised the Governors of a pilot scheme that was ongoing in the Emergency Department. The scheme included consultants working on ambulances to visit patients at home to assess and provide help instead of bringing the patient into hospital. The pilot had been successful so far and work was ongoing to understand whether this could be a permanent scheme.<br>**ACTION: Mark Smith to provide Governors with information on the percentage of patients attending Emergency Departments that may not have necessarily needed to attend.**<br><br>**Members RESOLVED to:**<br>• **Receive** the COVID-19/ Service Restoration update for Information. | **Mark Smith** |
| **COG2.3/05/22** | **2.3 Annual financial planning update** | |

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| | Neil Kemsley, Director of Finance and Information, provided an update on the annual financial planning update. Key points included:<br><br>• There were still significant changes going through the system; however the final submission for the financial plan was due to be received by the Board for approval in July 2022.<br>• The system had submitted a plan for a total deficit of £38m; £13.3m of which was related to the Trust.<br>• All systems were due to receive additional funding to offset some of the cost pressures faced. The Bristol, North Somerset and South Gloucestershire system was due to receive an additional £29m. This funding was offered based on operational and financial targets for the system.<br><br>Questions from the Governors included:<br>• In response to a question about whether there were any saving plans built into the budget, Neil Kemsley confirmed that savings plans were built into the budgets; however there were other reasons for cost pressures including rising fuel costs and inflation.<br>• In light of the strategic update on Weston General Hospital, governors asked whether the Board were assured that the estates maintenance in Weston General Hospital was a priority. It was confirmed that the Estates Strategy that was received in the Board meeting earlier in the day included plans for Weston General Hospital.<br><br>**Members RESOLVED to:**<br>• **Receive** the Annual Financial Plan update for Information. | |
| **COG2.4/05/22** | **2.4 Integration Report** | |
| | Neil Kemsley, Director of Finance and Information, provided an update on the Integration Report, describing the process of Trust integration following the merger of the Bristol and Weston Trusts in April 2020. Key points included:<br><br>• Work was underway with receiving divisions to create integrated management structures that would go live once the Division of Weston dissolved on 1st October 2022.<br>• The Healthy Weston Programme was working to deliver the second phase of work to secure Weston General Hospital as a sustainable hospital.<br>• On 9th April, the Trust completed a major IT project, linking the patient administration system (Medway) at Weston General Hospital to the CareFlow Electronic Patient Record (EPR) system across the rest of UHBW.<br>• There were encouraging signs relating to workforce recruitment on the Weston site; however there were still challenges with consultant recruitment.<br>There were no comments from the Governors.<br><br>**Members RESOLVED to:**<br>• **Receive** the Integration Report for Information. | |
| **COG2.5/05/22** | **2.5 Quarterly Patient Experience and Complaints Reports** | |

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| | Jayne Mee, Trust Chair, reminded Governors that the Quarterly Patient Experience and Complaints Reports were Board reports which were shared with governors for information and further commented that the Quarter 4 reports would be received in June 2022. | |

| **3. Decision Items** | | |
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| COG3.1/05/22 | **3.1 Non-Executive Director Appointments** | |
| | Eric Sanders, Director of Corporate Governance, introduced a report on this year's Non-Executive Director appointment process which sought governor approval for the new appointments.

He explained that three NED vacancies had (or would soon) become available on the Board and the Trust had taken the opportunity to include two additional Associate Non-executive Directors for a term of 12 months. He explained the process that had been followed to recruit to these posts and the outcome. Once the process had finished, the Trust's Standard Operating Procedure for the recruitment of Non-executive Directors had been updated in line with learning from the process, including feedback from Governors. The Council of Governors were now requested to approve the appointment of three Non-executive Directors (Marc Griffiths, Gill Vickers and Roy Shubhabrata) and two Associate Non-executive Directors (Stephen Peacock and Arabel Bailey).

Discussions from the Council included the confirmation that all comments and observations from the Nominations and Appointments Committee had been duly noted, and positive comments regarding the overall standard of the candidates. Mohammad Rashid asked that it be noted that he had raised a number of concerns about the process and the outcome at the recent Nominations and Appointments Committee meeting and asked that the Committee minutes be shared with all governors so that they could understand these. This was agreed, and it was also noted that further changes had been made to the Standard Operating Procedure on the basis of these discussions.

Jayne Mee, Trust Chair, asked the Council of Governors to approve the appointments of the Non-executive Directors. There were no dissenting voices.

**Members RESOLVED to:**
- **Approve** the appointment of:
  - Three Non-executive Directors (Marc Griffiths, Gill Vickers and Roy Shubhabrata) and
  - Two Associate Non-executive Directors (Stephen Peacock and Arabel Bailey). | |
| COG3.2/05/22 | **3.2 Non-Executive Director Re-appointments** | |
| | *Sue Balcombe left the meeting for this item*

Eric Sanders, Director of Corporate Governance, provided an overview of a paper on Non-executive Director Re-appointments. Governors were asked to consider re-appointment of Bernard Galton and Sue Balcombe into their second terms of office. They were also asked to re-appoint | |

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| | Julian Dennis into his ninth year of office. As Julian Dennis was in his final three-year term of office, he was subject to annual re-appointment according to national guidance to ensure appropriate scrutiny around continuing independence.<br><br>Comments from the Governors were very complimentary of the three Non-executive Directors that were seeking re-appointment, and it was understood that should any of the Non-executive Directors have any issues, that Jayne Mee, Trust Chair, was always available to discuss them. It was highlighted that Bernard Galton would only serve another two years instead of three due to personal commitments.<br><br>Jayne Mee, Trust Chair, asked the Council of Governors to approve the re-appointments of the Non-executive Directors. There were no dissenting voices.<br><br>**Members RESOLVED to:**<br>• **Approve** the re-appointment of:<br>    o Sue Balcombe for a second three-year term of office (1 June 2022-31 May 2025),<br>    o Bernard Galton for a second term of office of two years (1 July 2022-30 June 2024),<br>    o Julian Dennis into his ninth and final year of office (1 June 2022-31 May 2023).<br><br>*Sue Balcombe rejoined the meeting* | |
| **COG3.3/05/22** | **3.3 Trust Constitution – changes** | |
| | Eric Sanders, Director of Corporate Governance, provided an overview of the paper on the Trust Constitution. He explained that any changes to the Trust Constitution had to be agreed by both the Board of Directors and the Council of Governors; the same paper had been received at the Board of Directors that same morning and had been approved.<br><br>The Constitution changes included increasing the number of Executive Directors allowed from seven to eight Executive Directors. The other change was to allow electronic signatures on documentation. All changes had been checked independently by DAC Beachcrofts, the Trust's appointed Solicitors.<br><br>A question was asked about the skill mix of the current Board of Directors, and it was agreed to supply the Council of Governors with a skill matrix of the Board for assurance.<br><br>A question was also raised on the type of Director that could potentially be added to the Board and the size of the current Board in comparison to other NHS Trusts. Eric confirmed that the size of the Board in other Trusts was comparative, but the change would allow for a complimentary Director with particular skills in areas such as Digital.<br><br>**Action: Provide the Council of Governors with a skills matrix of the Board of Directors.**<br><br>Jayne Mee, Trust Chair, asked the Council of Governors to approve the changes to the Constitution. There were no dissenting voices. | **Eric Sanders** |

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| | **Members RESOLVED to:** <br> • **Approve** the changes to the Constitution. | |
| **COG3.4/05/22** | **3.4 Lead Governor Election** | |
| | *Mo Phillips left the meeting for this item.* <br><br> Sarah Murch, Membership Manager, provided an update to the Governors on the appointment of a Lead Governor. Sarah explained that the Lead Governor is chosen by governors every 12 months. A request for nominations had been sent to all governors, and the current lead governor Mo Phillips had been nominated, with no other nominations received. Mo had agreed to continue in the role if governors approved it. <br><br> Jayne Mee, Trust Chair, asked the Council of Governors to approve the Lead Governor position for Mo Phillips. There were no dissenting voices. <br><br> **Members RESOLVED to:** <br> • **Approve** Mo Phillips as the Lead Governor for another term of 12 months from 1 June 2022. <br><br> *Mo Phillips rejoined the meeting.* | |
| **COG3.5/05/22** | **3.5 Approval of Terms of Reference and Annual Business Cycles** | |
| | Sarah Murch, Membership Manager, provided an update to the Governors on the Terms of Reference and Business Cycles for the Focus Groups and the Nominations and Appointments Committee. Sarah confirmed the Terms of Reference and Business cycles had been reviewed at Quality Focus Group, Governors Strategy Group and at the Nominations and Appointment Committee. Sarah also highlighted that the membership of the Nominations and Appointments Committee had been provided; however as two members were stepping down from their governor roles at the end of May, the membership team would be seeking two additional members to join the Committee in due course. <br><br> Jayne Mee, Trust Chair, asked the Council of Governors to approve the Terms of Reference and Business Cycles. There were no dissenting voices. <br><br> **Members RESOLVED to:** <br> • **Approve** the Terms of Reference and Business Cycles. | |
| **4. Governor Updates** | | |
| **COG4.1/05/22** | **4.1 Reports of Governor/Membership activity** | |
| | Sarah Murch, Membership Manager, presented the various reports on Governor and Membership activity, including the Governor Elections which had closed on 20 May. <br><br> Sarah Murch thanked the Governors who had been involved in all the various activities throughout the period since the last report. <br><br> Eric Sanders, Director of Corporate Governance, thanked the Membership Team for all the hard work that they had provided to the Governors over a significantly busy period. | |

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| | There were no comments from the Governors.<br><br>**Members RESOLVED to:**<br>• **Receive** the Reports of Governor/Membership Activity for Information. | |
| COG4.2/05/22 | **4.2 Governors' Log of Communications** | |
| | Jayne Mee, Trust Chair, confirmed that one question had been added to the Governors' Log during the period and seven questions had been answered.<br><br>There were no comments from the Governors.<br><br>**Members RESOLVED to:**<br>• **Receive** the Governors' Log of Communications for Information. | |
| **5. Concluding Business** | | |
| COG5.1/05/22 | **5.1 Foundation Trust Members' Questions** | |
| | David Chandler, Foundation Trust member, asked: 'With delayed discharge and admission avoidance still causing problems to UHBW, does the Trust Board believe or feel that having greater facilities in the community such as diagnostic centres and community hospital beds across the patch this may alleviate bed pressures? You serve Weston well, Bristol is covered, but South Gloucestershire have no facilities. Is that an issue UHBW can pursue so on its own or in joint partnership with North Bristol Trust? Patients in the wrong places means patients deteriorating?'<br><br>Mark Smith, Deputy Chief Executive and Chief Operating Officer, agreed that patients were best served when not in hospital if they did not need to be. He confirmed that the Integrated Care Board would be key to helping community services being made available. Mark advised that there would be a business case coming through the system for a diagnostic hub to provide additional support. A fuller written response would be provided to the Foundation Trust Member.<br>**ACTION: A full written response would be provided for the member's question relating to delayed discharge.**<br><br>The Governors welcomed the creation of the Integrated Care Board and expressed hope that they would come up with innovative ways to provide help in the community. | **Mark Smith** |
| COG5.2/05/22 | **5.2 Any Other Business** | |
| | John Rose, Public Governor, commented on the energy and enthusiasm in relation to the Trust's work around Weston General Hospital; however sought assurance that the site would continue to have a dedicated leadership. Eugine Yafele, Chief Executive, confirmed that the dedicated leadership would continue without question.<br><br>Carole Dacombe, Public Governor, commented on a Divisional Update Day provided to the Governors. This day had included seven updates from each division by senior leaders and feedback on the day highlighted the enthusiasm and commitment of the leaders and the staff. The | |

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| | Governors wished to thank the Senior Leaders for taking the time and providing the information to the Governors. | |
| **COG5.3/05/22** | **5.3: Meeting close and date of next meeting** | |
| | The Chair declared the meeting closed at 16:25. The date and time of the next meeting would be **9 August 2022,** from 14:00 – 16:00. | |

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## Council of Governors meeting – 9 August 2022 - Action Log

| | Actions following Council of Governors meeting held on 27 May 2022 | | | | |
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| **No.** | **Minute reference** | **Detail of action required** | **Responsible Officer** | **Completion date** | **Additional comments** |
| 1. | COG2.2/05/22 | Mark Smith to provide Governors with information on the percentage of patients attending Emergency Departments that may not have necessarily needed to attend. | Deputy Chief Executive and Chief Operating Officer | July 2022 | **Completed**. Response provided by Mark Smith, Deputy Chief Executive and Chief Operating Officer, July 2022, as follows: <br>• *208 attends per day, 11.3 patients redirected daily (5.4% of Emergency Department attends). Nationally, rates are thought to be about 30% - but that is a crude estimate.* <br>• *We can only stream when other services are open so realistically 0800-2000c so actual figures likely to be 20-30% if we had 24 hr access to streaming.* <br>• *In July, 19.3 patients per day were seen in SDEC (Same Day Emergency Care) up to 22/07.* <br>• *We could also quote the number of feedback letters we send to GPs to say there was another more appropriate pathway than ED - approx. 40 a week currently.* |
| 2. | COG3.3/05/22 | Provide the Council of Governors with a skills matrix of the Board of Directors. | Director of Corporate Governance | July 2022 | **Work in Progress** <br>This matrix is being updated in line with new Non-executive Directors joining the Trust and will be circulated to Governors as soon as it is available. |
| 3. | COG5.1/05/22 | A full written response would be provided for the member's question relating to delayed discharge. | Deputy Chief Executive and Chief Operating Officer | July 2022 | **Completed** – written response sent to Foundation Trust member in June 2022. |

**Meeting of the Council of Governors on 9 August 2022**

| Report Title | Quarter 1 update on Corporate Quality Objectives |
|---|---|
| Report Author | Chris Swonnell, Head of Quality & Patient Experience |
| Executive Lead | Chief Nurse & Midwife, Deirdre Fowler |

## 1. Report Summary

Five corporate quality objectives have been selected for 2022/23, representing a continuation of two existing objectives (objectives 1 and 2 below) and three new ones (objectives 3,4 and 5).

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

At the end of quarter 1, four of the five objectives were rated as 'commenced and on-plan'. Work on the Trust's patient safety strategy was rated as 'commenced but behind schedule' for reasons outlined in the report.

**Progress at end of Quarter 1**

| Objectives: | Year to date progress |
|---|---|
| 1. Delivering the NHS Patient Safety Strategy | Commenced but behind schedule |
| 2. Improving patient experience of discharge from hospital | Commenced and on-plan |
| 3. Waiting well | Commenced and on-plan |
| 4. Developing a new Trust strategy for Healthcare Inequalities, with a focus on Equality Diversity & Inclusion for patients and communities | Commenced and on-plan |
| 5. Developing and delivering a new vision for post-pandemic volunteering | Commenced and on-plan |

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

Risk of not achieving annual corporate quality objectives

## 4. Advice and Recommendations
*(Support and Board/Committee decisions requested)*:

- This report is for **Assurance.**

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

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| Senior Leadership Team | 20/7/22 |

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| Subject: | Quarter 1 update on Corporate Quality Objectives |
| --- | --- |
| Report to: | Senior Leadership Team / Quality & Outcomes Committee |
| Author: | Chris Swonnell, Head of Quality and Patient Experience |
| Date: | 14th July 2022 |

**Introduction**

Five corporate quality objectives have been selected for 2022/23, representing a continuation of two existing objectives (objectives 1 and 2 below) and three new ones (objectives 3,4 and 5).

Progress towards achieving these objectives is tracked using a five-point scale as follows:

| Grey | Not due to start yet |
| --- | --- |
| Red | Not started and behind schedule / not achieved |
| Amber | Commenced but behind schedule / risk of not achieving |
| Blue | Commenced and on-plan |
| Green | Complete |

At the end of quarter 1, four of the five objectives were rated as 'commenced and on-plan'. Work on the Trust's patient safety strategy was rated as 'commenced but behind schedule' for reasons outlined in the report.

**Progress at end of Quarter 1**

| Objectives: | Year to date progress |
| --- | --- |
| 1. Delivering the NHS Patient Safety Strategy | Commenced but behind schedule |
| 2. Improving patient experience of discharge from hospital | Commenced and on-plan |
| 3. Waiting well | Commenced and on-plan |
| 4. Developing a new Trust strategy for Healthcare Inequalities, with a focus on Equality Diversity & Inclusion for patients and communities | Commenced and on-plan |
| 5. Developing and delivering a new vision for post-pandemic volunteering | Commenced and on-plan |

| Objective 1 | Delivering the NHS Patient Safety Strategy |
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| Rationale and past performance | In July 2019, NHS Improvement published the first ever national patient safety strategy, setting the direction of travel for patient safety in the NHS in England for the foreseeable future. The strategy recognises that:<br><br>• Patient safety has made great progress since the publication of "To err is human" 20 years ago but there is much more to do.<br>• The NHS does not yet know enough about how the interplay of normal human behaviour and systems determines patient safety.<br>• The mistaken belief persists that patient safety is about individual effort. People too often fear blame and close ranks, losing sight of the need to improve. More can be done to share safety insight and empower people – patients and staff – with the skills, confidence and mechanisms to improve safety.<br>• Getting this right could save almost 1,000 extra lives and £100 million in care costs each year from 2023/24. The potential exists to reduce claims provision by around £750 million per year by 2025.<br><br>Addressing these challenges will enable the NHS to achieve its safety vision; to continuously improve patient safety. To do this, the NHS will build on two foundations: a patient safety culture and a patient safety system. Three strategic aims will support the development of both:<br><br>1. improving understanding of safety by drawing intelligence from multiple sources of patient safety information (Insight)<br>2. equipping patients, staff and partners with the skills and opportunities to improve patient safety throughout the whole system (Involvement)<br>3. designing and supporting programmes that deliver effective and sustainable change in the most important areas (Improvement). |
| What will we do? | In 2022/23, we will deliver Year 2 of UHBW priorities to implement the national strategy. To do this we will:<br><br>1. Insight<br>• Be ready to transition to new Patient Safety Incident Response Framework from October 2022 by:<br>    o Conducting a thematic situational analysis on which to base a UHBW incident response plan by end Q1 2022/23<br>    o Developing a UHBW patient safety incident response plan by July 2022.<br>    o Putting in place a team of expert investigators to lead investigations into our identified highest risk patient safety themes (subject to funding approval)<br>    o Transferring to Patient Safety Incident Response Framework (end Q2 2022/23)<br>    o Ensuring our local risk management systems is ready to link with the new national "Learning from Patient Safety Events" system from 2023.<br><br>2. Involvement |

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|  | • Conduct a "readiness for involvement" assessment and develop our involvement plan.<br>• Recruit Patient Safety Partners into our organisation by March 2023<br>• Further developing our communications and engagement plan across UHBW and our wider communities to support the changes in implementing year 2 of the Patient Safety Strategy<br>• Refining UHBW patient safety training matrix and content for all staff to incorporate additional national Head Education England training as it becomes available<br><br>3. Improvement<br>• Continue our patient safety improvement programme focus on the identified highest risk patient safety themes whilst remaining alive to new emerging themes<br><br>4. Culture development<br>• Further develop our patient safety culture which underpins our approach to keeping people safer, including the recruitment of a human factors specialist to inform our insight, education and improvement work (subject to funding approval). |
| Measurable target/s for 2022/23 | • Thematic situational analysis completed by end of Q1 2022/23.<br>• Patient Safety Incident Response Plan developed by July 2022.<br>• Transferring to Patient Safety Incident Response Framework by the end of Q2 2022/23.<br>• Team of expert investigators in place by end Q3 2022/23 (subject to funding approval).<br>• Readiness for involvement assessment conducted by end Q2 2022/23.<br>• Patient Safety Partners in place by end Q4 2022/23. |
| How progress will be monitored | Through quarterly reporting to: Patient Safety Group, Clinical Quality Group and Senior Leadership Team. |
| Board sponsors | Chief Nurse & Midwife, and Medical Director |
| Implementation lead | Head of Quality and Patient Safety |
| Designated Head of Nursing | Head of Nursing, Division of Surgery |
| Progress in Q1 | A Project Manager has been recruited at the end of Q1 for 12 months to support the delivery of the National Patient Safety Strategy in UHBW.<br><br>1. Insight<br>• Publication of updated national guidance for PSIRF has been delayed again until July 2022. This guidance will recommend that Trusts follow a staged approach over a 12-month period. Timescale for transferring to the Patient Safety Incident Response Framework may need review following the publication of this guidance<br>• The first stage of thematic situational analysis is completed; the second stage will now be completed by end July 2022. This means the Patient Safety Incident Response Plan development will slip to August/September 2022.<br>• Funding approval has been obtained for a small team of expert investigators. Recruiting to these roles will follow a team structure review, the development of new job descriptions and potentially an HR consultation. |

- Our local risk management system (Datix) is on track to link with the new national "Learning from Patient Safety Events" system from March 2023. The nationally compliant Datix system is expected to available to UHBW from October 2022.

2. Involvement
   - The readiness for involvement assessment is on track for Q2.
   - Recruitment of Patient Safety Partners is on track for Q4.
   - Refining the UHBW patient safety training matrix and content for all staff to incorporate additional national Health Education England training is near completion.

3. Improvement
   - Our patient safety improvement programme continues

4. Culture development
   - Funding has been approved for a human factors specialist to inform our insight, education and improvement work.

| RAG rating | Commenced and progress made, but some elements of the programme are behind schedule |
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| Objective 2 | Improving patient experience of discharge from hospital (Year 2) |
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| Rationale and past performance | Last year we set ourselves an objective to improve patients' experience of discharge from hospital. We know from patient feedback that receiving a safe, coordinated and planned discharge helps patients and their families to leave hospital feeling as if they have been well looked after, and well prepared to adapt back to their home environment. The ongoing impact of the pandemic meant that our focus in 2021/22 was largely on diagnostic activity, to gain a better understanding of a complex topic, with improvement work now assigned to 2022/23. |
| What will we do? | We will use the diagnostic exercises completed in 2021/22 to inform a number of workstreams to deliver improvements in 2022/23. This includes patient and staff survey data gathered by local Healthwatch.

A new workstream called "Every Minute Matters" has been initiated by the Trust and will be central to our plans for the year. One outcome of this programme of work is to improve patient experience of their discharge, reduce delays and identify a process of who to contact after discharge for further information. The aim of the programme will initially be to relaunch the SAFER Patient Flow Bundle, which will include implementation of the Clinical Utilisation Review programme (CUR), criteria led discharge (CLD), enhancing the robustness of board rounds, and effective use of estimated date of discharge (EDD). The SAFER Patient Flow Bundle is a practical tool to reduce delays for patients in adult inpatient wards (excluding maternity); evidence shows that when the tool is followed consistently, length of stay reduces and patient flow, experience and safety improves. CUR is a clinical decision support software tool that enables clinicians to make objective, evidence-based assessments of whether patients are receiving the right level of care in the right setting, at the right time based on their individual physical and mental health needs. CLD is a process where the clinical parameters for patient discharge are clearly defined using individualised criteria; once |

| | patients meet the criteria, a trained member of staff can manage their discharge rather than waiting for the medical team to facilitate the discharge. A dedicated task and finish group and associated governance framework has been established to deliver this. We will plan clear communication to manage discharge effectively including monitoring with a performance dashboard and utilising an education plan for developing staff awareness and education. |
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| Measurable target/s for 2020/21 | <ul><li>Increased number of patients discharged by midday</li><li>Increased usage of discharge lounge</li><li>Decreased average length of stay for medically fit for discharge patients</li><li>Improved patient feedback to the following questions via our monthly post-discharge survey:<ul><li>"Do you feel you were kept well informed about your expected date of discharge from hospital?"</li><li>"On the day you left hospital, was your discharge delayed for any reason?"</li></ul></li></ul> |
| How progress will be monitored | Every Minute Matters Steering Group<br>Proactive Hospital Steering Group reporting to Recovery Delivery Programme Board |
| Board sponsors | Chief Nurse and Chief Operating Officer / Deputy Chief Executive |
| Implementation leads | Deputy Chief Operating officer<br>Deputy Chief Nurse<br>Assistant Director of Operations<br>Assistant Chief Nurse |
| Designated Head of Nursing | Heads of Nursing, Division of Medicine and Weston Division |
| Progress in Q1 | **Every Minute Matters (EMM)**<br>In Q1, the EMM workstream was initiated and is focussed on releasing time, both in term of how long patients spend in hospital, and also how we enable the best use of staff time.<br>Short term staff resources have been identified, including clinical leadership and quality improvement coaches to support the workstream, and a robust governance reporting process has been established.<br><br>The projects within this workstream include:<br><br>a) The SAFER Discharge Bundle<br><br>Throughout Q1 the elements of the SAFER bundle have been defined, and the SAFER tool has been trialled across pilot wards across the Trust. Trust-wide roll-out is planned throughout Q2, adopting PDSA cycle methodology.<br><br>During Q1, a staff survey entitled "Releasing time to care" has been piloted on one Trust ward with one simple question: "Thinking about what tasks we could stop, do differently, less frequently or reduce duplication - do you have any ideas, suggestions or solutions that would help Releasing Time to Care? ". Ideas were received back from the staff which will be explored further. The survey will be circulated to additional wards now to gain further feedback from teams.<br><br>b) Proactive Board Rounds<br><br>The overarching aim of this workstream is to Improve the quality of multidisciplinary inpatient reviews through a standard and proactive approach that progresses adult patients towards safe, timely discharge from |

the Bristol adult wards, and Weston wards. Intense improvement support with check and challenge prompts has been undertaken during Q1 across seven pilot wards. During Q2 clinical areas that were included in the intensive support programme will be audited over a four-week period to identify compliance against the Board Round standard operating procedure. Feedback and advice will be given to the individual area at the time of audit. Once completed, wards will be paired together to share practice and support each other.

c) Discharge Lounge

Throughout Q1, a review of both current and potential use of the discharge lounge took place, this included quality improvement discharge events prior to the Bank holidays to advertise and enhance the number of patients transferring to the discharge lounge on the Bristol site. The lounge returned to its original location towards the end of Q1 with both increased chair and bedded capacity. The expectation on re-launch is that most of the patients discharged each day will be transferred to the discharge lounge prior to discharge home. Initial scoping has also commenced in Q1 to review the use and functionality of the discharge lounge in Weston.

d) Improving weekend discharges

A workstream has been identified to focus on improving weekend discharges from hospital into the community. After an initial scoping exercise we are working with system partners, focusing on how we could work differently together to improve discharge rate to care and nursing homes at weekends; this includes working with Sirona to understand whether improvements can be made across the P1-3 discharge pathways at weekends.

**Criteria Led discharge (CLD)**
In Q1 a CLD project commencing on the respiratory and cardiology wards in the BRI. Outcome measures and activity will be presented in Q2.

**Implementation of CUR/MCAP: Criteria to Reside**
The MCAP tool is the software we have been using (previously known as CUR) to collect the data about the reasons for our patients being in our hospital beds. Not all areas within the Trust are currently collecting the data, but this data is critical for supporting us to:

- Understand the care needs of our patients to help inform how we function as a hospital to meet these needs
- Allow an understanding of what patients we have in our beds with 'no criteria to reside' (this term has been adopted by DoH and sets out 11 criteria by which a patient has a 'right' to be in hospital; if a patient does not meet any of these criteria, hospital is not deemed to be the correct place for them).

By using MCAP we can see where these patients are to help support staff to work together to get the patient home / to their correct destination. Many of these patients will fall into complex care pathways (P1, P2, P3), however some will be of 'P0' status which means they are a patient discharge that does not require new or additional community support.

Throughout Q1 we have listened to staff feedback and have joined with our system partners to create a new, more concise, version of the Single Referral form called the Transfer of Care form (ToC); this will be one form used by BNSSG care providers. The Community Transfer of Care Hub is made up of Sirona case managers, Social Workers and administrators who, once in receipt of a ToC form will navigate the patient accordingly. A roll out educational program for staff was commenced in Q1 and will continue throughout Q2 across all wards to re-launch the tool in July 2022.

**Healthwatch Patient Experience P3 Pathway Report**
During 2021/22 Healthwatch conducted their own project, focusing on the experience of patients within the P3 discharge pathway. The aim of this project was to gain staff and user feedback via face to face and questionnaires to develop a qualitative report. Publication of the report identified nine recommendations; staff at UHBW are meeting in Q2 with the Healthwatch team to work so the information gained can inform both projects.

**Monitoring Performance/Outcome:**
Criteria to monitor performance have been established by way of identified metrics which will be included in the ward performance workbooks which are being re-established across the Trust in Q2. These metrics will also be included in the Integrated monthly Quality & Performance Report received by the Board. Dashboards are being developed. In areas where data collection started in Q1 we are starting to see improvements in Q2. Feedback from patients in the form of the Trust's postal survey will also be reviewed each month.

| RAG rating | Commenced and on-plan |
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| Objective 3 | Waiting Well |
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| Rationale and past performance | As a result of the COVID-19 pandemic, there has been an increase in the size of the planned care backlog, also known as the 'waiting list'. This is in the context of a growing waiting list pre-pandemic.<br><br>The recovery of care backlogs will be, by necessity, multi-year. Therefore, in the short term, care backlogs are likely to continue to grow, and in the medium term, long waiting times for care and treatment are likely to subsist. This presents a risk to patient safety, experience and equitable access.<br><br>In this context, UHBW has recognised a need to ensure that patients within the care backlog are Safe to Wait, that they have the support and information that they need to be Waiting Well, that we address any issues relating to Health Inequality that serve to disadvantage certain groups, and that, in the event that harm is caused to patients, that we learn from these events through a Harm Review, and make improvements to our processes and prevent future harms.<br><br>This quality priority focuses on 'Waiting Well'.<br><br>For context, In 2019/20, National Voices was asked by NHS England and Improvement to explore the experience of waiting for care in the context of the pandemic. The aim was to understand how waits, delays and cancellations impact on people and their families, particularly those living with long-term |

and multiple conditions. It is clear from the evidence that patients and carers understand that waiting will be a necessary part of their experience, but it is also clear that poorly managed waits have a detrimental impact on their physical health, mental health, employment, housing, and relationships.

The report offers three key recommendations for providers:

1) Understand the importance of improving the experience of waiting;
2) Invest in development patient-centred information and communication;
3) Support people while they wait through:
- self-management support and shared decision making,
- signposting and partnerships with voluntary and community services,
- monitor / check-in routinely and provide clear pathways to specialist advice when required and
- developing a virtual healthcare offer.

Crucially, the report also offers a set of good practice principles for designing a more positive experience of waiting. We will adopt these principles at UHBW.

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| What will we do? | The scope of our actions in respect of this objective will be finalised during June 2022, pending confirmation of resources to enable delivery. Our goal, provisionally, is to put in a place a range of accessible measures that provide person-centred information and support for patients whilst they wait:<br><br>• Send people and acknowledgement of receipt of referral;<br>• Help people understand by publishing information about how we make decisions about waiting, what the wait for service is like and what might change (including the My Planned Care App);<br>• Tell people how to contact the Trust and when (for example if their condition deteriorates);<br>• Check in with some groups of patients during the wait and use Shared Decision Making to enhance good conversations;<br>• Provide/signpost to support and self-management;<br>• Provide/signpost to support for carers and family;<br>• Offer and signpost to peer support, social prescribing and other Voluntary and Community sector based-support;<br>• Provide on-line and printed information about the appointment /procedure and what to expect/how to prepare (for example through the prehabilitation programme.<br>• Under the patient experience of waiting (for those patients waiting over 6 months) to understand what is working well and what we need to improve |
| Measurable target/s for 2022/23 | 1) A 'waiting well' page on the UHBW website for patient and the public to access up-to-date and helpful resources to support them (measured by link clicks / downloads or resources;<br>2) Published links to the My Planned Care website across a range of digital and printed materials;<br>3) Increase in referrals to VCSE support from baseline(?)<br>4) Percentage of eligible patients who had at least one 'check-in' conversation provided during their wait (increase from baseline)<br>5) Evidence of updated and consistent patient information (online and published) with what to expect / how to prepare for procedure |
| How progress will be monitored | Through quarterly reporting to: Planned Care Steering Group, Patient Experience Group, Clinical Quality Group and Senior Leadership Team. |

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| Board sponsor | Chief Operating Officer / Deputy Chief Executive |
| Implementation lead | Deputy Chief Operating Officer – Planned Care |
| Designated Head of Nursing | Head of Nursing, Division of Specialised Services |
| Progress in Q1 | 1. In April 2022, the Trust successfully uploaded the first tranche of procedure and specialty guidance documents to the My Planned Care platform. Over time the content will be developed so that it provides guidance for patients about how to manage their conditions and when to seek help and support. <br> 2. A system wide approach is being developed for pre-procedure optimisation (prehabilitation) working with colleagues in North Bristol NHS Trust. This development will also seek to address health inequalities. <br> 3. A new tool has been launched called C2Ai. This tool uses our data to help risk stratify patients that are awaiting their surgery based on clinical evidence and their risk factors. It is anticipated there will be an application in stratifying patients into low risk, receiving no prehabilitation or access to a prehabilitation app, and high risk with focused prehabilitation. This will also include alcohol / smoking cessation, weight loss, pain management, psychological support etc. A project group is currently being formed at system level. <br> 4. We have recently contacted all of our waiting currently waiting over 104 weeks to confirm that (a) they are still fit willing and able to have their procedure, (b) whether they would be willing to have their care transferred to another provider of NHS care. This would be on the understanding that they would be clinically appropriate for transfer. Patients have been invited to indicate the distance that they are willing to travel. We have put eligible patients forward for mutual aid processes at system and national level to try and expedite their treatment. We will continue to contact long waiting patients on a phased basis – initially focussing on over 104 and then over 78 week waits. There is scope to use this as an opportunity to signpost patients to the information on the My Planned Care platform <br> 5. We have commenced a pilot of a consultant anaesthetist in our pre-operative department contacting long waiting patients over 78 weeks to assess their condition and their readiness for their procedure. <br> 6. The concept of a Waiting Well page on the Trust website has been agreed with the Communications team <br> 7. Early stages of reviewing national best-practice to develop a volunteer role to support with 'check-in' conversations for some risk stratified patient groups and signpost to voluntary and community sector support <br><br> Looking ahead: <br> • The Planned Care Steering Group will be re-launched in Q2, chaired by the Deputy Medical Director, with Clinical Chair and Divisional Director membership. This group will have a focus on the waiting well agenda. <br> • A Health Matters event on 'Waiting Well' to take place in October inviting patients, staff, public to talk about concerns and ways of managing expectations |
| RAG rating | Commenced and on-plan |

| Objective 4 | Developing a new Trust strategy for Healthcare Inequalities, with a focus on Equality Diversity & Inclusion for patients and communities |
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| Rationale and past performance | Health inequalities are avoidable, unfair and systematic differences in health between different groups of people.   Health inequalities are ultimately about differences in the status of people's health. The term is also commonly used to refer to differences in the care that people receive and the opportunities that they have to lead healthy lives, both of which can contribute to their health status. Health inequalities can therefore involve differences in:<br>• health status, for example, life expectancy and prevalence of health conditions;<br>• access to care, for example, availability of treatments;<br>• quality and safety of care;<br>• behavioural risks to health, for example, smoking rates;<br>• wider determinants of health, for example, quality of housing.<br><br>The COVID-19 pandemic has exposed longstanding inequities in society and without focused positive action, this will have long-term implications for health and health inequalities. The impact of health inequalities include:<br>• Significant differences in life expectancy<br>• Avoidable variation in mortality<br>• Avoidable variation in health outcomes<br>• Avoidable variation in harm and safety<br>• Increased risk of long-term health conditions<br>• Increased risk of mental ill health<br>• Poor access to and experience of health services<br><br>The Trust has direct control over some aspects of the health inequalities landscape, in particular access to care and treatment, the quality of care the Trust providers and how services are designed and delivered so they are equitable for the diverse patient population we service. We also have influence as part of the wider Integrated Care Partnership over other drivers of health inequality.<br><br>The Trust has an established workforce Equality, Diversity and Inclusion (EDI) strategy and plans in place to achieve this strategy, however, there is no strategy that articulates and coordinates action on EDI for patients and communities. This quality priority will address this.<br><br>Nationally, NHS England & Improvement have published the Core20Plus5 framework which is an approach designed to support ICPs to drive targeted action in health inequalities improvement. There is also a new contractual requirement in 2022/23 for the Trust to develop a health inequalities action plan, aligned to the local ICP priorities. |
| What will we do? | In 2021/22, we commissioned an independent baseline review of our approach to EDI for patients and communities from a national social enterprise, PHAST CIC. The focus of the review was to understand how well our people, processes, systems, structures and organisational culture support us in:<br>- advancing equality for patients and communities and<br>- providing accessible and inclusive services for our patients<br>- tackling health inequalities.<br>The baseline review report will be available by the end of Quarter 1 2022/23. A Board Seminar is planned in July 2022 to review the key findings from the |

review and to consider the recommendations in detail and to begin to prioritise a set of equality objectives for the next 2-3 years.

Following the Board Seminar, we will develop a concise set of priorities for our programme of EDI work for patients and communities. These priorities will bring together existing workstreams, for example, our work to become fully compliant with the NHS Accessible Information Standard, our work to provide comprehensive access information to patients about our locations, as well as emerging areas of focus as a result of the baseline review.

We will test out the potential areas of focus with our workforce, patients and community partners to ensure we prioritise those areas that will make the most difference to our diverse patient population.

We will publish the EDI strategy and the accompanying health inequalities action plan by Quarter 3 2022/23 with clear equality objectives visible on the Trust's website and promoted internally to our workforce.

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| Measurable target/s for 2022/23 | a) EDI baseline report received by 31 May 2022 from PHAST CIC <br> b) Board Seminar session (to receive recommendations from baseline review) takes place on 12 July 2022 <br> c) Strategy is developed with staff, patients and community partners <br> d) Strategy objectives deliverable (i.e. they are carefully prioritised and resourced across the Trust) <br> e) A health inequalities action plan is developed (part of schedule 2N of the Trust's contract with the CCG) <br> f) There is a health inequalities / EDI governance structure in place that guides the work with a clear accountability and Board leadership <br> g) The Trust is fully aligned to ICP (system) work on health inequalities and proactively participating in relevant fora and workstreams |
| How progress will be monitored | *To be confirmed* |
| Board sponsor | Chief Nurse & Midwife |
| Implementation leads | Head of Quality & Patient Experience, and Patient Experience Manager |
| Designated Head of Nursing | Head of Midwifery |
| Progress in Q1 | a) The independent EDI baseline review for patients has been completed by Public Health Action Support Team (PHAST) and was received by the Trust in June 2022. <br><br> b) The baseline report and recommendations are being considered by the Strategic Senior Leadership Team (SSLT) on 6th July and will be presented at a Board seminar on 12th July 2022. <br><br> c) / d) The Board has also agreed a 2022/23 corporate quality objective to develop and EDI / Health inequalities Strategy for patients. The work to develop this strategy will commence following the Board Seminar. <br><br> e) The Health Inequalities action plan has been agreed with commissioners, with a primary focus on how the Trust uses data to inform priorities for tackling health inequalities. |

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| | f) / g) Deirdre Fowler, Chief Nurse & Midwife, has been assigned as Board lead for Health Inequalities and is considering the appropriate governance structure to lead the Trust's approach to health inequalities, ensuring this is aligned to the approach in the Integrated Care Partnership (ICP). |
| RAG rating | Commenced and on-plan |

| Objective 5 | Developing and delivering a new vision for post-pandemic volunteering |
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| Rationale and past performance | UHBW had a thriving volunteer programme pre-pandemic with hundreds of volunteers giving their time to support patient and staff alike every week.

Like many Trusts in the country, the volunteer programme at our hospitals was 'paused' at the start of the COVID-19 pandemic to ensure the safety of volunteers, staff and patients. Since Summer 2021, we have been growing the number of volunteers on site in key roles, doing so carefully with a tireless focus on keeping volunteers safe. It has become clear in restarting the volunteer programme that we need to refresh our thinking to ensure that we maximise the incredible value the volunteers offer our hospitals.

Whilst there was a surge of support by local people and communities to volunteer and 'give back' to the NHS, for example at COVID-19 Vaccination Hubs, evidence nationally suggests that the number of people volunteering their time to organisations across the country has in fact shrunk for the first time in many years. This means we need to be increasingly creative to attract volunteers to our Trust.

The Trust's previous volunteering strategy expired in 2020 and the planned refresh was paused last year due to pandemic pressures. However, we were able to undertake engagement with staff so they could tell us what they would like to see from a future volunteer programme.

These are some of the many reasons that the Trust needs to review its volunteer programme and set out a new vision for volunteering over the next few years. |
| What will we do? | The Voluntary Services team will develop a new Volunteer Strategy for 2022-2025, with an ambitious vision and a core set of strategic objectives for volunteering at UHBW.

The new strategy will be informed by a review of what worked well in the previous strategy and any lessons learned from the delivery of the former strategy. We will develop the strategy by reviewing best-practice nationally and locally and we will ensure the priority areas for delivery are co-designed with volunteers and staff alike.

We will develop the strategy to firmly place our hospitals at the heart of the community and in doing so, recognise the unique and special value that volunteers bring to patients and staff at our hospitals.

We now have a unique and exciting moment to set out an ambitious vision for volunteering at the Trust, anchoring the Trust as a 'go-to place' for exciting volunteering opportunities in Bristol and Weston, rewarding volunteers for |

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| | their contribution and dedication and aligning the volunteer programme to ensure that all roles support an outstanding patient experience. |
| Measurable target/s for 2022/23 | 1) A review of feedback collated as part of the Voluntary Services staff survey in Summer 2021 to inform the strategy by 31 May 2022;<br>2) Engagement with key internal and external stakeholders to inform the strategy, including current volunteers by 30 June 2022;<br>3) A desktop review of volunteering best-practice in NHS and VCSE organisations by 31 May 2022<br>4) Volunteer Strategy 2022-2025 drafted by 30 June 2022<br>5) A collaborative Board Seminar in July 2022 to review draft and agree priority areas of focus;<br>6) Published strategy by 30 September 2022 |
| How progress will be monitored | Through quarterly reporting to the Patient Experience Group, Clinical Quality Group and Senior Leadership Team. |
| Board sponsors | Chief Nurse & Midwife |
| Implementation lead | Patient Experience Manager, and Voluntary Services Coordinator. |
| Designated Head of Nursing | Head of Nursing, Children's Services |
| Progress in Q1 | The Voluntary Services team have reviewed feedback collated as part of the Voluntary Services staff survey in Summer 2021 to inform the strategy. In addition, a focus group was held with a cross-section of staff across the Trust in June 2022 to gather ideas for the strategy. A focus group with volunteers is taking place in July 2022 to gather feedback from volunteers on what is working well and what they would like to see in the future from the Trust.<br><br>A desktop review of volunteering best-practice in NHS and VCSE organisations has commenced and will be completed in Quarter 2.<br><br>Rachel Hughes, Head of Nursing (HoN) for Bristol Royal Hospital for Children has been assigned as the lead HoN for volunteering at the Trust.<br><br>In respect of the timescale for the development of the Volunteering strategy and the route for its sign-off, the Trust's People Committee will receive and discuss draft objectives for the strategy at its meeting on 27th September 2022, with final sign-off by the Board due in November 2022 followed by publication to stakeholders. |
| RAG rating | Commenced and on-plan |

**Meeting of the Council of Governors on 9 August 2022**

| Report Title | Item 3.1 - Nominations and Appointments Committee Membership |
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| Report Author | Rachel Hartles, Membership and Governance Officer |
| Executive Lead | Eric Sanders, Director of Corporate Governance |

| 1. Report Summary |
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This report asks governors to approve two appointments to the committee.

The Nominations and Appointments Committee 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 |
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**Appointments to the Committee – APPROVAL ITEM**
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. Appointments to the Committee are made by the Council of Governors.

Ray Phipps, Public Governor, and Sally Moyle, Appointed Governor, stepped down from their roles on the Council of Governors on 31 May 2022. All Public and Appointed Governors were subsequently contacted and were invited to consider joining the committee to fill this vacancy. Khushboo Dixit and John Sibley came forward as Public Governors to replace Ray Phipps, however John Sibley subsequently withdrew his name for consideration. **The Council of Governors is therefore asked to approve the appointment of Khushboo Dixit to the Committee**. Dave Clarke and Aishah Farooq came forward as Appointed Governors to replace Sally Moyle. They were asked to submit a short statement for the Council of Governors to consider. **The Council of Governors is therefore asked to consider the statements below and decide whether to appoint Dave Clarke or Aishah Farooq to the Committee**.


1. Dave Clarke, Appointed Governor for the University of the West of England:
I would like to be a member on the NOMCO because I would like to represent our Universities in making the best choices in recruitment of the Trust Non-executives and use my knowledge and 30 years experience within the field of Health and Social Care to ensure the NEDs are using their strengths to make the Trust a better place to work and receive care.

2. Aishah Farooq, Appointed Governor for the Youth Involvement Group:

Throughout my time, as a Young Governor, I've recognised the importance of effective senior leadership in the excellent treatment of patients and ensuring the best health outcomes for the population, whilst supporting and enabling the workforce to do so. I would like to join NOMCO to ensure that youth voice is a central part of the process and to ensure that children and young people are not missed off the agenda - children and young people are the future generation and their voice matters.

## 3. Recommendations requiring Council of Governors approval

The Council of Governors is asked to:

- **Approve** the appointment of Khushboo Dixit to the Nominations and Appointments Committee.
- **Consider and Approve** the appointment of an Appointed Governor to the Nominations and Appointments Committee.

**Meeting of the Board of Directors on Tuesday 9 August 2022
and Meeting of the Council of Governors on Tuesday 9 August 2022**

| Report Title | Item 3.2 - Proposed Changes to the Trust's Constitution |
|---|---|
| Report Author | Sarah Murch, Membership Manager |
| Executive Lead | Eric Sanders, Director of Corporate Governance |

| 1. Report Summary |
|---|
| The report sets out two proposed changes to the Trust's Constitution for approval by the Trust Board of Directors and the Council of Governors.<br><br>The changes have been discussed by governors at the Membership and Constitution Group who were fully supportive of the proposed changes and the previously agreed changes. |

| 2. Key points to note<br>*(Including decisions taken)* |
|---|

Background
One of the statutory duties of the Board of Directors and Council of Governors is to approve amendments to the Trust's Constitution. Governors review the Constitution annually through their Membership and Constitution Group and recommend changes to the Council of Governors and the Board for approval.

Key Points
At the last meeting of the Membership and Constitution Group on 13 July 2022, governors discussed and agreed the following proposed changes:

1. **A change to the Trust's minimum membership numbers**
Foundation Trusts state a figure for minimum membership numbers in each constituency class which they should aim to exceed. A reduction is proposed in the minimum membership numbers for UHBW to 100 per constituency class for every class except for the 'Rest of England and Wales' constituency class which will remain at 5.

The reasons for the proposed change are:

- to bring the numbers into line with the Trust's Membership Strategy 2020-23 which supports a reduction in the public membership numbers through a 3-year data cleansing exercise. The Trust already no longer meets the current minimum public membership numbers in the Constitution, and the gap will widen if the Trust continues with the data cleansing exercise as planned.

- to bring the Trust into line with other Foundation Trusts. A benchmarking exercise has been conducted looking at minimum membership numbers in other comparable large Foundation Trusts, the results of which were presented to the Membership and Constitution Group. There is little consistency, but most of these are considerably lower than UHBW's are currently. Many Trusts adopt a consistent approach across all public and staff constituency classes.

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2. The second proposed change to the Trust Constitution is to make minor alterations to the **Code of Conduct for Governors** to bring the terminology up to date ('Chair' instead of 'Chairman')

The proposed changes are attached.

Reminder of prior changes: At the Council of Governors and Board of Directors meetings on 27 May 2022, governors and members of the Board approved two changes which had to be made at short notice and therefore took place outside the usual annual review of the Constitution.

1. A change to paragraph 24 - Composition of the Board of Directors – to allow for an increase from 7 Executive Directors to 8.
2. A change to the Board's standing orders to support electronic signature of documents.

These changes have now been made to the Constitution. The current version of the constitution can be viewed in its entirety on the Trust website at https://www.uhbw.nhs.uk/p/about-us/reports-and-publications.

Recommendation

Paragraph 40 of the Trust's constitution sets out the process for any required amendments and outlines that these may only be made if more than half of the Council of Governors vote to approve the amendments, as well as more than half of the Directors.

As a result, these changes are proposed to both the Trust Board and the Council of Governors on 9 August 2022 for their respective approval. Once authorised, NHSE will be advised of the change.

| 3. Risks |
| --- |
| If this risk is on a formal risk register, please provide the risk ID/number. |

**The risks associated with this report include:**
There are no associated risks with this report.

| 4. Advice and Recommendations |
| --- |
| *(Support and Board/Committee decisions requested)***:** |

- This report is for **Approval.**

The Board of Directors and the Council of Governors are asked to approve the proposed changes to the Constitution as outlined in the report.

| 5. History of the paper |  |
| --- | --- |
| Please include details of where paper has previously been received. |  |
| **Membership and Constitution Group** | **13 July 2022** |

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**Proposed Changes to UHBW Trust Constitution on p.23-24 – August 2022**

**ANNEX 1**

THE PUBLIC CONSTITUENCIES

| The Public Constituencies | Area of each Public Constituency (as defined by Local Authority boundaries) | Minimum Number of Members |
|---|---|---|
| Bristol | Bristol City Council | 2271 100 |
| North Somerset | North Somerset District Council | 1058 100 |
| South Gloucestershire | South Gloucestershire Council | 1388 100 |
| Rest of England and Wales | Rest of England and Wales | 5 |

The minimum number of members is based on 0.5% of the population in each Public Constituency as reported in the ONS 2016 based sub-national population data:

Rest of England and Wales – fixed value at 5 members

**ANNEX 2**

THE STAFF CONSTITUENCIES

| Classes within the Staff Constituency | Individuals Eligible for Membership of that Staff Class | Minimum Number of Members in each Staff Class |
|---|---|---|
| Medical and Dental Staff | Those individuals defined in paragraph 1 below. | ~~1166~~ 100 |
| Nursing and Midwifery Staff | Those individuals defined in paragraph 2 below. | ~~3007~~ 100 |
| Other Clinical Healthcare Staff | Those individuals defined in paragraph 3 below. | ~~1313~~ 100 |
| Non-Clinical Healthcare Staff | Those individuals defined in paragraph 4 below. | ~~2289~~ 100 |

~~The minimum number of members is based on 75% of the headcount of the eligible workforce in each Staff Constituency as at July 2018.~~

**ANNEX 8**

COUNCIL OF GOVERNORS CODE OF CONDUCT

**UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST**

**CODE OF CONDUCT FOR GOVERNORS**

**1.      Introduction**

1.1 1.1            As defined by legislation, the Trust's Council of Governors have a formal role in the governance of the Trust, working with the Board of Directors to promote the success of the organisation for its members and the public. To support the proper discharge of the Council of Governors' statutory duties and to promote the success of the relationship between the Council of Governors and the Board of Directors, it is essential that Governors adopt high standards of personal conduct. Recognising this, this document sets out the Council's expectations for the way in which Governors will conduct themselves in all aspects of their role within the Trust.

**2.      2. Framework for Council of Governors**

2.1 2.1            The Trust operates within a legal, regulatory and governance framework which includes the NHS Act 2006, the Health and Social Care Act 2012, the Foundation Trust Code of Governance and the Trust's Constitution. The Constitution defines the composition of the Council of Governors and the arrangements for appointing (and, where necessary, removing) Governors. The Constitution's annexes include the Standing Orders for the Council of Governors and Board of Directors.

2.2 2.2            This Code of Conduct is subject to the Constitution; nothing within this shall take precedence over or in any way amend the Constitution or any legal or regulatory requirements. This Code of Conduct is to be read in the context of that legal and regulatory framework.

**3.      3. Role of the Council of Governors**

3.1 3.1            The role of the Council of Governors is defined in law and in NHS Improvement's England's regulatory and governance framework. Although the role definition is not repeated here it is important as context for this Code of Conduct to recognise that good governance in the Trust depends upon active and constructive engagement between the Board of Directors and the Council of Governors. Adopting this approach will ensure that the Council of Governors is able to discharge its statutory duties, particularly in relation to:

3.1.1    3.1.1         Holding the Non-Executive Directors individually and

collectively to account for the performance of the Board; and

3.1.2 ~~3.1.2~~ Representing the interests of the members as a whole and of the public

## 4. ~~4.~~ Board of Directors/Council of Governors Engagement

4.1 ~~4.1~~ The Constitution and supporting guidance commit the Board of Directors and the Council of Governors (as a whole and Governors individually) to engaging proactively and constructively with the Board of Directors, acting through the Chair~~man~~, Senior Independent Director and the Lead Governor where appropriate according to their roles.

4.2 ~~4.2~~ The Council of Governors will work with the Board of Directors for the best interests of the Trust as a whole, taking into account all relevant advice and information presented to, or requested by, the Council of Governors. The Council of Governors will not unduly delay responses to proposals or other reports from the Board of Directors, acting proactively to agree with the Board of Directors the information which the Council of Governors will need in order properly to discharge its statutory duties.

## 5. ~~5.~~ Conduct of Governors

5.1 ~~5.1~~ This section of the Code sets out the conduct which all Governors agree to abide by. These commitments are in addition to compliance with NHS Improvement's requirements, the Code of Governance and the Constitution.

### 5.1.1 ~~5.1.1~~ Personal Conduct

Governors agree that they will:

a) ~~a)~~ Act in the best interests of patients and the Trust as a whole in the delivery of services within relevant financial and operational parameters, seeking at all times to properly discharge their statutory duties;
b) ~~b)~~ Comply at all times with legal and regulatory requirements and with the Constitution, Standing Orders, relevant Terms of Reference, policies and guidance;
c) ~~c)~~ Be honest and act with integrity and probity at all times;
d) ~~d)~~ Respect and treat with dignity and fairness, the public; patients; relatives; carers; NHS staff and partners in other agencies;
e) ~~e)~~ Respect and value all Governors and Directors as colleagues;
f) ~~f)~~ Not seek to profit from their position as a Governor or in any way use their position to gain advantage for any person;
g) ~~g)~~ Accept responsibility for their actions and generally take seriously the responsibilities which are commensurate with the decision-making rights assigned to the Council of Governors through the legal and regulatory framework;
h) ~~h)~~ Ensure that the interests of the members as a whole and the public

are represented and upheld in decision making such that in accordance with the requirements of the Constitution and relevant policies, those decisions are not influenced by gifts or inducements or any interests outside the Trust;

i) i) Not be influenced in any way and not represent any outside interests which they may hold, including any membership of trade unions or political organisations;

j) j) Ensure that no person is discriminated against on grounds of religion or belief; ethnic origin; gender; marital status; age; disability; sexual orientation or socio-economic status;

k) k) Show their commitment to team working by working constructively with their fellow Governors and the Board of Directors as well as with their colleagues in the NHS and the wider community;

l) l) Not make, permit or knowingly allow to be made, any untrue; misleading or misrepresentative statement either relating to their own role or to the functions or business of the Trust;

m) m) At all times, uphold the values and core principles of the NHS and the Trust as set out in its Constitution;

n) n) Conduct themselves in a manner which reflects positively on the Trust and not in any manner which could be regarded as bringing it into disrepute;

o) o) Seek to ensure that the membership of the constituency from which they are elected/their appointing organisation is both properly informed and represented

p) p) At all times, uphold the seven principles of public life as set out by the Committee on Standards in Public Life (also known as the Nolan Principles) as below:

    (i) (i) Selflessness: Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves; their family or friends or other interested parties.

    (ii) (ii) Integrity: Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

    (iii) (iii) Objectivity: In carrying out public business, including making public appointments; awarding contracts or recommending individuals for awards or benefits, holders of public office should make choices on merit.

    (iv) (iv) Accountability: Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

    (v) (v) Openness: Holders of public office should be as open as possible about all the decision and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

    (vi) (vi) Honesty: Holders of public office have a duty to declare any private interests relating to their public duties and

to take steps to resolve any conflicts arising in a way that protects the public interest.

(vii)   ~~(vii)~~   Leadership: Holders of public office shall promote and support these principles by leadership and example.

q) ~~q)   s~~Seek advice from the Chair~~man~~ or the Director of Corporate Governance~~Trust Secretary~~ on matters relating the Constitution, governance requirements or conduct, and have regard to the advice given to them.

### 5.1.2   ~~5.1.2~~ Confidentiality

Governors agree that they will:

a) ~~r)~~   Respect the confidentiality of the information they are made privy to as a result of their membership of the Council of Governors, except where information is made available in the public domain.
b) ~~s)~~   Understand, endorse and promote the Trust's Data Protection Policy in every aspect of their work. A copy of this policy will be provided to each Governor and training will be provided where necessary.
c) ~~t)~~   Make no public statements on behalf of the Trust or communicate in any way with the media without the prior consent of the Chair~~man~~ or a designated officer from the Trust's Communications Department.

### 5.1.3   ~~5.1.3~~ Declaration of Interests

Governors agree that:

a) ~~u)~~   It is essential for good corporate governance and to maintain public confidence in the Trust that all decision making is robust and transparent. To support this, the Constitution and the Trust's Policy on the Register of Interests, Gifts and Hospitality set out requirements for Governors to declare relevant interests (as defined in the Constitution).
b) ~~v)~~   Governors will declare interests on request from the Director of Corporate Governance~~Trust Secretary~~ or, as required by the Constitution, whenever they become aware of a potential conflict of interest in respect of a matter being considered by the Council of Governors. Governors should seek advice from the Director of Corporate Governance~~Trust Secretary~~ or the Chair~~man~~ where they are unsure as to whether an interest needs to be declared. Declared interests will be included in a Register of Interests, which will be published on the Trust website.

## 6.   ~~6.~~ Participation in Meetings and in Training and Development

6.1 ~~6.1~~            The Council of Governors will hold a number of meetings per year, the number to be determined by the Chair~~man~~. The schedule for these meetings and for other activities will be proposed by the Trust Secretari~~at~~aty and is subject to approval by the Council of Governors.

6.2 6.2 It is expected that Governors will attend meetings of the Council of Governors and any committees to which they are appointed but it is accepted that there will be occasions on which Governors cannot attend, in which case they will give apologies for absence.

6.3 6.3 The Constitution provides for the Council of Governors to remove any Governor from office where he/she fails to attend two consecutive Council of Governor meetings and where the Council is not satisfied that the absence was due to a reasonable cause and that the attendance record will be rectified.

6.4 6.4 The Board of Directors has a statutory duty to take steps to ensure that the Governors are equipped with the skills and knowledge they need to discharge their responsibilities appropriately. A programme of training and development will be agreed with the Council of Governors and it is expected that Governors will participate in such activities unless, in reasonable circumstances, this is not possible.

**7.          7. Upholding this Code of Conduct**

7.1 7.1 Following approval of this Code of Conduct by the Council of Governors, individual Governors agree to comply with all of its content.

7.2 7.2 Where possible or appropriate, any concerns about the conduct or performance of a Governor will be addressed under the leadership of the Chairman through training, development or other means which are considered appropriate. Where such concerns exist the Chairman will write to the Governor concerned to set out the concerns and the action agreed to rectify or otherwise address them.

7.3 7.3 The Constitution provides for the circumstances in which a Governor can be removed from office, including where any Governor fails to comply with this Code of Conduct. It is for the Chairman to propose removal from office if this is necessary after all other course of action, including training and development where relevant, have been exhausted. The Constitution provides for an independent review of evidence associated with such a proposal, reflecting the Foundation Trust Code of Governance. As required by the Constitution, it is for the Council of Governors to determine (in accordance with rules set out in the Constitution) whether any Governor should be removed from office following a proposal from the Chairman and an independent review if one is commissioned.

Approved by the Council of Governors on 9 August 2022
Approved by the Board of Directors on 9 August 2022

To be reviewed not later than March 2021August 2023

**UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST**

**CODE OF CONDUCT FOR GOVERNORS**

**DECLARATION OF ACCEPTANCE**

I confirm that I have received, read and understood the Code of Conduct for Governors (the Code).

I further confirm that I will comply with the provisions of the Code.

……………………………………………
Signature of Governor

……………………………………………
Name of Governor

Address for Governor

…………………………………………….
Date of signature

**Please return the completed form to:**

~~Membership Team,~~ University Hospitals Bristol and Weston NHS Foundation Trust, Trust Secretariat, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU ~~University Hospitals Bristol and Weston NHS Foundation Trust.~~

**Meeting of the Council of Governors on Tuesday 9 August 2022**

| Report Title | 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)*

**Highlights:**
New governors started in role on 1 June 2022 and have made a good start in attending meetings and getting to grips with the role. They are as follows:

**New Elected Governors**: Robert Edwards (Public-Bristol), Stephen Hartnell (Public-Bristol), Ben Argo (Public - South Gloucestershire), Olivia Ratcliffe (Public- Rest of England and Wales), Mark Patteson (Public - Rest of England and Wales), Karen Low (Staff-Nursing and Midwifery), and Karen Marshall (Staff-Nursing and Midwifery).

**New Appointed Governor**: Dave Clarke has been appointed as Appointed Governor for University of West of England from 1 June 2022 to replace Sally Moyle who has stepped down.

## 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 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.

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## 1. Quality Focus Group

A meeting of the Quality Focus Group took place on 14 July 2022. Agenda items included

- Update from Emma Mooney, Director of Communications, on the Trust's Communication Strategy
- Update from Caroline Daley, Assistant Director of Operations, on complex discharge and challenges discharging patients from our hospitals.
- An update from the Non-Executive Director Chair of the People Committee, Bernard Galton
- Discussion about the Integrated Quality and Performance Report.

The next meeting of the Quality Focus Group will be held on 8 September 2022

## 2. Governors' Strategy Group

There have been no meetings in this period, with the last meeting on 20 May 2022. The next meeting will be held on 8 September 2022.

## 3. Membership and Constitution Group

A meeting of the Membership and Constitution took place on 13 July 2022. Agenda items included:

- Review of the Trust's Constitution
- Membership Report
- Governor elections update
- Annual Members' Meeting
- Health Matters Events programme

The next meeting of the Membership and Constitution Group will be held on 18 January 2023.

**Governor Group Chairs/Deputy Chairs have been confirmed for 1 June 2022 - 31 May 2023 as follows:**

- Quality Focus Group: Carole Dacombe (Chair), John Rose (Deputy Chair)
- Membership and Constitution Group: Mo Phillips (Chair), John Chablo (Deputy Chair)
- Governors' Strategy Group: Malcolm Watson (Chair), Martin Rose (Deputy Chair)

Other governor meetings and 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 was one session in this period, held on 28 June 2022. Governors heard from the Chair and the NEDs about their current areas of focus, including the Integrated Care System,

outpatient experience at the Bristol and Weston hospitals, Bristol/Weston cross-site working, challenges in recruiting radiographers, the elective backlog and long waiting lists, the high numbers of medically-fit-for-discharge patients, and recruitment and retention of staff.

**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. A seminar day was held on 14 June 2022, covering the Governor Role and Responsibilities, an introduction to Chief Executive Eugine Yafele, and a session with Paula Clarke, Director of Strategy and Transformation, on UHBW in the wider health system. There were also brief 15-20 minute bite-size training sessions on information governance, infection control and fire safety, as governors return to in-person meetings on-site.

**Staff Governor meeting**: Staff Governors met on 4 July 2022 with the Chief Executive and Director of People.

**Meet your Governor event**: Governors met some of their members at an event at Weston General Hospital on 23 June 2022

Several governors also attended the online national **NHS Providers Governor Focus Conference on 5-7 July 2022.**

| Advice and Recommendations |
| --- |
| • The Council of Governors is asked to **note** this update for information |

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# Meeting of the Council of Governors on 9 August 2022

| Report Title | Item 4.1 - 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 the Trust membership in May-July 2022 against the aims set out in the Trust's Membership Strategy 2020-23.

## 2. Key points to note

The Trust continues to engage with members in line with the Membership Strategy. Key areas of focus in the past few months have been building relationships with other teams, re-starting in-person events, and updating governor posters and membership forms in hospital areas.

## 3. Membership Numbers

**Membership Numbers:** The breakdown of members by constituency class is shown below. On 6/7/22, there were 4,510 public membership numbers compared with 4,614 public FT members on 4/3/22.

| Membership Constituency Classes | 6/7/22 | 4/3/22 |
|---|---|---|
| *Public Constituency* | | |
| Bristol | 2,266 | 2313 |
| North Somerset | 835 | 851 |
| South Gloucestershire | 815 | 831 |
| Rest of England and Wales | 594 | 619 |
| **Total Public Membership** | **4,510** | **4,614** |
| *Staff Constituency* | | |

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| | | |
|---|---|---|
| Medical and Dental | 2,228 | 2,260 |
| Nursing and Midwifery | 5,394 | 5,426 |
| Other Clinical Healthcare Professionals | 2,334 | 2,349 |
| Non-Clinical Staff | 4,107 | 4,104 |
| **Total Staff Membership** | **14,063** | **14,139** |
| *TOTAL PUBLIC AND STAFF MEMBERSHIP* | **18,573** | **18,753** |

## 4. Progress against Membership Strategy

Engagement and involvement of members continues to follow the principles set out in the Trust's Membership Engagement Strategy (2020-2023). The following key points are of note in this period:

**Membership Data Cleanse**: The team continues to carry out the objective outlined in the Trust's current Membership Strategy to ensure public membership records are up-to-date by asking members who joined the Trust a long time ago and who have not provided us with email addresses to re-affirm their membership. If they do not respond, it is assumed that they no longer wish to be members and their membership is cancelled. This project is in Year 2 of a 3-year phase and has resulted in a significant decrease in public membership numbers, with another drop to be expected in autumn 2022. A review of the remaining membership will then be carried out to ensure that the Trust still has a membership that is broadly representative of the local population.

**Engagement with Members**:
The membership strategy sets out actions in relation to membership engagement to a) raise awareness of membership b) engage with members c) involve members. Some examples of engagement this quarter have been:

- Regular monthly e-newsletters are sent to all public members for whom we have an email address (55%). The newsletter is produced by the membership team and includes a report by a governor each month as a means to directly engage with their constituents.

- Members for whom we do not have an email address receive a newsletter in the post twice a year. A mailshot was sent in early March 2022, and another is planned for August 2022, which will include an invitation to the Annual Members' Meeting in September to fulfil our statutory duty to inform members about this.

- Updated governor posters and membership forms have been displayed in hospital areas.

- Work with different teams to explore cross-working around membership and Health Matters Events is ongoing, for example with the Patient Experience and Voluntary Services team, the Youth Involvement Group, and the Apprenticeships and Widening Engagement Team. A network of people in the Trust who share an interest in the involvement of communities in the Trust's work is setting up a Community of Practice for Better Involvement – this includes the Membership Team. There is also an opportunity to link up with those in the wider region as part of Healthier Together's 'Big Conversation'.

- Planning has been taking place for Health Matters Events (the Trust's public events programme which is managed by the Membership Team/Trust Secretariat). An in-person Health Matters Event on Sustainable Development ('Making our Hospitals Greener – A Sustainability Story' took place on 26 July 2022 at the Education and Research Centre.

- A 'Meet your North Somerset Governor' event was held at Weston General Hospital on 23 June 2022. Four governors (Annabel Plaister, John Rose, Graham Briscoe and Jocelyn Hopkins) took part to talk to Foundation Trust members and members of the public. It is hoped that 'Meet your Governor' events will also be organised for Bristol and South Gloucestershire.

## 5. Priorities for the next quarter

The next period will include focus on:

- Organising Health Matters Events, Meet your Governor Events, and other engagement opportunities for 2022-23.

- Introduction of new governors to their members via Newsbeat, Membership Newsletters (email and post) and social media.

- Continuing with the Membership Strategy data cleansing objective.

- Building and strengthening relationships with other teams and system partners.

- Planning for a new UHBW Membership Strategy for 2023 onwards.

## Advice and Recommendations

- This report is for **Information.**

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**Report to the Council of Governors on 9 August 2022**

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

| 1.  Report Summary |
|---|
| The purpose of this report is to provide the Board of Directors with an update on all questions on the Governors' Log of Communications and subsequent responses added or modified since the previous meeting. The Governors' Log of Communications is a means of channelling communications between the governors and the officers of the Trust. |

| 2.  Key points to note |
|---|
| Since the previous Council of Governors meeting on 27 May 2022 no questions and responses have been added. There are no responses outstanding. |

| 3.  Advice and Recommendations |
|---|
| • This report is for **Information.** |

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