

COUNCIL OF GOVERNORS
Meeting to be held on Friday, 27 May 2022 at 14:30-16:30
Via videoconference and livestreamed online for public viewing

AGENDA

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS	PAGE NO.
1. Preliminary Business					
1.1.	Introduction and apologies	Information	Chair	14:30	verbal
1.2.	Declarations of Interest	Information	Chair		verbal
1.3.	Minutes of Council of Governors meeting held on 28 January 2022 and of the Extraordinary Council of Governors meeting held on 21 January 2022	Approval	Chair		p.3 attached separately
1.4.	Matters arising (Action Log)	Information	Chair		p.12
1.5.	Chair's Report	Information	Chair	14:35	verbal
2. Performance Update and Strategic Outlook					
2.1.	Chief Executive's Report	Information	Chief Executive	14:45	verbal
2.2.	Operational update	Information	Deputy Chief Executive and Chief Operating Officer	15:10	verbal
2.3.	Annual financial planning update	Information	Director of Finance and Information	15:20	verbal
2.4.	Integration Report	Information	Director of Finance and Information	15:25	p.13
2.5.	Quarterly Patient Experience and Complaints Reports	Information	Chief Nurse	15:35	Attached separately
3. Items for Decision					
3.1.	Non-Executive Director Appointments	Approval	Chair	15:45	p.38
3.2.	Non-Executive Director Re-appointments	Approval	Chair	16:00	p.43
3.3.	Trust Constitution - changes	Approval	Director of Corporate Governance	16:05	p.44
3.4.	Lead Governor Election	Approval	Chair	16:10	p.49

NO.	AGENDA ITEM	PURPOSE	SPONSOR	TIMINGS	PAGE NO.
3.5.	Approval of Terms of Reference and Annual Business Cycles <ul style="list-style-type: none"> - Governor Focus Groups - Nominations and Appointments Committee 	Approval	Chair	16:15	p.50
4. Governor Updates					
4.1.	Reports of Governor/Membership activity <ul style="list-style-type: none"> - Governors Activity Report - Membership Activity Report - Governor Elections Report 	Information	Membership Manager/ Governors	16:20	p.70
4.2	Governors' Log of Communications	Information	Chair	16:25	p.81
5. Concluding Business					
5.1.	Foundation Trust Members' Questions	Information	Chair		verbal
5.2.	Any Other Urgent Business	Information	Chair		verbal
	Date and time of next meeting 9 August 2022, 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 Friday, 28 January 2022 at 14:30-15:45
by videoconference**

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

Present

Name	Job Title/Position
Jayne Mee	Chair of the Board and Chair of the Council of Governors
Hessam Amiri	Public Governor
Charles Bolton	Staff Governor
Graham Briscoe	Public Governor
John Chablo	Public Governor
Sofia Cuevas-Asturias	Staff Governor
Carole Dacombe	Public Governor
Khushboo Dixit	Public Governor
Aishah Farooq	Appointed Governor, Youth Involvement Group
Tom Frewin	Public Governor
Chrissie Gardner	Staff Governor
Paul Hopkins	Appointed Governor, Joint Union Committee
Sue Milestone	Public Governor
Sally Moyle	Appointed Governor, University of the West of England
Mo Phillips	Public Governor
Ray Phipps	Public Governor
Annabel Plaister	Public Governor
Mohammad Rashid	Public Governor
John Rose	Public Governor
Martin Rose	Public Governor
John Sibley	Public Governor
Malcolm Watson	Public Governor
Audrey Wellman	Appointed Governor, Youth Involvement Group
Others in attendance:	
David Armstrong	Non-executive Director
Sue Balcombe	Non-executive Director
Paula Clarke	Director of Strategy and Transformation
Julian Dennis	Non-executive Director
Bernard Galton	Non-executive Director
Natashia Judge	Head of Corporate Governance
Neil Kemsley	Director of Finance and Information
Jane Norman	Non-executive Director
Emma Redfern	Interim Medical Director
Eric Sanders	Director of Corporate Governance
Mark Smith	Deputy Chief Executive and Chief Operating Officer
Martin Sykes	Non-executive Director
Emma Wood	Director of People
Robert Woolley	Chief Executive

Sarah Murch	Membership Manager
Rachel Hartles	Membership and Governance Officer (Minutes)

Martin Sykes, Trust Vice-Chair, opened the meeting at 14.35

Minute Ref:	Item	Actions
1.0 Preliminary Business		
COG1.1/01/22	1.1 Chair's Introduction and Apologies	
	<p>The Vice Chair, Martin Sykes, welcomed everyone to the meeting.</p> <p>Apologies had been received from Governors Debbi Norden and Garry Williams. Apologies had also been received from Deirdre Fowler, Chief Nurse and Midwife and Steve West, Non-executive Director.</p> <p><i>Jayne Mee joined the meeting and took over the role of Chair.</i></p> <p>Jayne Mee welcomed Emma Wood, Director People, to her first Council of Governors within the Trust. Jayne also highlighted that Emma Redfern, Interim Medical Director was due to resume her role as Deputy Medical Director in March and it was therefore her last Council of Governors meeting.</p> <p>Jayne Mee further announced that after a robust recruitment process, Eugene Yafele had been offered and accepted the position of Chief Executive, to replace Robert Woolley when he retired at the end of March 2022. Jayne thanked Robert for all his hard work over the last 12 years as Chief Executive and wished him well in his retirement.</p> <p>Mo Phillips, Lead Governor, thanks Robert Woolley on behalf of the entire Council of Governors for his service in the NHS as well as the work he had conducted with the Governors, and wished him well in his retirement also.</p>	
COG1.2/01/22	1.2 Declarations of Interest	
	There were no new declarations of interest from Governors relevant to items on the agenda.	
COG1.3/01/22	1.3 Minutes from Previous Meeting	
	<p>Governors considered the minutes of the meetings of the Council of Governors held on Tuesday 30 November 2021 and the Extraordinary Council of Governors held on Thursday 9 December 2021.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Approve the minutes of the Council of Governors meeting held on 30 November 2021 and 9 December 2021 as a true and accurate record of the proceedings. 	

<p>COG1.4/01/22</p>	<p>1.4 Matters Arising/Action Log</p>	
	<p>Governors noted updates on the actions from previous meetings as follows:</p> <p>COG2.2/11/21 Integration Update: <i>Paula Clarke to monitor the Friends and Family Test feedback from Urology to ensure continuity of care of patients remained stable.</i></p> <p>The Quarterly Patient Experience Report would be reviewed over the following six months to monitor any feedback from the Weston Urology service. Action Closed.</p> <p>COG2.2/11/21 Integration Update: <i>Paula Clarke to share the Integration Risks with Governors.</i></p> <p>The Integration Risk Register was undergoing a refresh to ensure the most up-to-date version was available to governors. This would be sent to governors in February 2022. Action Closed.</p> <p>COG2.4/11/21 Patient Experience/Patient Complaints Reports: <i>Membership Team to obtain and circulate the Healthwatch report from the recent Patient Experience Group and circulate to Governors.</i></p> <p>The Healthwatch report was circulated to Governors. Action closed.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Approve the updates to the action log. 	
<p>COG1.5/01/22</p>	<p>1.5 Chair's Report</p>	
	<p>Jayne Mee, Trust Chair, gave a brief update to Governors on her recent activity. Key points were as follows:</p> <ul style="list-style-type: none"> • Jayne had led the recruitment of the new Chief Executive. • Some meetings had been stood down due to the Omicron wave of Covid-19. However, there had continued to be Integrated Care Board meetings, which involved the Trust in partnership working within the Bristol, North Somerset and South Gloucestershire system. • She had continued to attend union and Staff Network Lead meetings. • She had attended recent City Leader meetings and NHS Confederation meetings online. Health inequality was a main theme in the meetings and the attendees had been discussing how this could be tackled. • Visits to Diagnostics and Therapies, Weston and Specialised Services Divisions had taken place. • Two events had been held in celebration of Disability History Month in December 2021. • Readiness Assessment interviews were taking place in relation to the new 'Patient first' continuous improvement 	

	<p>programme the Trust had launched in conjunction with North Bristol NHS Trust and Western Sussex NHS Foundation Trust. Feedback was due to the Trust shortly.</p> <ul style="list-style-type: none"> • Consultant interviews had continued and a very good calibre of interviewees had been seen. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Chair’s Report for Information. 	
<p>2.0 Performance Update and Strategic Outlook</p>		
<p>COG2.1/01/22</p>	<p>2.1 Chief Executive’s Report</p>	
	<p>Robert Woolley, Chief Executive, provided an update on the main issues facing the Trust. Key points included:</p> <ul style="list-style-type: none"> • Robert acknowledged that this would be his last Council of Governors meeting and thanked everyone for their kind words at the start of the meeting in advance of his retirement. • Discussions had been held with Eugene to hand over the ongoing work and also with Executive Directors to ensure support was in place for his arrival. • Pressure from COVID-19 and general operational demand had not decreased over the festive period and the Trust was still in an Internal Critical Incident and the wider NHS continued to be in a high level of alert. • Rates of COVID-19 were still very high in the community and therefore in the hospitals which had been causing significant delays. • Weston Division had announced the new Knightstone Ward was due to open to the public in February 2022 to treat orthopaedic patients. • Restrictions had been lifted in England in relation to COVID-19; however precautions such as mask wearing, hand hygiene and ventilation were requested wherever possible. • An update had been provided to the Board of Directors in Public about mandatory COVID-19 vaccinations for NHS staff, which was anticipated to be a legal requirement from 1 April 2022. It had described measures to support them to make their decision on vaccination, such as webinars and individual phone calls. <p>Governor questions included:</p> <ul style="list-style-type: none"> • Chrissie Gardner, Staff Governor, queried whether mandatory vaccinations were being explained clearly so that affected staff were aware that they must have the COVID-19 vaccination or they would lose their job or be redeployed Robert Woolley, Chief Executive, advised that the Trust was trying to communicate as clearly as 	

	<p>possible to patient-facing staff without a valid clinical exemption that they would be unable to continue in their current roles if they did not have the mandatory vaccination status in time. Emma Wood, Director of People, further explained the steps the Trust had taken to communicate as clearly and as effectively as possible but requested any further suggestions to communicate with staff were sent to her team as soon as possible.</p> <ul style="list-style-type: none"> • Martin Rose, Public Governor, asked whether the protest about Covid vaccinations held outside of the main entrance to the Bristol Royal Infirmary site on Thursday 27 January 2022 had caused any significant issues for staff. Robert Woolley, Chief Executive, advised that no significant issues were identified in relation to the protest; although some staff were obviously concerned by the vaccine issue in general.. • Mo Phillips, Public Governor, asked whether there were any figures on staff who had not received the vaccine. Emma Wood, Director of People, advised that broadly, 860 staff had not had any or only had one jab, with 70% of those clinical. Emma Wood further cautioned that there was no information on whether any of these staff were exempt or had another reason for not having the full vaccination. • Aishah Farooq, Appointed Governor, was interested in workforce recruitment and how this could be affected by mandatory vaccination. Emma Wood, Director of People, advised that the issue was as yet unknown, however long term processes nationally would be in place to ensure that staff joining the NHS would have the COVID-19 vaccine in future with other standard vaccinations. • Mohammad Rashid, Public Governor, asked for more information around the Trust's plans for the gap between Robert Woolley's retirement and Eugene Yafele's start date. Jayne Mee, Trust Chair, confirmed that Robert Wooley would be stepping down on 31 March 2022 and the Trust's current Deputy Chief Executive, Mark Smith,, would step up on 1 April 2022 to cover the role. As there was no confirmed start date for the new Chief Executive Eugene Yafele at the time of the meeting, the Remuneration, Nomination and Appointments Committee had approved Mark Smith as Interim Chief Executive. • Tom Frewin, Public Governor, asked further questions around the mandatory vaccinations and exemptions. Emma Wood, Director of People, advised that exemptions were very strict and did not allow many people to not have the mandatory vaccinations. • Paul Hopkins, Appointed Governor, raised concerns over how staff who were moved due to not wishing to 	
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	<p>have the vaccine were likely to be treated. Emma Wood, Director of People, agreed this was a challenging area, but the Human Resources teams were speaking to managers and providing as much support as they may need now and in the future in relation to the mandatory vaccinations. Emma stated that any bullying or harassment of staff would not be tolerated.</p> <ul style="list-style-type: none"> • John Sibley, Public Governor, enquired around the employee rights and whether there were any redundancy possibilities for staff. Emma Wood, Director of People advised that as the roles would not disappear, there would be no employee rights relating to redundancy and the Trust would follow the national legislation in this regard. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the Chief Executive’s Report for Information. 	
COG2.2/01/22	2.2 COVID-19/ Service Restoration update	
	<p>Mark Smith, Deputy Chief Executive and Chief Operating Officer, updated the Governors on the COVID-19 pandemic, its ongoing effect on the Trust’s hospitals, and the efforts to restore services that had been impacted by it. Highlights included:</p> <ul style="list-style-type: none"> • The impact of COVID-19 in the community was going down but there were still many patients in the hospital. • Work was beginning on understanding the extent of the additional backlogs and how the Trust was going to bring them down. • The Trust had undertaken a major internal reorganisation and to move the wards back was going to be another huge undertaking. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Receive the COVID-19/Service Restoration update for Information. 	
3.0 Governor Decisions and Updates		
COG3.1/01/22	3.1 Nominations and Appointments Committee Report	
	<p>Sarah Murch, Membership Manager, provided an update on the Nominations and Appointments Committee. One public governor vacancy had arisen on the Committee recently due to a member stepping down. Governors had been asked to come forward to fill this vacancy and Mohammad Rashid had been the only one to express interest. Governors were therefore asked to approve his appointment to the Committee. There were no dissenting voices.</p> <p>Members RESOLVED to:</p>	

	<ul style="list-style-type: none"> • Approve the appointment of Mohammad Rashid to the Nominations and Appointments Committee. • Note the update. 	
<p>COG 3.2/01/22</p>	<p>3.2 General Intensive Care Unit business case</p> <p>Paula Clarke, Director of Strategy and Transformation, presented the General Intensive Care Unit Business Case to the Governors for their approval.</p> <p>Paula Clarke explained the history of the adult Intensive Care Unit (ICU) and how the Trust planned to increase the adult ICU by 11 beds. The business case was interdependent with other service developments, such as Extra Corporeal Membrane Oxygenation (ECMO) should the Trust gain the additional beds. Martin Sykes, Non-executive Director and Chair of the Finance and Digital Committee, assured the Council of Governors of all Governance processes and the reasoning for requiring the Council of Governors to approve the Business Case.</p> <p>Governors discussed the report and asked the following questions:</p> <ul style="list-style-type: none"> • Martin Rose, Public Governor, asked how much this would cost the Trust and how the beds would be staffed. Paula Clarke, Director of Strategy and Transformation, advised the overall capital cost to the Trust would be £12.9m; although staffing was still being finalised. The Trust was working on a plan to staff the new beds which would include international recruitment, but she assured the Council of Governors that a phased approach to opening beds as staff were available would be undertaken. • Charlie Bolton, Staff Governor, queried how the Trust came to the number of beds required. Paula Clarke, Director of Strategy and Transformation, explained the number was calculated by ensuring the number of average beds per 100,000 population for the South West were in line with other national ICU bed numbers. • Annabel Plaister, Public Governor, asked for clarification over the types of intensive care beds being discussed. Paula Clarke, Director of Strategy and Transformation, confirmed that the number of beds were for adult services only. Annabel further questioned the number of ICU beds in the Division of Weston. Paula Clarke further confirmed that there were two level 2 beds and two level 3 beds which would not change. A query over the number of beds in Division of Weston was agreed to be investigated and confirmed to the Governors. <p>ACTION: Paula Clarke to confirm the number of beds in the Division of Weston ICU to the Governors.</p>	<p>Director of Strategy and Transformation</p>

	<ul style="list-style-type: none"> • Carole Dacombe, Public Governor, congratulated the team on a thorough business case and reminded Governors that the issue of a lack of ICU beds had been ongoing for a very long time. Jayne Mee, Trust Chair, agreed that the work was very good and she looked forward to seeing the progress made in the future. • Mohammad Rashid, Public Governor, asked how the Integrated Care System would impact the work going on with increasing ICU capacity. Martin Sykes, Non-executive Director, confirmed that the capital costs had been covered within this year and next year's capital funds allowance for the Trust and so the Integrated Care System work was unlikely to impact the capital costs. • Sofia Cuevas-Asturias, Staff Governor, asked whether the new building works near Temple Meads had been included in the calculations for the bed capacity that was required. Paula Clarke, Director of Strategy and Transformation confirmed that demographic growth had been factored into the business case. <p>Jayne Mee, Trust Chair, asked for a vote to approve the business case. There were no dissenting voices and therefore the business case was approved.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • Approve the General Intensive Care Unit business case. 	
4.0 Concluding Business		
COG4.1/01/22	4.1 Foundation Trust Members' Questions	
	<p>A question had been raised by Public Member Paul Wheeler regarding waiting times for ambulances to hand on patients at Bristol hospitals.</p> <p>Mark Smith, Deputy Chief Executive and Chief Operating Officer, confirmed that ambulance waits and handovers were still proving challenging due to a number of issues including COVID-19 and Medically Fit for Discharge patients who were unable to leave the hospital. A variety of visits from national teams had been received by the Trust and recommendations from the visits were currently being implemented across the Trust. Mark Smith further agreed to provide a written response to the Foundation Trust member.</p> <p>ACTION: Mark Smith to provide a written response to the Foundation Trust member.</p> <p>Martin Sykes, Non-executive Director, advised the Council of Governors of an update to a recent meeting question raised around the low emission zone that was due to take effect in Bristol City Centre in the Summer of 2022. The question had been answered through the Governors Log and Mark Smith,</p>	<p>COO/ Deputy CE</p>

	Deputy Chief Executive and Chief Operating Officer, agreed to provide supplementary information to the Governors. ACTION: Mark Smith to provide supplementary information on the Low Emission Zone that was due to take effect in Bristol City Centre in Summer 2022.	Deputy CE/COO
COG4.2/01/22	4.2 Any Other Business	
	John Sibley, Public Governor, advised that a question had been raised on the Governors log relating to Cleft Palate surgery which had not had a response. Sarah Murch, Membership Manager, agreed to investigate the delay and provide the response to John Sibley. ACTION: Sarah Murch to investigate and provide a response to John Sibley in relation to a Governors log question that had been raised.	Membership Manager
	Ray Phipps, Public Governor, announced a report on a survey from the Patient's Association had been received and highlighted access, primary care, funding and staffing as the main issues of note. It also highlighted the need for integration of care. He suggested the Council of Governors may wish to read the report. ACTION: Membership team to circulate the Patient's Association report.	Membership Team
COG4.3/01/22	4.3: Meeting close and date of next meeting The Chair declared the meeting closed at 16:15. The date and time of the next meeting would be: <ul style="list-style-type: none"> • Council of Governors: Friday 27 May 2022, from 14:00 – 16:00. 	

Council of Governors meeting – 27 May 2022 - Action Log

Actions following Council of Governors meeting held on 28 January 2022					
No.	Minute reference	Detail of action required	Responsible Officer	Completion date	Additional comments
1.	COG 3.2/01/22	Paula Clarke to confirm the number of beds in the Division of Weston ICU to the Governors.	Director of Strategy and Transformation	Feb 2022	Completed.
2.	COG4.1/01/22	Mark Smith to provide a written response to the question from a Foundation Trust member about medically-fit-for-discharge patients	Deputy CE/COO	Feb 2022	Completed.
3.	COG4.1/01/22	Mark Smith to provide supplementary information on the Low Emission Zone that was due to take effect in Bristol City Centre in Summer 2022.	Deputy CE/COO	May 2022	Update provided by Mark Smith, May 2022: <i>The Trust continues to work closely with Bristol City Council ahead of their implementation of the clean air zone later in 2022. The Trust's communications team is also working closely with Bristol City Council's communications team to ensure that timelines for communications are aligned. In addition, the Trust will also be welcoming Bristol City Council's travel team to our hospitals throughout the summer to hold roadshow events, where staff, patients and visitors can obtain information about the clean air zone and the support available from the council.</i>
4.	COG4.2/01/22	Sarah Murch to investigate and provide a response to John Sibley in relation to a Governors log question that had been raised.	Membership Manager	Feb 2022	Completed.
5.	COG4.2/01/22	Membership team to circulate the Patient's Association report.	Membership Manager	May 2022	Completed: This report was sent to governors on 6 May 2022: https://www.patients-association.org.uk/Handlers/Download.ashx?IDMF=605f8c14-be91-41be-bc7b-19d87d041196

Meeting of the Council of Governors on Friday 27th May 2022

Report Title	Integration Programme Report
Report Author	Rob Gittins, Programme Director
Executive Sponsor	Neil Kemsley, Director of Finance and Information (presenting) Paula Clarke, Executive Director for Strategy and Transformation (Exec Sponsor)

1. Report Summary

This report sets out the progress being made with the clinical and corporate integration programme. Clinical and corporate teams across the Trust continue to work together to realise the benefits of integrated services for patients, staff, and local people, driving improvement across a range of services, systems, and clinical specialities.

The Integration Programme Report (IPR) is provided for public assurance. It is a monthly report used within the organisation to enable the senior leadership team and Board committees to scrutinise the performance of the programme.

2. Key Points to Note

Clinical services integration

All clinical services have commenced the integration process with the number of clinical services formally integrated remaining at 12 out of 32. A new Weston General Hospital leadership team is being established from 1st October 22, replacing the current Weston Division, and will be responsible for leading the site and a range of clinical services and facilities. All other clinical services will become Trust-wide by 1st October and be wholly run and operated by our clinical divisions. Between now and then close collaboration continues between specialities on a day-to-day basis as they work towards full integration.

Future clinical vision (Healthy Weston)

The Healthy Weston Programme is working to deliver the second phase of work to secure Weston General Hospital as a thriving and sustainable hospital at the heart of the Weston community.

At the end of April, details of the programme were shared with North Somerset Council health overview and scrutiny panel (HOSP). At the meeting, councillors agreed that our favoured option for changes to the way some services at Weston are delivered in the future does not constitute 'substantial variation' to services. This means that a formal public consultation is not required. Regardless of this, the Healthy Weston Programme will still hold an extended period of public and staff engagement on the draft proposals before any decisions or changes are made. Public engagement is expected to start early in the summer, with a final decision about any changes taken later this year. In the meantime, a series of open staff briefing

sessions are being held, and feedback being requested via email at healthyweston@uhbw.nhs.uk.

Major IT project completed

On 9th April, the Trust completed a major IT project, linking the patient administration system (Medway) at Weston to the CareFlow Electronic Patient Record (EPR) system across the rest of UHBW. A year in the planning, this has been a momentous effort by our digital, clinical and support teams who worked collaboratively to ensure everything went to plan. The system merger now enables staff to better manage our patients across sites, so that we can deliver excellent and consistent patient care across the Trust and realise further benefits of the merger.

Workforce and Organisational development

Registered nursing numbers in post at Weston remain high, supported by effective local domestic and international recruitment campaigns. In the last month, 13 nursing offers of employment at Weston have been made, with a further 11 candidates given start dates. Our International programme for registered nurses also continues to be successful with a total of 119 nurses recruited over the last 12 months, with 11 more planned to join Weston in April 2022. Filling our Consultant and senior doctor post vacancies remain a challenge, despite extensive recruitment and retention initiatives. A total of 13 new doctors at various grades have joined Weston General Hospital since January, including 1 new consultant.

Delivering on our merger plans

As part of our programme of assurance, a second post-merger review is being finalised. The review will consider the progress made against the original March 2020 merger plans.

3. Risks

The risks associated with this report include:

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

- This report is for **Assurance**.

The Council of Governors is asked to note the Report and the progress being made on integration.

5. History of the paper

Integration Programme Board	May 22
Senior Leadership Team Meeting	May 22

Integration Programme Report

April 2022

Reporting Month: April 2022

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Critical Success Factor	Work Stream	Exec Sponsor	Page
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Reporting Month: April 2022

Progress in month

Clinical

- The number of clinical services integrated remains at 12 out of 34, with no further completions in month.
- Radiology, Haematology/Oncology and Rheumatology are due to go to Divisional Boards for approval to integrate in May / June.
- Work is underway with receiving divisions to create integrated management structures that will go live once the Division of Weston dissolves 1st October 22.
- The management of change process is on track to be launched 6th June 22, in preparation for new arrangements
- Close collaboration continues on future specialty integrated working with divisions.

Corporate

- All Corporate services have now integrated, with focussed benefits monitoring continuing until March 23.
- The deep dive exercise commissioned from Internal Audit to assess the degree of embedding of team and service integration activities, shows that planned changes post merger are being implemented and embedded into corporate services at a local level.
- A Corporate services Scorecard will be published in this report once complete.

Benefits realisation

- There are 17 benefits associated with integration, along side 30 individual performance measures selected to provide detailed measurement of each benefit.
- At the end of March 22, £500k was identified against the financial mitigations in relation to nurse agency savings. Medical savings continue not to be realised, largely due to continued additional investment in staffing on the Weston site.
- The Medway patient admin system successfully merged on 9th April 22, and this is viewed as a key enabler for further benefit realisation.

Workforce and Organisational development

- The numbers for both Clinical Fellows and Nursing positions remains strong and on plan. However, Consultant and career grade doctor vacant posts remain high, despite extensive recruitment and retention initiatives
- Local domestic nursing recruitment remains strong with 13 offers of employment made in April, and a further 11 candidates with start dates.
- Our International programme for registered nurses continues to be successful with: 119 now offered for the Weston Division and 79 in post. 11 more planned to join Weston in April 2022. The programme is now being extended.

Key Actions over the next 4 weeks

- Further development of the future Weston leadership specification and associated documentation
- Complete the transfer of Radiology to Diagnostics & Therapies division and Rheumatology, Diabetes and Endocrinology to Division of Medicine.
- Alignment of integration planning with clinical models of care being approved through the Healthy Weston programme.
- Implement recommendations of the Admin banding project.
- Complete the 2nd Post Merger review.
- Sign off management of change staff consultation for future management arrangements at Weston.
- Undertake engagement on future name for the future Weston site.

Issues being managed

- Capacity of the Division of Weston over the next 3/6 months to engage with the integration change process with competing priorities to deliver the business as usual, restoration and Healthy Weston programme agendas.
- Working with Divisions to ensure that there isn't scope creep with some specialities seeing the Business Unit as a reason not to integrate.
- Engaging affected staff with the forthcoming changes

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

Reporting Month: April 2022

Successes	Priorities
<ul style="list-style-type: none"> Continued engagement by divisions on clinical collaboration and where appropriate integration planning. HR Transaction services staff consultation completed. Integrated Discharge Services (IDS) staff consultation commenced. Surgical management proposals agreed. Corporate services benefits review showed 69% Post Transaction Implementation Plan (PTIP) actions completed. Medway merger IT system completed successfully on 9th April. 	<ul style="list-style-type: none"> Further development of the future Weston leadership specification and associated documentation Complete the transfer of Radiology to Diagnostics & Therapies division and Rheumatology, Diabetes and Endocrinology to Division of Medicine. Alignment of integration planning with clinical models of care being approved through the Healthy Weston programme. Implement recommendations of the Admin banding project. Complete the 2nd Post Merger review. Sign off management of change staff consultation for future management arrangements at Weston. Undertake engagement on future name for the future Weston site.
Opportunities	Risks & Threats
<ul style="list-style-type: none"> Increasing clarity with regard to future clinical models of care under the Healthy Weston programme is a key enabler to future integrated service design. Deployment of Medway merge in April allows for interoperability enabling improved cross site working and cost centre merge. 	<ul style="list-style-type: none"> Weston leadership development has a number of key dependencies that may effect the approval timetable. Adequate HR resourcing for change management in Programme Management Office reduced. Instability of the Weston management team and resignations continue to affect engagement. Delays by divisions in confirming future structures risks impacting on staff consultation timetable. Inability to baseline some benefits adequately risks preventing accurate monitoring and realisation.

Reporting Month: April 2022

Critical Success Factor	Objective	Status	Movement since last report
Delivery Streams	Clinical Services Integration completed	A	N/A
	Design and set up the Business Unit as part of the Weston Management Model	G	N/A
	Monitor and facilitate the development of the Healthy Weston Programme	TBC	N/A
Workforce & OD	Weston based consultant job plans reviewed	R	N/A
	Premium Payment controls process standardised and applied to Weston Division	R	N/A
	Achieve the proposed Recruitment trajectories for Medical and Nursing posts	A	N/A
	Achieve the proposed reduction in staff turnover rate on Weston Site	A	N/A
	People Systems Integration completed	A	N/A
	Cultural Integration	Monitor the embedding of UHBW values and behaviours	A
Benefits Realisation Monitoring	Financial Mitigation objective TBC	TBC	N/A
	Realisation of Y3 expected programme benefits	G	N/A
	Integration programme transition to business as usual	G	N/A

Critical Success Factor	Objective	Status	Movement since last report
Business Functions	PTIP Corporate services benefits realised and planned changes completed	G	N/A
Policies & Processes	Key clinical and corporate policies are aligned across the Trust on single DMS	R	N/A
Estates & Facilities	Weston Estate improved through backlog maintenance programme (Y3)	G	N/A
IT & Technologies	Align clinical digital systems convergence programme with clinical integration	G	N/A
Risk Management	Monitor, mitigate and support the ongoing management of the risks of integration	G	N/A

Note: Objectives rolled over from Year 2 of the programme have maintained their status from the last financial year. New objectives introduced in this year have been assigned a current on track green status.

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

Delivery Streams – Clinical Services

April 2022

Progress Against Clinical Services Integration Plan

Service	Receiving Division	Status	Date transferred
Sexual Health	Medicine	Completed	01 November 2020
Laboratory Services	D&T	Completed	01 November 2020
Therapies	D&T	Completed	01 November 2020
Gynaecology	W&C	Completed	04 October 2021
Pharmacy	D&T	Completed	04 October 2021
Paediatrics	W&C	Completed	06 April 2021
Resus	D&T	Completed	01 July 2021
Audiology	D&T	Completed	06 April 2021
Palliative Care	SS	Completed	04 October 2021
Integrated Discharge Service (IDS)	COO office	Completed	01 July 2021
Patient Flow	COO office	Completed	01 July 2021
Cancer Personalised Care & Support teams	SS	Completed	01 July 2021

Service Integration Status	% of Services	No. of Services
Completed	40%	12
In progress - off track	10%	3
In progress - on track	50%	15
Not started	0%	0
Total	100%	30

Recovery Actions:

- Continue to work closely with the Weston Managing Director to support individual Clinical Services Integrations through weekly divisional meetings.
- Working closely with the Deputy Divisional Directors to agree what is required to run a safe, integrated service.
- Develop and approve the governance arrangements for the future Weston management arrangements

	Service	Receiving Division	Status	Original transfer date	Revised date
Surgery	Critical Care	Surgery	In progress - off track	01 November 2021	TBC
	Anaesthesia & Pre-op	Surgery	In progress - off track	01 November 2021	TBC
	Ophthalmology	Surgery	In progress - off track	01 November 2021	TBC
	Endoscopy	Surgery	In progress - on track	01 December 2021	01 October 2022
	Theatres Scheduling	Surgery	In progress - on track	01 December 2021	01 October 2022
	General Surgery including GI	Surgery	In progress - on track	01 April 2022	01 October 2022
	Trauma and Orthopaedics	Surgery	In progress - on track	01 April 2022	01 October 2022
	ENT	Surgery	In progress - on track	01 April 2022	01 October 2022
	Medicine	Gastroenterology & Hep	Medicine	In progress - on track	01 April 2022
Rheumatology (inc. Fracture Liaison)		Medicine	In progress - on track	02 April 2022	01 July 2022
Respiratory medicine		Medicine	In progress - on track	01 April 2022	01 October 2022
Diabetes & Endocrinology		Medicine	In progress - on track	01 April 2022	01 August 2022
D&T	Care of the Elderly (inc. Stroke & Frailty)	Medicine	In progress - on track	01 October 2022	TBC
	Radiology	D&T	In progress - on track	01 January 2022	01 July 2022
SS	Haematology and Oncology	SS	In progress - on track	01 December 2021	TBC
	Cardiology (inc. physiology)	SS	In progress - on track	01 December 2021	01 October 2022
COO	Booking and access	COO	In progress - on track	01 April 2022	01 October 2022
TBC	Cancer Services	TBC	In progress - on track	N/A	01 October 2022

Key Points:

- No services have transferred in month.
- 40% or 12 services have integrated into their receiving divisions.
- Radiology, Haematology/Oncology and Rheumatology are due to go to Divisional Boards for a approval at the end of May/June.
- Work is underway with receiving divisions to create integrated management structures that will go live once the Division of Weston dissolves 1st October 22.
- The management of change process is on track to be launched 6th June 22, in preparation for new arrangements to be implemented for the 1st October 22.

A Good News Story: Integrated Discharge Service (IDS) Pathway 1 Pilot



THE WESTON PILOT PROJECT CONSIDERED:

Those patients who were medically optimised for discharge, yet needed some care or support to get them home safely (pathway 1 patients). Sirona (community health provider) offers this service from Weston hospital, however due to staffing pressures in the Community, there has been a significant delay and long waits in hospital for some patients.

The pilot at Weston General Hospital (WGH) took a very proactive and engaging approach with patients, families, friends, and the voluntary sector (including the Red Cross), for all those patients awaiting this method of discharge once we were given a start date for the formal care.

These conversations considered the real life requirements to support patients with getting home earlier than their discharge date until more formal support was available.

THE PILOT'S IMPACT:

Through the trial at WGH, the Pilot scheme **saved 79 bed days over the first 30 days of the project**. The teams involved have been motivated, engaged and enthusiastic in carrying this work out and this has been highlighted in their early success.

This is an excellent example of integrated working which began in Weston and has subsequently been rolled out across the Bristol site. This rollout was made easier because the services had integrated and were working collaboratively under their single management structure.

This pilot was driven by a desire to incorporate the patient's family into the discharge process but it has also shown a willingness to think outside the box and be adaptive. With this new formal process being applied to all patients who meet the criteria, it has helped the teams to adapt to it quickly and passionately, and to get great results.

"This is an excellent example of integrated working which began in Weston and has subsequently been rolled out across the Bristol site."

– Stephen Cutler, Clinical Lead for the Integrated Discharge Service

THE NEXT STEPS:

The next phase of the project is to incorporate the work with therapy teams to enable the planning and conversations with the patients and families to happen as early as possible, with further options for safe discharges to be considered as part of the wrap around care planning for the patient.

"Their work saved 79 bed days over the first 30 days of the project. The team have been motivated, engaging and enthusiastic in carrying this work out and have really bought in to the new ask."

– Stephen Cutler, Clinical Lead for the Integrated Discharge Service

**We are
supportive
respectful
innovative
collaborative.
We are UHBW.**

Inspected and rated

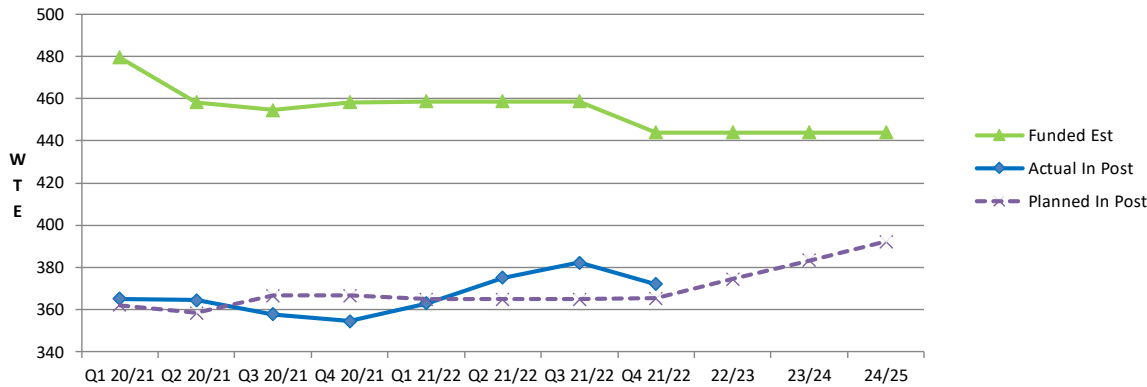
Good



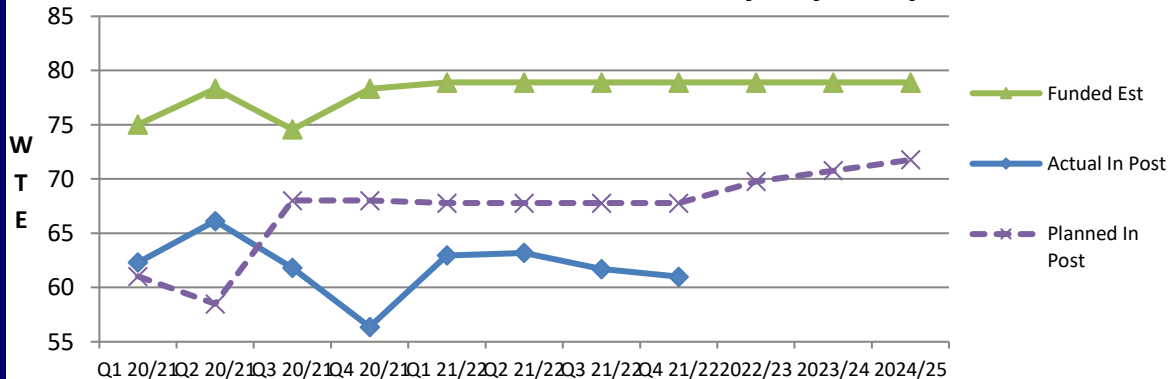
Workforce – Recruitment (1)

April 2022

Weston Site Registered Nursing Trajectory



Weston Site Consultant Vacancy Trajectory



Recovery Actions:

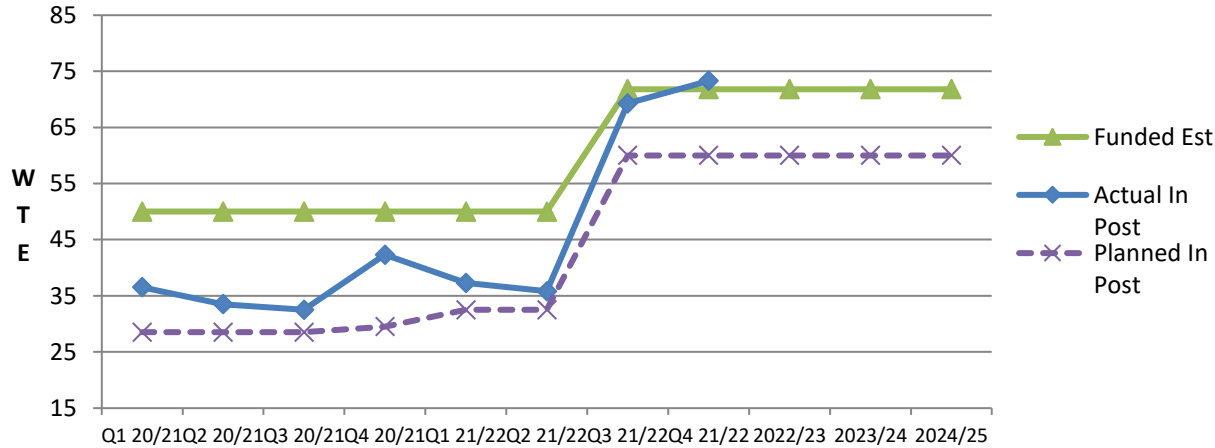
- In conjunction with the Talent team, the Weston Specialty Managers have implemented a timetable of additional interview slots to increase the levels of recruitment completed each week.

Key Points:

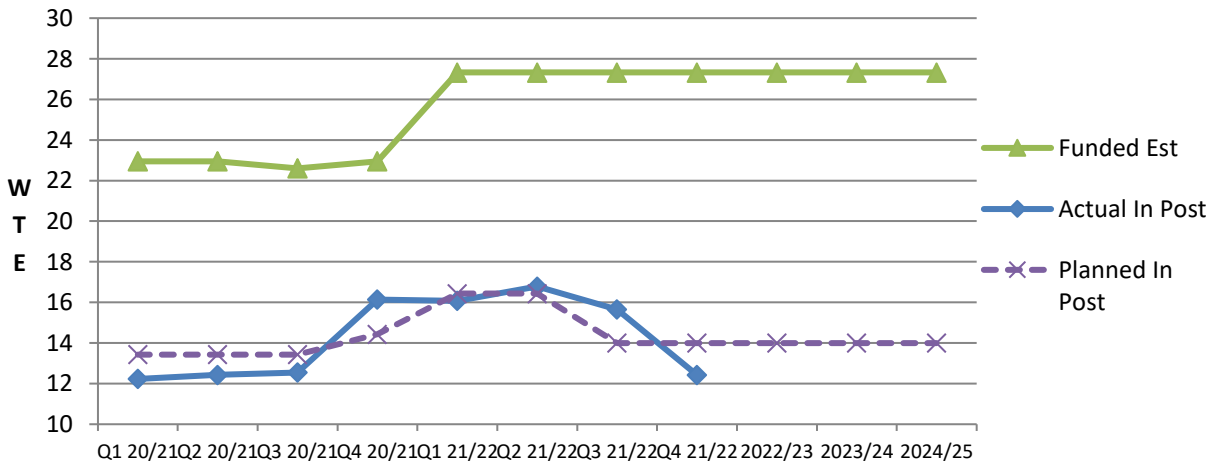
- Vacancy trajectory graphs updated to include data to the end of quarter 4 (end March 22).
- Despite an increase in turnover registered nursing numbers in post remain above plan.
- Our International programme for registered nurses continues to be successful with: 119 now offered for the Weston Division and 79 in post. 11 more planned to join Weston in April 2022. The programme is now being extended.
- During this month, it was encouraging that 13 conditional offers were made for domestic nurse roles at Weston, including 5 for newly qualified nurses. A further 11 candidates have start dates.
- The Talent team have set up a national Healthcare Support Worker Recruitment and Retention Network that meet bi-monthly to share innovative ways that other trusts have trialled to improve vacancy rates for the unregistered workforce.
- Consultant vacant posts remains high, despite extensive recruitment and retention initiatives. Initial planning being undertaken to introduce a 'refer a friend' schemes to boost consultant recruitment.
- 1 Consultant in General Anaesthesia joined the Surgery team in Weston in April.

April 2022

Weston Site Clinical Fellow Vacancy Trajectory



Weston Site Career Grade Doctor Vacancy Trajectory



Key Points:

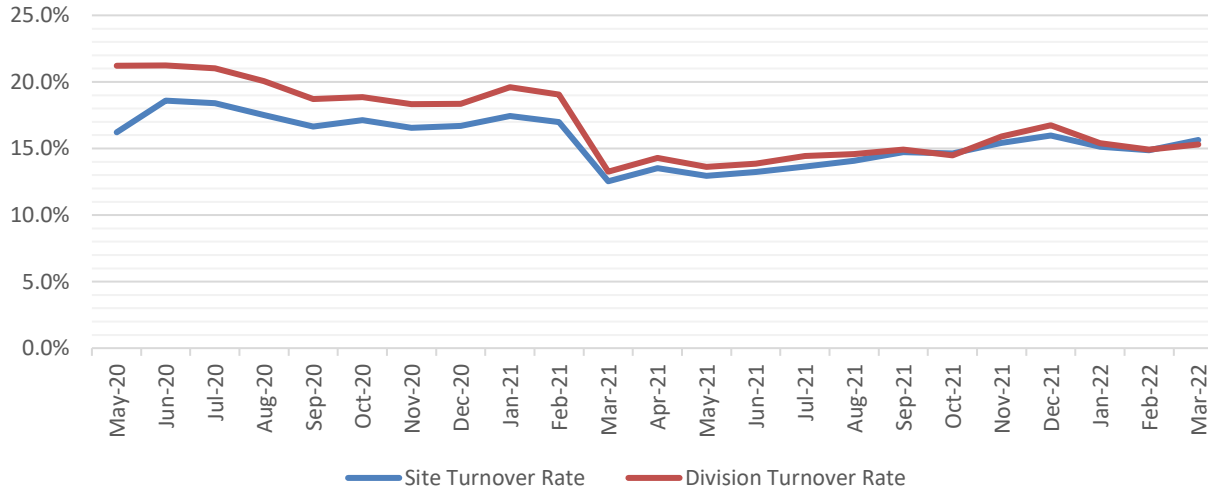
- Clinical Fellow recruitment is positive, above trajectory and in line with Weston funded establishment.
- Career grade Doctor recruitment remains a significant challenge.

In month:

- 2 non-consultant grade doctors joined the Trust in April.
- 24 non-consultant grade doctors are going through pre-employment checks.
- The Trust has agreement to recruit 2 Career Grade Doctors to help stabilise the Clinical Fellow rota.
- The Trust has received 161 applications for both Senior House Officer (SHO) and Middle Grade positions. The team are shortlisting suitable candidates.
- The Division of Weston are undertaking a review of clinical fellow and career grade doctor arrangements, to maximise rotas.

April 2022

Staff Turnover rates – Weston Clinical Division and overall Weston Hospital Site trends since May 20



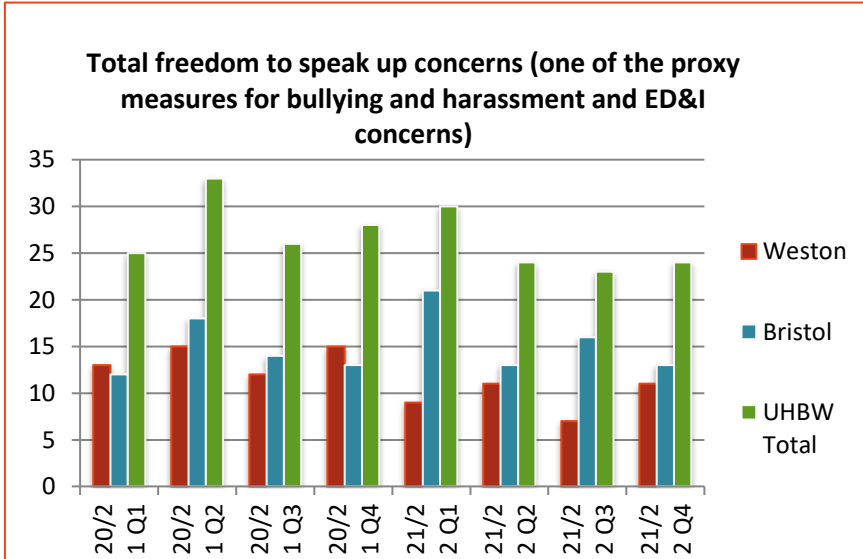
Key Points:

- For the most recent data available (end of March 22), Weston Divisional turnover was up slightly at 17% compared to 15.3% in February.
- The data trend shows an initial reduction in staff turnover in the first year post Trust merger, however there has since been a steady deterioration in retention over the last 12 months.
- The approach to driving retention is under review by the Director of People, to ensure that the current arrangements are optimal and to ensure the Trust has practical actions in place that improve retention.

April 2022

Outstanding actions from Cultural integration programme

Theme	Action	Update	RAG
Appraisal	Launch 'one model' for Appraisal	Completed: perform e-appraisal launched to Weston users 25 April 2022	Green
Bullying and Harassment (B&H)	Delivery of actions in B&H programme	New integrated programme being launched	Yellow
Equality, Diversity and Inclusion	Delivery against the Weston E,D&I plan	Action plan refreshed with Weston HRBP and ED&I Lead	Yellow



Key points

Appraisal

- Successful launch and roll-out of the Trustwide learning management system Kallidus, giving improved access and functionality for staff at Weston.

Bullying and Harassment:

- The Trust has recently approved an integrated approach to addressing Bullying and Harassment
- A Project group has been established to address Bullying and Harassment under the leadership of the Director of People which is expected to run until July 2023
- The Integration programme tracks 3 sources of data to measure progress with the organisational development plan. These are: Staff Survey data, HR Services data and Freedom to Speak Up data.

Equality, Diversity and Inclusion (ED&I):

- Freedom to Speak Up (FTSU) data continues to show a higher number of concerns being raised by staff at Weston.
- There is a Weston Division Equality Diversity & Inclusion (ED&I), Bullying and Harassment (B&H) Action Plan that is using this information to take action.
- Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) and Gender pay strategy approach papers are due to go to People Committee in July and local action plans will follow in the Weston people and culture plan.

April 2022

Trust Values and Behaviours – Selected questions from the recent Quarterly People Pulse Survey

Question	No	Yes, to some extent	Yes, definitely
Are you aware of your organisations statement of values?	2.8%	38%	59.3%

How do you personally prioritise the values?	Ranked #1	Ranked #2	Ranked #3	Ranked #4
Collaborative	11%	17%	53%	19%
Innovative	6%	8%	20%	66%
Respectful	52%	29%	11%	8%
Supportive	31%	46%	16%	8%

Key points

Embedding of the new Trust vision and values

Early results from the quarterly Trust/Weston People Pulse Survey show a high degree of reported awareness of trust values, with only 2.8% of staff respondents were not aware of the organisations statement of values.

The embedding of the values will next be measured in the Quarter 3 (October to December 22) staff survey.

This measure will continue to be tracked as part of our benefits realisation workstream.

Question	Yes	No
Do you see managers role modelling and bringing the values to life at work?	64.5%	35.5%
Do you see colleagues role modelling and bringing the values to life at work?	81.2%	18.8%

April 2022

Year 2 Benefits – Progress Against Financial Mitigations

Financial Mitigations £000's	2020/21			2021/22			Total		
	Plan £000's	Actual £000's	Variance £000's	Plan £000's	Actual £000's	Variance £000's	Plan £000's	Actual £000's	Variance £000's
Medical Agency Savings	500	0	(500)	1,000	0	(1,000)	1,500	0	(1,500)
Nursing Agency Savings	500	500	0	1,000	500	(500)	1,500	1,000	(500)
Medical Workforce Productivity	500	0	(500)	500	0	(500)	1,000	0	(1,000)
Board Overheads	1,200	1,285	85	0	0	0	1,200	1,285	85
Total	2,700	1,785	(915)	2,700	500	(2,000)	5,200	2,285	(2,915)

Benefits Progress Summary

Provisional	1
Not Started	2
Behind Plan	8
On Track	5
Action Completed- Ongoing monitoring in place	1
Realised	0
Total	17

Figure 3: A summary of benefit status

Recovery Actions:

- Confirming remaining provisional benefit with benefit owner.
- Confirming predicted benefits realisation timelines with benefit owners.
- Focus on confirming baseline data for the remaining 23% of benefits is the main priority for the Programme Management Office in May.

Key Points:

- At the end of March 22, £500k was identified against the financial mitigations in relation to nurse agency savings. Medical savings continue not to be realised, largely due to continued additional investment in staffing on the Weston site.
- Total savings achieved to date have been collated in the 'progress against financial mitigations' table. These show the realisation of planned financial mitigations of £2,285k against a plan of £5,200k.
- There are 17 financial and non-financial benefits associated with integration. In this financial year (22/23) the target for further merger related benefits is expected to be £1,200k.
- The Medway patient admin system successfully merged on 9th April 22, and this is viewed as a key enabler for further benefit realisation.
- A recent review of corporate services benefits showed an increase from 53% to 69% realised.
- A communications plan for communicating benefits of integration stories to staff is in the process of being written.
- See Appendix 1 for further details.

April 2022

Progress Against Corporate Services Integration Plan

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

Key Points:

- All Corporate services have now integrated.
- Benefits monitoring for benefits associated with Corporate services integrations will continue until March 23.
- A deep dive exercise has been commissioned from Internal Audit to assess the degree of embedding of team and service integration activities. This shows that planned changes post merger are being implemented and embedded into corporate services at a local level.
- A Corporate services Scorecard will be published in this report once complete.

Recovery Actions:

- The Integration programme is undertaking a second post merger review with internal audit, as part of its assurance activities.

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

April 2022

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

A key indicator of effective organisational merger is the harmonisation of its policy framework. Policies are available to staff via the Trusts document management system (DMS) system. Within this, staff can select either University Hospitals Bristol NHS Foundation Trust or Weston Area Health Trust areas to access policies. Work has been undertaken since merger to review and where possible harmonise policies across the sites and this is described in the table below.

Policy Type	Metric	Update
Trustwide	Core Trustwide (Corporate) Policies reviewed	Completed - April 2020
Trustwide	Number of Weston policies on the Weston DMS section at 1st May 2022	174
Trustwide	Number of policies recorded as obsolete (either replaced with UHBW wide policy or divisional guideline, or are overdue for review)	147
Trustwide	Number of Trustwide (Corporate) Policies remaining for review	28
Policy Type	Metric	Update
Finance	Capital Investment Policy review complete	Completed - June 2021
Finance	Standing Financial Instructions review complete	Completed - Sept 2020
Finance	Scheme of Delegation review complete (Appendix 2 of SFI)	Completed - Sept 2020
Policy Type	Metric	Update
HR	Total number of policies retained under TUPE legislation	11
HR	Total number of policies that can be aligned	58
HR	Total number of policies that have been aligned (including review under BAU framework)	18
HR	Total number of new policies that remain to be aligned (awaiting validation)	40
Policy Type	Metric	Update
Clinical	Core clinical procedures and guidelines, documents relating to ED emergency admissions reviewed	Completed - pre-merger
Clinical	Number of Weston policies on the Weston DMS section as at 1st May 2022	80
Clinical	Number of policies recorded as obsolete (either replaced with UHBW wide policy or divisional guideline, or are overdue for review)	63
Clinical	Number of Trustwide (operational) Policies remaining for review	17

Key Points:

- The review of how this data is collected has concluded and the table to the left has been updated to reflect the agreed process
- The DMS system is currently part of an active bid through business planning although a timetable is, at the time of writing, unconfirmed
- Delivery of a new DMS will significantly enhance user experience and improve policy management across the Trust

April 2022

Weston Estates Backlog Tracker- (See Appendix 2 for Backlog Maintenance Plan)

Please note: monitoring against the 22/23 plan will be included in next months report.

Cost Centre Code	Cost Centre Name	Comments	RAG Rating (lease)
820022	Weston Backlog Fire Compartmenten	First Phase of works completed.	Green
820023	Weston Backlog Roof/Gutter Rep	Front of hospital rainwater system and soffitt materials Completed	Green
820024	Weston Backlog Pathology Roof	Project Completed September 21 overspend of 30K due to unforeseen works on roof slab.	Green
820025	Weston Backlog Switches	Project Completed.	Green
820043	Weston Toilet refurbishment	Project Completed August 21.	Green
820054	Weston Backlog Roof Repair & Drain survey and jetting	Work progressing on rear of Estates and on plan to complete May 22, Courtyards commenced January 22 , Good progress to date with 3rd courtyard 75% complete and 4th Courtyard scaffold to commence week commencing 10th May , expected completion June22.	Amber
821000	Weston Backlog Fire Alarm upgrade and compartmentation	install commenced November 2 with device changes through December to march total 1400 devices.	Green
820227	Histo Conversion	Project Completed.	Green
820228	Ambleside Boiler Replacement	Project Completed.	Green
820229	Reconfig Ed At Wgh	Project Cancelled by Weston Division.	Red
Orders value YTD		£2,684,222.00	
Pending Future Orders:		£45,000.00	
Capital spend taken 20/21 UHBW not PDC		£237,786.00	
Capital Balance Remaining 21/22		£53,564.00	
Total capitalApplications To date:		£2,725,003.00	
Full Year Allocation 21/22		£2,500,000.00	

April 2022

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

Integrated Systems that went live on 9 th April 2022	Deployment timetable for other Clinical Systems	Start date	Estimated 'Go live' date
Medway (Patient Admin System) - now CareFlow Electronic Patient Records (EPR) (single instance)	Endoscopy (Medilogik)	Go Live in Bristol 7 th Feb	Go live in Weston 15 th June 22
BlueSpier Theatre system	ICE (Pathology system)	Started Jan 22	Weston to Join Bristol ICE system estimated Autumn 2022
Maternity	PACS/RIS (Radiology Information System)	Start Summer 22	Plan to be fully converged March 23
Medicode	Oncology (Prescribing system)	Summer 22	TBC - initial discussions held with ChemoCare - project team being formed led by Specialised Services Division
Careflow Vitals	CUR (Clinical Utilisation system)	End of June 22	TBC -will be scheduled with overall CUR delivery plan
Careflow Connect	ICCA (IntelliSpace Critical Care and Anaesthesia- full integration)	End June 22	End June 22
Evolve			

Key Points: Medway

- CareFlow merger – LIVE as at 9th April – post Go Live support completed 22nd April. Lessons learned and project closure being prepared for end of May.
- Support of the Data Quality initiative at Weston – Datix Risk no. 4400 – positive news this month with signoff of approval to “block close” –delivered into Weston “LIVE” end March 2022

Key Points: Other

- Weston Electronic Document Management (EDM) project – start date estimated May 2022 post Medway merger.
- Endoscopy Go Live Weston– proposed Go Live June 2022.

April 2022

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

ID	Opened	Domain	Title	Description	Controls in place	Rating (current)	Risk level (current)	Action detail	Review date	Approval status
4806	10/11/2020	Financial	Risk that the financial benefits identified in the Transaction Business Case (TBC) will not be achieved.	Due to operational delays including Covid there is a risk that the financial mitigations identified in the TBC will not be achieved. If sufficient savings are not realised there is a risk that the Trust may not achieve its financial plan.	Financial mitigations are reported on a monthly basis to IPB via the Integration Programme Report. Weston Division has established a nursing controls group. A Benefits realisation workstream reviews progress and takes corrective action on a monthly basis. Workforce Productivity group established through HR & OD workstream to scope and evaluate productivity opportunities.	15	Very High Risk	Financial review of the Transaction Business case once the 22/23 NHS financial regime is published, to take stock of the financial mitigation framework.	28/01/2022	Action Required Risks

Key Points:

- Now that the Trust 22/23 financial plan is agreed, the 1 very high risk above will be updated for the next report.
- This is the same number of 'very high' risks compared to the end of last month.
- 0 new risks were added in April.
- 2 risks closed in month:
 - 4683- Risk that the Clinical Integration timetable will not be achieved if Site Management model is not agreed.** Risk closed due to future management model agreement by SLT in March 2022, and there are other risks on the register relating to the risk of delivering those future arrangements.
 - 5541- Risk that the planned Medway merger doesn't occur on April 9th 2022.** Risk closed due to successful merge on the 9th April.
- Risk **4400** is expected to be closed in May due to the movement of CERNER records to Medway following the system merge.
- There are 17 live risks at the end of April 22. With the exception of the 1 'very high' rated risk above:
 - 12 have a risk rating considered 'high' (a risk score of between 8 and 12)
 - 4 have a risk rating considered 'moderate' (a risk score of between 4 and 6)
- See Appendix 3 for the Integration Programme risk register containing remaining programme risks rated 9 and above, apart from those 'very high' risks mentioned above.





Appendix 1.1- Benefits Summary

Report Month: April 2022

Workstream	Key type of benefit	Strategic intent statements (Transaction Business Case)	Description of benefit	Performance Measure	Status
Workforce & OD	 Recruitment and Retention	Providing a strengthened workforce with improved flexibility, recruitment and retention through maximising the opportunity of UHB's reputation and brand	Improved recruitment and retention of medical staff (Medical agency expenditure savings) - Reduction in medical staff vacancies, improved rostering and financial controls	Reduction in medical agency expenditure	Behind Plan
				Reduction in medical vacancies - Consultants, Career Grades & Clinical Fellows in Weston	Behind Plan
				Reduction in medical turnover rates at Weston	Behind Plan
Workforce & OD	 Recruitment and Retention	Providing a strengthened workforce with improved flexibility, recruitment and retention through maximising the opportunity of UHB's reputation and brand	Improved recruitment and retention of nursing staff (Nursing agency expenditure savings) - Reduction in vacancies, improved rostering, lost time management and financial controls	Reduction in Registered Nursing (RN) agency expenditure	Behind Plan
				Reduction in RN vacancies in Weston	On Track
				Reduction in RN turnover rates in Weston	On Track
Workforce & OD	 Clinical Alignment & Reduction in Variation	Realising benefits of alignment of clinical services and opportunities to reduce variation, improve productivity and to reduce operational and quality risks currently associated with some services	Improved Medical Workforce Productivity - Improved job planning and reduction in premium payments	Reduction in premium payments to consultants	Behind Plan
				% Weston consultants with an up to date job plan	Not Started
Workforce & OD	 Organisational Development	To develop a new set of leadership behaviours and values across the new organisation, shaping a new culture	Establish shared vision and values for the single UHBW organisation.	New UHBW Values established and Staff Survey (21/22) values question answer responses compared to answers given in staff survey 22/23	On Track
Workforce & OD	 Critical Mass	Increasing the resilience of the WAHT as an organisation through being part of a larger organisation and offering the potential to achieve better value for money	Stabilised staff engagement in Weston- as a result of improved advocacy, motivation and involvement	Engagement score calculated as a result of responses given to the Staff Survey - Motivation, Advocacy & Involvement	Behind Plan





Appendix 1.2- Benefits Summary

Report Month: April 2022

Workstream	Key type of benefit	Strategic intent statements (Transaction Business Case)	Description of benefit	Performance Measure	Status
Corporate Integration	 Recruitment and Retention	Providing a strengthened workforce with improved flexibility, recruitment and retention through maximising the opportunity of UHB's reputation and brand	Reduction in vacancies and sickness rate across Corporate functions	% of vacancies across Corporate functions	Behind Plan
				% sickness rates within Corporate functions	Behind Plan
Corporate Integration	 Corporate synergies	Realising efficiencies in shared corporate services	Improved value for money on Estates and Facilities (E&F) contracts through rationalisation across the Trust	Reduction in no. standalone Weston E&F contracts Reduction in overall E&F contracts spend	Not Started
Clinical Integration	 Quality- Patient Experience	Sharing learning across both organisations to improve access to and quality of clinical services and develop exemplar models for frailty, ambulatory and out of hospital care	Improved patient experience in Weston	Improvement in inpatient postal survey scores at Weston	On Track
				Maintenance of outpatient tracker score in Weston	On Track
				Improved response to informal and formal patient complaints rate at Weston	Behind Plan
Clinical Integration	 Clinical Alignment and Reduction in Variation	Realising benefits of alignment of clinical services and opportunities to reduce variation, improve productivity and to reduce operational and quality risks currently associated with some services	Improvement in compliance in Adult Critical Care services and Acute Paediatrics	Improvement in compliance with the D05 Service Specification for Adult Critical Care (review of GPICS standards)	Provisional
				Improvement in compliance with Facing the Future standards issued by Royal College of Paediatrics and Child Health	Provisional





Appendix 1.3- Benefits Summary

Report Month: April 2022

Workstream	Key type of benefit	Strategic intent statements (Transaction Business Case)	Description of benefit	Performance Measure	Status
Clinical Integration	 Pace and impact	The merger allows alignment of ways of working and benefit to changes to clinical models at pace, as part of a single organisation	Increased care closer to home for non specialist care, and increased specialist care undertaken at a specialist centre	Increase in % of patients with North Somerset postcodes treated at Weston General Hospital for non-specialist care across all services	On Track
				Increased in % of patients with North Somerset postcodes treated on Bristol Royal Infirmary campus for specialist care across all services	On Track
Clinical Integration	 Resilience of Acute Services	Addressing in a controlled manner the current known risks to the resilience of acute clinical services across Bristol and North Somerset.	Enhanced work with system partners - identify sustainable solutions to ensure high quality outcomes for patients - e.g. Urology transfer to North Bristol Trust (NBT).	Completion of Urology transfer to NBT	Action Completed - Ongoing monitoring in place
Clinical Integration	 Clinical Alignment and Reduction in variation	Realising benefits of alignment of clinical services and opportunities to reduce variation, improve productivity and to reduce operational and quality risks currently associated with some services	Create standardised clinical pathways - ensure that patients receive, consistent and high quality care across all sites reducing unwarranted variation, improving delivery and outcomes.	Total Number of clinical policies reviewed and single policy agreed	Behind Plan
Strategic Change	 Improved Utilisation of the Estate	Greater scope to make best use of the combined available capacity and buildings in order to deliver our service goals	Improved Utilisation of the combined UHBW Estate	Reduction in 'very high' infrastructure risks at WGH	On track

Appendix 1.4- Benefits Summary

Report Month: April 2022

Workstream	Key type of benefit	Strategic intent statements (Transaction Business Case)	Description of benefit	Performance Measure	Status
Strategic Change	 Resilience of Acute Services	Addressing in a controlled manner the current known risks to the resilience of acute clinical services across Bristol and North Somerset	Increase in resilience of Urgent and Emergency services and a reduction in risk at Weston	Reduction in number of 'must do' and 'should do' CQC actions in urgent and emergency services	On track
				Reduction in 'very high' risks on the Weston Division Risk Register	Behind Plan
Strategic Change	 Improve Digital Capabilities	Improve digital capabilities – provision of services across remote sites will provide a positive stimulus for the development of digital solutions to enhance and improve the quality of service delivery	Having a single UHBW Information Management & Technology (IM&T) platform will support clinical and corporate systems Trust wide, which will maintain consistency of customer service and maintenance across all sites.	Introduction of single Medway Patient Access System	Action Completed- Ongoing monitoring in place
				% of planned clinical systems integrated	On Track
Strategic Change	 Staff Training & Development	Supporting staff to access a greater range of training and development, education, training and research opportunities across a wider organisation. Establishing the WGH as an 'anchor institution' in North Somerset with a reputation for providing high quality training and education	Sustained increase in recruitment to clinical trials at Weston due to an integrated Research & Innovation team in 21/22	Number of participants recruited to clinical trails in Weston	On Track
Strategic Change	 Staff Training & Development	Supporting staff to access a greater range of training and development, education, training and research opportunities across a wider organisation. Establishing the WGH as an 'anchor institution' in North Somerset with a reputation for providing high quality training and education	Increased range of staff development opportunities and increased access to training	Number of apprenticeships available in Weston	On Track
				Apprenticeship new starts as % of workforce	On Track
				Essential Training compliance	Behind Plan
				Library- number of evidence searches	On Track

Report to the Council of Governors on 27 May 2022

Report Title	Non-Executive Director Appointment
Report Author	Rachel Hartles, Membership and Governance Officer
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary

This report summarises the steps taken to recruit new Non-Executive Directors to the Trust in 2022. The Council of Governors is asked to consider the Governors' Nominations and Appointments Committee's recommendation to approve the new appointment.

2. Key points to note (Including decisions taken)

Background: Recruitment has been taking place to fill three Non-Executive Director vacancies on the Trust's Board of Directors, following the promotion of Jayne Mee to Trust Chair, the departure of Steve West in March 2022, and to cover David Armstrong's departure in November 2022.

Recruitment has also been taking place for two additional Associate Non-Executive Directors, following discussion and support by the Nominations and Appointments Committee for this approach in September 2020.

Responsibility for the recruitment of Non-Executive Directors is led by the Council of Governors, specifically the Governors' Nominations and Appointment Committee. Governors were therefore involved throughout the process.

Process: The Nominations and Appointments Committee reviewed the role description and process at their meeting on 10 February 2022. They endorsed the approach and the timeline for recruitment at this meeting.

All Governors were invited to a training session on their role in appointing Non-Executive Directors on 13 April 2022, which included a presentation from Natasha Judge, Head of Corporate Governance on the process, and a presentation from Sheffield Children's Hospital to talk about their recent Non-Executive Director recruitment campaign with their aim to enhance the diversity of their Board.

An External Recruitment Agency (Odgers Berndtson) was appointed, and the positions advertised on 25 March 2022. On the closure of the advert, 42 applications had been received. All applications were assessed against the job description and person specification and those that met the criteria were shortlisted on 28 April 2022 by the Shortlisting Panel. The panel included Committee members Mo Phillips, Paul Hopkins and Mohammad Rashid, as well as Jayne Mee (Chair), with Eric Sanders (Director of Corporate Governance) and Emma Wood (Director of People) attending in an advisory capacity. Representatives of Odgers Berndtson also joined the Shortlisting Panel. Jayne Mee and Eric Sanders also sought the views of Charlotte Hutchinson (Chair at Avon and Wiltshire Mental Health

Partnership) and Amanda Cheesely (Chair at Sirona Health and Care) as external assessors.

The 12 shortlisted candidates encompassed a diverse range of experience and backgrounds particularly in the targeted skills areas (digital/IT, social care, estates/facilities management, customer service and sustainable development and education/research).

The Interview Panel interviewed the shortlisted candidates on 5 May, 11 May and 12 May, according to the criteria previously identified and agreed with the Committee. The Interview Panel was composed as follows:

- 5 May and 11 May: Governors Mo Phillips, Paul Hopkins and Mohammad Rashid, Jayne Mee (Chair), Martin Sykes (Vice-Chair), with Eric Sanders (Director of Corporate Governance) in an advisory capacity and Charlotte Hutchinson (Chair at Avon and Wiltshire Mental Health Partnership) as an external assessor
- 12 May: As above except with Bernard Galton attending in place of Martin Sykes, and Gillian Powell from Odgers Berndtson attending in an advisory/observation capacity whilst Eric Sanders became part of the panel as the external assessor was taken ill.

As well as a formal interview, candidates were required to attend discussion groups which included governor representation (Carole Dacombe, Sue Milestone, John Rose, Aishah Farooq, Malcolm Watson, Graham Briscoe, Khushboo Dixit, Martin Rose, and Sofia Cuevas-Asturias). These were held on the same day as interviews (5 May, 11 and 12 May) online via the Microsoft Teams videoconferencing platform.

Outcome: The final selection of candidates was agreed by the interview panel, incorporating feedback from the discussion groups, to be:

- Marc Griffiths (full NED) – Education
- Gill Vickers (full NED) – Social Care
- Roy Shubhabrata (full NED) – Digital
- Stephen Peacock - Estates (Associate NED)
- Arabel Bailey – Digital and transformation (Associate NED)

The full NEDs will be appointed for three-year terms of office, and the Associate NEDs for 12-month terms of office.

A short profile of each selected candidate is included in Appendix 1.

All candidates have received and accepted a verbal offer of appointment, subject to final approval by this Council of Governors meeting and the completion of relevant checks. These checks include the Fit and Proper Person test. For each candidate there are either no foreseeable conflicts of interest, or no foreseeable conflicts of interest that could not be managed.

The Council of Governors has previously agreed remuneration for Non-Executive Director roles as £14,000 for full Non-Executive Director positions for a time commitment of 3-5 days

per month, and £7,000 for the Associate Non-Executive Director positions for a time commitment of 2-3 days per month. Appointments will therefore be made on this basis.

NOMCO met on 17 May 2022 to consider the interview panel's recommendations and review the process. They suggested several alterations to the Trust's Standing Operating Procedure for NED recruitment to take into account learning from the current round, and they agreed to recommend the appointments to COG.

Next steps

Should the Council of Governors approve these appointments, and no issues identified in the recruitment checks or Fit and Proper Person checks, a final offer of appointment will be issued and a commencement date agreed. The non-executive induction programme will be delivered over a 3-month period from appointment.

3. Advice and Recommendations

Governors are asked to:

- **Approve** the appointment of three Non-Executive Directors and two Associate Non-Executive Directors as detailed above.

Appendix 1- Candidate Profiles

Non-Executive Directors

Professor Marc Griffiths – Education and Research

Marc is a radiographer by background who moved into higher education and is currently Pro-Vice Chancellor and Executive Dean, Faculty of Health and Applied Sciences, University of the West of England (UWE). His previous roles at UWE included Head of Department for Allied Health Professions and Associate Dean, Planning and Resources in the Faculty of Health and Applied Sciences. Marc is also currently an Appointed Governor at City of Bristol College, Fitness to Practice Panel Member at the Health and Care Professions Council and Chair of the Health Education England Workforce and Training Group.

Gill Vickers – Social Care

Gill is a social worker who held early roles in Oxford and Berkshire before moving into interim roles where she has been Director of Adult Social Care in a range of settings including Lambeth, Bracknell Forest, Dorset, Brent, and her current role in East Riding. She has also been Director of Operations and Transformation for Adult Social Care across Hammersmith & Fulham, Westminster and Kensington and Chelsea and held the joint appointment of Executive Director of Care Services across Gloucestershire County Council and Gloucestershire NHS Care Services.

Roy Shubhabrata – Digital

Roy started his career as a software developer at Epic, a healthcare software company and then spent time at Microsoft where he progressed to the role of Director, Service Operations. Roy then spent two and half years as Vice President, Product Strategy and Marketing at Caradigm, a population health management company. Roy was then Senior Director Hospitals Solutions at Telstra and since 2015 has been Chief Executive of Healthinnova, a specialist healthcare digital consultancy firm. Roy has been a Governor of two NHS organisations, an Associate Non-Executive Director of University Hospitals of Derby and Burton NHS Foundation Trust and is currently an Associate Non-Executive Director at Gloucestershire Hospitals NHS Foundation Trust. Roy is also a Trustee of Age UK and HelpAge International UK.

Associate Non-Executive Directors

Stephen Peacock – Estates and Customer Experience

Stephen held early commercial roles with BP before joining 3 Mobile as Business Development Director. He spent six years as Executive Director of the South West of England Regional Development Agency before setting up a specialist economic development business. Between 2013 and 2019 he spent six years as a Partner at Grant Thornton LLP. In 2019 Stephen joined Bristol City Council as Executive

Director Growth and Regeneration where he has a broad portfolio responsible for social housing stock, a large regeneration scheme and city services. He is Vice Chair of the Council's digital transformation programme.

Arabel Bailey – Digital

Arabel developed her career with Accenture, where she worked with a range of clients across the public and private sector leading technology transformation projects. She held leadership roles including as the UK Lead for Accenture's digital solutions business and then as UK Head of Innovation where she was a member of Accenture's UK and Ireland Executive Team. Arabel was a Trustee for the Accenture Foundation and Diversity and Inclusion lead for Gender Equality. Since moving away from her full-time work in 2020 Arabel has been appointed as Non-Executive Director at the Department of Work and Pensions where she sits on the Transformation Advisory Panel.

Report to Council of Governors meeting on 27 May 2022

Report Title	Non-Executive Director Re-appointments
Report Author	Sarah Murch, Membership Manager
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary

Governors are asked to consider re-appointment recommendations for 3 Non-Executive Directors.

2. Key points to note

It is the responsibility of the Council of Governors as a whole to take decisions on appointments and re-appointments of Non-Executive Directors.

The decision of the Council of Governors is based on a recommendation by the 12 governors on the Nominations and Appointments Committee. The Chair carries out annual appraisals for each of the Non-Executive Directors and shares a report with the Committee so that they are informed about the performance of each of the Non-Executive Directors. The Committee then makes recommendations to the Council of Governors on re-appointments as necessary.

At the Nominations and Appointments Committee meeting on 17 May 2022, governors considered Non-Executive Director appraisal reports and recommended re-appointment as follows:

- **Sue Balcombe** for a second three-year term of office (1 June 2022-31 May 2025)
- **Bernard Galton** for a second term of office of two years (1 July 2022-30 June 2024)
- **Julian Dennis** into his ninth and final year of office (1 June 2022-31 May 2023)

3. Advice and Recommendations

The Council of Governors is asked to:

- **Approve** the re-appointment of:
 - **Sue Balcombe** for a second three-year term of office (1 June 2022-31 May 2025)
 - **Bernard Galton** for a second term of office of two years (1 July 2022-30 June 2024)
 - **Julian Dennis** into his ninth and final year of office (1 June 2022-31 May 2023)

Meeting of the Council of Governors on Friday 27 May 2022

Report Title	Proposed Changes to the Trust's Constitution
Report Author	Natashia Judge, Head of Corporate Governance
Executive Lead	Eric Sanders, Director of Corporate Governance

<p>1. Report Summary</p>
<p>The report sets out two proposed changes to the Trust's Constitution for approval by the Trust Board and the Council of Governors.</p>
<p>2. Key points to note (Including decisions taken)</p>
<p><u>Background</u> One of the statutory duties of the Board of Directors and Council of Governors is to approve amendments to the Trust's Constitution. This was last updated following the Weston Merger in April 2020.</p> <p><u>Key Points</u> Governors review the Constitution through the Membership and Constitution Focus Group and recommend changes to the Council of Governors and the Board for approval. At the last meeting on 11 March Governors were advised of an upcoming proposal to change the paragraphs regarding the signature of documents (<i>Standing Orders, Annex 6 of the Trust Constitution, Paragraph 9</i>). It was outlined that the proposed changes would have minimal impact on governors.</p> <p>It is now also proposed that the Trust revise the composition of the Board of Directors (<i>paragraph 24</i>). The proposed changes are set out within the report.</p> <p>The (current) Trust's constitution can be viewed in its entirety on the Trust website at https://www.uhbw.nhs.uk/assets/1/20.04-uhbw-constitution.pdf</p> <p><u>Recommendation</u> Paragraph 40 of the Trust's constitution sets out the process for any required amendments and outlines that these may only be made if more than half of the Council of Governors vote to approve the amendments, as well as more than half of the Directors.</p> <p>As a result, these changes are proposed to both the Trust Board and the Council of Governors on 27 May for their respective approval. Once authorised, NHSEI will be advised of the change.</p>
<p>3. Risks If this risk is on a formal risk register, please provide the risk ID/number.</p>
<p>The risks associated with this report include: There are no associated risks with this report.</p>
<p>4. Advice and Recommendations (Support and Board/Committee decisions requested):</p>
<ul style="list-style-type: none"> • This report is for Approval.

The Council of Governors is asked to approve the proposed changes to the Constitution as outlined in the report.

5. History of the paper

Please include details of where paper has previously been received.

Public Board of Directors meeting

27 May 2022

Proposed Changes to the Constitution

1. The composition of the Board of Directors (*paragraph 24*)

- 1.1. The first proposed change to the constitution is to the composition of the Board of Directors. The proposed change is to section 24.2.3 with an increase from 7 Executive Directors to 8. The rationale for the change is that the Trust may wish to expand the skills and experience of the Executive Directors to support the delivery of the strategy, for example through the appointment of an Executive Director with sole responsibility for Digital delivery. At present there is no scope to appoint an additional Executive Directors, which may impact on the ability to attract the best possible candidate to this role and to ensure that the Board is directly supported by Digital, or other, expertise.
- 1.2. The Board and Council of Governors should be cognizant of the good governance requirement, as recommended in the report titled “The Financial Aspects of Corporate Governance”, commonly known as the Cadbury Report from 1992, which recommends that “the majority of non-executives on a board should be independent of the company.” The proposal maintains that majority, with nine non-executives, including the chair, and eight executives.

Proposed version

24. Board of Directors – composition

24.1 The Trust has a Board of Directors, which comprises both Executive and Non-Executive Directors.

24.2 The Board of Directors comprises—

24.2.1 a Non-Executive Chairman,

24.2.2 up to 8 other Non-Executive Directors (one of whom may be nominated as the Senior Independent Director), and

24.2.3 up to 8 Executive Directors

24.3 One of the Executive Directors shall be the Chief Executive.

24.4 The Chief Executive shall be the Accounting Officer

24.5 One of the Executive Directors is the Finance Director

24.6 One of the Executive Directors is to be a registered medical practitioner or a registered dentist (within the meaning of the Dentists Act 1984)

24.7 One of the Executive Directors is to be a registered nurse or a registered midwife

24.8 The Board of Directors shall at all times be constituted so that the number of Non-Executive Directors (excluding the Chair) equals or exceeds the number of Executive Directors.

2. The signature of documents (*Standing Orders, Annex 6 for the Trust Constitution, Paragraph 9*)

- 2.1. The second proposed change to the standing orders is in order to support electronic signature of documents. The rationale for the change is to recognise that not all Deeds need to be signed under Seal, thus reducing the administrative burden on the Trust, and to support the electronic signature of documents, which will provide greater flexibility for document execution, and to support the Trust's sustainability ambitions to reduce the use of paper. The electronic system the Trust has procured will also provide an audit trail and support the secure storage of agreements, which will reduce the risks posed to the Trust.
- 2.2. The proposed wording has been drafted by the Trust's legal advisers, DAC Beacroft LLP, to ensure that the wording meets the legal duties on the Trust. For information, similar amendments are being proposed to the Board of North Bristol NHS Trust, to their Standing Orders, as a result of a joint project between the Secretariat teams of the two Trusts.

Proposed Version

10 SIGNATURE OF DOCUMENTS

10.1 Where the signature of any document will be a necessary step in legal proceedings involving the Trust, it shall be signed by the Chief Executive, unless any enactment otherwise requires or authorises, or the Board shall have given the necessary authority to some other person for the purpose of such proceedings.

10.2 The Chief Executive or nominated Officer(s) shall be authorised, by resolution of the Board, to sign on behalf of the Trust any agreement or other document not requested to be executed as a deed, the subject matter of which has been approved by the Board or any committee, sub-committee or standing committee with delegated authority.

10.3 Unless there is a requirement for sealing, the Chief Executive or nominated officers shall also be authorised, by resolution of the Board, to execute any agreement or other document (the subject matter of which has been approved by the Board or any committee, sub-committee or standing committee with delegated authority) as a deed on behalf of the Trust by signing in the physical presence of an attesting witness. Before any deed relating to building, engineering, property, or capital is executed as a deed in this way, it must be approved and signed by the Finance Director (or an Officer nominated by him) and authorised and countersigned by the Chief Executive (or an Officer nominated by him who shall not be within the originating directorate).

10.4 Unless there is a specific requirement for a physical seal or wet ink signature, any signature under 10.1, 10.2 or 10.3 above may be provided in electronic form and shall not be invalid on this basis.

3. Recommendation

- 3.1. The Board is asked to approve the proposed changes to the Constitution as outlined in the report.

Meeting of the Council of Governors on Friday 27 May 2022

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 2022 to 31 May 2023.

2. Key points to note

(Including decisions taken)

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.

The Lead Governor is elected annually. In May 2022, governors were asked to nominate a Lead Governor in line with the Trust's process. Mo Phillips, current Lead Governor, was nominated by another governor 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.

Governors are asked to note that Mo Phillips has held a Lead Governor role at the Trust for four years already, serving as a Joint Lead in 2018/19 and as the sole Lead Governor in 2019/20, 2020/21, and 2021/22. 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.

Governors are asked therefore to consider approval of Mo Phillips' continuation in the role of Lead Governor from 1 June 2022 to 31 May 2023.

3. Advice and Recommendations

- This report is for **Approval**.

Meeting of the Council of Governors on Friday 27 May 2022

Report Title	Item 3.5 – Terms of Reference and Annual Business Cycles for Governor Focus Groups and Nominations and Appointments Committee
Report Author	Sarah Murch, Membership Manager
Executive Lead	Eric Sanders, Director of Corporate Governance

1. Report Summary

Once a year, the Governors’ Nominations and Appointments Committee and each of the Governor Groups reviews its own terms of reference which are then approved by COG.

1. Governor Focus Groups

Minor changes are suggested to the Terms of Reference and annual business cycles for the Governor Focus Groups (Governors’ Strategy Group, Quality Focus Group and Membership and Constitution Group) to ensure more timely and regular updates for governors. These were agreed by governors at the Governors’ Strategy Group and the Quality Focus Group at meetings on 20 May 2022.

2. Nominations and Appointments Committee.

The Committee considered its terms of reference and annual cycle of business at a meeting on 17 May 2022. It noted that it had carried out its duties in line with the TOR over 2021-22. It recommended one main change for the coming year – to extend the time for the meetings. There were no further changes from the previous year.

Committee Membership 2021/22

According to its Terms of Reference, the committee should be comprised of the Chair or deputy plus twelve members including 8 elected public governors, 2 appointed governors and 2 elected staff governors. There were several new appointments to the Committee during the year. Governor membership on 31 March 2022 was as follows:

1. Malcolm Watson, Public - South Gloucestershire
2. Mo Phillips, Public - Bristol
3. Carole Dacombe, Public - Bristol
4. Mohammad Rashid, Public - Bristol
5. Graham Briscoe, Public – North Somerset
6. Ray Phipps, Public – South Gloucestershire
7. John Rose, Public – North Somerset
8. Martin Rose, Public - Bristol
9. Jocelyn Hopkins, Staff – Other Clinical
10. Charlie Bolton, Staff – Non-Clinical
11. Paul Hopkins, Appointed – Joint Union Committee
12. Sally Moyle, Appointed – University of the West of England

The Committee is therefore appropriately constituted in line with its terms of reference.

However, as there will be some changes to the governing body on 31 May 2022 new committee members may be sought in June-July 2022.

3. Advice and Recommendations

Governors are asked to:

- **Approve the Terms of Reference for the Nominations and Appointments Committee and the Governor Focus Groups.**
- **Review the current Committee membership for the Nominations and Appointments Committee and note that vacancies will be arise on the committee in June 2022.**

Focus Groups for Governors

Document Data			
Document Type	Terms of Reference		
Document Reference			
Document Status	Draft		
Document Owner	Membership Manager		
Executive Lead	Director of Corporate Governance		
Approval Authority	Council of Governors		
Review Cycle	12 Months		
Date Version Effective From:	July 2022	Date Version Effective To:	July 2023

Document Abstract			
<p>The purpose of the Focus Groups is to facilitate engagement with the Trust Board and governors on matters of constitution (including membership), strategy and planning (including significant transactions), and reporting (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>			

Focus Groups for Governors

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	Minor amendments to ensure consistency of terminology used.
July 2021	1.2	Membership Manager	Minor	Amendment to change the name of the Constitution Focus Group meeting, following discussion and agreement at Constitution Focus Group meeting on 14/7/21.
May 2022	1.3	Membership Manager	Minor	Minor amendments to put in correct template and updates to business cycles

Status: Draft

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Status: Draft

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1. Purpose

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).

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.

Meetings of the focus groups are part of the annual cycle of business managed on behalf of the Board by the Trust Secretariat.

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

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

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.

4. Membership

4.1 Chair

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.

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.

4.2 Attendance

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.

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Focus Groups for Governors

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.

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.

5. Duties

Each focus group shall undertake the following duties:

5.1 *Membership and Constitution Group*

- a) Engagement with Governors in drafting Constitutional changes;
- b) Assessment of the public, patient and staff membership profile to ensure a representative membership;
- c) Monitoring of recruitment initiatives;
- d) Engagement of Governors on communications and engagement activities for Foundation Trust members;
- e) Oversight of the Governor Elections as and when required;
- f) Ownership and oversight of the Trust's Membership Engagement Strategy, to include recommendations for updates to this working strategy as required;
- g) Reflections upon updates from the Trust's Audit Committee.

The group shall be chaired by the Governor Group Chair and the nominated Executive Lead shall be the Director of Corporate Governance.

5.2 *Governors Strategy Group*

- a) Engagement with Governors to develop the Annual Operational Plan;
- b) Engagement with Governors on both the short- and long-term strategic plans of the Trust;
- c) 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;
- d) Engagement with Governors on capital projects and significant transactions as they arise;
- e) Reflections upon updates from the Trust's Finance Committee.

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Focus Groups for Governors

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.

5.3 Quality Focus Group

- a) Engagement with Governors to develop the Board's Annual Quality Report;
- b) 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;
- c) Regular updates from the Chief Nurse and Midwife, Medical Director and Chief Operating Officer on matters of importance at the time;
- d) Regular support to enable governors to understand and interpret reported progress on the Trust's Corporate Quality Objectives;
- e) Opportunities for input from governors on quality (as defined by NHS Improvement), matters;
- f) Reflections upon updates from the Trust's Quality and Outcomes Committee and People Committee;
- g) Provide input into the Trust's Quality Report and provide the statement for inclusion in the report on behalf of the Council of Governors.

The group shall be chaired by the Governor Group Chair and the Executive Lead shall be the Chief Nurse and Midwife and/or Medical Director.

6. Secretariat Services

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.

In addition to the reporting requirements as detailed at section 3 above, the Membership Team shall keep notes of the meeting as a record for decisions and future plans. These will be circulated to all Governors following each meeting.

7. Frequency of Meetings

The focus groups will meet on a rotational basis but will have no less than:

- a) Membership and Constitution Group: two meetings per year
- b) Governors Strategy Group: four meetings per year
- c) Quality Focus Group: six meetings per year

Status: Draft

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8. Review of Terms of Reference

The Governors annual cycle of meetings will be available at the beginning of each financial year from the Trust Secretariat. A business cycle for each meeting is available as Appendix 1.

The Terms of Reference for focus groups will be reviewed once a year and submitted to the Council of Governors for approval.

Additional meetings will be scheduled as required in agreement with the Governor Group Chair and Executive Lead for each group.

9. Appendix 1: Governor Focus Groups - Annual Business Cycle 22-23

Membership and Constitution Group	Lead	Jul-22	Jan-23
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	Youth Involvement Group Governors		
Focus Group Terms of Reference and Business Cycle review	Membership Manager		
Annual Membership Representation Report	Membership Manager		
Social Media Update	Membership Manager		
Governor Self-Assessment Survey	Membership Manager		
Three-yearly Membership Survey	Membership Manager		2025

Quality	Lead	May-22	Jul-22	Sep-22	Nov-22	Jan-23	Mar-23
Quality and Outcomes Committee Chairs’ Reports	Non-executive Director						
Review of Corporate Quality Objectives – Quarterly	To note in QOC Chair item						
Integrated Quality and Performance Report	To note in QOC Chair item						
Quality Account statement update	Head of Quality and Patient Experience						
People Committee Chairs’ Report	Non-executive Director						
Staff Engagement/Organisational Development update (including staff survey results and regular reports on Diversity and Inclusion)	Director of People/OD team						
National inpatient survey results	Chief Nurse (if in attendance)						

Focus Groups for Governors

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						
Exec Update	Chief Nurse/Med Dir/COO	MD	COO	MD	CN	COO	CN
Communications update	Director of Communications						
Patient Experience and Voluntary Services Update	Head of PE&VS						
Education Strategy	Director of People						

Strategy	Lead	May-22	Sep-22	Dec-22	Mar-23
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				
Partnership updates (Healthier Together, Acute Collaborative Partnership Board, etc.)	Director of Strategy & Transformation				
Weston merger implementation progress update	Director of Strategy & Transformation				
Finance and Digital Committee Chair's Report	Non-executive Director				
Digital Strategy Update	Head of IM&T				
Arts and Culture Programme Update					
ICS Update	Director of Strategy & Transformation				
Estates Update	Director of Facilities and Estates				
Sustainability Update	Head of Sustainability	Covered in April seminar			

Status: Draft

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Focus Groups for Governors

Quality Improvement and Innovation Update	Associate Director of Improvement and Innovation				
Patient First Programme Update	Associate Director of Improvement and Innovation				

Status: Draft

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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	Director of Corporate Governance
Document Owner	Director of Corporate Governance
Approval Authority	Council of Governors
Document Reference	TOR0003
Review Cycle	12 months
Next Review Date	May 2021

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.

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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 2006¹,) as amended by the Health and Social Care Act 2012 (the 2012 Act), the University Hospitals Bristol and Weston NHS Foundation Trust Constitution², 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 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 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 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 and other Non-Executive Directors,
- (e) on a regular and systematic basis monitor the performance of the Chair 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, and in conjunction with the Senior Independent Director in the case of the annual objectives for the Trust Chair
- (g) To ensure there is a formal and transparent procedure for the appraisal of the Trust Chair 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 and Non-Executive Directors;
- (b) To set the structure and levels of remuneration of the Trust Chair and Non-Executive Directors;
- (c) To determine and review the terms and conditions of the Trust Chair and Non-Executive Directors;
- (d) To market test/ benchmark the remuneration of the Trust Chair 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 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 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 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, 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 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, 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 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 and Non-executive Directors
- (c) The 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 Director of Corporate Governance shall call meetings of the Committee at the request of the
Chair 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 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 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.

NOMINATIONS AND APPOINTMENTS COMMITTEE - ANNUAL BUSINESS CYCLE 2022-23

	Sponsor	Author	17 May 2022	17 November 2022
Apologies and absence	Chair	Chair		
Minutes of Meeting and Actions	Chair	Chair		
Review of NED Remuneration (annual)	Chair	Director of Corporate Governance		
Monitor NED Activity (every 6 months)	Chair	Director of Corporate Governance		
NED/Chair Recruitment: process/interview/appoint/re-appoint	Chair	Director of Corporate Governance		
Appraisal - Chair (Annual)	Senior Independent Director	Director of Corporate Governance		
NED appraisal - Jane Norman (Annual)	Chair	Char		
NED appraisal - Julian Dennis (Annual)	Chair	Chair		
NED appraisal - Martin Sykes (Annual)	Chair	Chair		
NED appraisal - Sue Balcombe (Annual)	Chair	Chair		
NED appraisal - Bernard Galton (Annual)	Chair	Chair		
Committee Self Assessment (Annual)	Chair	Director of Corporate Governance		
Review of Annual Cycle of Business	Chair	Director of Corporate Governance		
Review of Terms of Reference	Chair	Director of Corporate Governance		
Review of NED Portfolios	Chair	Director of Corporate Governance		
Review of NED/Chair Appraisal Framework - ad hoc as needed	Chair	Director of Corporate Governance		
Senior Independent Director/Vice Chair Appointment - ad hoc as needed	Chair	Chair		

Meeting of the Council of Governors on Friday 27 May 2022

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

1. Report Summary

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

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

2. Key points to note

(Including decisions taken)

- February-May 2022 has been a busy period for governor meetings and governor activity.
- **Activity highlights:**
Governor activity in the period has included:
 - Involvement in Non-Executive Director recruitment
 - Governor elections: a number of governors were standing for re-election and other governors helped to promote the role and talk to potential candidates
 - Governor contribution to Trust Quality Account: governors collaborated to write a Governors' Statement for the annual Quality Account.
- **Composition and Governor Changes:** Since the last Council of Governors meeting in January, there has been one change to the Council of Governors, with Ashley Blom, Appointed Governor for the University of Bristol, stepping down on 31 March and Sarah George appointed to take his place. All 29 seats are currently filled with no vacancies. There are more changes on the horizon, with 14 governor terms of office ending on 31 May, and new terms beginning on 1 June. In addition to these, our Appointed Governor for the University of the West of England, Sally Moyle, will also be stepping down on 31 May, with Dave Clarke starting on 1 June in her place.

GOVERNOR MEETINGS

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

1. Quality Focus Group – Governor Chair: Carole Dacombe

Meetings of the Quality Focus Group took place on **11 March 2022** and **20 May 2022**.

Agenda items included:

- Regular updates from the Non-Executive Director Chairs of the Quality and Outcomes Committee and the People Committee, Julian Dennis and Bernard Galton
- Introduction to Emma Wood, Director of People and an overview of her remit
- Introduction to Stuart Walker, Medical Director, and an overview of his remit
- Updates from the Workforce and Organisational Development team: staff survey results, staff wellbeing, and staff equality, diversity and inclusion.
- Governor input into the Quality Account 2022 – Chris Swonnell, Head of Quality and Patient Experience
- Governors' Log of Communications reports

The next meeting of the Governors' Quality Focus Group will be held on 13 July 2022.

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

Meetings took place on **15 March 2022** and **20 May 2022**. Agenda items included:

- Regular Updates from the Non-Executive Chair of the Finance and Digital Committee, Martin Sykes
- Annual Financial Planning (in March), with Neil Kemsley, Director of Finance and Information
- Bristol/Weston Merger Integration implementation programme update, with Rob Gittins, Integration Programme Implementation Lead,
- Acute Provider Collaboration Board update, with Owen Ainsley, Programme Director
- Education Strategy Update, with Jean Scrase, Associate Director of Education
- Strategic Capital Investments update
- Governors also received papers on the Trust's Corporate Strategic Objectives, the progress of the Merger and Integration Implementation Programme, and an update from the Healthier Together BNSSG Integrated Care System.

The next meeting of the Governors Strategy Group will be held on 8 September 2022.

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

A shortened meeting of the Membership and Constitution took place on 11 March 2022. Agenda items included:

- Review of the Trust’s Constitution
- Membership engagement report
- Membership representation report
- Governor elections update

The next meeting of the Membership and Constitution Group will be held on 13 July 2022.

Other governor meetings in the period included:

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. There were 2 meetings of the committee in this period. An extra meeting was convened on 10 February to look at the process, timeline and role descriptions for Non-Executive Director recruitment. There was also a scheduled meeting on 17 May 2022 which covered recommendations for NED and Associate NED appointments, NED appraisals, re-appointments and activity reports, and the annual committee self-assessment.

Governor/NED Engagement Sessions: Governors hold regular informal engagement meetings with the Chair and Non-Executive Directors to allow them to seek assurance around any topics of interest to assist them in their duty to hold them to account. There were two sessions in this period, held on 22 February and 27 April 2022. Governors heard from the Chair and the NEDs about their current areas of focus and where they are directing their efforts. Governors sought assurance around medically-fit-for-discharge patients, and Emergency Department waits and ambulance delays. Other topics discussed included numbers of Covid-positive patients and new Infection Prevention and Control guidance, waiting lists, progress in digital projects, emergency preparedness, physical access to our hospitals, the progress of the Integrated Care System, maternity, fairness in recruitment practices within the Trust, fairness in HR processes, and nursery provision at Weston.

Governor Development Seminars: The Trust has a duty to provide its governors with training for their role, and so holds regular seminar days for governors. A seminar day

was held on 13 April, covering the Governor Role in NED Appointments (including speakers from Sheffield Children’s Hospital NHS FT about their recent success in enhancing Board diversity during a recent NED recruitment drive), the External Auditor, Annual Reporting and the Governor Role, Representing Members, and an update on the Trust’s sustainable development goals.

Divisional Updates for Governors: A Divisional Updates Day was also organised for governors on Thursday 19 May 2022. This included divisional leads from Weston Division, Medicine Division, Diagnostics and Therapies Division, Women’s and Children’s Division, Specialised Services Division, Estates and Facilities and Division of Surgery. It was organised to help governors gain wider knowledge of how the Trust’s hospitals are actually run, the divisions that run them, the work that they cover and their current areas of focus.

Public Board meetings: A number of governors watched the livestreamed meeting of the Board of Directors on 28 January and 30 March 2022, to observe the Board conducting their business.

Advice and Recommendations

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

Meeting of the Council of Governors on 27 May 2022

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

1. Report Summary		
University Hospitals Bristol and Weston NHS Foundation Trust has a formal requirement to maintain a Foundation Trust membership made up of members of staff and members of the public. It also has a duty to monitor member engagement and to provide opportunities for governors to engage with its membership. This report gives a breakdown of current membership numbers and summarises engagement with membership in February-May 2022 against the aims set out in the Trust's Membership Strategy 2020-23.		
2. Key points to note		
Most membership engagement activity in this period has centred around the governor elections.		
3. Membership Numbers		
Membership Numbers: The breakdown of members by constituency class is shown below. On 20/05/22 membership numbers were 4,524 compared with 4,637 public FT members on 21/1/22.		
Membership Constituency Classes	20/05/22	21/01/22
Public Constituency		
Bristol	2,271	2,326
North Somerset	834	857
South Gloucestershire	819	833
Rest of England and Wales	600	621
Total Public Membership	4,524	4,637
Staff Constituency		
Medical and Dental	2,264	2,283
Nursing and Midwifery	5,434	5,377
Other Clinical Healthcare Professionals	2,346	2,333

Non-Clinical Staff	4,085	4,087
Total Staff Membership	14,129	14,080
TOTAL PUBLIC AND STAFF MEMBERSHIP	18,653	18,717

4. Progress against Membership Strategy

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

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

Engagement with Members:

The membership strategy sets out actions in relation to membership engagement to a) raise awareness of membership b) engage with members c) involve members. Key engagement this quarter has been:

- Regular monthly e-newsletters which are sent to all public members for whom we have an email address (53%). The newsletter is produced by the membership team and includes a report by a governor each month as a means to directly engage with their constituents.
- Members for whom we do not have an email address receive a newsletter in the post twice a year. There was one sent in this period, in early March 2022.
- Members have been engaged in this year's governor elections (March – May 2022).
- There were regular reports from staff governors in Newsbeat in Feb-March 2022
- There was a social media takeover week for Membership, Governors and Elections in Feb/March 2022
- Planning has been taking place for Health Matters Events in 2022/23.

A governor training session on membership engagement at a seminar day in April 2022 identified more ways that governors would like to engage with their members, including more Meet your Governor events and more opportunities to go out and meet with community groups. These will be taken forward in the plan for next year.

5. Priorities for the next quarter

The next period will include focus on:

- Continued planning for Health Matters Events in 2022-23

- Planning for Meet your Governor events and identifying opportunities for governors to attend community events.
- Introduction of new governors to their members via Newsbeat, Membership Newsletters and social media.

Advice and Recommendations

- This report is for **Information**.

Meeting of the Council of Governors on Friday 27 May 2022

Report Title	Item 4.1c – 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 2022 Governor Elections.

2. Key points to note

There were 14 seats up for election in this year's Governor Elections across 5 public and staff constituency classes. All 14 seats were contested, with 22 candidates standing altogether. Voting closed on 19 May 2022 and the successful candidates in each constituency class are as follows:

- Public-Bristol (6 to elect): Carole Dacombe (re-elected), Tom Frewin (re-elected), John Chablo (re-elected), Martin Rose (re-elected), Robert Edwards (new) and Stephen Hartnell (new)
- Public-South Glos (3 to elect): Malcolm Watson (re-elected), John Sibley (re-elected) and Ben Argo (new)
- Public – Rest of England and Wales (2 to elect): Olivia Ratcliffe (new) and Mark Patteson (new)
- Staff-Other Clinical (1 to elect): Jocelyn Hopkins (re-elected)
- Staff-Nursing and Midwifery (2 to elect): Karen Low (new) and Karen Marshall (new)

The election period consisted of a nomination period (2 March-30 March 2022) during which the seats available were advertised, and a voting period (25 April -19 May 2022) during which voting information was dispatched to public members by post and to staff members by email.

New governors take up post on 1 June 2022.

The full results and voter 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 19 MAY 2022
CONTEST: Public: Bristol

RESULT		6 to elect
DACOMBE, Carole	249	ELECTED
FREWIN, Tom	204	ELECTED
CHABLO, John	203	ELECTED
ROSE, Martin	150	ELECTED
EDWARDS, Robert	149	ELECTED
HARTNELL, Stephen R	143	ELECTED
SAVALGI, Poojitha (Priya)	110	
UPADHAYA, Bishnu	60	

Number of eligible voters		2,215
Votes cast by post:	227	
Votes cast online:	64	
Total number of votes cast:		291
Turnout:		13.1%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		291

CONTEST: Public: Rest of England and Wales

RESULT		2 to elect
RATCLIFFE, Olivia	54	ELECTED
PATTESON, Mark William	39	ELECTED
AMIRI, Hessam	19	

Number of eligible voters		600
Votes cast by post:	60	
Votes cast online:	11	
Total number of votes cast:		71
Turnout:		11.8%
Number of votes found to be invalid:		1
Total number of valid votes to be counted:		70

CONTEST: Public: South Gloucestershire

RESULT		3 to elect
ARGO, Ben	61	ELECTED
WATSON, Malcolm	60	ELECTED
SIBLEY, John	53	ELECTED
PHIPPS, Raymond	39	
TANNER, Anthony	20	

Number of eligible voters		797
Votes cast by post:	68	
Votes cast online:	28	
Total number of votes cast:		96
Turnout:		12.0%
Number of votes found to be invalid:		1
Total number of valid votes to be counted:		95

CONTEST: Staff: Nursing and Midwifery

RESULT		2 to elect
LOW, Karen	347	ELECTED
MARSHALL, Karen	260	ELECTED
FERNANDEZ VALDES, Francisco	187	

Number of eligible voters		5,434
Votes cast online:	569	
Total number of votes cast:		569
Turnout:		10.5%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		569

CONTEST: Staff: Other Clinical Healthcare Professionals

RESULT		1 to elect
HOPKINS, Jocelyn	146	ELECTED
CAMPBELL-JONES, Hippolyte	107	
FADDAH, Shinnah	102	

Number of eligible voters		2,361
Votes cast online:	355	
Total number of votes cast:		355
Turnout:		15.0%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		355



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.

Abi Walcott-Daniel

Returning Officer

On behalf of University Hospitals Bristol and Weston NHS Foundation Trust

Report to the Council of Governors on 27 May 2022

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

<p>1. Report Summary</p>
<p>The purpose of this report is to provide the Board of Directors with an update on all questions on the Governors' Log of Communications and subsequent responses added or modified since the previous meeting. The Governors' Log of Communications is a means of channelling communications between the governors and the officers of the Trust.</p>
<p>2. Key points to note</p>
<p>Since the previous Council of Governors meeting on 28 January 2022, one question and seven responses have been added. There are no responses outstanding.</p>
<p>3. Advice and Recommendations</p>
<ul style="list-style-type: none"> • This report is for Information.

ID **Governor Name**
268 Annabel Plaister

Theme: Weston Emergency Department

Source: Governor Direct

Query **14/04/2022**

It appears from the IQPR that in both January and February the Emergency Department at Weston General Hospital saw more patients per hour than the BRI ED. Whilst I totally understand that patients arriving at the BRI ED may have more complex and time consuming needs, I would like to seek assurance that the impact of these numbers on Weston ED is recognised. What support is Weston ED receiving to manage this amount of patients?

Division: Other

Executive Lead: Chief Operating Officer

Response requested: 14/04/2022

Response **11/05/2022**

The Emergency Department at Weston is open from 08:00 to 22:00 seven days per week and sees on average 126 patients per day, which would be around 9 patients per hour during the 14 hours the department is open.

In comparison the Emergency Department in Bristol Royal Infirmary is open 24 hours per day, seven days per week and saw during 2021/22 an average of 205 patients per day, around 8.5 patients per hour.

Our capacity to see patients, in terms of our staffing models, are regularly reviewed against demand to ensure that our rotas support the numbers of patients attending at different times of the day.

It is correct that the data shows Weston as seeing slightly more patients per hour, as laid out below. Also shown below is the performance for the Jan and Feb 2022 as well as the whole year, and it is clear from this, that whilst performance is lower hoped, a higher percentage of patients attending Weston ED are being seen, treated and either admitted or discharged within 4 hours.

(Dashboard comparison stats have been provided to the governor who asked the question)

Status: *Awaiting Governor Response*

ID **Governor Name**

267 Mohammad Rashid

Theme: Access to the Main Hospital site

Source: Governor Direct

Query 20/12/2021

I have noted that crossing the road over Upper Maudlin Street can be pretty hazardous and scary for pedestrians and cyclists (as well as wheelchairs and pushchairs) using the pelican crossings next to the main BRI/Children Hospital site. Has the Trust discussed with the local authority options in relation to providing safer ways to cross (such as an overhead foot bridge, or other options)? Can the Trust assure the Council of Governors that access to the main BRI site is being considered along with this type of option?

Division: Trust-wide

Executive Lead: Chief Operating Officer

Response requested: 21/02/2022

Response 22/02/2022

The Trust has been in recent dialogue with Bristol City Council regarding all crossings that facilitate access to the Main BRI site. In principle BCC have proposed improvements to the main pedestrian crossing to the main entrance, including access to the Children's Hospital and alterations to the crossing at the top of Lower Maudlin Street. We would be happy to provide more detail and a programme for the works once these are confirmed by BCC.

Status: Closed

ID **Governor Name**

266 Mo Phillips

Theme: Delayed discharge from our hospitals

Source: From Constituency/ Members

Query 11/02/2022

One of our public Foundation Trust members has asked what the Trust is doing to actively reduce the numbers of medically fit -for-discharge patients in our hospitals. He would like to know what UHBW (as a Foundation Trust with powers to act decisively) is putting in place to deal with these issues now and in the future, including any ways that the Trust is supporting community and rehabilitation provision.

He has also raised the issue that delayed discharge has the effect of preventing other patients in the community accessing treatment and asks what plans the Board has in that respect.

Division: Trust-wide

Executive Lead: Chief Operating Officer

Response requested: 11/02/2022

Response 02/03/2022

We are :-

- working closely with all of our system partners, Sirona, LAs (local authorities), CCG (Clinical Commissioning Group) and Voluntary Sector reviewing all of our medically optimised patients
- Maximising the use of the Bristol Care Hotel which is staffed with carers 24/7, a nurse 24/7 and with physio input during the week
- Working with families to support patients at home whilst waiting for Home First or Packages of Care to start
- Implementation of a Discharge Grant to support earlier discharge of patients home with family support
- Reviewing how assisted technology can support patients at home
- Working with Voluntary sector to support patient discharge
- Reviewing internal process to minimise delays in discharge, such as support and reallocation of high volume of CHC (Continuing Healthcare) fasttrack referrals
- Discharge to Assess Board established – £15m system wide funding to support increasing system workforce
- Working with Sirona to develop a pathway to support earlier discharges with community ACP (Advanced Clinical Practitioners) input at home
- Development of a Discharge MDT (multi-disciplinary team - therapies, nursing and medical, system partners from Red Cross, LA and Sirona and CCG) to review all medically fit patients in a holistic way to ensure that patients have a clear pathway, with actions to support safe discharges, this includes developing learning from Themes and action plans for staff groups to embed within practice.

Status: Closed

ID **Governor Name**

265 Sue Milestone **Theme:** Carer support in our hospitals **Source:** Governor Direct

Query 24/01/2022

What is the current situation with regard to the provision of support for carers in our hospitals? In particular, what access are carers of adult patients and children given at the present time? Are Carers' Support Workers still working from home?

Division: Trust-wide

Executive Lead: Chief Nurse

Response requested: 10/02/2022

Response 17/02/2022

Understanding and responding to the needs of all our carers, to build and strengthen relationships between patients, carers and health professionals, is fundamental in providing great care.

The Carers' Strategy Steering Group is a corporate group and acts as the Trust's key group in relation to all carers' issues around visibility and inclusion. The group leads a carer/patient focused agenda concentrating on how we meet the needs of all our carers. The Group is responsible for overseeing the delivery of a work-plan linked to the delivery of the Trust's Carers Strategy, "Carers as partners in care (2017-2020)". This strategy aims to ensure that carers are universally recognised and valued as being fundamental to the delivery of care and services at University Hospitals Bristol and Weston.

The Carers Strategy Steering Group also monitors the performance of the Carer Liaison Team (see below) and receives reports on complaints and incidents in relation to carers. The Group is led by Jo Witherstone (Trust Senior Nurse for Quality) and includes divisional representation, and four Governors who have caring responsibilities. The Group is currently in abeyance, having been stood down in November 2021 for six months due to operational pressures as a result of the pandemic. This has also resulted in a delay to the planned review of the Trust's Carers Strategy; when this work recommences later in 2022 it will embrace the new BNSSG Carers Strategy that is currently being co-produced with carers and other stakeholders across the local healthcare system.

During this period when the Carers Strategy Steering Group is not meeting, the Trust's Carers lead (Jo Witherstone) has been meeting monthly with the Carers Liaison Workers Team to support and guide their work. This is extending to include the Carers Worker at Weston as part of Alliance Care, who provide carer support at Weston General Hospital. The Carer Liaison Worker team in Bristol are employed by the Carers Support Centre (a voluntary sector organisation) and hosted by UHBW. Funding for the Carers Liaison Workers is provided by BNSSG CCG. The Carers Support Centre supports and offers a voice to carers across BNSSG. The Carers Liaison Workers have a specific role to support carers whilst the people they care for are in our care; this includes support in discharge planning.

The Carers Strategy Steering Group (CSSG) is a formal sub-group of the Patient Experience Group (PEG) and is represented at PEG by the CSSG Chair, Jo Witherstone. PEG receives quarterly updates from the Carers Strategy Steering Group. Currently, there are three Governor representatives at PEG (including a Governor member of CSSG) and a representative from BNSSG Healthwatch, also contributing to the voice of carers. The planned review of the Trust's Carers Strategy in 2022 will include enhancing the carer voice at PEG so that it is influential across the whole spectrum of PEG's work.

ID Governor Name

The current access arrangements for the Carer Liaison Workers in Bristol and Weston are by way of email and telephone referrals from wards or carers themselves. The role of the Carer Liaison Workers includes:

- Providing assessment, support, signposting and referrals to carers at all stages of the care pathway
- Developing carer cards so that carers are able to share with others their carer responsibilities
- Working across teams such as the Learning Disability team to provide appropriate support
- Developing a checklist for carers to prepare for when their care-for person is coming into hospital
- Providing newsletters circulated to wards with updates around current work and information to support agencies
- Developing carer champions in areas with high referrals, particularly among Allied Health Professionals
- The Carers Support Centre also provides on-line training and in-person support for carers in Bristol.

As aside from the work of the Carers Strategy Steering Group, the voice of carers is also heard in our Trust in a number of other ways, for example:

- Through the work of the Lay Carers Reference Group, managed by the Carers Support Centre. This is a strategic group which offers insight into the experiences of carers across UHBW and NBT. The group has been paused during the pandemic; its future role and membership will be reviewed as part of the review of the Trust's Carers Strategy.
- The Trust Learning Disability and Autism Steering Group works with four lay representatives who themselves have caring responsibilities.
- The Children's Hospital consults with carers groups such as the regional parent carer networks and also with specific interest groups such as Bristol Autism Support.
- We support Trust hosted networks such as the Regional NICU network to develop and follow good practice in engaging carers in their network boards.
- The Trust benefits from feedback provided by surveys and reports carried out with carers by the Carers Support Centre. Such feedback, including carers experience of hospital discharge, is shared with the Carers Strategy Steering Group and Divisions. The Trust's Patient Experience Group receives quarterly reports distilling this information for assurance purposes.
- The Trust also supports carers in local activity, for example:
 - Playing an active role in Carers' Week;
 - Working with young carers to improve the relationship between young carers and the Trust;
 - Working with carers of autistic children to review the ED services at the Bristol Royal Hospital for Children;
 - Running Health Care Matters events (regular information events for Trust members) with a focus on carers;
 - Working with groups such as the Bristol Deaf Health Partnership to understand the role of carers in the deaf community;
 - Supporting an on-line Carers café;
 - Developing a partnership with Alliance Care who provide carer support services at Weston General Hospital;
- The Trust has previously agreed a corporate objective (2020) to improve the provision of information and support to meet the needs of young carers across the Trust;
- The Trust is a partner to a local Carers Charter which promotes a culture that recognises the vital role carers play within our hospitals. The Charter includes a commitment to ensuring carers are listened to and involved in the planning and delivery of services.

Looking ahead, the emergence of a new BNSSG Carers Strategy will facilitate a fresh approach to hearing and responding to the voice of carers across the local

ID **Governor Name**

health system and within the Trust.

And, lastly, the patient story due to be received at the next Public Board meeting in March 2022 will have a carer focus.

Status: *Closed*

264 **Sue Milestone**

Theme: Seven day working

Source: Governor Direct

Query **24/01/2022**

What progress is being made towards implementing seven day working in the Trust's hospitals, a process that started in 2013 to improve access for patients?
What are the barriers to implementing this programme?

Division: Trust-wide

Executive Lead: *Medical Director*

Response requested: 10/02/2022

Response **17/02/2022**

We continue to make progress with 7 day working. In the Adult Emergency Department, for example, at the BRI, there is now a consultant in the ED 0800-0000 7 days a week, we have improved access to MRI and the CT scanner operated for emergencies 24 hours a day. Our medical consultants are present until 2100 everyday.

A recent audit of our BRI site shows most patients are seen by a consultant within 14 hours of emergency admission (as per NCEPOD recommendations).

Our patients also have access to increased GP appointments via Brisdoc.

We offer 24/7 primary angioplasty, and 24/7 access to stroke thrombolysis (between 2300-0800 this is provided at North Bristol NHS Trust for new patients in the community).

Status: *Closed*

ID **Governor Name**

263 **Sofia Cuevas-Asturias** **Theme:** Steps to address vacancy and absence rates

Source: From Constituency/ Members

Query **24/12/2021**

With high rates of staff vacancies and staff absence at present in the Trust, can staff governors have more information about all the steps that the Trust is taking to address this? I would be particularly interested in hearing how the Trust is facilitating a) substantive nursing staff who have expressed interest in working extra locum agency shifts in their own areas, and b) staff who would like to work extra Bank shifts but are unable to because these are paid monthly rather than weekly.

Division: Trust-wide

Executive Lead: Chief Nurse

Response requested: 24/12/2021

Response **05/01/2022**

There are a number of actions the Trust is taking to address staff absences:

1. Recruitment:-

Over the past 3 months the Trust has successfully welcomed over 110 international nurses and 148 newly qualified nurse that are contributing to the care of patients. There are another 327 international nurses due to start over the next 12 months.

2. Retention: -

The retention group has reconvened to review positive actions that will support staff to stay in the Trust e.g. flexible working, flexible retirement and increased educational support. These all encourage staff to remain in post.

Wards now have access to skilled practice education facilitators to help them on shift providing essential clinical support to staff at the most appropriate time. A variety of upskilling course have been delivered to enable staff to feel confident caring for a range of patients that they might not be familiar with.

3. Operational:-

Twice daily staffing meetings to ensure all areas are staffed safely and with a suitable skill mix.

Undertaking regular risk assessments on staff returning from Covid exposures.

Reviewing staff absence data to see and plan for potential future hotspots.

Ward sisters are increasing coming into the numbers to provide direct clinical care to patients.

The Chief Nurse and senior nursing teams are undertaking support sessions and visits to boost staff morale.

Block booking of Tier 1 agency nurses has been increased to support more areas that have vacancy issues, by providing a guaranteed booking in advance there is an increased likelihood of the assignment being filled.

How the Trust is facilitating

a)substantive nursing staff who have expressed interest in working extra locum agency shifts in their own areas:

All staff are offered bank shifts in their own areas prior to sending shifts to bank or agency. Ward staff can still override shifts that are already booked by temporary staff where their clinical skill set would be more appropriate. The other nurse would then be redeployed to another area. From both a staff and patient perspective there is plenty of evidence to support the approach that it is better for staff to work in their own areas wherever possible. It is also Trust policy to ensure that there is at least one Trust employed staff member for every temporary staff member wherever possible.

The Trust has also provided a range of incentives over the past 6 month period to encourage staff to work additional shifts if they feel able to do so. At present there is a 30% uplift to all staff to work bank shifts over the festive period to support colleagues and keep patients safe.

b)staff who would like to work extra Bank shifts but are unable to because these are paid monthly rather than weekly:

The Trust has no barriers to staff working bank shifts should they choose to do so. Unfortunately the issues around weekly pay for substantive staff are the result of HMRC legislation stating that all work undertaken for the same employer must be aggregated into one tax code. This means that if staff were paid weekly and monthly then all earnings would be taxed accordingly due to the HMRC rules. They would on some weeks work extra shifts but either receive no pay or actually owe money during that week due to the way taxation works.

In order ensure staff can be paid as quickly as possible after they have completed a shift the cut off period for monthly paid banks staff has been significantly reduced over the years mainly due to the efficiencies from using e-rostering and the time lag can now be as low as 2 weeks however due to the current HMRC legislation we cannot reduce this further.

The Trust continues to look for ways to improve on the current pay process, for example a salary advance process however there are a number of complexities to this that requires careful financial consideration prior to commencing any pilot project.

Status: *Closed*

ID **Governor Name**

262 John Sibley

Theme: Cleft Palate surgery delays

Source: From Constituency/ Members

Query 24/12/2021

Can the Trust comment on recent reports of delays in cleft palate surgery at Bristol Royal Hospital for Children? As it is vital that cleft palate surgery is performed as soon as possible on a young child, delays are reported to be causing immense suffering to both children and parents. What steps are being taken to rectify this situation, as this surgery should be considered a priority? It is also reported that if the family pays for a private operation, the surgery can be done straight way, with the operation perhaps even carried out by the same surgeon who would have carried out the NHS operation. Can the Trust comment whether this is the case?

Division: Women's & Children's Services

Executive Lead: Medical Director

Response requested: 24/12/2021

Response 21/02/2022

I acknowledge your concerns about the backlog of cleft patients requiring surgery at South West Cleft Service (SWCS), based at UHBW. I can assure you that UHBW takes this situation very seriously.

In the first instance, the focus has been on sourcing additional non-recurrent capacity from other providers as quickly as possible to start addressing the backlog of patients. Two additional all day lists per fortnight have been secured at Derriford Hospital (University Hospitals Plymouth NHS Trust - UHP) from November 2021 until the end of March 2022 for paediatric patients. Alveolar Bone Grafts (ABG) have been prioritised for these lists, with two ABG patients able to be operated on per list (4 per fortnight). It has been agreed to extend the arrangement from April 2022 for up to 12 months. Other options are being explored to support recovery for the Paediatric Cleft service, specifically via mutual aid offered from other Cleft services, with some patients already sent to other networks to treat.

Furthermore, Waiting List Initiative (WLI) lists are also offered at weekends at the Bristol Royal Hospital for Children (BRHC) where there is surgeon availability. Meanwhile BRHC is working to establish additional recurrent capacity where possible: one additional list per month on a Wednesday morning was provided from January 2022 at BRHC and they are actively exploring whether any simple day case lists can be moved to the independent sector to free up more theatre lists at BRHC for Paediatric Cleft and other high priority cases. We are also examining the feasibility of an additional Cleft surgeon and the associated additional capacity to support that.

A full capacity and demand analysis of the service is being undertaken to quantify the recurrent and non-recurrent capacity required to sustain the run rate and clear the backlog, which will then help us determine a trajectory for recovery back to within target dates. Currently the primary palate repairs are back on target to being operated on at 13 months old. A harm assessment and mitigation plan for children who experienced delays in their treatment within the Cleft Service has been instigated with the aim to clearly quantify the currently projected delays within the Trust and assess the levels of harm which a child, adult or family may come to due to delays in surgery or treatment within the cleft service. Harm assessments will be undertaken using agreed criteria with patients reviewed holistically by the MDT. Once harm is assessed the findings will be used to support several processes including, as part of a wider framework of information, to support prioritisation of delayed patients; to inform an individual and service level mitigation plan to counteract the harm and to combine and cost the mitigation plans to be fed into the Trust's Operational Plan.

ID **Governor Name**

With respect to your specific question about whether patients can access private operations with the same consultant, this is not possible for paediatric patients.

Please let us know if you need anything further.

Status: *Closed*

ID **Governor Name**

261 John Rose

Theme: Low Emission Zone

Source: Governor Direct

Query 25/11/2021

Can the Trust share with the Governors the plans they may be formulating to allow patients, staff, deliveries and tradesmen to attend the UHBW hospitals without incurring a LEZ penalty? I am concerned that tradesmen may add the LEZ cost to their charges to UHBW and that staff travel at times when public transport may not be operating and need to use their own transport. I assume that Bristol residents within the zone will get some form of exemption, but North Somerset and South Gloucestershire patients that do not have a Blue badge may just have to pay, and it may affect their choice of clinic.

Division: Trust-wide

Executive Lead: Chief Operating Officer

Response requested: 15/12/2021

Response 29/12/2021

The Trust has proposed that any exemption should apply to all patients and visitors of our hospitals. It was highlighted that the people that are visiting our hospitals are not here through choice and so therefore to put them through a validation process on what is already a stressful time would lead to negative publicity and reputational risk. As a result of the Trust proposal BCC have committed to providing an exemption for patients and visitors of the Hospital until the 01st January 2023 requiring validation via a terminal to be placed in the Hospital receptions. BCC are seeking the Trust approval of the option appraisal recently undertaken which recommends installation of separate physical PODs across 8 locations on the BRI precinct and also an on line registration facility. These are independent of any Trust systems. SLT are requested to support the proposed option.

For patients and visitors that do not use the Hospital car parks and instead park in commercial car parks then they will have the option to apply for an exemption in advance using a code that will be on appointment letters. The Sustainable Travel and Car Parking team are working with the print room and communications team to ensure this is in place in time for the introduction of the Clean Air Zone

If they miss this opportunity prior to the appointment or Hospital visit then they will have 6 days after the appointment or Hospital visit to either pay the charge or apply for the exemption.

BCC will work closely with the Trust on communications and are already in contact with the Trust Communications team.

BCC also recognise that to install the portals in the key locations of the Hospitals there will need to be an element of input from the Trust Digital Services team and this is already in hand.

The Clean Air Zone operates 24/7 365 days a year. However what has been highlighted is that it runs midnight to midnight. Staff that work a night shift need to be aware that they may end up being charged for 2 days as this will fall into 2 charge periods. The Trust is working with BCC to establish if there is any way to avoid this but currently the signs are not positive.

There has been no confirmation of a lower income exemption for staff above the already agreed £26k, this will affect recruitment and retention of staff that drive a non-compliant vehicle.

To support staff earning above the limit of £26k the Trust will introduce, in time for the implementation of the Clean Air Zone, a salary sacrifice scheme to purchase Electric vehicles or vehicles that are compliant with the Clean Air Zone. This scheme will be administered and managed by the Trust Sustainable Travel

ID **Governor Name**

and car park team. This will enable staff to obtain a compliant vehicle at a reduced rate in the same way that staff can obtain childcare vouchers or bikes.

Contractors and deliveries to our site: Whilst we cannot control the vehicles that contractors use to access our site a brief overview has highlighted that a large proportion of them still have Euro 5 and below vehicles in their fleet, which will mean they fall into the charging category.

Any new contracts will stipulate the type of vehicles that can be used to access our site however that can only be done at renewal of contracts with some contracts still being valid for up to 10 years, so is a long term issue. This will be managed in conjunction with BWPC.

The cost of existing suppliers to either upgrade their fleet to meet the CAZ or pay the £100 charge per day will likely be passed on to the Trust.

There will be no exemption for vehicles that deliver to the Trust

Status: *Closed*