

COUNCIL OF GOVERNORS

Meeting to be held on Thursday, 27 May 2021 at 14:00-16:00 via Cisco Webex
Videoconference. Livestreamed online for public viewing

AGENDA

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS	PAGE NO.
1. Preliminary Business					
1.1.	Introduction and apologies	Information	Chair	14:00	verbal
1.2.	Declarations of Interest	Information	Chair		verbal
1.3.	Minutes of previous meetings - Minutes of Council of Governors meeting held on 28 January 2021 - Minutes of Extraordinary Council of Governors meeting held on 25 March 2021	Approval Approval	Chair	14:05	3 12
1.4.	Matters arising (Action Log)	Approval	Chair		16
1.5.	Chair's Report	Information	Chair	14:10	verbal
2. Performance Update and Strategic Outlook					
2.1.	Chief Executive's report	Information	Chief Executive	14:20	verbal
2.2.	Weston Integration Update	Information	Director of Strategy and Transformation	14:25	17
2.3.	Financial Plan for 2021/22/Update on Operational Plan	Information	Director of Finance and Information and Director of Strategy and Transformation	14:50	21
2.4.	Covid-19 Update and Recovery and Restoration – <i>Verbal Update</i>	Information	Deputy Chief Executive/ Chief Operating Officer	15:05	verbal
2.5.	Quarterly Patient Experience and Complaints reports – to note	Information	Chief Nurse	15:20	Attached as supporting information

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS	PAGE NO.
3. Governor Decisions and Updates					
3.1.	Nominations and Appointments Committee Report - Committee Terms of Reference - Non-Executive Director Re-appointment	Assurance Approval Approval	Chair	15:20	37
3.2.	Appointment of Lead Governor	Approval	Chair	15:25	46
3.3.	Governor Activity Report - Governor Focus Group terms of reference	Information Approval	Membership Manager/ Governors	15:30	47
3.4.	Membership Engagement Report	Information	Membership Manager	15:40	61
3.5.	Elections to the Council of Governors	Information	Membership Manager	15:50	64
3.6.	Governors Log of Communications	Information	Chair	15:55	68
4. Concluding Business					
4.1.	Foundation Trust Members' Questions	Information	Chair	16:00	
4.2.	Any Other Urgent Business – <i>Verbal Update</i>	Information	Chair		
	Date and time of next meeting • Thursday, 29 July 2021, 14:00 – 16:00	Information	Chair		

**Minutes of the Council of Governors Meeting of University Hospitals Bristol and Weston
NHS Foundation Trust (UHBW) held in public on Thursday 28 January 2021 at 14:00-16:00
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
and broadcast live on YouTube for public viewing.**

Present

Jeff Farrar – Chair of the Board and Chair of the Council of Governors
Hessam Amiri – Public Governor
Ashley Blom – Appointed Governor (University of Bristol)
Graham Briscoe – Public Governor
John Chablo – Public Governor
Carole Dacombe – Public Governor
Aishah Farooq – Appointed Governor (Youth Involvement Group)
Tom Frewin – Public Governor
Chrissie Gardner – Staff Governor
Hannah McNiven – Staff Governor
Sue Milestone – Public Governor
Sally Moyle – Appointed Governor
Hannah Nicoll – Appointed Governor (Youth Involvement Group)
Debbi Norden – Staff Governor
Mo Phillips – Public Governor (Lead Governor)
Ray Phipps – Public Governor
John Rose – Public Governor
Martin Rose – Public Governor
Jane Sansom – Staff Governor
John Sibley – Public Governor

In Attendance

Bernard Galton – Non-Executive Director
David Armstrong – Non-Executive Director
Eric Sanders – Director of Corporate Governance / Freedom to Speak Up Guardian
Jayne Mee – Non-Executive Director
Julian Dennis – Non-Executive Director
Kam Govind – Non-Executive Director (Associate) (NEXT Director Scheme placement)
Martin Sykes – Non-Executive Director
Robert Woolley – Chief Executive
Deirdre Fowler – Interim Chief Nurse
Sue Balcombe – Non-Executive Director
Neil Kemsley – Director of Finance and Information
Mark Smith – Deputy Chief Executive and Chief Operating Officer
Matt Joint – Director of People
William Oldfield – Medical Director
Sarah Murch – Acting Membership Manager (minutes)

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

Minute Ref:	Item	Actions
1.0 Preliminary Business		
COG1.1/01/21	1.1 Chair's Introduction and Apologies	
	<p>The Chair, Jeff Farrar, welcomed everyone to the meeting. He notified those in attendance via videoconference that the meeting was being streamed live online via YouTube for public viewing. He reminded members of the public who were watching the livestream that the meeting should not be recorded.</p> <p>Apologies had been received from governors Sophie Fernandes (nee Jenkins), Graham Papworth, Penny Parsons, Mary Whittington and Garry Williams. Apologies had also been received from Steve West, Non-Executive Director.</p>	
COG1.2/01/21	1.2 Declarations of Interest	
	There were no new declarations of interest from governors relevant to items on the agenda.	
COG1.3/01/21	1.3 Minutes from Previous Meeting	
	<p>Governors considered the minutes of the meeting of the Council of Governors held on 27 November 2020.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Approve the minutes of the Council of Governors meeting held on 27 November 2020 as a true and accurate record of the proceedings. 	
COG1.4/01/21	1.4 Matters Arising/Action Log	
	<p>Governors noted updates on the actions from previous meetings as follows:</p> <p>COG3.4/07/20: <i>More information to be provided to governors about alcohol-related ED attendances.</i></p> <p>An initial response had been provided. Additional data had been requested but this was not as straightforward as had been thought and so may not be possible to collect in the current circumstances.</p> <p>COG4.2/07/20 <i>More information about the Trust's capital plan to be shared</i></p> <p>Neil Kemsley, Director of Finance and Information, had attended the Governors' Strategy Group meeting on 8 December 2020 to update governors on the Trust's capital programme. <u>Action completed.</u></p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Approve the updates to the action log. 	
COG1.5/01/21	1.5 Chair's Report	
	<p>Jeff Farrar, Trust Chair, gave a brief update to governors on his recent activity. Key points were as follows:</p> <ul style="list-style-type: none"> • The Board was helping to strengthen the governance and scrutiny around the Trust's digital agenda and was looking forward to this gathering more pace. • Deirdre Fowler had been appointed as Interim Chief Nurse to replace Carolyn Mills who had left earlier this month. • The Board was increasingly concerned about the safety of Trust staff after an increase in violence against Emergency Department 	

	<p>(ED) staff. Further work was underway to support staff and seek to deter future incidents.</p> <ul style="list-style-type: none"> • The Chair had been involved in the selection process for a new Non-Executive Director, as had governors, and he was pleased to recommend the appointment of Jane Norman for approval by the Council of Governors. • The Trust had not held its annual Recognising Success staff awards ceremony this winter but nominations had still been received and there were plans for a virtual awards ceremony to which governors would be invited. • A majority of Trust staff had now received their first dose of the Covid vaccine. This process was running smoothly and was very well-organised. <p>He concluded by asking governors to note that the impact of the current Covid-19 coronavirus wave should not be underestimated. Numbers in the Trust's hospitals had virtually doubled from the first wave. The demand on the Trust's staff was crippling. However, Trust performance was holding up remarkably well despite all the constraints and he commended the Trust's Executive Team and all the Trust's staff for this.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Chair's Report to note. 	
2.0 Performance Update and Strategic Outlook		
COG2.1/01/21	2.1 Chief Executive's Report	
	<p>Robert Woolley, Chief Executive, provided an update on the main issues facing the Trust. He praised the extraordinary efforts of staff particularly in recent weeks. During the last week there had finally been a decline in numbers of Covid patients in the Trust's hospitals but numbers were still far higher than the first wave and the hospitals were still extremely pressured. Staff had needed to be very flexible, as there had been a need to reconfigure the hospitals internally in order to deal with Covid demand, and critical care surge capacity had been opened up in January. The toll that the extreme pressure was taking on staff was enormous, and the Trust was working hard to ensure that there was sufficient support in place for them. The Board was also now considering how to demonstrate the organisation's respect and thanks for every single member of staff and there would be a package of measures announced in February to reinforce to staff how much their efforts were appreciated.</p> <p>He also updated governors on the following matters:</p> <ul style="list-style-type: none"> • The Senior Leadership Team had taken positive decisions around planning for next year particularly in relation to workforce. In a significant step forward, the Trust had launched an international recruitment drive for nursing staff, with 100 nurses to be recruited internationally in the next financial year as the start of a three-year plan. Recruitment had begun and it was hoped that they would be in place by October 2021. • The Nightingale Hospital Bristol remained on standby though the contract for the NHS to use it was due to end at the end of March 2021. UHBW was presently using it for children's services (allergy clinics) and diagnostic eye services. • UHBW was playing its part in the mass vaccination programme, with shared responsibility for vaccinating frontline health workers and care home staff in the system. The programme was on track to achieve this by mid-February. 	

	<ul style="list-style-type: none"> The main entrance of the Bristol Royal Infirmary was now open once again after some months of refurbishment with a new door and a new 'Gift for Life' artwork window which was part of the arts programme and commemorated the recent change to the law around organ donation. <p>Governors' questions to the Chief Executive included the following:</p> <ul style="list-style-type: none"> In response from a question from Graham Briscoe, Public Governor, about the impact of the pandemic on the Trust's five-year strategy which had been launched last year, Robert Woolley provided reassurance that the Board continued to strike a balance in dealing with operational pressures and achieving its strategic objectives. A review of the Trust's strategic capital programme had just been initiated to make sure that all business cases for development of the Trust's estate took account of the learning from Covid and staffing implications. That review would return to the Senior Leadership Team and the outcome would be reported to Board and Governors <p>Action: Review of Strategic Capital Programme to be shared with governors.</p> <ul style="list-style-type: none"> Sue Milestone, Public Governor, commented that she was shocked to hear about the increase in violence against Emergency Department staff and enquired about the support from the army. Matt Joint responded that military support was only likely to be in place for a few weeks in January-February 2021 while the Covid surge was at its peak. However, the Trust was doing more to help staff, for example, staff were now wearing bodycams, there was advanced restraint training for staff, and a monitoring group had been set up to ensure senior leadership oversight of violence and aggression. Jeff Farrar confirmed that staff had the full backing of the Board and that the local police force was very supportive. Sally Moyle, Appointed Governor (University of the West of England) noted concerns that some staff may leave after the worst of the pandemic had passed and stressed the importance of workforce planning in this regard. However, she was able to confirm that applications for nursing courses had risen at UWE, possibly due to the effect of Covid and the good work of the NHS during the pandemic. Robert Woolley welcomed this news and added that it remained important to make sure that the Trust was seen as an attractive place to work. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> Receive the Chief Executive's report to note. 	Director of Finance and Information
COG2.2/01/21	2.2 Covid-19 Update	
	<p>Mark Smith, Deputy Chief Executive and Chief Operating Officer gave a verbal update on the Trust's continuing efforts to deal with the Covid-19 coronavirus pandemic, including the following points:</p> <ul style="list-style-type: none"> The Trust had seen a plateauing and small reduction in numbers of Covid-positive patients needing treatment in the past week but these were still extremely high. A week ago there had been around 174 in the BRI (not far off a third of the bed base) and 93 in Weston General Hospital (WGH). These numbers had included 30 patients in intensive care units and 30 more needing non-invasive ventilation. He echoed the Chair and Chief Executive's comments that staff had 	

	<p>been miraculous in their response but were now showing signs of fatigue. The welfare packages that the Trust was planning to put forward would be important.</p> <ul style="list-style-type: none"> • The speed with which the Trust had reconfigured wards and hospitals over recent months had been breath-taking in order to expand intensive care capacity. • On 31 December 2020, a divert had been implemented at Weston General Hospital to redirect non-Covid patients to other health settings, in order to help support decompression and recovery. This was stood down by 15 January 2021 and patients had been repatriated. The hospital was now in a much better position partly thanks to an internal reconfiguration and recruitment into the Weston Emergency Department. • The high numbers of Covid patients had hit the Trust's elective care programme. The Trust was making sure that urgent cases were treated but was also giving thought to the next phase: restoration of normal services and recovery of the backlog. <p>Governors noted the extreme pressures that the current Covid wave had caused for the Trust and voiced concern about the effects on staff.</p> <ul style="list-style-type: none"> • Carole Dacombe, Public Governor, enquired about the longer-term effects on staff of dealing with this kind of crisis, such as fatigue and post-traumatic stress. Robert Woolley confirmed that this was under active consideration by the Trust and its partners in the local health and care system and would be taken into account in the support package that was being put together. Matt Joint, Director of People, responded that the Trust had a good suite of wellbeing resources for staff presently, but was set to receive additional funding from NHS England/Improvement of around £400,000 for next year to establish a psychological wellbeing hub and other support. The Trust was also considering how it could offer flexible working to its staff to give people the option of a career change or working fewer days. William Oldfield, Medical Director, added that in relation to medical staff, there was now recognition of this locally and nationally. For example, the appraisal process for medical staff had been changed to move the focus away from performance and towards wellbeing. • Mo Phillips, Public Governor, referred to the need during Covid to reconfigure hospitals and change ways of providing care (e.g. video appointments) and asked for assurance that as things returned to normal the Trust would consider whether it could retain some of these innovations. Mark Smith confirmed that the Trust was actively focussed on keeping the innovative changes that had helped and reducing ways of working that were less than helpful. • Ray Phipps, Public Governor, asked for more information about the ECMO (extra corporeal membrane oxygenation) business case that had been mentioned at the January Board of Directors meeting. Mark Smith responded that this was an exciting regional development which would support intensive care patients with failing lungs. ECMO was currently provided in specialist national centres and there were not many across the country so patients needed to travel some distance if they needed it at present. The plans would be progressed but would take some time to come to fruition. • Jane Sansom, Staff Governor (Medical and Dental), welcomed the wellbeing support provided by the Trust but noted that junior doctors were also worried about the impact that the pandemic had had on 	
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	<p>their training. She asked for support from the Board to give them the time and opportunity to catch up. William Oldfield acknowledged this and added that the Trust was hoping to reinstate more teaching and training from next week if pressure continued to reduce. Bernard Galton, Non-Executive Director and Chair of the People Committee provided assurance that his committee had raised this issue at its January meeting. He added that the Committee also understood that medical staff needed more rest areas and places for down-time and had asked that this be addressed with urgency.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Covid-19 update report to note. 	
COG2.3/01/21	2.3 Weston Integration Update	
	<p>Neil Kemsley, Director of Finance and Information, presented a report on integration following the merger in April 2020 between University Hospitals Bristol NHS Foundation Trust and Weston Area Health NHS Trust. The report had been produced for the Trust Board and was shared with governors for information. He reported that integration of the new organisation continued on a service-by-service basis. There had been slippage in relation to clinical integration due to the immediate pressures of the pandemic but the Trust still intended to complete integration by March 2022. All corporate services functions had now completed integration within timescale with the exception of the Digital Services Team and the Communications Team.</p> <p>Governors discussed the integration update. John Rose, Public Governor, enquired about the progress of the project to merge IT systems and particularly the patient administration system as he understood that separate systems operating on the Bristol and Weston sites had been causing problems. Neil Kemsley explained that this was a work in progress. The first phase of the project had been to implement the Medway patient administration system in Weston General Hospital, and this had been completed in September 2020. While this was the same system as the Bristol hospitals used, a newer version had been implemented at WGH. The Trust was now moving to the second phase of the project, which would be to implement a single version of the system across the entirety of the organisation. The intention was to complete some development work in WGH, and then bring the Bristol system into the newer version that was operating at WGH. He asked John Rose to contact him outside the meeting for further clarification if necessary.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Weston Integration update to note. 	
COG2.4/01/21	2.4 Patient Experience Report and Patient Complaints Report	
	<p>The Trust's Quarterly Patient Experience Report and Patient Complaints reports were provided to governors to provide information on the Trust's activities in these areas. Governors noted that there had been a rise in complaints and the report outlined the reasons for this.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Patient Experience and Complaints reports to note. 	

3.0 Items for Information		
COG3.1/01/21	3.1 Nominations and Appointments Committee Report	
	<p>Non-Executive Director Appointment</p> <p>This report summarised the steps taken to recruit a new Non-Executive Director to the Trust and sought governor approval for the proposed appointment. Governors were reminded that a number of them had been involved in the selection process for a new Non-Executive Director, including shortlisting and interviewing. Governors on the Nominations and Appointments Committee had considered the interview panel's recommendation to appoint Jane Norman to the role and they had been supportive. The Council of Governors was now asked to consider the Governors' Nominations and Appointments Committee's recommendation to approve the new appointment.</p> <p>There were no dissenting voices.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Approve the appointment of Professor Jane Norman as Non-Executive Director for a three-year term of office subject to employment checks and Fit and Proper Person checks. 	
COG 3.2/01/21	3.2 Governor Activity Report	
	<p>Governor Activity Report</p> <p>Governors were asked to note this report, which provided a summary of recent activity demonstrating that governors had continued to carry out their duties thoroughly despite the pandemic. They had continued to hold NEDs to account, to raise issues on behalf of their members and had been carrying out their statutory duties in relation to the appointment of a new Non-Executive Director and new External Auditors. The report also included an Annual Cycle of Business which showed the items of business that would be considered by the Council of Governors during the next financial year.</p> <p>Governors reflected on their activity in the period and added the following points:</p> <ul style="list-style-type: none"> • Carole Dacombe, Chair of the Governors' Quality Focus Group, voiced appreciation for the Non-Executive Directors and senior members of Trust staff who had attended the group's meeting on 14 January 2021 despite the current pressures on the hospitals to update governors on discharge process, medical staffing, and workforce issues. • Mo Phillips, Lead Governor, confirmed that there was still a considerable amount of governor activity and good attendance at meetings despite their virtual nature during the pandemic. Governors had recently asked for more informal opportunities to talk to each other, and it had been agreed that this would be built into the programme of meetings. • Graham Briscoe, Public Governor, spoke of his admiration for the passion, commitment and enthusiasm of the Council of Governors in carrying out their role particularly in terms of holding Non-Executive Directors to account. As a model of governance he felt it was unsurpassed in terms of the level of challenge and holding to account and he suggested that it could be a model for the sector as a whole. • Ray Phipps, Chair of the Constitution Focus Group, added that the previous meeting of this group had taken place in November 2020 and the next one was scheduled for March 2021. <p>Members RESOLVED to:</p>	

	<ul style="list-style-type: none"> • Receive the report to note. 	
COG3.3/01/21	3.3 Membership Strategy update	
	<p>Sarah Murch, Acting Membership Manager, presented the Membership Strategy Update to the Governors. It gave an overview of engagement with members in the period, and particularly governor engagement with members through the medium of the monthly membership newsletter (for public members) and Newsbeat staff newsletter (for staff members).</p> <p>She highlighted that governor elections were running again this year, as these had been postponed from 2020. A report had been included detailing the seats for election and the timetable.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the report to note. 	
COG3.4/01/21	3.4 Appointment of External Auditors	
	<p>Eric Sanders, Head of Corporate Governance, gave governors a verbal update on the process for the appointment of External Auditors.</p> <p>Governors had a session at their Governor Development Seminar on 20 January 2021 to remind them of the role of governor in appointing the External Auditor, and to talk through the process. A task and finish group had been set up (the External Auditor Selection Group) and this included representation from governors. The group had met to receive the two tenders that had been received and consider scoring. Presentations from the suppliers would take place next week, then the group would be convened again to recommend an appointment. An Extraordinary Audit Committee and Extraordinary Council of Governors meeting would then be held in order to approve the final appointment.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive this update to note. 	
COG3.5/01/21	3.5 Governors' Log of Communications	
	<p>Governors noted the report of the most recent questions that governors had asked directors via the Governors' Log of Communications. It was noted that one response was still outstanding.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Governors' Log of Communications to note. 	
4.0 Concluding Business		
COG4.1/01/21	4.1 Foundation Trust Members' Questions	
	There had been no questions asked for the meeting via the YouTube livestream or in advance of the meeting.	
COG4.2/01/21	4.2 Any Other Business	
	Chrissie Gardner, Staff Governor (Non-Clinical Staff) voiced concern about the treatment of support staff in relation to the Trust's annual leave policy during the pandemic. Some frontline support staff had not been able to take all their leave during the year as they had been required to work throughout the pandemic, but they were having difficulties getting permission to carry it forward into the next annual leave year. Matt Joint confirmed that he would	

	<p>look into this. He explained that in exceptional circumstances where staff could prove that they had not been allowed to take their normal leave, line managers would be able to agree up to 20 days carry-over but he knew that some departments were struggling with this.</p> <p>Action: Director of People to look into application of annual leave policy to ensure that it was fair and consistent and to report back to governors.</p>	<p>Director of People</p>
COG4.3/01/21	<p>4.3: Meeting close and date of next meeting The Chair declared the meeting closed at 15:20. The date and time of the next meeting of the Council of Governors would be Thursday 27 May 2021, 2pm-4pm.</p>	

DRAFT

Minutes of the Extraordinary Council of Governors Meeting of University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) held in public on Thursday 25 March 2021 at 13:00-14:00 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 and broadcast live on YouTube for public viewing.

Present

Jeff Farrar – Chair of the Board and Chair of the Council of Governors
Ashley Blom – Appointed Governor (University of Bristol)
Graham Briscoe – Public Governor
John Chablo – Public Governor
Carole Dacombe – Public Governor
Sophie Fernandes – Appointed Governor (Joint Union Committee)
Hannah McNiven – Staff Governor
Sue Milestone – Public Governor
Sally Moyle – Appointed Governor
Hannah Nicoll – Appointed Governor (Youth Involvement Group)
Graham Papworth – Public Governor
Mo Phillips – Public Governor (Lead Governor)
Ray Phipps – Public Governor
John Rose – Public Governor
Martin Rose – Public Governor
John Sibley – Public Governor
Malcolm Watson – Public Governor
Mary Whittington – Public Governor

In Attendance

David Armstrong – Non-Executive Director
Sue Balcombe – Non-Executive Director
Julian Dennis – Non-Executive Director
Deirdre Fowler – Interim Chief Nurse
Neil Kemsley – Director of Finance and Information
Jayne Mee – Non-Executive Director
Jane Norman – Non-Executive Director
Eric Sanders – Director of Corporate Governance / Freedom to Speak Up Guardian
Martin Sykes – Non-Executive Director
Steve West – Non-Executive Director
Robert Woolley – Chief Executive
Andy Headdon – Director of Estates and Facilities (for item 6)
Sarah Murch – Membership Manager
Rachel Hartles – Membership and Governance Officer (minutes)

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

Minute Ref:	Item	Actions
COG1/03/21	1. Chair's Introduction and Apologies	
	<p>The Chair, Jeff Farrar, welcomed everyone to the meeting. He notified those in attendance via videoconference that the meeting was being streamed live online via YouTube for public viewing. He reminded members of the public who were watching the livestream that the meeting should not be recorded.</p> <p>Jeff welcomed Deirdre Fowler and Jane Norman to their first Council of Governors meeting since joining the Trust.</p> <p>Apologies had been received from governors Aishah Farooq, Debbi Norden, Chrissie Gardner, Penny Parsons and Garry Williams. Apologies had also been received from Mark Smith, Deputy Chief Executive and Chief Operating Officer and Matt Joint, Director of People.</p>	
COG2/03/21	2. Declarations of Interest	
	<p>There were no new declarations of interest from governors relevant to items on the agenda.</p>	
COG3/03/21	3. Interim Chair Appointment	
	<p>Jeff Farrar and Jayne Mee left the meeting for this item.</p> <p>Martin Sykes, Vice-Chair, took the Chair for this item. Martin gave a brief update to governors on the Interim Chair Appointment. Key points were as follows:</p> <ul style="list-style-type: none"> • The Interim Chair position had been advertised internally to existing Non-Executive Directors of the Trust and three applications had been received All three candidates were seen as very capable. • The interview panel consisted of Martin Sykes, Mo Phillips and Carole Dacombe, with Eric Sanders, Director of Corporate Governance and Alex Nestor, Deputy Director of People in attendance in an advisory capacity. <p>Martin invited Mo Phillips, Lead Governor to comment on the process followed by the Trust in relation to the interviews. Mo advised the Governors that there were marginal differences in the three interviews and a fair process had been undertaken.</p> <p>Martin invited Eric Sanders, Director of Corporate Governance, to comment on the process and the approvals being sought by the Council of Governors. Eric advised the Council that the process had involved an interview of each of the candidates with a panel discussion after the interviews to discuss feedback and agree the recommended appointments. The Council was now requested to approve Jeff Farrar stepping out of the UHBW Trust Chair role for a six-month post whilst be undertook the role of Interim Chair of Healthier Together, and the approval of Jayne Mee as Interim Chair of the Trust for the six months to cover in Jeff's absence.</p> <p>Questions from the Governors and Board included:</p> <ul style="list-style-type: none"> • David Armstrong, Non-Executive Director, agreed with the outcome, however he queried why the Chief Executive and current Chair were not involved in the process. Eric Sanders explained this was due to a conflict in their roles and good governance practice. It was, however, 	

	<p>confirmed that they were both consulted before and after the interviews took place.</p> <ul style="list-style-type: none"> • Steve West and Jane Norman, Non-executive Directors, confirmed the same practice was in place at Universities, where the Dean would not be involved in certain recruitment processes due to perceived conflicts of interests. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Approve Jeff Farrar stepping away from the UHBW Chair role for six months until September 2021 • Approve Jayne Mee's appointment as Interim Chair of the Trust for six months until September 2021 <p>Jeff Farrar and Jayne Mee re-joined the meeting.</p> <p>Jeff acknowledged the Council of Governors' decision and congratulated Jayne on her appointment. He also confirmed that he and Jayne would be speaking on a regular basis over the coming six months. Jayne echoed Jeff's comments and stated that she was looking forward to working closer with the governors.</p>	
COG4/03/21	4. External Auditor Appointment	
	<p>Eric Sanders, Director of Corporate Governance, provided an update to the governors on the appointment of the External Auditors.</p> <p>Eric clarified that the Audit Committee was recommending approval of the appointment of KPMG to the role of External Auditor for the Trust from June 2021. Eric explained that the recruitment process had involved the Governors at each stage, as well as the Procurement and Finance departments who had provided support and information relating to the scoring of bids.</p> <p>Carole Dacombe confirmed the Governors had been kept informed of the entire process. She also advised that as there was a significant lack of bids received; the Governors highlighted the issue to the Governor's Advisory Committee within NHS Providers, who had confirmed that although they were not aware of the situation, they would now look into the issue and ensure that this was a focus of the group moving forward.</p> <p>There were no other comments from the Council of Governors.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Approve KPMG as the approved External Auditors for a period of three years from June 2021. 	
COG5/03/21	5. NHS Providers' Governor Advisory Committee election	
	<p>Sarah Murch, Membership Manager, presented the NHS Providers' Governor Advisory Committee election paper to the governors.</p> <p>Sarah explained the role of the NHS Providers Governor Advisory Committee, which included providing oversight and feedback on the work of NHS Providers that related to governors, such as the GovernWell training programme, the Annual Governor Focus Conference and guidance resources. The Trust's Council of Governors were able to vote for candidates to represent them on the Governor Advisory Committee. Governors had been asked for their input and were now asked to approve</p>	

	<p>the Trust's choice of candidates.</p> <p>There were no comments from the Council of Governors.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Approve the order of the Trust's choice of candidates for the Governor Advisory Committee election. 	
	<p>The Council of Governors agreed to close the meeting in public and convene in private to consider a business case which was commercial in confidence.</p>	
COG8/03/21	<p>Meeting close and date of next meeting</p> <p>The Chair declared the meeting closed at 14:00. The date and time of the next meeting of the Council of Governors would be Thursday 27 May 2021, 2pm-4pm.</p>	

Council of Governors meeting – 27 May 2021 - Action Log

Outstanding actions following the Council of Governors meeting held on 28 January 2021					
No.	Minute reference	Detail of action required	Responsible Officer	Completion date	Additional comments
1.	Extraordinary COG 25/3/21	Governors requested an update on the Trust's action plan to address the recommendations from the recently-published report into the CQC inspection of the BRI Emergency Department.	Chief Nurse	May 2021	Action Complete: update provided to Quality Focus Group on 11 May 2021.
2.	COG2.1/01/21	Review of Strategic Capital Programme to be shared with governors	Director of Finance and Information	May 2021	Action Complete: update provided to Governors' Strategy Group on 11 May 2021.
3.	COG4.2/01/21	Director of People to look into application of annual leave policy to ensure that it was fair and consistent and to report back to governors.	Director of People	May 2021	Action Outstanding: Verbal update to be provided at meeting.
4.	COG3.4/07/20	More information to be provided to governors about alcohol-related ED attendances	Deputy Chief Executive/ Chief Operating Officer	July 2021	Action Outstanding: To be addressed if necessary at the Governors' Quality Focus Group on 14 July 2021.

Meeting of the Council of Governors on Thursday, 27 May 2021

Report Title	Item 2.2 - Integration Progress Report
Report Author	Robert Gittins, Programme Director
Executive Lead	Paula Clarke, Executive Director of Strategy and Transformation

1. Report Summary
This report provides an update to the Council of Governors on the progress of the Trust's Integration Programme.
2. Key points to note <i>(Including decisions taken)</i>
<p>The Council of Governors should note:</p> <ul style="list-style-type: none"> • The progress being made with the programme and the steps being taken to review and reset the integration process to address some of the delays to service integration as a result of the pandemic. • The progress to develop shared UHBW values to help us to build a strong, united future as a single Trust.
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.
Corporate risk, 4539 states that 'Trust core activities and performance are adversely affected by the allocation of resources required to manage service level integration'
4. Advice and Recommendations
<ul style="list-style-type: none"> • This report is for Assurance.
5. History of the paper Please include details of where paper has <u>previously</u> been received.
Public Board, 27 May 2021

Meeting of the Council of Governors May 2021

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

1. Introduction

Clinical and corporate Teams across the Trust continue to work together to integrate services following the merger twelve months ago. Whilst corporate services integration is on track, Clinical services integration has been delayed due to the impact of Covid19 and other operational challenges and a 'review and reset' exercise is being undertaken to safely and sustainably accelerate progress.

This report on integration should be read in conjunction with other Weston updates elsewhere on the agenda.

2. Clinical services update

We are currently at differing stages of developing plans for integration of 22 of the 32 clinical services - 5 have completed, 3 are on track for their originally planned integration decision dates and 14 are behind plan. Most recently, Palliative care services have gained Divisional Board approval for integration.

Currently, we are re-engaging with clinical services as they come out of Covid19, and working to re-design the programme to achieve the goal of completing all service integrations by March 22. To achieve this and maintain operational stability and safety will require significant acceleration in some areas and the commitment of divisional and speciality teams in both Weston and Bristol supported by the corporate programme team.

The planned service transfer of the Weston Urology service to North Bristol NHS Trust management remains a key priority. It has been delayed, but is now expected to go ahead in autumn 2021, once approvals of the necessary internal business cases are completed satisfactorily by the Boards of both Trusts and staff consultation concluded.

3. Corporate Trust Services integration

Integrating corporate services is an important building block of our approach to developing a new and common approach across University Hospitals Bristol and Weston NHS Foundation Trust (UHBW). Following the successful process of corporate services integration over the last 12 months, handover and follow up arrangements have now been agreed with Heads of Services. Support will be ongoing to support the final completion of the digital and communications teams staff consultations, with corporate teams working through their individual integration implementation plans, particularly to complete complex changes to processes and IT systems, which necessarily take place over longer timeframes.

4. Communication and engagement

Communications and engagement activity continues to support the integration of teams with a clear focus on what information staff need to know to support them professionally, and ensuring the wider organisation are aware of any changes as appropriate.

Production of a package of materials including; videos, articles and photographs of newly integrated teams, is in progress. In addition, development of a visual road map of key milestones of the integration continues and includes; digital convergence, clinical and corporate services integrations.

A core focus of activities is the development of a communications and engagement plan and materials to support engagement around the creation of a single set of values for UHBW.

5. Developing a shared set of UHBW Values

We want our staff to play a part in creating our Values so they represent a place where everyone is proud to work and where we can all give our best. A full engagement process has started by asking all staff to respond to on line survey and this will be followed up with virtual conversations and focus groups to reach as many staff as possible over the coming months.

Our shared Values matter, as they help us to build a strong, united future as a single Trust. They will bind us together and guide how we act individually and collectively to make the experience of working at UHBW, and that of our patients, better. Ensuring that staff at Weston Hospital engage fully in this process is a priority.

6. Digital Convergence

Plans for the phase 2 merger of the two Medway patient administration systems used at Bristol and Weston have been approved and subject to a number of dependencies, is expected to go-live in April 2022. Once complete, this will provide a trustwide platform from which to deliver clinical modules across all hospitals within UHBW. Early clinical system developments include moving to a single theatres management system (Bluespier) in June 2021 which is on track, with the first round of testing completed at the end of April. The Philips Intensive Care patient IT system is also due to go live in Mid-May, enabling the central monitoring of critical care patients across the Trust.

7. Healthy Weston

The Healthy Weston programme (urgent & emergency care, critical care, emergency surgery, acute paediatrics and wider system improvements) was consulted on and approved by commissioners in October 2019. Since then, the Trust, with partner organisations, has been working to implement the recommendations. Although the impact of Covid19 has delayed a number of developments, a recent progress review has identified that significant progress has been made across all areas of the programme. This includes critical care collaboration, which has led to a combined increase in intensive care (ITU) beds across the Trust, with patients at Weston accessing specialist clinical services in Bristol when they require them, with a digital link allowing Trustwide oversight and monitoring of all critical care patients. Emergency surgery and endoscopy services overnight have also been improved.

As set out in the Healthy Weston Business case, the small number of patients requiring surgical intervention overnight are now being transferred to the Bristol Royal Infirmary to receive support from specialists.

The changes agreed in the 2019 Healthy Weston Decision Making Business Case (DMBC) to A&E, paediatrics, critical care and emergency surgery were framed as necessary but not sufficient in addressing all of the longstanding challenges to delivering sustainable acute services on the Weston General Hospital (WGH) site. Some of these challenges have been further highlighted through responding to the Covid19 pandemic. To consider the requirements for further change, a Healthy Weston Partnership Board has been re-established, chaired by the CCG commissioners, with representation from across health and social care. A key part of the work of the Partnership Board will be undertaken by a Clinical Design Group chaired by the UHBW deputy Medical Director for Weston.

Meeting of Council of Governors on Thursday 27 May 2021

Report Title	Item 2.3 - Financial Plan 2021/22
Report Author	Jeremy Spearing, Deputy Director of Finance
Executive Lead	Neil Kemsley, Director of Finance and Information

1. Report Summary	
The attached report describes the Trust's break-even 2021/22 Financial Plan and the submission of the 2021/22 BNSSG STP/System Financial Plan for the first half (or H1) of the financial year. The BNSSG system H1 financial plan is break-even.	
2. Key points to note <i>(Including decisions taken)</i>	
<p>The key headlines for the Trust's 2021/22 Financial Plan are:</p> <ul style="list-style-type: none"> • A planned break-even net income and expenditure position excluding technical items; • The break-even position includes new 2021/22 approved cost pressure and investments totalling £30.1m; • A planned net income and expenditure surplus of £16.3m including technical items (grant and donation income plus donated asset depreciation); • A planned year end cash balance of £127.2m; • A savings requirement of £14.1m; and • A capital programme of £84.7m. 	
3. Risks If this risk is on a formal risk register, please provide the risk ID/number.	
As described in section 8 of the report.	
4. Advice and Recommendations <i>(Support and Board/Committee decisions requested):</i>	
<p>The Council of Governors is asked to</p> <ul style="list-style-type: none"> • Note the Trust's 2021/22 Financial Plan. 	
5. History of the paper Please include details of where paper has <u>previously</u> been received.	
Trust Board	27 th May
Finance & Digital Committee	25 th May 2021
Senior Leadership Team	19 th May 2021

2021/22 FINANCIAL PLAN

Business Senior Leadership Team
19 May 2021

Finance Committee
25 May 2021

Trust Board
27 May 2021

Neil Kemsley
Director of Finance & Information
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Appendices

Appendix 1	2021/22 System H1 Financial Plan submission
Appendix 2	2021/22 Approved cost pressure and investments category 1, 4 and 5
Appendix 3	2021/22 Category 2 cost pressure and investments

1. Introduction

- 1.1 The 2021/22 Financial Plan has been constructed in accordance with, and in response to, the national planning guidance issued by NHS England and Improvement (NHSEI) on the 26th March 2021. The Trust's Financial Plan also aligns with the Bristol, North Somerset & South Gloucestershire Sustainability & Transformation Partnership (BNSSG STP) or system funding envelope issued by NHSEI on 26th March 2021. It should be noted that the system funding envelopes only cover the first six months (or H1) of the 2021/22 financial year. A system 2021/22 H1 Financial Plan was submitted on the 6th May 2021 in accordance with NHSEI requirements. This will be followed by provider H1 plans on 26th May 2021.
- 1.2 Currently, there is no indication as to when the funding envelope for the second half (or H2) of the financial year will be released by NHSEI. Therefore, for simplicity and alignment with other system partners, the Trust's 2021/22 Financial Plan covers the whole financial year, with the exception of donation and grant income, by simply doubling the H1 plan submission to NHSEI. Clearly, the Trust's financial plan will require an update following the release of further national planning guidance and system funding envelopes covering H2 of 2021/22.
- 1.3 The financial regime for 2021/22 is similar to the arrangements in place through 2020/21. There is a very heavy focus on financial balance being achieved at system level, there is support in place to cover the on-going costs of the Pandemic, but there is complete uncertainty in terms of the level of recurrent funding in place moving into 2022/23.
- 1.4 The regime in place for the year ahead starts with a balanced position for the system (unlike the position in H2 of 2020/21) and has greater opportunities in terms of the ability to attract non-recurrent funding through the Elective Recovery Fund (ERF). However, there are strong messages from the NHSEI regarding an increased efficiency and/or productivity requirement in H2 and an expectation that systems return to levels of funding set out in the NHS Long Term Plan (LTP) published in January 2019 and the LTP Implementation Framework issued in June 2019.
- 1.5 Given the context set out above, it is proposed that the Trust's financial plan for 2021/22 includes the following core objectives:
 - We should support the system in achieving an overall break-even position – i.e. deliver a break-even position or better as a single entity;
 - Where there is scope to achieve a better than break-even position, we should consider opportunities and investments that will benefit the financial and operational position carried forward **by the system** into 2022/23;
 - The Trust's recurrent revenue investments that are necessary in resolving key risks need to be contained to £5.0m, or 0.5% of turnover, and that will be the first call on savings delivery in 2022/23;
 - The financial plan will align with, and support, the elective Restoration Programme and the Integration Programme, as set out in this document; and
 - During the course of H1 we will undertake an options appraisal regarding the Trust's long-term borrowing and ensure that is used to help determine the System/Trust financial strategy going into 2022/23.

2. 2021/22 BNSSG STP Financial Plan – revenue

- 2.1 The Trust's Financial Plan should be seen in the context of the financial position of the BNSSG STP or system as submitted to NHSEI on 6th May 2021 (attached as appendix 1). The key highlights of the system half-year 2021/22 Financial Plan are as follows:
 - Total planned funding of £1.4bn including non-recurrent system growth, top-up and covid funding of £117.7m (£104.7m previously). Funding for the 2021/22 pay ward is excluded pending national agreement;
 - Alignment of CCG, NHSE Specialised Commissioning and provider contract values;
 - Covid funding of £51.9m;

- Elective Recovery Fund (ERF) estimated at £23.2m;
- Additional funding of £31.6m from NHSE Specialised Commissioning outside of the system funding envelope mainly for new pass-through high cost drugs (Zolgensma of £9.6m and Nursinersen of £7.6m);
- Total planned expenditure of £1.4bn including a Covid-19 contingency of £5.4m and system elective fund for non-activity related elective activity recovery enablers of £5.4m. Additional expenditure due to the 2021/22 pay award is excluded pending national agreement;
- A break-even net income and expenditure plan for all organisations and therefore the system; and
- Identified financial risks of £28.5m matched by financial mitigations of £28.5m hence no net financial risk to the system position.

2.2 The Healthier Together (HT) system DoFs group continue to operate the following principles:

- No recurrent funding commitments can be made unless there is an explicit secure source of funding from outside of the STP or through internally generated savings greater than the agreed STP requirement;
- Exceptional, recurrent investment over £500k can only be approved by HT Executive Group and below £500k by the HT DoFs group. Recurrent investment of less than £250k will be approved in line with organisation's individual SFIs.
- Non-recurrent commitments made as part of the phase 3 elective mitigations can continue for quarter 1 for:
 - Services are funded from Covid as defined by reporting to NHSEI;
 - Services are funded from outside the system envelope as defined by reporting to NHSEI, for example, testing, mass vaccinations, Independent Sector capacity, SDF funds;
 - The Hospital Discharge Programme; and
 - NHS provider elective restoration activities agreed and implemented in Q3 2020/21.

3. 2021/22 BNSSG STP Financial Plan – capital

3.1 The 2021/22 STP Capital Departmental Expenditure Limit (CDEL) or envelope is £81.1m (£76.9m in 2020/21). In addition, the system will also receive capital funding from national programme sources of £21.6m and grants and donations of £18.1m. Funding from the national programme sources include, for example, for the Trust, urgent and emergency care capital of £7.4m and £2.5m for information technology. Grants and donation funding primarily relates to the Trust's recently approved Salix Business Case. Therefore, the total capital expenditure plan for the system including these items is £120.8m.

3.2 The Trust worked closely with the system to agree the split of the CDEL or envelope across the three STP providers. The split of the system capital envelope has been agreed largely on the basis planned depreciation arising from each of the provider's asset base and prior year surpluses. The split of the system capital envelope is as follows:

- | | |
|-----------------|--|
| • £ 3.8m | Avon & Wiltshire Mental Health Partnership NHS Trust |
| • £20.5m | North Bristol NHS Trust |
| • <u>£56.8m</u> | UHB&W NHS Foundation Trust |
| <u>£81.1m</u> | Total |

3.3 The system 2021/22 capital plan is a consolidation of the three STP providers capital plans within the system. The Trust's 2021/22 capital plan and system capital plan was submitted to NHSEI on 12th April 2021 and following minor feedback from NHSEI, the plan was re-submitted on the 29th April 2021. The 2021/22 system capital plan is summarised in table 1 overleaf.

3.4 Table 1 – 2021/22 System Capital Plan

2021/22 Capital Plan				
Sources of funding	AWP £000	NBT £000	UHB&W £000	System £000
Depreciation	3,802	18,341	32,042	54,185
Use of retained cash balance	0	(825)	27,436	26,611
Public Dividend Capital within CDEL	0	2,976	3,149	6,125
Capital loan funding -repayment	0	0	(5,834)	(5,834)
Subtotal capital sources - CDEL	3,802	20,492	56,793	81,087
Other sources outside of CDEL	2,497	9,240	9,893	21,630
Grants & Donations	0	0	18,057	18,057
Total capital sources	6,299	29,732	84,743	120,774
Application of funding				
Property, land and buildings	5,699	18,140	61,588	85,427
Medical equipment	100	6,100	15,659	21,859
Information Technology	500	5,492	7,496	13,488
Total capital applications	6,299	29,732	84,743	120,774

4. 2021/22 Trust Financial Plan – revenue

- 4.1 The provisional 2021/22 Financial Plan, as presented to the Board in March, described an extremely uncertain and challenging 2021/22 based on the initial assessment of the carry forward underlying net deficit of c£51m going into 2021/22 using the funding envelope notified for 2020/21 as a guide. As explained at the time, this was an extreme view of the downside scenario. The 2021/22 funding envelope for the first half of the year or H1 has now been confirmed and is largely based on the expenditure run rate from 1st October 2020 to 31st December 2020. With the exception of a number of Phase 3 elective mitigations at a cost of £3m, the vast majority of the carry forward revenue commitments are therefore funded in the first half of 2021/22. The additional funding made available to the system as described in section 2.1 is then largely available to support new system investments for 2021/22.
- 4.2 The underlying or recurrent deficit of the Trust remains a significant concern with a reducing recurrent income baseline set against service demands for more recurrent investment. This diverging position is mainly the result of the significant additional funding only being made available non-recurrently by NHSEI (for only six months). Further work is being undertaken to understand changes in the Trust's recurrent cost base since the 31st March 2020 to 31st March 2021 and the 2021/22 Financial Plan. This exercise will be completed by the end of June as part of a system exercise. An assessment of the underlying or recurrent net deficit of the Trust will be undertaken alongside but it will of course need to be treated with caution given the inherent uncertainty of the financial regime in relation to income levels and funding sources.
- 4.3 The Trust has constructed the H1 2021/22 Financial Plan in accordance with NHSEI's national planning guidance and, with the exception of donation and grant income, simply doubles the H1 plan for the Trust's full year plan. The key income aspects are as follows:

- Total planned full year income of £1,011.9m (£513.5m half year) includes:

	Full year	Half year	
o	£ 417.4m	£208.7m	System CCG block income
o	£ 53.3m	£ 26.7m	Out of system CCG block income
o	£ 390.5m	£195.3m	NHS England Specialised Commissioner block income
o	£ 28.7m	£ 14.4m	Other patient care income e.g. Local Authorities
o	<u>£ 104.3m</u>	<u>£ 52.0m</u>	Non patient care income
	£ 994.2m	£497.1m	Subtotal
	<u>£ 17.7m</u>	<u>£ 16.4m</u>	Additional donation and grant income
	<u>£1011.9m</u>	<u>£513.5m</u>	Total planned income

- The full year system CCG block income of £417.4m includes:

Full year	Half year	
£330.0m	£165.0m	NHSEI notified block payment
£ 36.4m	£ 18.2m	Non-recurrent system top up to deliver break-even
£ 22.2m	£ 11.1m	Non-recurrent Phase 3 elective mitigations
<u>£ 28.8m</u>	<u>£ 14.4m</u>	Non-recurrent Covid funding
<u>£417.4m</u>	<u>£208.7m</u>	Total

- The full year NHS England Specialised Commissioner block income of £390.5m includes:

Full year	Half year	
£356.7m	£178.4m	NHSEI notified payment
£ 29.0m	£ 14.5m	Non-recurrent pass-through over-performance
<u>£ 4.8m</u>	<u>£ 2.4m</u>	New funding for critical care and Zolgensma delivery cost
<u>£390.5m</u>	<u>£195.3m</u>	Total

- The additional expenditure on variable High Cost Drugs and Devices (HCDD) income in 2020/21 Q3 of £29.0m has been included in the NHS England Specialised Commissioner block income. HCDD above the block value will be reimbursed on a variable basis;
- Inflation excluding the impact of 2021/22 pay wards has been notified and included by NHSEI at 0.5% net after deducting the national efficiency requirement of 0.28% for the first half of the financial year; and
- The transfer of inpatient rehabilitation beds at South Bristol Community Hospital (SBCH) with effect from 1st April 2021 is included and reduces the Trust's full year income by £4.7m.

4.4 The Trust's key operating expenditure drivers are:

- The adoption of the NHSEI methodology in setting the system funding envelopes i.e. using a normalised 2020/21 quarter 3 expenditure run rate as the baseline;
- Inclusion of Phase 3 elective mitigations of £3.1m not included in the quarter 3 run rate;
- A reduction in operating costs of £4.6m relating to the transfer of inpatient rehabilitation beds at SBCH to Sirona;
- Application of the net inflation uplift of 0.5% across all non-pay expenditure headings;
- A savings requirement of 2% or £14.1m including the Weston merger savings per the Transaction Business Case of £2.5m;
- The inclusion of approved new 2021/22 cost pressures and investments of £25.1m covering categories 1, 4 and 5 items (provided in detail in appendix 2) as follows:
 - £ 2.6m Category 1 definite unavoidable cost pressures, corporately funded, e.g. Clinical Site Team £0.36m, blood inflation £0.36m increased security in ED £0.23m
 - £ 0.7m Category 1a definite unavoidable cost pressures, funded by Divisions, e.g. digital £0.14m, ICNET £0.07m, critical care consultant £0.06m, recruitment leads £0.06m
 - £ 8.0m Category 4.1 non-recurrent delivery of activity, e.g. Phase 3 mitigations £3.0m, BRI Surgery waiting lists £1.0m, W&C mitigations £1.0m, BEH waiting lists £0.9m
 - £ 5.4m Category 4.2 non-recurrent delivery of activity, Specialised Commissioning funded
 - £ 8.4m Category 5a recurrent delivery of activity, already approved e.g. ICU retrieve £3.2m, ITU Phase 1 expansion £2.6m, BHOC and Cath Lab expansion £1.6m
 - £ 25.1m Total category 1, 4 and 5 funded cost pressures and investments
- The inclusion of new 2021/22 category 2 cost pressures and investments totalling £5.0m that are set against a recurrent contingency of £5.0m. The creation of this recurrent contingency will be a first call on the Division's 2022/23 recurrent savings requirement. This approach was approved by Business SLT and is set out in the following sections; and
- A decrease in PDC dividend financing costs of £0.5m.

4.5 The following sections sets out the Trust's approved Category 2 cost pressures and investments. These are the new cost pressures/service developments that meet most of the following criteria:

- They are required responses/mitigations regarding current or potential high risk issues impacting on the Trust including actions stemming from external reviews including the CQC;
- They do not generate additional clinical activity and therefore will not attract non-recurrent or recurrent system funding;
- They support the Restoration Programme and/or Integration Programme;
- They have been identified as the highest risks/priorities by the Divisional/Corporate Management Teams; and
- They are mainly recurrent investments.

4.6 The outline below provides a number of recommendations in terms of a general approach and then the list of specific proposals that was supported by SLT. The list is based on issues highlighted throughout the 2021/22 OPP. The list is heavily influenced by the criteria and scoring put forward by Divisions as used to determine their original inclusion in Category 2. The approach included the following suggestions:

- A recurrent allocation of £5m is created in order to cover the costs of these pressures and investments;
 - The balanced financial plan for 2021/22 already includes a provision for the current year effect of these costs;
 - Given all of the uncertainty in terms of recurrent financial allocations, by approving the decision to invest in these proposals we are also committing ourselves to cover the costs on a recurrent basis. Therefore, at this stage and in the absence of any clarity regarding future allocations, we must consider this to be the first call on the Trust's 2022/23 savings programme.
- As well as resolving a number of high risk issues already impacting on the Trust, the financial plan for 2021/22 must support the Restoration Programme and Integration Programme and that is reflected in these proposals;
- As described towards the end of the paper, there are some other investments that will support service restoration that are not funded from the £5m internal source – these include the proposals for SDEC, a Frailty Service and the Quantock Unit at Weston General Hospital;
- Where Divisions have already reduced their list of cost pressures to a very small number of specific investments (three or less), it is proposed that their prioritised lists should be supported immediately;
- In order to promote timely decision-making, where some issues and/or competing requests are not yet clear, a provision has been included in these proposals; and
- In order to keep the proposal within the £5m identified, some investments have been accepted on a non-recurrent basis only at this stage. This will provide an opportunity to test the impact and, where relevant, seek System support for 2022/23.

4.7 In addition to the table provided overleaf, appendix 3, provides the full list of investments in category 2 with those included in the table overleaf shaded green in the appendix.

4.8 Table 2 - Category 2 revenue investments

Division	Scheme	Ref.	CYE £m	FYE £m	Notes
Corp. issue	Provision for Weston Integration	N/A	0.50	0.75	To support integration of clinical services. Provision includes scope for investment in Weston based medical staff.
HR	Occupational Health	TSHR002	0.16	0.22	
	Mediation and Investigator training	TSHR006	0.05	0.02	
Restoration	ITU Outreach	SUR001B	0.41		No recurrent funding set aside until proof of concept. Seek system funding for 2022/23. (Subject to SLT debate).
	Outpatient Re-design	TSTHQ004	0.10		Ditto
	Pro-active Hospital	TSTHQ021	0.24		Ditto
	OD/Well-being		0.35		Ditto
THQ	Clinical Chair PAs	TSTHQ011	0.12	0.12	
	National Patient Safety Strategy	TSTHQ018	0.07	0.14	
Digital Services	Switchboard Network Resilience BI Resourcing	TSDS003/004/007	0.33	0.45	Split over 3 headings to be determined. Switchboard/network as per risk scoring. DoF&I added BI.
Estates/Facilities	Weston Integration Asset Management	EF002/016/017	0.05	0.05	Division has identified its 3 priorities. Allocation agreed at c50% in context of strong financial position for 2021/22 (2% CIP fully identified).
Specialised Services £0.88m FYE	HDU Staffing 1:3 staffing	SPS002	0.19	0.22	Division has identified 3 priorities. Of these Clinical Genetics is material and subject to SLT paper.
	Acute Care Pathway in Haematology	SPS011	0.09	0.09	
	Clinical Genetics Review	SPS013	0.38	0.57	Note - exceptional (scale) at Divisional level.
W&C £0.33m FYE	Gynae – Weston merger	WCO35/36	0.06	0.10	Division has identified 2 priorities, both relate to Gynae clinical integration.
	BMT Medical Staffing	N/A	0.15	0.23	DoFI added as external funding unlikely.
					Divisions below to feedback on proposed priorities
D&T £0.47m FYE	Management capacity	DT002	0.06	0.12	To align with other divisions
	IPC weekend working	DT005	0.08	0.10	NB - Trust issue. £0.47m FYE.
	Additional maintenance costs	DT017	0.04	0.04	Driven by increase in kit in response to C-19
	PICU Pharmacist	DT011	0.05	0.06	
	Provision	N/A	0.10	0.15	Awaiting final feedback
Medicine £0.55m FYE	Acute Med Staffing	MDCP015	0.15	0.20	Note link to SDEC
	CQC ED Actions	N/A	0.20	0.20	General provision at this stage.
	ACP/ENP Trainees	MDCP043/44	0.10	0.14	
					Note £6m into Med through Covid/Phase 3. See notes below on SDEC etc.
Surgery £0.45m FYE	HPB Action Plan	SUR004	0.10	0.19	DOF adjusted CYE
	Dental Action Plan	SUR003	0.10	0.10	
	Provision	N/A	0.10	0.15	Awaiting final feedback
Weston £0.5m FYE	CQC Actions: ENP's Integrated Discharge	Weston 03/04	0.24	0.31	Still to see final feedback. Provision held elsewhere.
	Radiology	Weston 29/27/18	0.10	0.20	Provision for related proposals
Trust Total			4.67	4.92	

4.9 It is proposed that further consideration is also given to the affordability of the non-recurrent investments included in Appendix A (that are shaded in yellow). This assessment can be completed by the end of May.

- 4.10 It is proposed that the Category Two issues that are not shaded in the appendix are not currently affordable within the £5m allocation. Their inclusion will require the financial offset of an approved item being removed or reduced in cost.
- 4.11 In addition to the proposals set out above, it is also recommended that the following four schemes are supported given the impact they will each have on service restoration:
- Same Day Emergency Care (SDEC);
 - Virtual Ward;
 - Frailty Unit; and
 - Quantock Unit.
- 4.12 These are not included against the Category Two allocation. Further assessment is required in terms of the likely profile of recruitment that will be required and is likely to be available to support these developments. Therefore, at this stage, whilst it is being proposed that these schemes are supported, the required level of investment is still to be determined. It is proposed that an update on the capital, workforce and revenue investments are brought to the June Business SLT meeting. In the meantime, it is accepted that the SDEC service will be implemented.
- 4.13 The required level of investment also needs to be reviewed alongside the existing funding allocated in respect of the UEC scheme in the BRI (and the inherent workforce assumptions assumed in that case). This includes the investments in additional beds in A701 and A801.
- 4.14 The financial plan allows for some contingency in terms of the costs exceeding the UEC allocation in year.
- 4.15 Further assessment is required in terms of impact of the recurrent cost base and potential external sources of funding for 2021/22 and 2022/23.
- 4.16 There are on-going negotiations with commissioners regarding the External Service Development Proposals (ESDPs). Within the list of potential investments the Trust has put forward there are a number of schemes that, if not externally funded, would need to be considered as internal cost pressures given the associated risks they are intended to mitigate. Key examples within this context are: Liaison Psychiatry; Safeguarding; and Eating Disorders. The approach for these issues is set out below:
- Conclude negotiations for external support on recurrent basis (or for 2021/22 as minimum);
 - Consider option to re-cycle Phase 3 recurrent funding already confirmed;
 - Consider options for other internal non-recurrent sources in 2021/22;
 - Negotiate recurrent system funding for 2022/23; and
 - As final back-stop, add to pre-commitments against 2022/23 Trust saving requirement.
- 4.17 The revenue income and expenditure drivers outlined above produce a break-even income and expenditure plan for 2021/22. However, it should be noted that an update for 2021/22 Financial Plan will be required as and when NHSEI notify organisations of the financial regime and system funding envelopes for H2. There is currently no indication of timing.

5. 2021/22 Trust Savings Programme

- 5.1 The Trust had set the organisation a savings requirement at 2% of operating expenditure excluding pass through HCDD as part of the Trust's 2021/22 Operating Planning Process (OPP). It is also broadly in line with planned savings targets being set by acute providers elsewhere in the region.
- 5.2 The savings targets for each Division has been set based on 2% of 2019/20 outturn net expenditure i.e. excluding pass through costs and contract income. The target for each Division is summarised in the table overleaf.

5.3 Table 3 – Divisional savings targets

Division	Savings Targets £000s
Diagnostics & Therapies	1,252
Medicine	1,569
Specialised Services	1,533
Surgery	2,277
Women's & Children's	2,675
Weston Division	2,882
Estates & Facilities	893
Finance	179
Trust Headquarters	344
Human Resources	206
IM&T	259
Total	14,069

- 5.4 It should be noted that the Weston Division target above includes £2.5 million relating to Weston integration benefits primarily against premium medical staff costs and agency nursing costs in line with the Transaction Business Case. The residual Weston Division target of £0.4m is based on 2% of the Division's 2019/20 net expenditure excluding medical and nursing staff.
- 5.5 The savings target has been set at 2%. However, in the current operating environment, it is recognised that delivery against these targets may only be achieved on a non-recurrent basis this year. The 2022/23 OPP will work towards ensuring that recurring savings are identified at 2% as a minimum moving into 2022 /23 as it is highly likely that the savings requirement set by NHSEI will be higher than 2%. In addition, productivity savings may also be required by NHSEI.
- 5.6 The Trust continues to use the existing and well established system of process and governance. The development of both Divisional and Corporate plans is an integral element of the Trust's transformation agenda under the Transforming Care programme aiming to ensure that schemes, wherever possible, release recurring savings based on operational efficiency and productivity improvements. Schemes also include opportunities to reduce costs through improved purchasing agreements and improving controls on expenditure. All opportunities and ideas to eliminate waste and improve efficiency are investigated.
- 5.7 The Trust continues to utilise all available benchmarking sources in order to identify areas for improvement and develop actions plans to ensure delivery. The Trust is using the "Model Hospital" as the key tool to identify efficiency opportunities and a more formal process is being rolled out across the Trust to follow up all opportunities from this source.
- 5.8 The Trust also has a series of programmes focussing on increased and robust controls including in the areas of non-pay, drugs and pay areas particularly medical staffing and nursing. Further work streams dedicated to delivering transactional savings have also been established.
- 5.9 Savings schemes are assessed for impact on quality and patient safety through the completion of Project Initiation Documents/Quality Impact Assessments templates (PID/QIA) where required based on a clear set of criteria. The PID/QIA templates are reviewed by the Chief Nurse and Medical Director.
- 5.10 Performance against savings targets is reported monthly and reviewed at regular divisional accountability reviews. Oversight of delivery is through the monthly cost Savings delivery group. Progress against plans is also reviewed monthly at divisional finance and operational reviews.

6. 2021/22 Trust Financial Plan – capital

6.1 The Trust re-submitted its 2021/22 capital expenditure plan to NHSEI on the 26th April 2021. The Trust's net capital expenditure plan after slippage is £84.7m. Of this sum, £56.8m of capital expenditure will score against the Trust's CDEL or capital envelope and will, primarily, be funded by the Trust's own internally generated resources (depreciation, retained cash balances net of loan principal repayments). The balance of the planned capital expenditure of £27.9m relates to national capital programmes or grants and do score against the capital envelope.

6.2 In summary, the following sources of capital funds planned are as follows:

- £ 21.6m Use of the Trust's accumulated cash balance less capital loan repayments;
- £ 32.0m Depreciation in respect of the Trust's existing assets;
- £ 18.1m Donations from charitable partners and Government grants;
- £ 13.0m Public Dividend Capital received from NHSEI; and
- £ 84.7m Total planned sources of capital funding.

6.3 The sources of funds will be applied against the following key schemes:

- £ 46.8m Strategic schemes;
- £ 21.3m Operational schemes;
- £ 15.7m Medical equipment;
- £ 7.5m Information Technology; and
- £ 14.7m Estates replacement; and
- £(21.3)m Planned slippage in capital expenditure
- £ 84.7m Total planned capital expenditure

6.4 Table 4 - Trust's capital plan is summarised below.

2021/22 Capital Plan			
Sources of funding	UHB&W £000	Inside/Outside STP Envelope	UHB&W £000
Depreciation	32,042	UHBW funded	53,644
Use of retained cash balance	27,436	NHSEI PDC funded	3,149
Grants & Donations	18,057	Subtotal - Inside STP Envelope	56,793
PDC	13,042	NHSEI PDC funded	9,893
Capital loan funding repayment	(5,834)	External Grants & Donations	18,057
Total Capital Sources	84,743	Subtotal - Outside STP Envelope	27,950
Application of funding		Total Capital Programme	84,743
Strategic Schemes	29,432		
Strategic Schemes - Salix scheme	17,432		
Medical Equipment	15,659		
Operational Capital	21,266		
Information Technology	7,496		
Estates Replacement	14,711		
Sub Total Gross Programme	105,996		
Planned Slippage	(21,253)		
Total Capital Applications	84,743		

6.5 Monitoring and management of the capital plan is undertaken by the Trust's Capital Programme Steering Group (CPSG) which reports into the Trust's Business Senior Leadership Team and Finance & Digital Committee.

7. 2021/22 Trust Financial Plan – summary

7.1 The key headlines for the Trust's 2021/22 are:

- A planned break-even net income and expenditure position excluding technical items;
- A planned net income and expenditure surplus of £16.3m including technical items (grant and donation income plus donated asset depreciation);
- A planned year end cash balance of £127.2m;
- A savings requirement of £14.1m; and
- A capital programme of £84.7m.

7.2 The 2021/22 Financial Plan is summarised in the following tables:

- Statement of Comprehensive Income (Table 5);
- Statement of Financial Position (Table 6); and
- Cash Flow Statement (Table 7).

7.3 Table 5 - The Statement of Comprehensive Income

Statement of Comprehensive Income and Expenditure	H1 2021/22 £000	H2 2021/22 £000	2021/22 £000
Operating Income from patient care activities			
NHS England and NHS Improvement	195,228	195,228	390,456
Clinical commissioning groups	235,332	235,332	470,664
NHS Trusts/FTs	1,158	1,158	2,316
Local authorities	4,356	4,356	8,712
Private and overseas patients	468	468	936
Non NHS: Other	8,370	8,370	16,740
Total Income from patient care activities	444,912	444,912	889,824
Other Operating Income			
Education and Training	20,022	20,022	40,044
Research and Innovation	12,510	12,510	25,020
Non patient care services	7,248	7,248	14,496
Other Income	28,832	13,666	42,497
Total income from Other Operating Income	68,612	53,446	122,057
Total Income	513,524	498,358	1,011,881
Operating Expenditure			
Employee Expenses	(286,688)	(286,688)	(573,377)
Clinical supplies and services	(44,308)	(44,308)	(88,616)
Drug costs	(74,435)	(74,435)	(148,871)
Other costs	(69,658)	(67,824)	(137,482)
Total Operating Expenditure	(475,090)	(473,256)	(948,346)
Earnings before interest, tax, depreciation and amortisation			
Depreciation and Amortisation	(15,104)	(16,938)	(32,042)
Operating Surplus / (Deficit)	23,330	8,164	31,494
Finance Costs			
Finance Income	0	0	0
Finance Expense	(1,142)	(1,142)	(2,284)
PDC dividends payable	(6,429)	(6,429)	(12,858)
Net Financing Costs	(7,571)	(7,571)	(15,142)
Gain/(loss) on asset disposals	(10)	(10)	(20)
Total Expenditure (including financing costs and technical items)	(497,775)	(497,775)	(995,550)
Net Surplus/(Deficit) (including financing costs and technical items)	15,749	583	16,332
Adjusted financial performance			
Less Technical Items:			
Donated Income	(16,612)	(1,446)	(18,057)
Depreciation on donated assets	863	863	1,725
Net surplus/(deficit) excluding technical items	0	0	0

- 7.4 UHB&W's planned Statement of Financial Position as at 31 March 2022 is provided below in Table 2. It incorporates the Trust's planned net income and expenditure position, capital investment and expected movements in working capital balances.
- 7.5 The forecast non-current asset value takes account of the planned capital expenditure programme offset by the anticipated impact of any impairment reviews and depreciation.
- 7.6 The Statement of Financial Position shows net current assets of £42.0m as at 31st March 2022, a reduction of £28.0m. This is mainly due to the consumption of cash in support the Trust's capital plan. The planned net current assets position includes forecast stock holdings of £12.3m leaving positive net working capital of £28.7m.
- 7.7 Table 6 - The Statement of Financial Position

Statement of Financial Position		31st March 2021 £000	30th Sep 2021 (H1) £000	31st March 2022 £000
ASSETS				
	Intangible Assets	12,617	15,103	17,798
	Property, Plant and Equipment	514,070	539,693	560,105
	Other	1,802	1,802	1,802
	Total non-current assets	528,489	556,598	579,705
	Inventories	12,638	12,957	13,276
	NHS Trade Receivables	18,578	17,047	17,516
	Non NHS Trade Receivables	16,026	16,431	16,836
	Other financial assets	104	104	104
	Cash (Government Banking System)	169,776	141,888	126,856
	Cash (In hand and equivalents)	302	302	302
	Total current assets	217,424	188,729	174,891
	TOTAL ASSETS	745,913	745,327	754,596
LIABILITIES				
	Capital Trade Payables	(11,215)	(11,215)	(11,215)
	Non Capital Trade Payables	(119,997)	(105,497)	(105,497)
	Borrowings - Loans	(6,401)	(6,401)	(6,401)
	Borrowings - Finance Lease	(417)	(417)	(417)
	Provisions	(853)	(853)	(853)
	Deferred Income	(8,545)	(8,545)	(8,545)
	Total current liabilities	(147,428)	(132,928)	(132,928)
	NET CURRENT ASSETS (LIABILITIES)	69,996	55,801	41,963
	Loans, Non Commercial	(52,923)	(50,006)	(47,089)
	Provisions	(4,325)	(4,325)	(4,325)
	Finance Leases	(3,174)	(2,996)	(2,817)
	Total non-current liabilities	(60,422)	(57,327)	(54,231)
	TOTAL ASSETS EMPLOYED	538,063	555,073	567,437
Taxpayers' and Others' Equity				
	Public dividend capital	312,134	320,061	325,176
	Retained Earnings	150,140	159,223	166,472
	Revaluation Reserve	75,704	75,704	75,704
	Miscellaneous Other Reserves	85	85	85
	TAXPAYERS EQUITY, TOTAL	538,063	555,073	567,437

7.8 As an NHS Foundation Trust, the Trust is able to retain accumulated cash surpluses. The planned year end cash balance is £127.2m, a reduction of £42.9m. The cash position is summarised below:

	£m
Opening cash balance as at 1 st April 2021	170.1
2021/22 planned operating surplus	31.5
Add back non-cash items	14.0
Movement in working capital	(14.9)
Net cash balances contribution in support of the capital plan	(66.7)
Financing activities	(6.8)
Planned year end cash balance as at 31st March 2022	127.2

7.9 Table 7 - The Cash Flow Statement

Cash Flow Statement	H1 2021/22 £000	H2 2021/22 £000	2021/22 £000
Cash flows from operating activities:			
Operating surplus/(deficit)	16,664	14,830	31,494
Add back non-cash income and expense			
Depreciation and amortisation	15,104	16,938	32,042
Impairments and reversals			
Income recognised in respect of capital donations	(9,029)	(9,029)	(18,057)
Cash Transactions - Operating surplus/(deficit)	6,076	7,910	13,985
Working Capital movement			
(Increase)/decrease in inventories	(319)	(319)	(638)
(Increase)/decrease in Current Assets	1,126	(874)	252
Increase/(decrease) in Liabilities	(14,500)	0	(14,500)
Other movements in operating cash flows			
Net cash generated from / (used in) operations	9,046	21,546	30,592
Cash flows from investing activities:			
Interest received			
Purchase of intangible assets			
Purchase of PPE and investment property	(46,111)	(38,632)	(84,743)
Receipt of cash donations to purchase capital	16,611	1,446	18,057
Net cash generated from/(used in) investing activities	(29,500)	(37,186)	(66,686)
Cash flows from financing activities:			
Public dividend capital received	2,500	10,542	13,042
Loans from DHSC - received			
Loans from DHSC - repaid	(2,917)	(2,917)	(5,834)
Capital element of finance lease	(179)	(179)	(357)
Interest paid	(398)	(398)	(795)
Interest element of finance lease	(12)	(12)	(24)
PDC dividend (paid)/refunded	(6,429)	(6,429)	(12,858)
Net cash generated from/(used in) financing activities	(7,434)	608	(6,826)
Increase/(decrease) in cash and cash equivalents	(27,888)	(15,032)	(42,920)
Cash and cash equivalents at start of period	170,078	142,190	170,078
Cash and cash equivalents at end of period	142,190	127,158	127,158

8. Initial Risk Assessment

8.1 An outline of the key financial risks are presented here. A more comprehensive assessment will be provided and included in the corporate and strategic risk registers in due course.

8.2 Risks relating to uncertainty in future funding allocations

As described throughout the paper, there is great uncertainty regarding the recurrent funding allocations available to the BNSSG STP and therefore the constituent partner organisations. Although this is not expected to appear as a financial problem in 2021/22, it is a huge impediment in terms of making recurrent investment decisions.

Further work will be undertaken at System and Trust level to understand the recurrent position over the next two months. Therefore, currently, this risk can be assessed as **high**.

8.3 Risk of significant workforce gaps

This risk presents a **very high** risk to the financial plan as a result of the failure to retain and recruit the required workforce associated with the revenue investment.

8.4 Risk of not delivering the savings requirement

This includes the conversion of non-recurring savings to recurring schemes. Given the scale of the unidentified savings at c50% and the requirement for operational management to continue to deal with the effects of the Covid-19 outbreak, understandably, limited progress has been made. Therefore, this risk can be assessed as **very high**.

8.5 Risk that planned activity is not delivered

The delivery of planned activity levels, particularly during the summer, is essential to recovering the Trust's elective activity volumes back towards 2019/20 levels. Given the very high risk in relation to workforce, this risk is assessed as **very high**.

8.6 Risk of managing cost pressures

This includes inflation and other local/national pressures. The previous good track record of the Trust means that this risk is **moderate**.

8.7 Strategic Financial Risks

Although these are not expected to have an impact in this financial year, further work is required during H1 to develop understanding and mitigating strategies with respect to the following three strategic risks:

- Agreeing an STP and Trust approach to future financial targets, given UHBW's need to service past borrowing (to include an options appraisal with respect to that debt);
- Assessing the risks and mitigations associated with the new national capital regime and how the CDEL limit could restrict strategic capital investment; and
- Re-assessing the implications of the financial agreements associated with the merger and how that may have been altered by the changes in the national financial regime.

9. Conclusion and recommendation

9.1 The Trust's break-even annual and H1 2021/22 Financial Plan complies with the requirements of the Regulator, NHSEI and aligns with the system 2021/22 Financial Plan. The Trust's H1 2021/22 financial plan will be submitted to the Regulator in accordance with NHSEI's timetable on 26th May 2021.

9.2 The Council of Governors is asked to note the Trust's annual 2021/22 Financial Plan.

Meeting of the Council of Governors on 27 May 2021

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

1. Report Summary

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

2. Key points to note (Including decisions taken)

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

Meeting on 11 May 2021 (held by videoconference): Attended by 7 Committee members and chaired by Jayne Mee, Interim Chair.

- **Six-Month Non-Executive Director Activity Reports:** The Committee discussed written reports that they had received from the Chair and the Non-Executive Directors describing their activity in the past six months and their current areas of focus.
- **Non-Executive Director Appraisals and Re-appointments:** The Committee discussed the appraisal outcome report for Julian Dennis, Non-Executive Director. As Julian was in his third term as a Non-Executive Director, his continuation in the role required annual approval by the Council of Governors in line with the NHS Foundation Trust Code of Governance. The Committee supported Julian Dennis in the continuance of his role and recommended approval of his re-appointment into his second year of his third and final three-year term of office.
- **Non-Executive Director Portfolios:** The Committee were updated on the current roles and portfolios of each of the Non-Executive Directors.
- **Annual Committee Self-Assessment:** The Committee undertook a review of its performance over the past year and agreed that it had carried out its statutory duties effectively and efficiently. The Committee also reviewed its terms of reference, current membership and annual cycle of business and recommended the terms of reference for approval by the Council of Governors with only minor changes to terminology.

3. Recommendations requiring Council of Governors approval

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

- Re-appointment of Julian Dennis, Non-Executive Director, into the second year of his third and final three-year term of office (1 June 2020-31 May 2023).
- Terms of Reference for the Nominations and Appointments Committee for 2021/22.

Terms of Reference - Nominations and Appointment Committee – Council of Governors

Document Data	
Corporate Entity	Nominations and Appointments Committee (Council of Governors)
Document Type	Terms of Reference
Document Status	Draft
Executive Lead	Trust Secretary Director of Corporate Governance
Document Owner	Trust Secretary Director of Corporate Governance
Approval Authority	Council of Governors
Document Reference	TOR0003
Review Cycle	12 months
Next Review Date	May 202 <u>24</u>

Document Change Control				
Date of Version	Version Number	Lead for Revisions	Type of Revision	Description of Revision
July 2009	1.0	Membership Manager	Major	Version 1.0
27 July 2011	1.1	Membership Manager	Minor	Version 1.1
02 May 2012	2.0	Trust Secretary	Major	Revision to Foundation Trust Constitution to increase Committee membership. Approved by the Membership Council.
12/02/2015	3.0	Interim Head of Membership and Governance	Major	
19/09/2017	4.0	Trust Secretary	Minor	Changes to job titles
27/09/2017	5.0	[Deputy] Trust Secretary	Minor	Amendments to: a) update references from Monitor to NHS Improvement; b) change the quorum from four governors to four committee members c) allow for another non-executive director to take the chair in circumstances in which it was inappropriate for either the Chair or the Senior Independent Director to do so.
07/06/2018	6.0	Trust Secretary	Minor	Amendments to: a) include the Chair as a member of the committee b) allow the Trust Secretary to nominate another person to attend meetings on their behalf.
30/07/2019	7.0	[Deputy] Trust Secretary	Minor	Amendments to reference to public, patient or carer governors.
May 2020	8.0	Acting Membership Manager	Minor	Amendments to reflect the Trust's change of name and logo.
May 2021	9.0	Membership Manager	Minor	Amendments to terminology used throughout.

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1. Constitution and Purpose

- 1.1 The Nominations and Appointments Committee is a formal Committee of the Council of Governors established in accordance with the NHS Act 2006 ¹, as amended by the Health and Social Care Act 2012 (the 2012 Act), the University Hospitals Bristol and Weston NHS Foundation Trust Constitution ², and the Foundation Trust Code of Governance³ for the purpose of carrying out the duties of governors with respect to the appointment, re-appointment, removal, remuneration and other terms of service of the Chair~~man~~ and Non-Executive Directors.

2. Function and Duties

- 2.1 The Committee shall carry out functions in relation to the following:

Nominations Functions

- (a) determine a formal, rigorous and transparent procedure for the selection of the candidates for office as Chair~~man~~ or Non-Executive Director of the Trust having first consulted with the Board of Directors as to those matters and having regard to such views as may be expressed by the Board of Directors;
- (b) seek by way of open advertisement and other means, candidates for office and to assess and select for interview such candidates as are considered appropriate and who meet the “*fit and proper person*” test as set out in the provider license — and in doing so the Committee shall be at liberty to seek advice and assistance from persons other than members of the Committee or of the Council of Governors;
- (c) make recommendation to the Council of Governors as to potential candidates for appointment as Chair~~man~~ or other Non-Executive Director, as the case may be,
- (d) consider and make recommendations to the Council of Governors as to the remuneration and allowances and other terms and conditions of office of the Chair~~man~~ and other Non-Executive Directors,
- (e) on a regular and systematic basis monitor the performance of the Chair~~man~~ and other Non-Executive Directors and make reports thereon to the Council of Governors from time to time when requested to do so or when, in the opinion of the Committee, the results of such monitoring ought properly to be brought to the attention of the Council of Governors;
- (f) To ensure there is a formal and transparent procedure for setting the annual objectives for the Non-Executive Directors, in conjunction with the Chair~~man~~, and in conjunction with the Senior Independent Director in the case of the annual objectives for the Trust Chair~~man~~
- (g) To ensure there is a formal and transparent procedure for the appraisal of the Trust Chair~~man~~ and Non-Executive Directors’ performance

- (h) To regularly review, in conjunction with the Board of Directors Nominations and Remuneration Committee, the structure, size and composition of the Board of Directors, including giving full consideration to succession planning, taking into account the future challenges, risks and opportunities facing the NHS Foundation Trust and the skills and expertise required within the Board of Directors to meet them.

Remuneration Functions

- (a) To ensure there is a formal and transparent policy on remuneration for the Trust Chair~~man~~ and Non-Executive Directors;
- (b) To set the structure and levels of remuneration of the Trust Chair~~man~~ and Non-Executive Directors;
- (c) To determine and review the terms and conditions of the Trust Chair~~man~~ and Non-Executive Directors;
- (d) To market test/-benchmark the remuneration of the Trust Chair~~man~~ and Non-Executive Directors at a frequency agreed by the Committee and taking account of any external guidance on recommended frequency and/-or where the Committee is considering recommending large change to that remuneration, drawing on external professional advice
- (e) To appoint, if deemed appropriate, independent consultants to advise on Trust Chair~~man~~ and Non-Executive Director remuneration.

3. Authority

- 3.1 The Committee is authorised by the Council of Governors to carry out the functions and duties set out in these Terms of Reference.
- 3.2 All powers and authorities exercisable by the Council of Governors, together with any delegation of such powers or authorities to any Committee or individual, are subject to the limitations imposed by the by the National Health Service Act 2006, the NHS Licence Conditions, Trust Constitution or by other regulatory provisions.
- 3.3 In discharging the functions and duties set out in these Terms of reference, the Committee is to have due regard for the applicable principles and provisions of the Foundation Trust Code of Governance.

4. Reporting

- 4.1 The Committee shall report to the Council of Governors.
- 4.2 A Chair of the Committee or nominated member of the Committee shall report the proceedings of the Committee to the Council of Governors after each meeting

¹ 17 (1) It is for the Council of Governors at a general meeting to appoint or remove the Chair~~man~~ and the other non-executive directors.

² 10.2 The Council of Governors shall establish a committee of its members to be called the Nominations and Appointments Committee to discharge those functions in relation to the selection of the Chair and Non-Executive Directors.

³ The NHS Foundation Trust Code of Governance Section B2: Appointments to the Board

⁴ The governors are responsible at a general meeting for the appointment, re-appointment and removal of the chairperson and the other non-executive directors.

5. Membership

- 5.1 Members of the Committee shall be appointed by Council of Governors as set out in the Trust's Constitution and shall be made up of the Chair~~man~~ or deputy plus twelve members including:
- (a) 8 elected public governors
 - (b) 2 appointed governors
 - (c) 2 elected staff governors
- 5.2 Appointment of governors to the Committee shall be conducted at a general meeting of the Council of Governors. If there are more governor nominees than places on the Committee, the final selection of candidates shall be put to a vote of the Council of Governors.
- 5.3 Governors shall be appointed to the Committee until their term of office as governor ends as set out in the Trust's Constitution, or they choose to resign from the Committee, which shall be confirmed in writing to the Chair of the Committee.
- 5.4 In the case of the appointment process for the Trust Chair~~man~~, the Senior Independent Director (SID) will be co-opted to join the Committee. The SID will attend in an advisory capacity and will not participate in the formal decision making process.

5.6 Chair of the Committee

- (a) The Chair~~man~~ of the Trust will Chair the Nominations and Appointment Committee. In his absence, or when the Committee is to discuss matters in relation to the appraisal, appointment, re-appointment, suspension, removal or remuneration and terms and conditions of the Chair~~man~~, the Committee will be chaired by the Senior Independent Director. Under any such circumstances in which it would be inappropriate for either the Chair or the Senior Independent Director to Chair the Committee, another non-executive director will Chair the Nominations and Appointments Committee.

5.6 Quorum

- (a) The quorum necessary for the transaction of business shall be four Committee members and the Chair~~man~~ and/or Senior Independent Director
- (b) A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

5.7 Attendance at Meetings

- (a) Only members of the Committee have the right to attend Committee meetings.
- (b) Other individuals, including advisers, may be invited to attend for all or part of any meetings, as and when appropriate. This shall include the Director of People in an advisory capacity when considering matters of recruitment, appointment and appraisal of the Chair~~man~~ and Non-executive Directors
- (c) The ~~Trust Secretary~~Director of Corporate Governance or his nominee shall attend meetings of the Committee to advise on matters of corporate governance, procedure and conduct in relation to the NHS Provider Licence Conditions and Trust

Constitution.

6. Secretariat

6.1 The Trust Secretariat shall provide Secretariat support to the Committee.

6.2 Notice and Conduct of Meetings

- (a) The ~~Trust Secretary~~ Director of Corporate Governance shall call meetings of the Committee at the request of the ~~Chairman~~ not less than ten clear days prior to the date of the meeting,
- (b) The agenda shall be agreed by the Chair of the Committee in consultation with the ~~Trust Secretary~~ Director of Corporate Governance,
- (c) Unless otherwise agreed, notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be available to each member of the Committee and where appropriate, other persons required to attend, no later than five working days before the date of the meeting,
- (d) Supporting materials shall be provided to Committee members and to other attendees as appropriate, at the same time.

6.3 Minutes of Meetings

- (a) The ~~Trust Secretary~~ Director of Corporate Governance or his nominee shall minute the proceedings and resolutions of the Committee, including the names of members present and others in attendance. Draft minutes shall be distributed to Committee members for approval after each meeting.

6.4 Frequency of Meetings

- (a) The Committee shall meet at least twice per annum and at such other times as the Chair of the Committee shall require.

7. Review of Terms of Reference

7.1 At least once a year, the Committee shall review its own performance, constitution and Terms of Reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Council of Governors.

Meeting of the Council of Governors on Thursday 27 May 2021

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

1. Report Summary
The purpose of this report is to seek approval on the election of a Lead Governor for the period 1 June 2021 to 31 May 2022.
2. Key points to note <i>(Including decisions taken)</i>
<p>In line with regulatory guidance, governors elect a Lead Governor from among their number who can act as the spokesperson for the governor group if necessary.</p> <p>The Lead Governor is elected annually. In April-May 2021, governors were asked to nominate a Lead Governor in line with the Trust's process. Mo Phillips, current Lead Governor, was nominated by several governors to continue in the role, and has indicated that she would be willing to do so with the agreement of the Council of Governors. No other nominations have been received.</p> <p>Governors are asked to note that Mo Phillips has held a Lead Governor role at the Trust for three years already, serving as a Joint Lead in 2018/19 and as the sole Lead Governor in 2019/20 and 2020/21. According to the Trust's process, a Lead Governor can serve for a period of up to 24 months, but following this period can be re-elected for further terms if governors choose to do so.</p> <p>Governors are asked therefore to consider approval of Mo Phillips' continuation in the role of Lead Governor from 1 June 2021 to 31 May 2022.</p>
3. Risks
N/A
4. Advice and Recommendations
<ul style="list-style-type: none"> This report is for Approval.
5. History of the paper Please include details of where paper has <u>previously</u> been received.
N/A

Meeting of the Council of Governors on Thursday 27 May 2021

Report Title	Item 3.3 - Governor Activity Report
Report Author	Sarah Murch, Acting Membership Manager
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary

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

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 Constitution Focus Group), and any other governor activity in the period.

2. Key points to note (Including decisions taken)

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

- The main themes arising at recent meetings included management and leadership culture at the Trust, safe staffing levels, the progress of the Trust merger integration programme, the effect of the pandemic on staff wellbeing and patient care, and the potential impact of the creation of the Integrated Care System on Trust finances and governance.
- Governors carried out a self-assessment in this period of the way in which they discharged their duties over the past year. This was conducted via survey and seminar session in April 2021. All feedback and suggestions for improvements will inform the work of the Membership Team in supporting governors in the year ahead.
- Governor chairs and deputy chairs for each of the governor groups have been confirmed for the period 1 June 2021-31 May 2022 as follows:
 - Quality Focus Group – Carole Dacombe (Chair), John Rose (Deputy)
 - Governors' Strategy Group – Malcolm Watson (Chair), Sophie Fernandes (Deputy)
 - Constitution Focus Group – Ray Phipps (Chair), Mo Phillips (Deputy)
- The Terms of Reference for the Governor Focus Groups are attached for **approval** by the Council of Governors.

GOVERNOR MEETINGS

Governor Focus Groups: The three Governor Focus Groups focus on governors' specific responsibilities in the areas of Quality, Strategy, and Constitutional issues. The three Governor Focus Groups receive reports from each of the four Non-Executive Chairs of the Board Committees to allow governors to keep abreast of the Board's current areas of focus and to enable them to carry out their statutory duty to hold Non-Executive Directors to account.

- **Quality Focus Group – Governor Chair: Carole Dacombe**

Two meetings were held in this period on 2 March 2021 (attended by 12 governors) and 11 May 2021 (attended by 12 governors). Topics included:

Meeting on 2 March 2021:

- **Organisational Development Update – Diversity and Inclusion:** Sam Chapman, Head of Organisational Development, briefed governors on the Trust's plans for the year ahead in relation to diversity and inclusion.
- **Integrated Quality and Performance Report / Covid update:** Mark Smith, Deputy Chief Executive and Chief Operating Officer, briefed governors on the Integrated Quality and Performance Report and the Trust's response to the Covid-19 pandemic.
- **Quality and Outcomes Committee Chair's Report and People Committee Chair's Report:** Non-Executive Directors Julian Dennis and Bernard Galton were in attendance in their respective roles of Chair of the Quality and Outcomes Committee and Chair of the People Committee to update governors on their current areas of focus. Governors sought assurance around staffing levels, quality of treatment, visiting restrictions, the security presence in the hospitals, and management culture and training
- **Safe Staffing: Nursing Staff:** Sarah Dodds, Deputy Chief Nurse, provided the Governors with an update in relation to the work being undertaken in the Trust to try to ensure Safe Nurse Staffing levels.
- **Governors' Log of Communications report:** Questions and responses were noted.

Meeting on 11 May 2021:

- **Organisational Development Update – Staff Survey Report:** Governors received an update from Sam Chapman, Head of Organisational Development, on the results of the 2020 national staff survey including highlights, areas for improvement and the Trust's action plan.
- **Quality and Outcomes Committee Chair's Report and People Committee Chair's Report:** Non-Executive Directors Julian Dennis and Bernard Galton were in attendance as Chair of the Quality and Outcomes Committee and Chair of the People Committee to update governors on their current areas of focus. Governors

discussed with them the Integrated Performance Report, safe staffing levels, the impact of Covid on staff turnover, and the increased incidence of violence and aggression towards staff.

- **Care Quality Commission inspection of BRI Emergency Department – Action Plan:** Chris Swonnell, Head of Quality and Patient Experience presented an update on the recent Care Quality Commission inspection of the BRI Emergency Department and associated action plan.
- **Quality Strategy, Quality Account and Quality Objectives update:** Chris Swonnell, Head of Quality and Patient Experience shared the Trust's new Quality Strategy for 2021-25 with governors and explained the quality objectives for the year ahead. Governors were also informed of the timeline and requirements for this year's Quality Account (including governor input).
- **Governors' Log of Communications report:** Questions and responses were noted.

- **Governors' Strategy Group – Governor Chair: Malcolm Watson**

There were two meetings in this period, which took place on 15 March 2021 (attended by 7 governors and 11 May 2021 (attended by 8 governors). Topics included:

Meeting on 15 March 2021:

- **Finance and Digital Committee Chair report:** Martin Sykes, Non-Executive Director and Chair of the Finance and Digital Committee, introduced reports summarising the main business of the committee from its meetings in January and February. Governors sought assurance around the Trust's current progress on the digital agenda, the effect of the Integrated Care System on digital alignment across organisations and on financial and capital decisions.
- **Weston Merger Implementation Progress:** Rob Gittins, Weston Merger Implementation lead, introduced a report on the implementation of the merger of University Hospitals Bristol and Weston Area Health NHS Trust since its completion on 1 April 2020. Governors sought assurance around the Corporate Services integration and consultations, and the junior doctors' training programme at Weston General Hospital.
- **Acute Services Review:** Sarah Nadin, Associate Director for Strategy and Business Planning, gave governors a presentation on the Acute Services Review: the Trust's programme for closer working with North Bristol NHS Trust.
- **Integrated Care System status:** Sarah Nadin, Associate Director of Strategy, provided governors with an update on the White Paper published by the government which outlined the process for new Integrated Care Systems to be created within the NHS. Governors noted potential implications on Trust financial planning and governance.
- **Corporate Objectives Update:** Governors received an update on progress against the year's corporate objectives and a forward look to the objectives for the coming year. Governors asked that these include sufficient emphasis on management development and training, Estates projects, and patient waiting lists.

- **Strategic Capital Programme:** Neil Kemsley, Director of Finance and Information and, Sarah Nadin, Associate Director of Strategy provided an update on the Trust's strategic capital programme including the progress of current projects.
- **Arts and Culture Strategy update:** The Arts and Culture Strategy update had been provided to the Governors to note.

Meeting on 11 May 2021:

- **Finance and Digital Committee Chair report:** Martin Sykes, Non-Executive Director and Chair of the Finance and Digital Committee, introduced reports summarising the main business of the committee from its meeting in April. Governors welcomed the news that the financial plan had been achieved for 2020/21 and asked about the effect of the pandemic, the financial needs of Weston, the Trust's digital strategy, and the potential for alignment between UHBW and North Bristol NHS Trust in relation to digital systems and financial planning.
- **Weston Merger Implementation Progress:** Governors received a detailed report of the progress of the merger between Bristol and Weston, 12 months on from the merger.
- **Acute Services Review:** Sarah Nadin, Associate Director for Strategy and Business Planning, gave governors a presentation on the Acute Services Review: the Trust's programme for closer working with North Bristol NHS Trust. Governors welcomed the collaboration and noted the need for public involvement in anything that required consultation.
- **Healthier Together/Integrated Care System:** Governors received an update from Healthier Together.
- **Corporate Objectives Update:** Governors received an update on progress on the Trust's corporate objectives: the summary of actions the Trust was taking to deliver its strategic priorities.
- **Strategic Capital Programme:** Governors received an update on the Trust's review of its strategic capital programme which had concluded at the end of March 2021 and had included a full stock-take and reassessment of the current programme. Governors asked for more information as to where the Trust's plans for the Weston site sat within the programme.
- **Operational Plan 2021/22:** Sarah Nadin, Associate Director of Strategy, explained to governors that national guidance had been received for the first half of the year and the Trust was developing a plan accordingly.

Constitution Focus Group – Governor Chair: Ray Phipps

There was one meeting in this period on 26 March 2021 attended by 10 governors.

- **Audit Committee Chair's Report:** David Armstrong, Non-Executive Director, presented the Audit Committee Chair's Report from the meetings in January and February 2021. Governors sought assurance around risk processes in relation to the involvement of Sirona at South Bristol Community Hospital and in relation to the Weston Division, and also around Integrated Care System governance.
- **Trust Constitution – Annual Review:** Governors agreed that no changes were

required this year to the Trust's Constitution, as there had been a thorough review prior to the Trust merger in 2019/2020.

- **Lead Governor Role – Annual Review of Role, Purpose, Duties, and Election Provisions:** Governors discussed the lead governor role and duties.
- **Governor Elections:** Governors received a progress report on the governor elections.
- **Membership Strategy update:** Governors noted a report on progress against the membership strategy, including governor numbers and membership engagement. They discussed a report showing how representative the Trust's membership was of the general population of Bristol, North Somerset and South Gloucestershire. Governors asked for more data on the impact of social media promotion and membership newsletters.
- **Governor Focus Groups: Annual Review of Terms of Reference and Business Cycle.** Governors noted that their main topics of interest were covered in the business cycle, and asked that the Trust benchmark its governor groups against those of other Trusts. On this basis it was agreed that the terms of reference for the group could go forward to the Council of Governors for **approval**.

Other Governor meetings

Other governor activity in the period included:

Governor/NED Engagement Sessions: Governors hold regular informal engagement meetings with the Chair and Non-Executive Directors to allow them to seek assurance or information around any topics of interest to assist them in their duty to hold them to account. There were two sessions in this period, on 23 February 2021 (attended by 16 governors, the Chair and 6 Non-Executive Directors) and one on 28 April 2021 (attended by 13 governors, the Interim Chair and 4 Non-Executive Directors). Assurance was sought around the following issues:

- Covid admission rates and recovery
- The outcome of the Care Quality Commission inspection of the Medical wards at Weston on 11 March 2021.
- Safe staffing levels
- Management culture, behaviour and training at the Trust
- Integrated Care Systems and potential impact on Trust's governance, accountability and autonomy
- Progress on digital transformation in the Trust
- Vaccine take-up among Trust staff
- The preparations for the impact of the Bristol Clean Air Zone (due to be implemented on October 2021) on hospitals, patients and staff
- The Trust's recent purchase of an office block in Bristol City Centre.

Governor Development Seminar Afternoon: The Trust has a duty to provide its governors with training in their role, and so holds regular seminar days. There was one in this period, held virtually on 14 April 2021 and attended by 16 governors. Topics covered included:

- **Patient and Public Involvement at UHBW:** Matthew Areskog, Corporate Patient Experience Manager, and Tony Watkin, Patient and Public Involvement Lead, presented reflections on how the team's work had changed over the last 12 months due to the pandemic and their plans for the next 12 months.
- **Trust Culture and Values:** This session was led by Blue Goose, an organisation appointed by the Trust to help it review its organisational culture and set new staff values. Governors gave their views on the current culture in the Trust as well as the culture and values that they would like to see.
- **Council of Governors Self-Assessment/ Review of the Year 2020-21:** Governors reflected on the ways in which they had discharged your duties over the year and any improvements that could be made, including training opportunities.
- **Outcome of the Care Quality Commission Inspection of Weston Medical Wards:** Robert Woolley, Chief Executive; Jayne Mee, Trust Chair; Deirdre Fowler, Chief Nurse; and Matt Joint, Director of People gave governors an overview of the outcome of the Care Quality Commission's inspection of the Medical wards at Weston General Hospital on 11 March.

Public Board meetings: A number of governors watched livestreamed meetings of the Board of Directors in January and March, to observe members of the Board carrying out their roles.

Advice and Recommendations

- The Council of Governors is asked to note this update for information
- The Council of Governors is asked to **approve** the Terms of Reference for 2021/22 for the Governors' Strategy Group, the Quality Focus Group and the Constitution Focus Group.

Terms of Reference – Focus Groups for Governors

Document Data	
Corporate Entity	Council of Governors
Document Type	Terms of Reference
Document Status	Draft
Executive Lead	Director of Corporate Governance
Document Owner	Membership Manager
Approval Authority	Chair
Document Reference	PFGV1.0
Review Cycle	12
Next Review Date	May 2022

Document Abstract
<p>The purpose of the Focus Groups is to facilitate engagement with the Trust Board and governors on matters of <u>constitution</u> (including membership), <u>strategy and planning</u> (including significant transactions), and <u>reporting</u> (including quality and performance monitoring and metrics) as part of the annual cycle of business.</p> <p>Focus Group meetings are chaired by nominated Governors (Governor Chair for the Focus Group), have nominated Executive Leads, and are open to attendance by any interested governor.</p>

Document Change Control				
Date of Version	Version Number	Lead for Revisions	Type of Revision	Description of Revision
15 January 2013	0.1	Trust Secretary	First Draft	First Draft
3 February 2013	0.2	Trust Secretary	Draft	Draft for comment by Governor Representative
4 February 2013	0.3	Trust Secretary	Draft	Draft for comment by Chairman
5 February 2013	0.4	Trust Secretary	Version	Version for implementation

25 April 2013	0.5	Trust Secretary	Minor	Revision of Project Group titles
11 May 2015	0.6	Head of Membership & Governance	Draft	Amendments to bring Terms of Reference up to date
23 July 2015	0.7	Head of Membership & Governance	Draft	Amendments post discussion at Constitution Focus Group meeting
19 January 2017	0.8	Interim Head of Membership & Governance	Draft	Amendments post discussion at Constitution Focus Group meeting
May 2018	0.9	Membership Engagement Manager	Draft	Amendments post discussion at Constitution Focus Group meeting; minor amendments to ensure consistency of terminology used.
Jan 2020	1.0	Membership Engagement Manager	Minor	Amendments post discussion at Constitution Focus Group meeting
March 2021	1.1	Membership Manager	Minor	Amendments as discussed at Constitution Focus Group meeting

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1. Purpose

- 1.1 The purpose of the Governor Focus Groups is to facilitate engagement with governors on matters of:
 - (a) constitution (including membership);
 - (b) strategy and planning (including significant transactions); and,
 - (c) reporting (including quality and performance monitoring and metrics).
- 1.2 Meetings of the Focus Groups are intended to support the development of governors in their role and provide them with information in order to be able to undertake their statutory duties.
- 1.3 Meetings of the Focus Groups are part of the annual cycle of business managed on behalf of the Board by the Trust Secretariat.
- 1.4 When it is determined to be required and in exceptional circumstance, the Governor Group Chair for each group can request external advisors to attend a Focus Group meeting in order to provide Governors with additional information determined to be necessary.

2. Authority

- 2.1 The Executive Leads of Focus Groups are authorised by the Trust Chair to conduct consultation, engagement and development activities with Governors in accordance with these Terms of Reference.

3. Reporting

- 3.1 The Governor Group Chair for each Focus Group is required to provide a brief summary of activity to the Membership Team for reporting to the quarterly meeting of the Council of Governors. (See also 5.1)

4. Chairing

- 4.1 Focus Groups are chaired by a nominated Governor, the Governor Group Chair. In circumstances where it is not possible for the Governor Group Chair to attend, their Deputy or another Governor may Chair the meeting.

5. Membership and Attendance

- 5.1 Each Group has a Governor Group Chair who is nominated by the group as a whole at the start of the Financial Year. A Deputy Governor Group Chair can also be nominated for the year at the discretion of the group. They will link with Executive Lead/s and have involvement with the forming of the agenda for meetings.
- 5.2 There is no fixed membership for the groups; they are open to all governors to attend. This is to allow for equitable access to any of the Focus Groups by any governor.

- 5.3 The minimum number of governors required for any meetings of the Focus Groups to be considered a valid consultation or engagement activity is any four (4) governors and at least one (1) Trust representative.
- 5.4 Each Group has a non-executive director member, who is the Chair of the respective Board Committee (Quality and Outcomes, People, Audit or Finance) or their nominated representative.

6. Focus Groups Objectives

The objectives of each Focus Group are as follows:

6.1 Constitution Focus Group

- (a) The objectives of the Constitution Focus Group are to provide:
- (i) engagement with governors in drafting Constitutional changes;
 - (ii) assessment of the public, patient and staff membership profile and monitoring of recruitment initiatives;
 - (iii) engagement of governors on communications and engagement activities for Foundation Trust members;
 - (iv) ownership and oversight of the Trust's Membership Engagement and Governor Development Strategy, to include recommendations for updates to this working strategy as required;
 - (v) reflections upon updates from the Trust's Audit Committee.
- (b) The group shall be chaired by the Governor Group Chair and the nominated Executive Lead shall be the Director of Corporate Governance.

6.2 Governors Strategy Group

- (a) The objectives of the Governors Strategy Group are to provide:
- (i) engagement with governors to develop the Annual Operational Plan;
 - (ii) engagement with governors on both the short and long term strategic plans of the Trust;
 - (iii) engagement with governors on strategic objectives and matters affecting the strategic outlook of the Trust and to contribute to the strategic direction of the organisation.
 - (iv) reflections upon updates from the Trust's Finance Committee.
- (b) The group shall be chaired by the Governor Group Chair and the Executive Lead shall be the Director of Strategy and Transformation or their duly authorised deputy.

6.3 Quality Focus Group

- (a) The objectives of the Quality Focus Group are to provide:
 - (i) engagement with governors to develop the Board’s Annual Quality Report;
 - (ii) regular support to enable governors to understand and interpret the Board Quality and Performance Report to enable governors to hold the non-executive directors to account;
 - (iii) regular support to enable governors to understand and interpret reported progress on the Trust’s Corporate Quality Objectives;
 - (iv) opportunities for input from governors on quality, (as defined by NHS Improvement), matters;
 - (v) reflections upon updates from the Trust’s Quality and Outcomes Committee and People Committee;
 - (vi) provide input into the Trust’s Quality Report and provide the statement for inclusion in the report on behalf of the Council of Governors.
- (b) The group shall be chaired by the Governor Group Chair and the Executive Lead shall be the Chief Nurse and/or Medical Director.

7. Secretariat Services

- 7.1 Focus Groups shall be facilitated by the Trust Secretariat, specifically the Membership Team. This shall include the scheduling of meetings dates, circulation of papers for meetings and note taking.
- 7.2 In addition to the “Reporting” requirements, as detailed at 3.1, the facilitator of each meeting shall keep notes of the meeting as a record for decisions and future plans. These will be circulated to all attendees following each meeting.

8. Frequency of Meetings

- 8.1 The governors annual cycle of meetings will be available at the beginning of each Financial Year from the Trust Secretariat. An overview of the standing items for each meeting is available as Appendix 1.
- 8.2 Additional meetings will be scheduled as required in agreement by the Governor Group Chair and Executive Lead for each group.

Appendix 1: GOVERNOR FOCUS GROUPS - ANNUAL BUSINESS CYCLE 21-22

Lead		Jul 21	Jan-22
CONSTITUTION			
Membership Strategy – update on progress	Membership Manager		
Governor elections	Membership Manager		
Lead governor role review	Membership Manager		
Annual Members Meeting	Membership Manager		
Health Matters events programme	Membership Manager		
Review of the Trust Constitution, Governor Code of Conduct	Membership Manager		
Audit Committee Chair's Report	Non-executive Director		
Youth Involvement Group update	Young Persons Involvement Worker		
Focus Group Terms of Reference and Business Cycle review	Membership Manager		
Annual Membership Representation Report	Membership Manager		

Lead		May-21	Jul-21	Sep-21	Nov-21	Jan-22	Mar-22
QUALITY							
Review of Corporate Quality Objectives – Quarterly	Chief Nurse						
Quality and Outcomes Committee and People Committee Chairs' Reports	Non-executive Director						
Quality and Performance Report	Chief Operating Officer						
Selection of audit indicator for Quality Report and governor input into Quality Report (if necessary)	Chief Nurse						
Staff Engagement/Organisational Development update (including staff survey results and regular reports on Diversity and Inclusion)	Director of People						
National inpatient survey results	Chief Nurse						
Patient Experience Group/Carers' Group Update (ad hoc depending on PEG/Carers' Group meeting dates)	Nominated governor						
Governors' Log of Communications - six month look back	Membership Manager						

Lead		May 21	Sep-21	Dec-21	Mar-22
STRATEGY					
Review of progress against the Trust's corporate strategic objectives	Director of Strategy & Transformation				
Operational Plan (TBC depending on national requirements)	Director of Finance				
Strategic capital investments update	Director of Strategy & Transformation				

Terms of Reference – Focus Groups for Governors

Partnership updates (Integrated Care System, Acute Services Review etc)	Director of Strategy & Transformation				
Weston merger implementation progress update	Director of Strategy & Transformation				
Finance Committee Chair's Report	Non-executive Director				

Meeting of the Council of Governors on Thursday 28 January 2021

Report Title	Item 3.4 – Update against Membership Strategy
Report Author	Sarah Murch, Membership Manager
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary

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

2. Key points to note

Communications and engagement around membership in this period have been largely focussed on the governor elections. Additionally, two virtual Health Matters Events have been organised in this period - one took place on 12 May on Stroke Awareness and the other is planned for 22 June on Learning Disabilities Liaison Provision.

3. Membership Numbers

As at 19 May 2021, there were 6,343 public members and 14,045 staff members. This compares with numbers on 21 January 2021 of 6,467 public members and 13,958 staff members. Membership is broken down into 8 constituency classes, as below:

Foundation Trust Membership Constituency Classes	19/05/21	21/01/21
Public Membership		
Bristol	3,339	3,425
North Somerset	1,238	1,236
South Gloucestershire	1,106	1,133
Rest of England and Wales	660	673
Total Public Membership	6,343	6,467
Staff Membership		
Medical and Dental	2,084	2,111
Nursing and Midwifery	5,409	5,402
Other Clinical Healthcare Professionals	2,362	2,279
Non-Clinical Staff	4,190	4,166
Total Staff Membership	14,045	13,958
TOTAL PUBLIC AND STAFF MEMBERSHIP	20,388	20,425

4. Progress against Membership Strategy

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

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

1. AWARENESS

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

Membership was promoted alongside the governor elections, particularly in North Somerset, as this was one of the aims of the Trust merger implementation plan. As a result, 46 public members have joined the Trust since the previous report to Council of Governors on 21 January 2021, 33 of whom are in the North Somerset constituency.

2. COMMUNICATION

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

- **Public Membership (email members):** A monthly e-newsletter is sent to all public members for whom we have an email address (41% of the total membership). The newsletter is produced by the membership team and is introduced by a different governor each month as a means to directly engage with their constituents. The February 2021 edition was introduced by John Rose (Public Governor-North Somerset), the March edition by John Chablo (Public Governor –Bristol), the April edition by Hannah Nicoll (Appointed Governor – Youth Involvement Group), and the May edition by Martin Rose (Public Governor- Bristol)

In this period the Membership Team has been seeking out membership newsletters from other Foundation Trusts to find out what other Trusts are sending to their members. This revealed an interesting variety of different approaches and plenty to learn from.

- **Public Membership (postal members):** The Trust writes twice a year to its public membership for whom we do not hold email addresses. A letter from the Chair was sent to all postal members in March 2021, letting them know about the governor elections. This cohort of members used to receive Voices magazine to keep them up-to-date with Trust news; however, the Trust has not produced Voices magazine or any alternative publication since March 2020.
- **Staff Members:** There have been regular articles in the both the Bristol and the Weston staff newsletters to help raise awareness of the governor role and the governor elections.
- **Young Members:** Young members are invited to join the Youth Involvement Group, which has been sending out regular newsletters and holding online events.

3. ENGAGEMENT

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

Governor Elections: There has been a lot of work in this period to raise awareness among members around the Trust's governor elections. Members can stand for election as governor, and they can also vote for governors to represent them.

Virtual Events: The Membership Team organised a virtual event in this period for members and the public, in collaboration with the Trust's Stroke teams, Bristol After Stroke and the Stroke Association. *Health Matters: Stroke Awareness* was held on Wednesday 12 May and around 30 attendees watched presentations from a panel of speakers and took part in a Q&A session.

Another virtual Health Matters Event is planned on Tuesday 22 June at 10am-12 noon: *Health Matters: Learning Disabilities Liaison Provision (UHBW)*. The aim is to raise awareness of the support available for people with learning disabilities who are accessing care in our hospitals. It will be chaired by Jayne Mee, Interim Trust Chair, and the panel of speakers will include Learning Disabilities Liaison specialists from Bristol and Weston as well as representatives from the Community Learning Disabilities Team and the Carers' Support Centre.

Issues raised by members: Most of the communications from members in this period have related to the governor elections, the Health Matters Events and the March mailshot to postal members. Other issues raised by members in the period have included feedback on our hospital premises, a question about vaccination of staff, and a question around support for breastfeeding mothers at our hospitals.

4. Priorities for the next quarter

The next quarter will include focus on:

- Organising the June Health Matters Event
- Planning for the Annual Members' Meeting/AGM in September
- Social media and staff and member communications will include a focus on introducing new and re-elected governors following the governor elections.

Advice and Recommendations

- This report is for **Information**.

Meeting of the Council of Governors on Thursday 27 May 2021

Report Title	Item 3.5 – UHBW Governor Elections
Report Author	Sarah Murch, Membership Manager
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary

The purpose of this report is to inform the Council of Governors of the outcome of the Trust's 2021 Governor Elections.

2. Key points to note

There were 11 seats up for election in this year's Governor Elections across 5 public and staff constituency classes. All seats were contested, with 26 candidates standing altogether. Voting closed on 21 May 2021 and the successful candidates in each constituency class are as follows:

- Public-Bristol (4 to elect): Mo Phillips, Sue Milestone, Khushboo Dixit and Mohammad Rashid
- Public-North Somerset (3 to elect): Annabel Plaister, John Rose and Graham Briscoe
- Staff-Non-Clinical (2 to elect): Charlie Bolton and Chrissie Gardner
- Staff-Other Clinical (1 to elect): Jocelyn Hopkins
- Staff-Medical and Dental (1 to elect): Shabnum Ali

The election period consisted of a nomination period (4 March-1 April 2021), during which the seats available were advertised, and a voting period (27 April-21 May 2021) during which voting information was dispatched to public members by post and to staff members by email.

Interest was high in the nomination period, with 64 people contacting the Membership Team to request information about the role. There was good interest from Weston General Hospital staff and the North Somerset public, reflecting the recent Trust merger.

Voter turnout was roughly in line with previous years and with Foundation Trust governor elections nationally. Turnout for the Public Bristol and Public North Somerset seats was higher than our previous election for these seats in 2019, while the turnout for the Staff-Non-Clinical and Staff-Medical and Dental categories was lower. This was the first contested election for the Staff-Other Clinical constituency class at the Trust for at least ten years.

New governors take up post on 1 June 2021.

The full results and turnout figures are attached.

3. Advice and Recommendations

- This report is for **Information**.

UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST

ELECTION TO THE COUNCIL OF GOVERNORS

CLOSE OF VOTING: 5PM ON 21 MAY 2021

CONTEST: Public: Bristol

RESULT		4 to elect
PHILLIPS, Maureen	450	ELECTED
MILESTONE, Susan	394	ELECTED
DIXIT, Khushboo	280	ELECTED
RASHID, Mohammad	231	ELECTED
UPADHAYA, Bishnu	186	

Number of eligible voters		3,335
Votes cast by post:	453	
Votes cast online:	102	
Total number of votes cast:		555
Turnout:		16.6%
Number of votes found to be invalid:		4
Total number of valid votes to be counted:		551

CONTEST: Public: North Somerset

RESULT		3 to elect
PLAISTER, Annabel	160	ELECTED
ROSE, John	139	ELECTED
BRISCOE, Graham	96	ELECTED
TAYLOR, Barry	82	
KIRKHOPE, John	56	
QUINLAN, Chris	56	
TILA, Fai	45	

Number of eligible voters		1,239
Votes cast by post:	223	
Votes cast online:	37	
Total number of votes cast:		260
Turnout:		21.0%
Number of votes found to be invalid:		2
Total number of valid votes to be counted:		258

CONTEST: Staff: Medical and Dental

RESULT		1 to elect
ALI, Shabnum	134	ELECTED
CUEVAS-ASTURIAS, Sofia	86	

Number of eligible voters		2,051
Votes cast online:	220	
Total number of votes cast:		220
Turnout:		10.7%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		220

CONTEST: Staff: Non-Clinical

RESULT		2 to elect
BOLTON, Charlie	179	ELECTED
GARDNER, Chrissie	174	ELECTED
CASTILLO, Sofia	129	
ROMAINE, Carlton	118	
MILLS, John	118	
FRASER, Kate	97	
LAMB, Cassidy	87	
MOORE, Lesley	84	
STURMAN, Miriam	54	

Number of eligible voters		4,107
Votes cast online:	633	
Total number of votes cast:		633
Turnout:		15.4%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		633

CONTEST: Staff: Other Clinical

RESULT		1 to elect
HOPKINS, Jocelyn	131	ELECTED
STIVEN, John	95	
SHORTER, Amy	53	

Number of eligible voters		2,239
Votes cast online:	279	
Total number of votes cast:		279
Turnout:		12.5%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		279

Civica Election Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the election:-

- a) was sent the details of the election and
- b) if they chose to participate in the election, had their vote fairly and accurately recorded

The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and CES is satisfied that these were in accordance with accepted good electoral practice.

All voting material will be stored for 12 months.

Ciara Hutchinson
Returning Officer
On behalf of University Hospitals Bristol and West NHS Foundation Trust

Meeting of the Council of Governors on Thursday 27 May 2021

Report Title	Item 3.6 - Governors' Log of Communications
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 Council of Governors with an update on all questions on the Governors' Log of Communications and subsequent responses added or modified since the previous meeting. The Governors' Log of Communications was established as a means of channelling communications between the governors and the officers of the Trust.	
2. Key points to note (Including decisions taken)	
Since the last public Council of Governors meeting on 28 January 2021, four questions have been added to the Governors' Log of Communications. One has received a response from an Executive Director, and the other three have been added very recently, so responses have not yet been received.	
3. Advice and Recommendations	
<ul style="list-style-type: none"> This report is for Information. 	
4. History of the paper Please include details of where paper has <u>previously</u> been received.	
<i>Board of Directors meeting in public</i>	<i>27 May 2021</i>

ID **Governor Name**

250 John Chablo

Theme: Digital Programme**Source:** Project Focus Group**Query** **12/05/2021**

I am a little concerned about the progress of digital transformation within UHBW.

There seems to have been a number of issues which as governors we have been made aware of, but which still seem to be ongoing.

Of particular concern is the electronic prescribing and medicines administration (EPMA) system, which I believe was one of the first systems implemented as part of our Digital Exemplar program. We were informed a couple of years ago now that it had been stopped being used as there were a number of issues with it which required a software update, which would take a couple of months. I understand this is still not back in place as yet?

I recently attended a Digital Health Online Conference, and it appeared that there were a number of Trusts (including the new Digital Aspirants) using the System C software package, including EPMA, so what is the issue that we have with it?

I was also surprised to be told recently that Weston has a newer version of Medway which is not compatible with the version at the BRI? As we are developing a blueprint for digital excellence with System C for other trusts to use, should we not always be running the latest software version or even future versions that haven't been generally released? And why is the software not backward compatible? I appreciate the sensitivity and critical nature of the software, but shouldn't updates be implemented as soon as they are available, particularly in view of our Digital Exemplar status?

Can we be assured that the board is fully behind our digital transformation?

Division: Trust-wide**Executive Lead:** Director of Finance**Response requested:****Response****Status:** Assigned to Executive Lead

ID	Governor Name		
249	Carole Dacombe	Theme: Bullying and Harassment	Source: Project Focus Group
Query	12/05/2021		
<p>The Governors are aware of the need to tackle the issues of bullying and harassment throughout the NHS, along with the challenges that this presents. We wish to seek assurance that UHBW has a comprehensive plan to tackle these issues throughout the trust - from awareness raising and prevention to the management of incidents when they occur. Has the required training in these issues been identified for all grades of staff?</p>			
Division:	Trust-wide	Executive Lead:	Director of People
		Response requested:	
Response			
Status:	Assigned to Executive Lead		
248	Carole Dacombe	Theme: Training	Source: Project Focus Group
Query	12/05/2021		
<p>The Governors are aware that there are many different levels and types of management roles across the trust, all of which are integral to staff support and development. Is the trust committed to ensuring that managers at all levels are provided with the required knowledge, skills and confidence to fulfil these roles? Are the sources of all such training (internal and external) clearly identified?</p>			
Division:	Trust-wide	Executive Lead:	Director of People
		Response requested:	
Response			
Status:	Assigned to Executive Lead		

ID **Governor Name**

247 **Martin Rose**

Theme: Flood in Bristol Eye Hospital

Source: Governor Direct

Query **02/03/2021**

Recently, I had an appointment at Bristol Eye Hospital that was cancelled on the day for safety reasons because of a flood. My questions are: What happened for the flood to happen? What damage was caused? What has been done to prevent this from happening again?

Division: Specialised Services

Executive Lead: Chief Operating Officer

Response requested: 11/03/2021

Response **12/03/2021**

We experienced a failure of a joint on a mains water pipe and were concerned there were some safety issues relating to the potential impact on electrical services in the area.

The repairs were completed on the water main and services fully returned to normal.

We will be conducting further risk assessments in the plant room area to assess whether further remedial works are required.

Status: Closed